Parents as First Teachers

A Study of the New Zealand PAFT Programme

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Early Childhood Development
Ngā Kaitaunaki Kohungahunga
RIGHT FROM THE START

PARENTS AS FIRST TEACHERS
Ko Ngā Mātua Hei Kaiako Tuatahi

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Report prepared for Early Childhood Development, Wellington.
July 2003
ISBN 0-478-00629-2

Acknowledgements

Thank you so much to all the study participants: parents and families, parent educators, programme coordinators and providers, and community professionals. Without you, your time, enthusiasm and contributions, this study would not have been possible.

Valerie Podmore and David Hood have seen this project through from start to finish as members of the advisory committee and I would like to thank you both for your involvement and the expertise you brought to the work. Margaret Bleasdale's assistance at the initial planning stage of the project was very helpful – thank you Margaret.

Thank you also to ECD past and present staff for their tremendous support, especially Lorraine Tarrant, Julie Hynes, Margaret Niven, Rosetta Iupeli, Anne Ffowcs Williams, Claire Ginnotti, Sharyn Devereux-Blum, Eddie Clark and Jude Brown. The support of ECD's library and database staff has been much appreciated.

Thank you to Caryl-Louise Robinson, the General Manager of ECD, for instigating and supporting this research project.

Contents

Executive Summary

This study into the Parents as First Teachers focuses on:

- family participation in the programme,
- family satisfaction and comfort with the programme, and
- outcomes of the programme.

The study was designed to provide a "portrait" or description of PAFT – what the programme is, how it functions for families and its impact – to help to inform policy analysis and decision-making. This report also includes a brief overview of PAFT's past and current operation.

A multiple methods approach was taken. Quantitative and qualitative data was drawn from a range of sources: families at two programme sites (interviews), families who had completed any programme (surveys), parent educators and programme coordinators at four programmes (interviews), and a small number of community professionals (interviews). Relevant programme management documentation was also examined, namely: accountability reports by programme providers submitted to Early Childhood Development and Early Childhood Development's progress reports to the Ministry of Education.

The principle conclusion of the research is that PAFT has much to offer families and society through its capacity to support parenting and improve outcomes for diverse children during their first three years. A question arising from the research is whether, given the benefits of PAFT, it would be cost-effective in the long term to make the programme available to more families.

A further conclusion is that PAFT has the capability to support and contribute to the Government's desired policy directions for early childhood education in the following ways.

1. PAFT has demonstrated success in attracting Maori, Pacific Nations, low income, and teenage parent families. It is perceived to be a high quality programme and demand for places exceeds the number of places available.

2. PAFT links with early childhood and other education, health and social services, and families are supported to access these services.

3. PAFT promotes safe parenting, reducing risks of abuse, preventable accidental injuries (for example, falls), and preventable health and learning problems (for example, hearing loss due to glue ear). It also seems to be successful in increasing immunisation rates and encouraging families to take their child to a health professional for Well-Child health checks.

4. PAFT parents and families have an increased knowledge and understanding of children's learning, and are more involved in and tuned to their child's learning. Further research is needed to show how this parental and family interest carries through into children's formal educational experiences.

Here is a summary of key points from the findings provided within the full report:

Family Participation

The evidence indicates that PAFT is popular amongst families. Programme providers tend not to advertise because they are unable to offer places to all families who want to participate in the programme. Since April 2000 the introduction of targeting criteria has seen a decline in self-referrals. In spite of copyright restrictions families often shared curriculum materials with others who were not able to access the programme.

When enrolling in PAFT parents and caregivers expected that they would be provided with support and encouragement, guidance in their parenting, and knowledge. The programme met their expectations.

The home visit as a method and place of programme delivery was preferred by families because of its convenience, suitability when children were very young, and comfort both for adults and children. These were the same reasons why group meetings at an external venue were not well attended by most families.

Evidence points to the importance of family-parent educator relationships and that a change in parent educator (especially when accompanied by a change in programme provider) can lead to family withdrawal from the programme.

As family circumstances change and parents return to or take up employment, family retention in the programme may be helped if more parent educators were able to visit families in the evenings and weekends. Greater flexibility in the scheduling of home visits would also have the benefit of enabling parents who would otherwise be at work, and other family members such as older siblings to participate in home visits.

This study shows the difficulty of using targeting criteria in reaching families who most need and will benefit from support. There seems to be a need to better define the targeting criteria. There was some evidence to suggest that parents who are confident in their parenting, are coping well, and have good support networks can be accepted on to the programme because they fall into one of the main target groups (ethnicity, income, teenage parent, and parenting alone). Parent educators suggested that families who are referred to PAFT should have priority for acceptance. Often families who are referred fall into the targeting criteria – but not always. Other possible criteria that could be considered for targeting purposes were identified and these include: parent education level, mothers with post-natal depression and anxiety disorders, older parents and career-oriented parents with no previous experience of parenting, families where children have had preventable accidents (e.g. as evidenced by ACC claims), and parents on drug rehabilitation programmes.

Satisfaction and Comfort

A high level of satisfaction with the programme was expressed amongst families. It met their expectations. It complemented and provided more of what families wanted than they could access through other education, health and social services.

The curriculum viewed children and parents as powerful learners, enabling parent educators to focus on what parents and children knew and understood, and helping them to build on their strengths. Families found the written information given to them to be useful and relevant to their parenting. They especially praised the ideas for activities to introduce to children and information on developmental milestones.

The written curriculum "*Born to Learn*" contained comprehensive information presented in a straightforward way that was easy for parent educators to use with families. "*Ahuru Mowai"* as part of the *"Born to Learn"* curriculum, provided a useful reference document for both Maori and non-Maori parent educators when working with Maori families. Further curriculum improvements suggested included language translations of parent handouts and ongoing revision of the written material to reflect new insights from research and recommendations for best practices by child health and other agencies.

Parent educators tailored the delivery of the curriculum to individual children and families, varying the timing of the presentation of activities and topic areas, and the level of difficulty. Reasons for tailoring the curriculum included: family culture, family resources, parent/child interests, parent education level or comprehension ability, and family circumstances or needs on the day of the home visit. The skill and knowledge base of the parent educator was a critical factor in making curriculum delivery appropriate to individual children and families.

Families were very happy with and felt comfortable about the programme being delivered to them in their home. Home visiting had many benefits for maximising programme outcomes, for example, it had minimal disruption on family life and it helped parents to feel less intimidated and more at ease because they were on their own "turf". Group meetings favoured by families were meetings that were social in purpose, involved hands-on activities such as making toys, and were based around children such as an outing to the Fire Station or a Teddy Bear's picnic.

Families did not feel judged, or their homes judged by their parent educators. Family culture tended to be recognised and respected by parent educators. Parent educator ethnicity was not a major issue for families (currently 36%, 16%, and 47% of parent educators are Maori, Pacific Nations, or New Zealand European respectively). More important was the relationship they had with their parent educator, whatever his or her ethnic group was.

Parent educators established strong and trusted relationships with children and with parents and caregivers. Children viewed them as their special visitor, and the blue bag carried by parent educators was a regular point of interest. Parents and caregivers respected parent educators as people who were interested in them, and for the knowledge and experience they had. Parent educators demonstrated their interest in families through listening, giving parents more of their time when needed, and providing support and advocacy.

Programme Outcomes

Nine programme outcomes were identified:

1. Parents and caregivers came to view their child as an emergent learner and as a strong and competent learner. This led to parents and caregivers taking a greater interest in their child's learning.

2. Child safety and standard of care was improved.

3. Child health was enhanced and developmental and health problems were more likely to be identified and acted upon.

4. Parent and caregiver knowledge of child development, learning, and best practices for parenting was strengthened.

5. Parents and caregivers received emotional and social support.

6. Families were more likely to access the health and specialist support services they needed.

7. For their child's welfare parents and caregivers made personal changes to their behaviour and lifestyle.

8. Other family members took a greater interest in their child's care and learning, and provided more helpful support to the principal caregiver.

9. Parents and caregivers may be more likely to engage in further learning as a result of participation in PAFT.

Not all families experienced the same outcomes, as outcomes depended on child and parent needs and interests. Parent and caregiver willingness to take on board the information and guidance offered by their parent educator influenced what they gained from the programme. Also parent educator and programme provider reports suggested that it was more difficult for PAFT as an educational programme to make a difference for families with multiple high needs (usually these included physical needs such as for adequate housing, heating, nappies and clothes, food etc.).

This research shows the value of ongoing study of the PAFT programme to help to inform policy decisions and programme change. Further research is needed on how the benefits of PAFT carry though into children's formal educational experiences and continue to affect parenting in the longer term.

1. Introduction

> *We want our children to be healthy, to gain knowledge and skills (and the ability to keep on learning), to be safe, to acquire the skills to earn a living as adults, to enjoy human rights and their own culture, to have access to an adequate income and standard of living, to have constructive relationships with family, peers, and their communities, and to live in a clean, healthy sustainable environment*. (Angus, 2001, p. 13. citing the Ministry of Social Policy's set of desired social outcomes for children in New Zealand)
>
> *Dr. Wylie has found serious deficiencies in the mathematical and literacy scores of children who watched television for more than two hours each day and found that these were not caused by other [home background] factors.* (Haines, 2001, p. 1)
>
> *The environment provided by the child's first caregivers has profound effects on virtually every facet of early development, ranging from the health and integrity of the baby at birth to the child's readiness to start school at age 5.* (Shonkoff & Phillips, 2000, p. 219)

The transition to parenthood and parenting is acknowledged to be a stressful activity. Adequate support and preventative strategies to reduce levels of stress are important to ensure optimal family functioning (Butler & McLeod, 2000). Knowledge and understanding of children, their development and their learning, can enhance the quality of parent and child relationships and lead to better outcomes for children (Lally, Lerner, & Lurie-Hurvitz, 2001).

Pryor and Woodward (1996) report from the Dunedin Multidisciplinary Study that the combined effects of direct aspects of parent-child interaction, such as acceptance, lack of significant periods of separation at a young age, and egalitarian attitudes, were more predictive of language and cognitive outcomes at ages three and five than health, perinatal and family background factors. They also report that the way in which children are disciplined in the early years and the extent of agreement between parents on parenting strategies effects children's behaviour in adolescence. Inconsistent and lax discipline and parental disagreement, contribute to antisocial behaviour, aggressive behaviour and delinquency.

From a review of research on parent-child relationships and attachment Honig (2002) concludes that the development of secure attachment between a baby and an adult who is emotionally warm and consistently available results in:

- Children having better ability to approach challenging learning situations with enthusiasm and to problem solve.
- Older children relating better to their peers and making friends more easily.
- Intergenerational change in parenting style - parents who have secure loving relationships as young children are more likely to have babies who are securely attached.

A national survey of 1,066 American parents of children aged birth to six years revealed significant gaps in parents' knowledge (Lally, Lerner, & Lurie-Hurvitz, 2001). The survey indicates that outcomes for children could be raised if parents were better supported in their parenting through access to more accurate and helpful information. Here is a sample of what the survey showed about American parents' knowledge[1]:

- 62 percent believed children do not take in and react to their environment until two months or older.
- 25 percent believed children under six months can not suffer any long-term effects from witnessing family violence (but witnessing violence at any age can have detrimental effects, especially upon an infant's developing brain).
- 51 percent believed a 15-month-old toddler should be capable of sharing toys (research shows this is an unrealistic expectation).
- 61 percent thought it was appropriate to smack children as a regular form of punishment. Yet 60 percent understood that smacking did not help children develop better self-control.
- 32 percent believed children can get the same benefit from hearing someone talk on TV as they can from someone in the same room talking to them.
- 68 percent rated educational flash cards, 48 percent rated solitary play on the computer, and 62 percent rated educational TV as "very effective" for helping two-year-olds develop intellectually.

A growing body of research suggests it is possible for teachers (including parents) to make a positive difference in the literacy levels of diverse children (for example: Goodridge, 1994; Phillips, McNaughton, & McDonald, 2001; Symons, Szuszkiewicz, & Bonnell, 1996). Christian, Morrison, and Bryant (1998) noted in their Chicago study of sources of children's academic success that the family literacy environment was a powerful predictor of academic skills on entry to kindergarten. They found that simple behaviours such as monitoring television viewing or taking a child to the library can substantially improve children's outcomes, regardless of parents' educational attainment level or ethnicity.

In New Zealand one programme that provides education and support for parents and caregivers of young children is the Parents as First Teachers programme, otherwise known as PAFT.

1.1. What is PAFT?

PAFT is a publicly funded programme within the education sector. It provides education and support for parents and caregivers with children under three years of age. The Hunn and Cullen report (2000) noted three strands to the early childhood sector:

- Licensed early childhood services (e.g. kindergartens, nga kohanga reo, and coordinated family day care services).

[1] The sampling error was plus or minus 3.1 percent.

- Licence-exempt early childhood groups (e.g. licence-exempt playgroups, Pacific early childhood groups, and licence-exempt kohanga).

- Parenting services (e.g. PAFT, Family Start, and HIPPY).

In practice and in policy PAFT seems to sit at the side and not within the early childhood education sector. It has been acknowledged that a policy framework is needed to link parent education and support services with early childhood provisions (Ministry of Education, 2002). Like much of the literature on early childhood education the Competent Children Study took the view that early childhood education was "education experiences outside the parental home before the start of formal schooling, under the responsibility of people other than the child's parents, in the company of other children" (Wylie, Thompson, & Hendricks, 1996, p. 1).

The New Zealand PAFT programme is based on the Parents as Teacher programme (PAT) that originated in Missouri in 1981. PAT has been implemented at over 2,2000 sites in 49 States in America, the District of Columbia, and eight other countries (including New Zealand).

Clark and Garden (1995) provide the following description of PAFT and its key objectives:

> *It [PAFT] is designed to enhance the educative role of parents, to provide parents and children with home-based support from birth, and to assist in the nurturance of all aspects of a child's development, particularly that related to health, education and development. The primary aim of the PAFT programme is to enhance a child's educational development and progress and by so doing to prevent later under-achievement at school. The expectation is that this can be achieved by fostering early language and other aspects of development and behaviour that will eventually give a child a better start at school. The most critical aspect of the programme is that it is mediated through parents with parent educators as facilitators.* (pp. 36-7)

The home visit is the core element in the delivery of PAFT. Central to any home visiting programme is the relationship between parents and the home visitor (Klass 1997). Whatever the political or social reasons for the home visiting programme Klass (1997) argues that nothing can be accomplished until the home visitor gains the trust of the family. Change in parenting behaviour and outcomes for children can not be achieved unless the home visitor recognises parents as experts regarding their own children. The home visitor needs to identify parents' strengths and use these strengths to support parents' learning.

New Zealand researchers suggest that home visiting contributes to effective family support work because it "enables both more sensitised assessments and more contextually responsive interventions" (Sanders, Munford and Richards-Ward, 1999, p.43). In a North Carolina study, home visiting and the personal support relationships that developed through the home visit were found to result in better outcomes for children (Coleman, Rowland & Hutchins, 1997). Children whose families received home visiting had significantly higher age equivalency scores on language and self-help/social skills than both the children in a matched control group and the children in a third group whose parents received newsletters and written information but no home visits.

Research on PAT indicates the efficacy of the programme for improving child outcomes for American children (Coates, 1994; Coleman, Rowland & Hutchins, 1997; Drazen & Haust, 1995; Pfannenstiel, 1989; Pfannenstiel, Lambson, & Yarnell, 1991; Pfannenstiel & Barr, 1999). Key findings from the PAT evaluations include:

- Children's developmental delays and learning problems are identified and treated early.

- Children at age 3 are significantly more advanced than control group children in language, problem solving, other cognitive abilities, and social development.

- PAT children have significantly higher scores for school readiness as rated by their teachers. PAT children who also attended an early childhood centre received the highest school readiness scores.

- PAT children are less likely to be held back a year in school or to need remedial education.

- PAT parents are more confident in their parenting skills and knowledge. PAT parents read more to their children. PAT parents are more involved in their children's schooling.

New Zealand's PAFT programme from 1 July 2002 was available for up to 7,997 families. Families enrol for a three-year period. The number of currently funded places on PAFT represents a small proportion of infants born in New Zealand. Live births during the last three years, 2000, 2001 and 2002 were 55,597, 55,799 and 54,021 respectively.

More Maori and Pacific Nations families participated in PAFT compared with the proportion of these people in the general New Zealand population. As at 31 December 2002, 42 percent of PAFT families were Maori and 15 percent were Pacific Nations. New Zealand Population Census data indicates that two-fifths (approximately 40%) of babies born during 2001 were of Maori **or** Pacific Nations identity. In the 2001 Population Census as many as 21 percent of children under five years of age identified with more than one ethnic group; this indicates the problematic nature of categorising by ethnic group.

PAFT recruitment focuses on younger rather than older mothers, even though the age at which women become mothers is increasing. The proportion of teenage mothers in PAFT (15% as at 31/12/02) was higher than in the New Zealand population figure (7% in 2001, and 10% in 1982). New Zealand population statistics show that the number of live births for women in their 30s has increased from 21 percent in 1982 to 47 percent in 2002. In PAFT approximately seven percent of mothers were over 35 years (as at 31/12/02).

As at 31 December 2002 half of all PAFT families (50%) had a household yearly income of under $25,000, which equates to a weekly income of about $481. This is considerably less than the average weekly household income of $1,081 excluding investments reported by Statistics New Zealand in their quarterly survey of incomes as at June 2002. Fourteen percent of families were headed by a single parent at the time of their enrolment in PAFT.

Until April 2000 PAFT was available to any family regardless of circumstance or need who wanted to enrol in it, providing space was available in a programme in their geographical area. A discrete form of targeting unofficially occurred through the allocation of PAFT programmes to particular geographical areas and the allocation of some contracts to Maori and Pacific peoples programme providers. Also there were provisions for families with higher needs to receive more hours of parent educator visits than the standard monthly visit. According to a report on barriers to Maori participation in early childhood education PAFT was not officially a targeted programme because of initial resistance from families, especially Maori families:

> *There is a universal catchment of parents and a dealing with them according to relative need … rather than the application of a deficit model. This approach appears to be successful in including a much higher percentage of participating families, and to include within that number those in greater need than others. Such families are able to be targeted subtly by the provision of more parent educator hours than is the norm. There is merit in this form of targeting within a programme, being continued. It is apparent that Maori benefit from this form of internal targeting … The challenge has been to target on the basis of disadvantage while securing voluntary compliance of the targeted group.* (Clark & Garden, 1995, p. 37)

Targeting was formally introduced to support the objectives of the Government's "Closing the Gap" policy and it continues to reflect the policy of reducing social and educational disparities.[2] The number of Maori and Pacific providers (now 20 out of the 39 contracted providers) has increased dramatically since a large number of contracts were put out for retendering from June 2001. PAFT has been and continues to be an inexpensive programme[3] per child relative to the level of funding that early childhood centres receive (Cooper & Royal-Tangaere, 1994; McMillan, 1997).

1.2. A Brief History

Notable PAFT happenings and events of direct relevance to PAFT policy and operation are summarised in the time-line shown in Figure 1 below.

Figure 1. PAFT Time-line

1990	
May	The Government's policy on education is released, including a proposal for a home based parenting programme (to be called Parents as First Teachers) as the foundation to a seamless education system.
1992	
	Four pilot PAFT programmes get underway with groups of 125 families in Whangarei, South Auckland, Gisborne and Dunedin. The pilots are implemented by the NZ Plunket Society. Otago and Auckland Universities begin their evaluations of the pilots.
1993	
August	ECD secures a four year contract to establish the PAFT National Centre to manage and coordinate the expansion of new PAFT programmes (before the completion of the two Plunket pilot projects).
	D. Geddis of the Plunket Society is contracted by ECD to redraft the PAFT manual and make it appropriate for New Zealand families. Parent handouts are translated into Maori and six Pacific Islands languages.

2 See Appendix 1 ECD National Office Memo to All PAFT Providers on Targeting and New Requirements (April 2000)

3 PAFT providers receive annual funding that averages an estimated $910.00 per child enrolled.

1994	
March	Eight new programmes for 1,000 children are provided in West Auckland, Hamilton, Rotorua, Mt Maunganui-Papamoa, Masterton, Levin, Wellington and Greymouth. A strategic plan "Education for the 21st Century" is released by Government to give direction to New Zealand's education system with outcomes and targets up to the year 2001. It is signaled that PAFT will be extended and made available to all parents who request it by the year 1998. Parent support, namely PAFT, is positioned within and as the foundation of the education system.
1995	
	Twelve further PAFT programmes are established for 1,500 children Government Budget announces a further 3,000 places in 1996 and 3,000 more in 1997. Further revisions are made to the PAFT manual capturing New Zealand best practice. Final evaluation reports of the pilot projects by A. Boyd (Auckland University) and K. Campbell and P. Silva (University of Otago) are released.
1996	
	The four pilot projects running from 1992 to 1995 are transferred from the Plunket Society to ECD to continue as established PAFT programmes.
1998	
	I. Livingstone, an independent researcher, is contracted by the Ministry of Education to summarise and interpret the evaluation findings of the pilot projects. An Iwi based programme delivered by Maori for Maori begins on the East Coast. PAFT becomes the core educational component of the Family Start programme.
1999	
February	Education and Science Committee Report on ECD for 1997/98 includes a recommendation that the Ministry of Education commission a comprehensive evaluation of the PAFT programme.
August	Launch of *Ahuru Mowai* (for use by parent educators) bringing together traditional Maori values and beliefs and *Te Whaariki* the national curriculum for early childhood education programmes.

2000	
February	A new PAFT manual, containing the *Born to Learn* curriculum and *Ahuru Mowa*i, is issued to PAFT providers
April	ECD agrees to a variation of the PAFT contract to meet the requirements of the Government's Closing the Gaps policies for early childhood education. ECD informs PAFT providers of a planned variation to their contracts and asks them to provide site specific recruitment plans for more targeted delivery.
2001	
April	Government announces that funding to PAFT will be cut by $300,000 in 2000/01, and by another $712,000 the following year. Some of the funding would be reallocated to HIPPY to promote the school-readiness of four to five year olds living in disadvantaged communities.
June	A large number of PAFT provider contracts with ECD expired. Contracts were put out for retendering for cost saving and to achieve greater targeting of families through more providers working in disadvantaged communities.
2002	
May	First research report on PAFT, by independent researcher S. Farquhar, is released by ECD.
September	"Pathways to the Future" a 10 year government strategic plan for the early childhood education sector is launched.
2003	
March	Government announces a planned merger of ECD with the Ministry of Education.

Four pilot project programmes for PAFT got underway in 1992. The Royal New Zealand Plunket Society was funded to provide the pilots, under contract to the Ministry of Education. The then Minister of Education Dr. Lockwood Smith viewed PAFT as a non-targeted, primary prevention programme to support parents and maximise children's learning and development during their first three years. An objective of PAFT was to address an increasing trend of illiteracy and low levels of educational achievement, especially amongst children from Maori and low socio-economic backgrounds. Another objective was to address important children's health issues such as the high incidence of glue ear. By 1998 it was intended funding would be available to ensure that all families who wanted to participate in PAFT would be able to access it.

The pilot programmes recruited first-time parents only, who agreed to a three-year commitment and were confident they would not move cities within that time. Six months into the recruitment of parents, it was decided that only parents to whom instructions could be given in English would be included (Livingstone, 1998, p. 27). This was because of the difficulties for parent educators, especially in South Auckland, of translating the written materials for families with English as a second language.

In 1993 before the completion of the pilot projects and the evaluations, ECD (then known as the Early Childhood Development Unit) was contracted by the Ministry of Education to coordinate and monitor the expansion of PAFT. The New Zealand PAFT National Centre was established by ECD. It immediately took steps to modify the PAFT manual and make it more culturally appropriate for New Zealand families. Health and safety information was altered to match New Zealand legislation and conditions. Changes in some practices were made, such as health checks being recognised as the responsibility of Well Child health services rather than the parent educators (Livingstone, 1998).

From March 1994 ECD contracted four providers to provide eight PAFT programmes; two of these were specifically for Maori and one for Pacific Nations families. As part of the 1994 Government Budget, the Minister of Education Dr Lockwood Smith, announced that a further 12 programmes would be funded. These programmes were not limited to first-time parents. PAFT was not targeted at any particular section of the population, but decisions on the areas in which PAFT would be made available to parents were based on the need for such a programme, the region's population base, and the use of early childhood education services (Rivers, 1994).

The advertisement calling for expressions of interest by possible contractors for the further 12 programmes stated that contractors were expected to:

- *Have experience and proven ability in the implementation of parent support programmes.*
- *Implement the PAFT programme consistent with the core requirements of the Missouri Parents as Teachers (PAT) programmes and the NZ PAFT National Centre.*
- *Be able to deliver services in culturally appropriate ways.*
- *Work within a budget and timelines.*
- *Provide written reports as negotiated and set out in the contract timelines.* (Christchurch Press, 16/11/94)

Ahuru Mowai, a Maori overlay or dimension of the PAFT programme was launched in August 1999 by Dr Rangimarie Rose Pere. *Ahuru Mowai* recognises and expands on the principles and strands of *Te Whaariki*, the national early childhood curriculum for centres and home based care services. It supports the principles of Whakamana (empowerment), Kotahitanga (holistic development), Whanau-tangata (family and community involvement), and Nga Hononga (relationships). *Ahuru Mowai* is accompanied by a resource *Te Mahere Kaupapa Maori* that brings together information on Maori cultural understandings with suggestions for practical application.

In February 2000 a new PAFT manual was distributed to PAFT providers and parent educators. It featured a comprehensive written curriculum *Born to Learn* which links neuroscience information about children's development and learning with practical information for parents, and included *Ahuru Mowai.* The *Born to Learn* curriculum was developed by leading neuroscientists and educationalists for the PAT National Centre in St. Louis. ECD adapted it to ensure consistency with New Zealand's early childhood curriculum, *Te Whaariki* and relevancy to New Zealand's social and cultural context[4].

[4] It is noted that modification of some curriculum sections are not fully completed.

In recent years there has been some uncertainty about the future of PAFT. On 3 April 2001, the Minister of Education announced that there would be a reallocation of funding within parenting programmes. The government would be increasing its ongoing contribution to the Home Instruction Programme for Pre-School and Year One Youngsters (HIPPY) to $812,000 per annum (Mallard, 2001). The HIPPY programme helps parents in disadvantaged communities to support their four to five-year-old children's learning in preparation for school. The PAFT budget of $9.7 million in 1999/2000 would be reduced by $300,000 in 2000/1 and by $712,000 in 2001/02.

ECD implemented the savings by tendering smaller contracts to replace expiring contracts in some localities. Almost half of the current PAFT provider contracts expired on 30 June 2001 and ECD decided that those contracts of longer than four years duration should be re-tendered. As PAFT contracts are of three years duration all of the expiring contracts had been renewed at least once. The disestablishment of Specialist Education Services (SES) was announced by the Minister of Education in February 2001. SES consequently advised ECD that it would not be tendering for any further contracts when its current contracts expired.

The Early Childhood Strategic Working Group was established by the Minister of Education during 2000/1 to formulate a 10-year plan for the sector. The final report setting out the government's vision was launched in September 2002. This report did not refer specifically to PAFT. While it is difficult to predict what the future of PAFT might be, a stated aim of the Strategic Plan is to promote "better co-operation and collaboration between ECE services, parent support and development and education, health and social services to empower parents and whanau to be involved in their children's early learning" (Ministry of Education, 2002, p. 3). There is recognition of the importance of the role of parents and whanau in children's learning and that early childhood education is the domain of both parents and professional teachers.

1.3. A Summary of the Pilot Project Evaluations

Research teams from Auckland and Otago universities were contracted in December 1991 by the Ministry of Education to undertake evaluations of the three-year pilot projects, and final reports were published in 1997 (see Boyd 1997a, 1997b; Campbell & Silva, 1997). The Ministry of Education further commissioned an independent summary report of the evaluations by Dr Ian Livingstone in 1998.

Livingstone (1998) concluded that the results of the evaluations were "bland". There had been high expectations that the pilot project evaluations would yield findings similar to evaluations of the American Parents as Teachers programme (see a summary of PAT findings reported in Section 1.1. above). Campbell and Silva (1997) who evaluated the pilot projects in Dunedin and Gisborne/East Coast areas reported that:

> *An array of assessments of the children and their parents were [sic] compared and, in general, these resulted in no significant differences between the groups [programme and control groups] being detected* ….(p. ii)

> *It is concluded that, while the parents involved said that they appreciated the PAFT Programme, no significant benefits to either the children or their parents resulted.* (p. iii)

The pilot project evaluation reports for Whangarei and South Auckland were somewhat more positive about the benefits and impact of the programme:

> *It is evident that for the 87 PAFT families in South Auckland, participation … brought about some benefits for themselves and for their children's development, although overall benefits were noticeably fewer than for the Whangarei PAFT families. The South Auckland PAFT families undoubtedly felt positive about their participation in a PAFT Programme, and it is of interest that the most common request for change was to continue the programme until the children were five years old – a further indication of the Caregivers' appreciation of support from Parent Educators. However, few significant differences overall, were evident between the PAFT Programme and Comparison groups – either in terms of children's development, or Caregivers' knowledge of children's development. Some encouraging findings indicated PAFT Programme effects e.g., PAFT children experiencing a wider range of activities than Comparison children – both within and outside their homes. Some Caregiver behaviours were also indicative of increased awareness of the need for responsivity toward young children, e.g., the more reflective behaviours of PAFT Caregivers during the shared-book sequence, and more positive evaluations of their children during the Clinic Assessment. PAFT children had more advanced Fine-Motor skills than Comparison children, possibly as a consequence of being provided, by their Caregivers, with activities and experiences designed to enhance these skills. However, approximately three-quarters of all children (from both groups) had suffered ear infections during the three-year period, with Plunket Nurses and General Practitioners providing the bulk of health and development services for these children.* (Boyd, 1997a, executive summary)

> *Whangarei PAFT children were significantly more advanced in their overall development than Comparison children, and had fewer developmental delays, as these had usually been identified by Parent Educators and referrals made for appropriate interventions. Furthermore, PAFT children scored significantly better on overall intellectual functioning, and in particular on the sequential processing measures of intelligence. Caregivers' interactions, also, were observed to have several features which were significantly more positive overall, than those of Comparison Caregivers – with children obviously benefiting from their provision of a wider range of experiences and activities, use of more early childhood services, and demonstration of more positive responses to their children's behaviours. Whilst formal knowledge of child development appeared not to distinguish the groups, PAFT Caregivers rated their children's development significantly more highly than Comparison Caregivers – indicating a higher level of confidence and understanding in this respect. It is probable that the confidence thus demonstrated by PAFT Caregivers has developed as an outcome of highly supportive and positive relationships with Parent Educators over the three-year PAFT programme.* (Boyd, 1997b, executive summary)

Hans Wagemaker, who was then the Ministry of Education's senior manager for research, said the value of the evaluations was not in showing whether PAFT worked or not, "but in the information they provided throughout the process and which could be used to modify the programmes" (Rivers, 1994). The information yielded from the pilots came too late to have much of an impact on programme improvement (final reports were presented to the Ministry in 1997). A number of PAFT programmes were already operational and ECD had addressed many of the problems that had faced the pilot projects. This could be why the results of the evaluations, putting aside serious weaknesses in sampling, in methodology and in how the pilot programmes were implemented, were not used to question the expansion of PAFT.

There were major methodological limitations in the evaluation studies of the pilot projects as well as significant problems in programme delivery especially for Maori and Pacific Nations families (Livingstone, 1998). An experimental design methodology was employed, which in educational research is considered problematic because in social settings human behaviour and expectations are not easily controlled and measured. For example, nearly one-quarter of the control group parents reported that they had been encouraged to look for parenting help elsewhere. Parents in the control and intervention/programme groups both lived within the same communities. The research design did not take into account that parents, knowing they were not going to receive the same benefits as other parents because they were not selected for the programme, would seek parenting information elsewhere.

An experimental design raises ethical issues of providing the benefits to some but not to others. Livingstone noted that parent educators regularly alluded to the ethical difficulties of not providing PAFT to the comparison group. The evaluation teams downplayed the " resentful demoralisation" of parents in the comparison group who did not have access to the presumed advantages of the programme group, but this may well have influenced the results. Seymour (1994) observed that while many families were happy with the idea of receiving PAFT, they were not happy with the possibility of being in a control group and still having to participate in the various tests and research assessments. Two in every five parents approached to participate had declined to participate. This is a low rate of acceptance and indicates that the findings should not be generalised to the wider population.

There seemed to be many "teething" problems in the implementation of the pilot projects. According to Livingstone these problems included:

- Parent educators were frustrated that the requirements of the evaluation dominated their early visits to families. They felt the need to apologise for what they (and some families) considered inappropriate or irrelevant requirements of the research evaluation.

- Parent educators were initially upset that they were asked to fill in questionnaires when they had not consented to be part of the research in that way.

- During staff appraisal visits in October 1992 the national coordinator at the time noticed that many parent educators focused their delivery of PAFT on the child rather than the parent. A side effect was a perception that PAFT was a mobile early childhood centre, and some parents left the room to do something else, and even apologised for what they did with the child.

- Parent educators reported that language and cultural barriers limited the value of PAFT for Maori, Pacific Nations and immigrant families.

A battery of different overseas and locally developed instruments was used to evaluate and compare outcomes for participants. A danger, however, of this kind of psychometric approach is that the focus can become one of 'teaching the test" rather than seeing children as learners with developing abilities and the programme being flexible enough to recognise and support individual differences (Gordon & Browne, 1993). The consensus of opinion amongst early childhood researchers is that methods of authentic assessment such as observations are preferred to standardised testing which is considered inappropriate and potentially stressful for young children, and especially so for children under three (NAEYC, 1988).

Livingstone suggests that one reason for the "blandness" of the pilot project results may have been that the instruments, many of which were developed overseas, were not sufficiently sensitive to measure adequately the differences between the control and programme groups that were educationally important in the New Zealand context. Seymour (1994) comments that members of the evaluation teams had difficulty agreeing what instruments to use and the ages at which to test the children.

1.4. PAFT Today

The PAFT programme today is substantially different from the pilot projects. In 1998 the Associate Minister of Education, Brian Donnelly, noted that "there has been a move towards ensuring families are coping well – that they get the social services they require to ensure their circumstances are good enough to cope with the demands of being a good parent". Hunn and Cullen (2000) comment that ECD was successful in shifting the focus of PAFT from care to education and addressing much of the initial resistance to the introduction of PAFT (this 'resistance' is discussed in Section 1.5).

Pilot project families were recruited by approaching new mothers in maternity hospitals and contact started when infants were one month old. Today PAFT programme providers receive referrals from a wide range of agencies and contact can start before infants are born. Staff with a background in health, namely Plunket nurses, were recruited to work in the pilot projects. In recent years the base qualification for parent educators has been the Diploma of Teaching (early childhood education) or equivalent. Teacher registration is not a requirement at present for parent educators.

Initially PAFT was offered to all families in available locations up to the contract number of families PAFT providers could enroll. Today the programme is explicitly targeted to families considered to be at some risk of poor parenting and child outcomes. In April 2000 ECD instructed PAFT providers to prepare a targeted recruitment plan for their programmes, based on the criteria of: ethnicity (Maori or Pacific Nations), low income, teenage parents and single parents, and limited family support and major lack of skill in parenting.

In respect of making research on early brain development accessible and understandable to all families the PAFT programme appears to be ahead of other early childhood programmes which are just beginning to recognise the importance of this research (Meade, 2000). PAFT's new curriculum is being offered as the education component in the Family Start programme[5] which indicates that the delivery of the PAFT curriculum can be flexible.

1.5. Criticisms of PAFT

There were some strong negative reactions to the introduction of PAFT because it was promoted by a Minister of Education and the programme was imported from the United States. It created tensions within the early childhood education and child health fields mainly because of funding cuts to these services in the early 1990s and a perception that PAFT was being funded out of the savings.

When the concept of PAFT was proposed by the then Minister of Education, Dr Lockwood Smith, Farquhar (1990) pointed to a lack of consultation with the early childhood sector and questioned whether a new programme based on home visits by trained professionals was needed in New Zealand. The voice of opposition to PAFT within academia and the early childhood education sector grew after it was announced in 1992 that pilot projects were to commence (Cooper & Royal-Tangaere, 1994; Dalli, 1992; May 1992; McMillan 1997; Pihama, 1993).

[5] Family Start is a combined education, health and welfare initiative, aimed at the most at risk families.

The early childhood teachers' union, NZEI (Te Riu Roa) was opposed to PAFT because there was an already established system of early childhood education in New Zealand. PAFT was considered to be in competition with early childhood centres, diverting valuable funds that would be better spent on centre-based programmes (Rivers, 1994, p. C.15). Cooper and Royal-Tangaere (1994) believed that PAFT did not meet the needs of women generally and Maori women in particular, and that it was a lower cost option to providing more centre-based early childhood education because PAFT encouraged women to stay at home with their children. PAFT was believed to reinforce women's position in the home as mothers, for example May (1992) wrote:

> *Many women knew that taking early childhood programmes into the home was not the kind of liberation from child-rearing they had fought for over so many years.* (p. 96)

McMillan (1997) expressed two concerns:

- PAFT was brought into New Zealand as an early intervention programme for the purpose of improving children's outcomes (the traditional focus in early childhood education was on processes and not the outcomes of participation).

- Parents (as opposed to trained teachers) were being asked to take responsibility for children's learning:

> *Our greatest concerns about PAFT are not with the programme implementation itself, but with the social and political context which has authorised and endorsed the principles believed to be essential for its purpose. The most significant one is that through this programme, parents are to ensure that their children become suitable future employees for an economically-oriented society.* (McMillan, 1997, p. 33)

Pihama (1993; 1996) critically examined the assumptions on which PAFT was founded from a Kaupapa Maori perspective. Her analysis drew on early policy documents, the Minister's policy speeches and other material available at the time. Pihama argued against the deficit model of parenting that underpinned the programme and explained how a compensatory education approach was a racist one.

> *Processes of educational change concerning Maori children has focused predominantly within a 'victim-blaming' scenario. Maori children, Maori people have been viewed as being deficient and Maori underachievement defined in terms of Maori children lacking appropriate skills and knowledge. PAFT clearly maintains such an emphasis.* (p. 115)

Pihama (1996) expressed concern about the cultural relevance of PAFT to Maori. She noted that there was no inclusion or acknowledgement of Maori knowledge of te reo Maori or tikanga Maori. She believed that the employment of Maori people as parent educators was to ensure that Maori parents assimilated the knowledge provided and that PAFT therefore acted to encultrate and control Maori.

Pihama (1996) pointed to research by Renwick (1985) showing that Maori parents did not feel comfortable about being visited at home by a kindergarten teacher. The insensitivity of the visiting kindergarten teacher (the "expert") at times exacerbated the stress and discomfort of Maori families. One of two parent education workers (not from PAFT) interviewed by Ellis (1998, p. 5) agreed that families might feel uncomfortable about being visited at home, but explained that "this could depend on why you were visiting and their perception of your visit".

Today PAFT seems to have wider acceptance. May (2001, p. 226) describes the early childhood sector as being more at "peace" and accepting of PAFT, seeing it as just another "one of a raft of programmes to support children and their families". Livingstone (1998, p. 52) states that the "PAFT programme has now definitely become a New Zealand parent education and support initiative". In other words, the argument no longer stands that it is an imported programme with no cultural relevance and place in New Zealand.

Some discontent remains, however, over sharing funding within the early childhood sector. Lynne Bruce, national secretary of the teachers' union NZEI said that a concern was that:

> *Funding should not go toward any parent support programmes at the expense of early childhood centres … Early childhood centres were the proven way of contributing to success at school and had the additional benefits of getting parents out of the home and networking with other parents".* (McCarthy, 2001)

People within PAFT have expressed disappointment and anger about announcements of funding cutbacks and the retendering of a large number of PAFT contracts for cost cutting and to focus provision on families with some risk of poor parenting and low educational outcomes for children. Newspaper story headlines have included "Pakeha cut from parents programme", "Funding cut decision angers Barnardos", "Plunket fears loss of regional contract", "Funding rejig forces PAFT to cut services", "Some locals will lose Parents as First Teachers programme help", "Early learning scheme threatened" and "Scheme (PAFT) a parental lifeline".

1.6. Research

Bradley (1999) and Devereux-Blum (2001) provide the only known research studies on the New Zealand PAFT programme. An outline of these two studies is provided below along with a brief review of relevant New Zealand research on other parenting and family support programmes.

For her one-year directed study at the University of Waikato Bradley (1999) conducted a small qualitative project of Maori parents' perceptions of PAFT. Bradley presented an argument that PAFT could be seen as an opportunity for Maori families to redefine their authority and responsibility as the primary teachers of their children – a traditional role played by the family in Maori society. She interviewed five parents enrolled at a Whangarei PAFT programme. The parents liked PAFT. They were comfortable with the programme's content and found it culturally appropriate. Their relationship with their parent educator was much like a friendship – power was shared and parents felt valued.

> *The rapport established between the family and parent educator may be important for the success of the relationship. Trust established between the two parties often creates the environment for an honest relationship where the family can be assured their parent educator has their best interests at heart.* (p. 22)

PAFT increased parents' confidence and led to more effective participation in their child's development and learning. For these Maori families the key to the success of PAFT lay in the effective delivery of the programme content by the parent educator. They commented on having the choice to participate in PAFT and did not view PAFT as an intervention programme that targeted Maori families.

For her Master's thesis at the University of Victoria in Wellington Devereux-Blum (2001) examined the impact of PAFT on six teenage parent families. Analysis of journal entries, observations of home visits and interviews showed that PAFT was in a position to support the teenage parents during changes in their lives and to coordinate with other agencies to support them further. Parent educators worked with the teenage parents to meet their basic needs and to nurture feelings of being valued. Potential crisis points were averted due to the support structures in place and the ongoing support provided by the parent educator. The teenage parents were better able to cope with the situations they faced and to accept more fully their parenting role. As part of her study Devereux-Blum (2001) trialed journal writing for parent educators and parents. Journal writing was found to be very useful for the communication of parents' needs:

> *Jane needing information and support on nutrition, parenting, child behaviour, immunisation and child development; Leata and Joseph needing information on child development, behaviour management, further study and education options, and daycare options for the twins; Jill, Tara, Olivia and Jamie needing information on child development.* (Devereux-Blum, 2001, p. 112)

Evaluations of the HIPPY programme overseas have provided mixed support for the programme's effectiveness in raising children's educational outcomes (Baker, Piotrkowski, & Brooks-Gunn, 1998). In New Zealand BarHava-Monteith, Harre, and Field (1999) report that HIPPY children scored higher than their same-age school peers on a variety of school achievement and adjustment measures. Further, HIPPY children's parents were more likely to be involved in teaching activities at school than other parents.

A study of the Barnardos Family Support Service (Munford, Sanders, Tisdall, Henare, Livingston, & Spoonley, 1998) identified the following factors as central to a successful family support programme:

- Building the relationship between staff member and parents/families.
- Making time available to work on interpersonal and emotional issues which affected parents' well-being and their parenting.
- Working with parents on the development of problem-solving skills to begin to address issues which had become overwhelming and complex.
- Supporting parents to develop and rebuild their confidence and self-esteem by focusing on the current strengths of the parent and taking a gently encouraging approach.
- Focusing on communication and communication skills, for example, supporting parents to make their needs known to key people and providing information to increase parents' understanding of age appropriate responses to their children.
- Enabling parents to feel in control of their lives.

An evaluation of a parenting programme provided by the Maori Women's Welfare League, Whanau Toko I Te Ora based on sixteen family case studies (Livingstone, 2002) found that:

- Some improvement in child health occurred, however half the adults still had health concerns.

- Two-thirds of the whanau had improved their housing and transport circumstances.

- Almost all whanau (virtually all of whom were on a government benefit) recorded measurable improvements in managing their finances.

- Marked increases were recorded in parenting skills and confidence.

- Parental and sibling interactions became generally more positive, with a reduction in emotional stress, whanau argument, yelling and negative methods of behaviour control.

- In almost all homes caregivers monitored children's television viewing.

- Most whanau began to identify more strongly with their Maori heritage, and learning to use te reo more often and in conversations.

1.7. Defining "Risk" and Targeting

Research on family factors that put children at risk of poor outcomes indicates that risk factors can be at the structural level, for example family income and job prospects, and at the personal level, for example postnatal depression. Research suggests that targeting is problematic because indicators of risk tend to be inter-related. For example ethnic minority status tends to be associated with lower income and lower levels of parent education, which begs the question as to whether ethnicity is a risk factor or is it income and education levels? Further, research shows that while various factors may be associated with, they can not be proven to be the exclusive cause of, poorer outcomes for children.

Parents' availability to parent is a risk factor that seems relevant to consider in any future assessments of the PAFT targeting criteria. Research on the variables associated with positive change by families using the Barnardos Family Support Service noted that parents seeking support were often able to parent but due to wider contextual issues they were unavailable to do so (Munford, et al., 1998). Parents had a sound understanding of parenting skills but they could not use this knowledge and understanding effectively. Receiving support from the Barnardos Family Support Service helped to address these issues and enabled parents to make significant gains in their approach to parenting and their overall well-being.

Angus (2001) reflects on the evidence about child outcomes and family characteristics and points out that low income and sole parenthood are *associated* with, but not the *cause* of, poor child outcomes. In regards to income Angus explains, for example, that factors such as the health, skills and expenditure choices of parents are important. Government social expenditure can have an important ameliorative effect.

A New Zealand review of the evidence on the relationship between parental income and child outcomes, indicates that income is more important during the early childhood years than in later years for child outcomes (Mayer, 2002). However, additional income has only a modest effect on parents' level of stress and their parenting practices – which has a large effect on child outcomes. In other words, while income is very important simply increasing the level of income will not improve parenting practices and outcomes for children.

The Competent Children study found that family income and parental education accounted for differences in ethnicity, family type (structure), family stability and welfare receipt (Wylie, Thompson, & Lythe, 2001).

Pryor and Woodward (1996) report from the Dunedin Multidisciplinary Study that maternal attitudes to parenting, the mothers' behaviour with their children, and the number of experiences children have in their early years are associated with low household income, young maternal age at birth, large family size, low maternal cognitive ability, maternal neuroticism and family instability. The cumulative effect of these stress factors has a pervasive influence on children's later behaviour (delinquency and attention difficulties).

A case for universal access to parenting education and support programmes is made by Pfannenstiel et al. (1996) whose research in America showed that the need for knowledge of child development and parenting cuts across all family types. The evidence indicated that two-thirds of the children whom PAT parent educators observed to demonstrate developmental delays during the three year programme were in families with no traditional characteristics of risk, that is they were in two-parent, moderate to high income, non-minority families where mothers had more than a high school education.

The central message coming from research is that if a programme is a targeted one it is important to ensure that it is non-stigmatising. Burgon, Dominick, Dunkin, Hodges, Roberts and Weenink (1997) report in relation to Family Service Centres that to achieve the participation of target group clients a level of professional staff competency was needed that provided an environment and style that was acceptable and attractive to clients. The inclusion of early childhood education services contributed a non-stigmatising and normalising programme that helped to draw target families into the Family Service Centres without feeling that they were being identified as having difficulties. Burgon et al. (1997) suggest that a more effective approach than targeting individual families would be to locate programmes in communities with high proportions of at-risk families.

1.8. About this Study

This is a study of the PAFT programme. It looks at (a) participation, (b) comfort and satisfaction, and (c) outcomes. The design of the study follows the suggestions made for future research by Bradley (1999) and Stephenson and Ranginui-Charlton (1994) by including qualitative and quantitative data and incorporating the perspectives of families and parent educators.

The study, by an independent researcher, was commissioned by Early Childhood Development. A preliminary research report was released last year (Farquhar, 2002) and this presented findings from an analysis of 400 Family Exit Survey forms. The preliminary report was a response to the urgent need for research about the current PAFT programme, following the bland and somewhat mixed findings of the evaluation studies of the pilot project programmes (Livingstone, 1998).

Section 2 of this report describes the aims of the study, the sample and the methodology used. Section 3 presents the findings, covering: participation in the programme, comfort and satisfaction with the programme, and outcomes for families and children. Selected quotations are included to support the descriptions of the findings. The quotations were selected for inclusion on the basis of how they best illustrate the range of responses given and the experiences of the study participants. Section 4 brings the report together in highlighting the main findings and identifying the implications arising from these. Some cartoons are included to help to summarise and to draw the reader's attention to key points.

2. Methodology

2.1. Aims

The aims of this study were to:

1. Examine aspects of family participation in PAFT, including reasons for enrollment and expectations.

2. Investigate family comfort and satisfaction with the programme and its delivery.

3. Identify benefits (outcomes) of participation for children and families.

It was a small scale study designed to provide a reasonably detailed overview of PAFT from within the programme. The study brought together different perspectives on PAFT, namely: enrolled families, families who had completed PAFT, parent educators and programme coordinators, and a small number of community professionals. The study incorporated both quantitative and qualitative data, and drew on written documentation as well.

2.2. Sample

Programme Sites

Two programme sites (A and B) were purposively selected on the basis of being different to each other (see Table 1 below). Programme A had been part of the pilot project and had the longest history. Programmes A and B formed the main programme sample from which the majority of study participants were drawn. Two further programmes, one managed by a Maori provider (Programme C) and one by a Pacific peoples provider (Programme D) were approached.

TABLE 1. Programme Sites

Programme	Location	Characteristics
A	Upper North Island	Low socio-economic area with a high Maori population. Few major industries and high unemployment.
B	Lower North Island	Predominantly European, geographically large urban and rural area. A number of tertiary institutions and major industries in the town.
C	Upper North Island, located on a Marae	Maori PAFT provider in a sprawling urban, low socio-economic area.
D	Lower North Island	Pacific peoples PAFT provider in a low socio-economic suburb that had a significant proportion of Pacific people.

Families Completing PAFT (from across all programmes)

Family Exit Survey forms dated as being returned to ECD between June 1 2000 and February 2001 were taken from storage boxes at ECD. Of the approximately 503 that had been returned to ECD between these dates 400 were selected at random for analysis. A decision to stop processing at 400 forms (and not to include further forms or to extend the time period) was made as 400 was statistically a sufficiently large enough number. Clear patterns in the data had emerged after processing just 100 forms and after 400 forms it was clear that the addition of further forms would not alter the findings.

The response rate can not be accurately calculated because it is not known how many forms were distributed. The survey forms were dated according to when they were received by ECD rather than the date at which families completed the programme. There was the possibility of the survey forms of families who completed PAFT some months earlier being included, as there was also the possibility that families who completed PAFT during this time period did not return their survey forms promptly. It should be noted that families completed the survey anonymously, and they were asked to return their survey by post using a prepaid addressed envelope to ECD rather than to their programme provider.

Most of the respondents in the Family Survey sample were first-time parents (n = 286/400, 71.5%). This included three families who were first-time parents with twins. The majority of respondents were New Zealand Europeans (n = 233, 58%). Eighteen percent were Maori (n = 29) or part-Maori (n = 45). “Other” families (10%) included a range of different ethnic groups. Some families indicated their nationality and not their ethnicity, for example they described themselves as Kiwis or New Zealanders (n = 43, 11%) and a small number did not answer this question (n = 10, 2.5%). The highest percentage of respondents lived in the Auckland region, which included North Shore City, Waitakere City and Manukau City (see Table 2 below). A greater proportion of respondents from the Canterbury region would have been expected if PAFT was provided on the basis of population size.

TABLE 2. The Regions where Families Lived.

Region	Number	Percentage
Auckland	67	17
Waikato	59	15
Bay of Plenty	51	13
Wellington	42	10.5
Canterbury	34	8.5
Otago	34	8.5
Manawatu-Wanganui	27	7
Northland	20	5
Hawke’s Bay	12	3
Southland	9	2
Taranaki	9	2
West Coast	9	2
Tasman/Nelson/Marlborough	8	2
Gisborne	7	2
Not decipherable/Not known	12	3
Total	**400**	**100**

PAFT Parent Educators

Fourteen PAFT parent educators (including the coordinators of programmes A to D) participated in the study. To protect their identity each of the PAFT educators were given a code name, comprising of the letter "E" meaning educator and a number from one to 14 (e.g. E1, E2, E3 …). At programmes C and D only the coordinators were interviewed, and one parent educator at Programme C who was present for some of the coordinator's interview and was prepared to also be interviewed. All other parent educators were drawn from Programmes A and B. A group interview with all staff at Programme B (coded as E15) occurred spontaneously when the researcher arrived at the end of a staff meeting and the parent educators stayed in the room to talk as a group with the researcher. The programme coordinators were also parent educators and so in this report when "parent educator" is mentioned this includes programme coordinators.

Families in Programmes A and B

Nineteen parents and caregivers from Programmes A and B participated in the study (coded P1 to P19). The parent/caregiver sample was selected by programme coordinators and their staff. The coordinators were asked to approach between six to ten families who represented the range of different families enrolled in their programme and to request permission for the researcher to contact them. All 19 parents and caregivers approached agreed to participate. Four of the families informally met the researcher when she accompanied parent educators on some home visits, before parents and caregivers were formally interviewed for the study.

Table 3 shows the personal (gender, age, education, and income) characteristics of the parent/caregiver sample and family characteristics (age and gender of PAFT child, ethnicity, family support and any other relevant information). Parents and caregivers ranged in age from 17 to over 50 years of age. Two parents were under 20 years and thirteen were 30 years or older. Two parents had no school leaving qualification and six had School Certificate as their highest qualification. Ten families received a government benefit(s) as their main source of income or had an annual income of under $25,000. Five parents were living alone with their child or children (although three of these parents had the close support of their separated partner or their extended family). Most children were New Zealand European and five were Maori or part-Maori. Three children had Down Syndrome and one had cerebral palsy. One child was a foster child in the care of her great aunt.

The families from Programmes A and B were selected on the basis of their different needs and backgrounds, representing the diversity of families enrolled at these two programmes only. The families were not intended to be proportionately representative of the characteristics of the families participating in PAFT programmes. At the time of data collection (second half of 2001) over half of the families had been enrolled in PAFT before targeting criteria were introduced by ECD in April 2000. Since then there has been a substantial increase in the proportion of families who are Maori, Pacific Nations, low-income, and parenting-alone enrolled at all PAFT programmes (see Section 1.2. in this report for details).

TABLE 3. Characteristics of the Parent/Caregiver Sample

Code	Status	Age	Education	Income	Child	Ethnicity	Family Support	Other Details
P1	Mother	30+	Studying for nursing	DPB	Boy 19 mths Down syndrome	Maori	1 parent. Support from ex-husband and her family	2 older children
P2	Mother	20-30	6th Form	- $25k	Boy 17 mths	NZ Euro	2 parent	
P3	Mother	30+	U.E.	- $25k	Girl 4 yrs	Italian - European	1 parent. No family support	High earning job before pregnancy
P4	Mother	30+	U.E.	$25 - $35k	Girl 8 mths	NZ Euro	2 parent	
P5	Mother	30+	Registered nurse	Invalids benefit	Boy 3 yrs. Down syndrome	NZ Euro	2 parent	4 older children
P6	Mother	30+	Honours degree	$35k +	Boy 2.6 yrs	NZ Euro	2 parent	1 older child.
P7	Father	30+	5th Form	$35k+	Boy 2.6 yrs	NZ Euro	2 parent	
P8	Mother	- 20	6th Form	DPB	Girl 7 mths	Maori	1 parent. Close family support	
P9	Mother	30+	5th Form	- $25k	Girl 21 mths	Maori-NZ Euro	2 parent	
P10	Great Aunt	30+	No qual.	- $25k	Girl 2 yrs. Attention Deficit.	NZ Euro	2 parent	3 adult children
P11	Mother	30+	5th Form	$25 - $35k	Girl 3 yrs. Down syndrome	NZ Euro	2 parent	2 older children
P12	Mother	30+	5th Form	$35k	Girl 2 yrs	NZ Euro	2 parent	Pregnant with 2nd child
P13	Mother	30+	5th Form	$25 - $35k	Boy 2 yrs. Club feet	NZ Euro	2 parent	Rural family. 2 older sibs.
P14	Mother	- 20	6th Form	DPB	Girl 18 mths. Cerebral palsy	NZ Euro	1 parent. Family & church support.	
P15	Mother	20 -30	5th Form	- $25k	Girl 19 mths	NZ Euro	1 parent	Full-time family daycare giver
P16	Mother	20-30	No qual.	- $25k	Boy 2 yrs	NZ Euro	2 parent	
P17	Mother	30+	Degree	$25 - $35k	Girl 2 yrs	Maori	2 parent	1 younger child
P18	Mother	20-30	7th Form	$25 - $35k	Boy 2.6 yrs	Maori-NZ Euro	2 parent	
P19	Mother	30+	6th Form	$35k +	Boy 3 yrs	NZ Euro	2 parent	1 younger child

Community Professionals

Seven professionals in the wider community who had contact with PAFT families, either directly or indirectly, participated in the study. To protect their identity each of the community professionals were given a code name of "M" and a number from one to seven. Six of the professionals were introduced to the researcher by Programme A's coordinator and they were a coordinator of a school for teenage parents (M1), an assistant primary school principal (M2), two Plunket Kaiawhina (M4 & M5), a Karitane Nurse (M6) and a Plunket Nurse (M7). In addition a Plunket Area Manager (M3) indicated interest in contributing to the study. Note that the community professionals were included in the study sample for their broader perspectives on the impact of PAFT. The information they gave both added to and helped to validate parent educator and parent/caregiver statements (see Section 2.4. Analysis).

2.3. Procedures

A multiple methods approach was taken. Quantitative data was obtained from a survey of families upon their completion of the three year PAFT programme. Qualitative data was obtained through interviews with parent educators and parents at two different programmes, and supplemented by interviews with educators from two Maori and Pacific peoples programmes and a small number of community professionals. Further sources of data were 28 programme provider biannual reports to 31 December 2000 (provided to the researcher by ECD) and ECD's written progress reports to the Ministry of Education.

Survey

A copy of the Family Exit Survey is included in the first report on this study (see Farquhar 2002). The survey form was designed by ECD staff to monitor programme quality from the clients' perspective and to gain feedback for improvement. As families complete the programme they are given a survey form by their parent educator to complete and post anonymously to ECD. The survey form was not designed as a research tool and thus some questions that would have been of interest for analysis, such as household income and parent/caregiver age, were not asked on the survey form.

Interviews

Copies of the interview schedules for parents/caregivers and parent educators are provided in Appendix 2 and Appendix 3 respectively. The interviews were semi-structured, focussing on the questions contained in the interview schedules whilst allowing interviewees to talk about what was most relevant or important to themselves. An interview schedule was not used with community professionals as they varied in their roles and the type of contact they had with PAFT. Their interviews were shorter, comprising of questions which were specific to their contact with and knowledge of PAFT. All interviews were tape-recorded and transcribed.

Interviews with parent educators were carried out face-to-face. Programmes A and B were visited over two to two-and-one-half days. During this time the researcher conducted interviews. The researcher also informally accompanied parent educators on some home visits to help to inform her understanding of how PAFT operated. At Programme B an unplanned group interview of all parent educators occurred. The researcher arrived at the end of a staff meeting and the parent educators began to talk with the researcher rather than dispersing for lunch. The tape-recorder was turned on with their permission. Programmes C and D were visited to interview the coordinators. A parent educator at Programme C who sat in on some of the coordinator's interview, was separately interviewed also.

Parent and caregiver interviews were conducted by telephone at a time that was convenient to them. Telephone interviews allowed flexibility which was important to these families with young children. One mother for example prepared supper while being interviewed on the phone and a father kept watch over his child who was unwell and in bed. Parents and caregivers could ask for the tape-recorder to be turned off at any time, and in some instances they asked for the researcher to wait while they attended to their child or an urgent household task, such as taking baking from the oven.

Non-Reactive Research Sources of Information

The Family Exit Survey and interviews provided the main sources of data for the study. Access to naturally occurring data, namely a set of 28 programme provider reports to ECD to 31 December 2000 (coded A to Z and then AA and BB) and ECD's written progress reports to the Ministry of Education from 1995 to 2002, complemented the survey and interview data.

2.4. Analysis

Data analysis involved carefully piecing together the different sets of evidence specific to addressing the aims of the study. The process of data analysis was similar to completing a jigsaw. Each data set was individually examined. The computer word processor was used to aid the grouping of data under logical topic and sub-topic headings. Then links between the pieces of evidence were identified to identify patterns and to generate themes. The different sets of data were triangulated which helped to strengthen the findings and to identify any inconsistencies and instances of weak or unsubstantiated evidence.

2.5. Ethical Considerations

The ethical guidelines of the New Zealand Association for Research in Education (revised Dec. 1998) were adhered to in conducting this study. All participants were informed of their rights and the researcher's responsibilities. Participants had the right to withdraw from the study at any time. Full confidentiality was assured and any personally identifying information was destroyed at the completion of the study, including audio-tapes which were wiped over. Confidential information about the research participants and the PAFT programmes was not shared or given to any other person or organisation, including ECD.

All participants in the study were given the researcher's contact details. The National Training Coordinator at the PAFT National Centre in ECD was available for PAFT staff to contact in confidence if they were unhappy about the researcher or any aspects of the study.

Prior permission to approach the coordinators of Programmes A and B was granted by the Royal New Zealand Plunket Society Ethics Committee. The Plunket Society happened to be the provider of these two programmes, and at the time of study was one of the major contractors of PAFT along with Special Education Services (which has since been disestablished and merged with the Ministry of Education).

After permission was granted by the Plunket Society Ethics Committee a letter introducing the study was sent to the coordinators of Programmes A and B. This was followed by a telephone call. After obtaining the agreement of the coordinators, and ascertaining that they understood what the study was about and what participation would involve, copies of Information Sheets and Consent Forms were forwarded to them for distribution (see Appendices 4 to 7). Coordinators and parent educators made the initial approaches to families to ask for their permission for the researcher to contact them. Coordinators returned signed parent and caregiver consent forms to the researcher. Individual parent educators either returned their signed consent forms to their programme coordinator or to the researcher directly.

The coordinators of Programmes C and D and a staff member from Programme C gave their informed consent to be interviewed. The community professionals who agreed to be interviewed also gave their informed consent.

3. Findings

3.1. Participation

3.1.1. Enrolment

PAFT was perceived to be a high quality programme by the 19 families who were interviewed. Most formed this perception of PAFT through word-of-mouth and the recommendation of people who had participated in the programme or had some knowledge of it.

> *I heard about it through my mother-in-law. I also asked around a couple of friends who had kids older than me. They were the ones who said if you want to get on to it, get on early because it's hard to get on. I contacted PAFT when I was about four months pregnant. I thought if it's difficult to get on I better do it now.* (Interview P4)

> *I heard about PAFT from Plunket and from the boss's wife. The boss's wife said they would tell you about the different stages they go through, what toys you are able to make if you're not able to afford to get toys. I thought it would be really good if I get into [child's name] education now so that when she goes to school there is no big gap where she will fall behind.* (Interview P17)

One family enrolled in PAFT after finding a listing for PAFT in the telephone book:

> *I set about wanting to learn as much as I could about Down Syndrome and child development ... I looked through the phone book to see what else I could find and I found PAFT. At that particular time they were just starting to open up PAFT to children of an older age who had special needs. We were the first ones to come onto PAFT at eight months old.* (Interview P5)

A second family believed that PAFT had a strong reputation in the community and that by participating in PAFT their case for child custody would be strengthened. The child was placed in the family by CYFs, and the family asked for the mother's PAFT enrolment to be transferred.

> *It does help especially with CYFs kids that you have as many people coming in to show that you are doing something. I have to prove, well I don't have to prove, but if I want to move on with her [child's name] I've got to have outsiders I can tap into. Which is really good for me because I wouldn't have known so much.* (Interview P10)

Families viewed their participation in PAFT as a personal choice. They made the decision to enrol. Even the seven parents and caregivers who were referred to or recruited by a PAFT provider stated that it was their decision to participate in PAFT and they did so because they wanted to.

> *I was at the Bethany Centre in Auckland and a lady came in and talked to us about PAFT and then showed us how to make some toys and stuff. That's when I first heard about it. From then I just wanted to do it. Then I came back here [to her home] and I told my Plunket Nurse [I wanted to enrol].* (Interview P8)

Eleven of the 19 families could be classified as self-referrals (excluding the seven families who were referred to PAFT by other agencies or targeted by PAFT and the family whose child was placed with them by CYFs). For these 11 families being accepted onto PAFT was due to their persistence and luck. This suggests that popular demand was greater than the availability of places on PAFT.

> An example of persistence: *I wanted, like I guess any mother wants, the best start for her child. I persisted in my approaches to PAFT and I only just got onto the programme. I was ecstatic when I found out I was accepted. A number of times I tried to phone them at the office and did not get a reply. They may have got my details but I was not happy with that. So I ended up talking to the person next door and finding out who her parent educator was and I contacted her directly. I've been one to hold back and not be a nuisance - but I might not have got onto PAFT otherwise.* (Interview P2)

> An example of luck: *I didn't really know until I rang up and enrolled and they said "you're lucky you'll get in". I thought, oh it must be good if it's hard to get in. I enrolled when I was six months pregnant and baby was about three months old when I was first seen. I only rang up once and they rang a couple of times to say how I was going on the list.* (Interview P19)

ECD progress reports to the Ministry of Education confirm high demand for the programme, for example:

> *The number of families seeking places on the programme continues to exceed the number of spaces available.* (ECD progress report to 30 April 2000, p. 9)

The response of PAFT providers to the high demand for places was to limit publicity and not to advertise.

> *We do nil advertising. I would be terrified of advertising. I've got to handle all the "dear johns". We have referrals from Plunket nurse, GPs and midwives and self-referrals as well. There is not enough space.* (Interview E3)

PAFT programme provider reports to ECD indicate an increasing emphasis on targeted recruitment and referral as opposed to the acceptance of self-referrals.

> *With the need to pick up families in the more needy category we have not advertised our programme because we get too many queries and demands from the parents whom we can not take*. (Programme J provider report to 31 Dec 2000)

> *We have had a strict policy of targeting and no self-referrals since March 2000. Targeting requires more time for networking/liaising with referral families. Every family (unless the person making the referral has given us all the relevant details) is interviewed and an 'application form' (questionnaire) filled in. This is time consuming and more families are denied access to the programme than are accepted.* (Programme S provider report to 31 Dec 2000)

ECD progress reports to the Ministry of Education show a change towards a higher proportion of families enrolling in PAFT as a result of being referred, for example:

> *It is more likely that most PAFT recruitments will come from networking with other parenting, education or health-related agencies, than self-referrals*. (ECD progress report to 31 December 2001, p. 15)

In 1999 the referral rate was 50 percent and this increased to 67 percent in 2002 according to ECD's progress reports for these years.

3.1.2. Initial Expectations

The 19 families interviewed were asked what they hoped they and their child would get out of enrolling in PAFT. Responses centered around a wish for support and a desire for guidance (through receiving advice and gaining knowledge about child development and learning).

The kind of support families sought varied according to personal circumstances. Two parents, both single parents, looked forward to the company that the parent educator would provide. One family wanted the support of a parent educator to provide evidence of their commitment to caring for a child under CYF services. Another family sought emotional support in coping with the demands of caring for a child with special needs. All families wanted someone who would come alongside them as a partner and as a sounding board.

> *We were looking for help with bringing up the wee boy. [Parent educator's name] always said I could ring her anytime. She's always there as a back up and it just felt good to have her there. We are an older couple.* (Interview P7)

I wanted a lot of encouragement and support. I needed someone to come alongside and guide me. It's like something coming under you, supporting you, and alongside you, and guiding you in your parenting. A professional. (Interview P2)

I was scared about being responsible for a new life. I thought great, they can sort of guide me and tell me what to expect and teach me how to teach him. It's nice to have someone care about your child. I did like someone coming in who was interested in my child because I didn't have family up here. (Interview P19)

The kind of information and knowledge that families wanted to gain as a result of enrolling in PAFT was wide ranging and included: learning how to identify normal developmental stages in their child, finding out alternatives to smacking, learning what was wrong and right in their parenting, gaining ideas about activities to do with their child, and information on ways to extend their child's learning.

Guidance, someone to give me ideas. Reassurance that [child's name] is on the right track [in development]. People said to me "what are you doing it for? [Child] is your second child. You've done it all before". For me it's been valuable for the second child. (Interview P6)

I don't think it matters how much confidence or what kind of background you have. You want to know that you are doing the right thing. Not that you are doing something right or wrong, but that you are doing the right thing for your baby. (Interview P3)

3.1.3. Factors Affecting Participation

Home Visiting and Group Meetings

The convenience of home visiting for families made this an attractive method of programme delivery.

I think that if I had to go and visit them it would be too hard for me and I would just leave PAFT. But because they come here I just can't wait for [educator's name] to come. (Interview P17)

If I had to drag the two kids into their office every month I'd probably ring up and say I can't be bothered. (Interview P19)

The Family Exit Survey data shows that group meetings were well attended by only a small proportion of families. Over the approximately three year period that families were in PAFT the majority attended ten or fewer group meetings (n = 366/400, 91.5%). A small number attended 11 to 20 meetings (n = 22, 5.5%) and few attended over 20 meetings (n = 12, 3%).

Home visits were clearly preferred to group meetings. Home visits were simply more convenient for families than group meetings. Other factors affecting family participation in group meetings were: lack of time and being busy with other commitments, the distance to travel to meetings, lack of transport, meeting children's needs such as day-time sleeps, and childcare.

Time and other commitments were the most frequently stated reasons amongst the families surveyed for not attending more group meetings. They indicated that they were too busy (n = 65/400, 16%), had work commitments (n = 60, 15%), or that group meeting times often clashed with their other activities and commitments (n = 59, 15%). In the parent and caregiver interviews the problem of being busy and the difficulty of finding time to attend group meetings was also referred to. Families with toddlers (as opposed to babies) tended to attend fewer group meetings because parents and caregivers had more commitments, being more likely to be in employment and to be using a playgroup or another early childhood service.

> *I am trying to go to one this Friday. I try to make it if I can but my life is so busy. I've got Playcentre as well.* (Interview P17)

> *My working mums make it clear that they will not be at any group meetings.* (Interview E13)

Eleven percent of families (n = 45/400) surveyed did not attend group meetings because of travel and the inconvenience associated with travel.

> *I wasn't interested in travel time, over one hour to go to these [group meetings].* (Survey 0090)

The problems rural families had in attending group meetings at a city location included distance, the time taken in travelling, and in some cases finding a car park. For seven percent of families (n = 27/400) lack of transport restricted their attendance at group meetings. Transport was also an issue for the families who were interviewed.

> *At the moment I am immobilised and have no transport.* (Interview P1)

> *I would have gone if somebody had said to me, "there is a meeting on tomorrow. Could I pick you up and drop you off afterwards at home?". Then I would have gone.* (Interview P5)

Programme providers were aware that transport was an issue for some families. Programme C had access to a van between 10 am and 2 pm that belonged to a local Kohanga Reo. Programme A parent educators approached Plunket Kai Awhina to assist with transport if it was particularly important for a family to attend.

A small percentage of families surveyed stated that children's needs (n = 31, 8%) and difficulties in arranging childcare (n = 29, 7%) meant that attendance at more group meetings was not possible. This was also the case for some of the families interviewed.

> *Being on my own it's quite hard to go to these things and some of them are at night and then I'd have to have someone to look after her.* (Interview P15)

> *It was difficult with two little ones, as well one child would get sick, asthma in cold weather etc. Someone to come with me to help with the children. Children at an age where they physically needed my presence (with feeding) and I couldn't leave them.* (Survey 0081)

> *The one (meeting) I did go to was so noisy it was impossible to get more information in. A crèche is needed at the meetings. My babies slept in the morning so I thought, why upset their routine?* (Survey 1000)

Although the total rate of participation in group meetings was low, the finding that some families went to a lot of group meetings suggests that they met a need.

Reasons for Families Exiting PAFT

According to the parent educators interviewed and to ECD progress reports to the Ministry of Education the main reasons for families exiting from PAFT were:

- Shifting to an area where PAFT was not available or where there were no vacancies.
- PAFT programme providers losing contact with families after repeated attempts to locate and maintain contact.
- Families withdrawing for family and personal reasons such as returning to work.
- And a range of "other" reasons, such as infant death.

The July 1997 ECD progress report to the Ministry of Education stated that:

> *The 7% attrition rate for PAFT programmes is something to be pleased about because it is not unusual for the attrition rate for similar but strongly targeted North American family support programmes to be as high as 20% when factors outside the control of the programme are taken into account.* (p. 7)

During the year 2001 the number of "other" exits was 2,262. This large number of exits was more than double the number of all previous years of PAFT operation combined (between 1994 and 2001 the total exits were 908). The high drop-out rate during 2001 was due mainly to:

- A larger than usual number of new providers being contracted to run PAFT programmes – meaning that families experienced a change of programme provider and often, but not always a change of educator.
- The introduction of targeting – and the associated difficulties experienced by programme providers in retaining families meeting the criteria, for example, phone access and high mobility. (ECD progress report to 31 December 2000, p. 9)

The coordinator of Programme C reported that after winning the contract to run another PAFT programme in a nearby area, about 12 percent of families withdrew because they did not want the change to a new provider.

The importance of continuity in parent educator was identified in the comments of families who had experienced a change of parent educator. About half of the surveyed families (n = 195/400) had experienced a change of parent educator. The majority were tentative about accepting a new parent educator but were happy once they formed a relationship with their new educator (n = 158/195, 81%). Some found that a change of parent educator did not work for them (n = 37/195, 19%).

> *I was devastated to lose my parent educator and felt like dropping the programme, but my fears were unfounded. The new educator was incredible.* (Survey, 1033)

> *It was hard to bond with a new parent educator half way through.* (Survey, 0087)

> *A bit off-putting. The new parent educator was nice, but wasn't the same as having the one who was with us from before our child was born.* (Survey, 0206)

Family mobility was a factor in families sometimes being 'lost' from the programme. As well as families shifting home, families not being at home for arranged home visits were an often cited frustration for parent educators and a reason why some families were taken off the programme.

> *A number of our really high needs families are transient, they do not have a fixed abode. Half the time they travel to stay with that person or that person. They are hard to keep track of.* (Interview E10)

> *About five months old he took really ill and had respiratory problems and he was in intensive care and for the first two weeks he was down in Auckland. Once he'd had his heart repaired he picked up very well. I went back to [name of home area] and PAFT tried to contact me. But we were everywhere. I was at mum's for a while and then at my brothers. We eventually caught up with one another.* (Interview P1)

> *I had [parent educator's name] for six months. Then I had another one and then I got another one for three months and then they lost me again. I had another one for two months. I've just come back to the same area that [name of original parent educator] first saw us in. I've shifted house - a lot.* (Interview P17)

> *We are concerned about the accessibility of families with no phones or only cell phones which are often not functioning, who move house without advising of this, and who have small concept of diarying appointments and can be impulsive in choosing their activities for the day forgetting PAFT … In November/December 2000 five families could not be contacted. Age or family circumstances indicate they fall within the target group. It is probable a maximum time/number of attempted contacts will be set after which we will cease to save a place on the programme.* (Programme R provider report to 31 Dec 2000)

Families who cite employment as the reason for withdrawing from PAFT may be withdrawing not because of lack of time but because of lack of parent educator availability to visit them outside of their work hours. For example, Programme C parent educators did not do weekend or evening home visits.

> *Parents are still wanting to do the programme even after they have found full-time employment. Because we are not able to accommodate for these individual needs they had to be exited. … We have had requests from parents to do weekend visits. These were declined as our team needed whanau time with their own tamariki.* (Programme C provider report to 31 Dec 2000)

Programme A and Programme B parent educators visited outside of work hours when needed by families but not as a matter of course. In contrast, Programme D parent educators accommodated families who had a family member, including fathers, in paid employment.

> *If I know the father is working I can be flexible sometimes and visit them in the evening or weekends. I put aside two weekends a month for home visits. I know I should be with my own family, but the families appreciate my help in visiting them when dad is home. I want fathers to see how valuable they are as teachers of their children, not just as a dad who can walk in and walk out.* (Interview E6)

3.1.4. Family Access to PAFT and Targeting

The number of enrolments (directly related to the number of funded places) has declined in recent years and there are greater proportions of families who are Maori, Pacific Nations, have an annual income of less than $25,000, are teenage parents, and are single parents. Table 4 displays statistics before the introduction of targeting (1997 and 1999) and after (2002) to show how PAFT enrolments have changed. The change appears to have been quite rapid given that PAFT is a three-year programme. The large number of families who withdrew from the programme during the 2001 year, 2,262 families may have helped providers to increase their enrolments of families who met the targeting criteria.

TABLE 4. Changes in Enrolment Number and Family Characteristics.

Year	Total Families	Maori	Pacific Nations	NZ European	Income under $25k	Teen Mum under 20	Single parent
1997 as at 31 July	7921	28%	6.5%	64%	26%	8%	8%
1999 as at 31 Oct	9332	28%	8%	61%	30%	9%	8%
2002 as at 31 Dec	7485	42%	15%	41%	50%	15%	14%
	Decrease	Increase	Increase	Decrease	Increase	Increase	Increase

The Family Exit Survey asked an open question seeking suggestions for the improvement of PAFT. The greatest number of suggestions made were about the need to re-open entry to the programme and to do away with targeting criteria (n = 84/400, 21%). It is interesting that this suggestion was made by families who enrolled in PAFT before targeting was introduced because it indicates their concern about restricted entry to PAFT for other families. Concerns about targeting and the availability of the programme to any family who wanted to enroll in it were also frequently expressed by the parents and caregivers, parent educators, and community professions during their interviews. Here are a small sample of comments illustrating the breadth and depth of concerns about targeting and access:

> *Three of my girlfriends missed out getting on to PAFT. They see the difference between my daughter and their kids, and they are wonderful parents. If they had the targeting criteria when my daughter was born there is no way I would have got on.* (Interview P3)

> *We were disgusted to find out that it is being targeted for particular groups i.e. Maori/Polynesian, low socio-economic groups. We strongly feel that all parents should be able to receive the information and support from PAFT.* (Survey 0306)

> *I am a doctor, but I didn't have the experience of being a parent before my child was born, and I still learned heaps. There should be increased availability to all families who are interested and not just "at risk" kids.* (Survey 0030)

If the present government is concerned about "closing the gaps" and fostering a knowledge based economy they should invest in the children and parents of this country, i.e. all first children and parents being able to go on the PAFT programme. (Survey 0038)

I liked the ideal in the beginning that this programme be available to every New Zealand family with one of their children. You might get something different out of this programme than another person has got out of it, but you all get something that helps you to raise your child. (Interview E3)

I don't like to say that parents from better backgrounds have better parenting skills. I think it is the parenting skill that determines the child and not how much money they make. When I look at kids coming in at five I can see some families that would benefit so much but it is too late to recommend that they go and see PAFT. (Interview M2)

It seemed to be common practice for parents and caregivers to copy and share the written material and activity ideas with others they knew who could not get onto the PAFT programme. Copyright protection of the *Born to Learn* curriculum and *Ahuru Mowai* meant that this practice could not be approved by ECD.

Written material has provided a great conversation at playgroups. So much useful information and ideas to discuss. (Survey 0352)

I have given my information to quite a few of my friends at playgroup. You know because they have kids quite a bit younger and they couldn't get on to the PAFT programme. A lot of them photocopy off stuff. And I get the new things (samples of activities) and take and show. (Interview P8)

A friend had said that she would have given me the written information if my enrolment hadn't been accepted. I'm making the toys for other people who can't get on the programme. (Interview P4)

I pass my PAFT handouts on to my sister in Wellington. She tried to get on the programme but she couldn't. She follows my handouts like a bible. (Interview P13)

A major problem with targeting from the perspective of parent educators was saying "no" to families they could not accept.

Having to say "no" to some families and "yes" to some, and I'm the person who does that, and that's really hard. You've got someone on the other end of the phone really growling about that. (Interview E3)

I find it hard to answer the phone when I don't know if the family is Pacific or Pakeha. Because we target more Pacific families I find it hard to answer the phone and to ask all these questions. Sometimes I feel awful and it is so difficult. (Interview E6)

We find it really hard when our 10 percent mainstream is full and people ring in and we have to filter out through the interview on the phone whether the baby has Maori blood. I listen to the speaker and I ask what tribe does the baby come from. If they say they are not Maori, I ask if they are aware that we are a Maori provider. (Interview E2)

Parent educators were conscious of the stigmatising effect for families of being accepted onto a targeted programme, and reported finding this difficult to cope with.

> *One of our parent educators has been criticised by a Maori family because the family did not want to be labeled as a Maori low-income family. So I said to the educator, "don't tell them what the criteria are, all you say is we are looking at families with income under blah blah". You don't say we are looking at low income families or high needs families. There is no way I way would say that to my Pacific families. A high needs family is one that needs a social worker and things like that in. I just say to my families, "all of us Pacific families need the programme".* (Interview E6)

Many parent educators and programme providers feared that in the long-term the attractiveness of PAFT would be reduced in the wider community due to targeting and the associated stigma of this for families.

> *Not all mothers want to go on Family Start because it is definitely targeted and they would come to us, and we didn't really want them because they were the very high needs. Now PAFT is targeted I can see mothers becoming less keen to come to PAFT.* (Interview E10)

> *We have had families decline the opportunity to be part of the programme for the first time and have encountered obvious ambivalence in others. We believe this indicates a changing public perception of PAFT for the disadvantaged, which people do not want to be associated with - Replacing PAFT "what we want to be part of, find us a place please".* (Programme R provider report to 31 Dec 2000)

> *Many people are now aware that the programme is targeted for families who meet a certain criteria associated with poor outcomes. Consequently there has been a marked reduction in phone enquiries. Instead of fielding five to six, and up to 12 calls a day back in 1996, the office would receive an average eight calls a week.* (Programme H provider report to 31 Dec 2000)

The main problem appeared to be that targeting labeled all low income, all Maori and Pacific peoples, all teenage, and all single parents as not being good enough parents. Through its targeting policy and practice PAFT was perpetuating social beliefs that certain groups of people typically look after their children less well than others.

The 19 parents and caregivers interviewed in this study varied in their needs for parenting support, and their needs were individual and not easily predicted on the basis of their group characteristics. For example, P14 was a single 18 year-old parent. She met three of the current targeting criteria : young, single, and low-income. But P14 had a high level of support, was confident in her parenting and was engaged in further education. Her child had cerebral palsy and this was diagnosed after she had started PAFT (an example of how child development issues may not always be apparent at the time of enrolment). As a teenage parent P14 received support from a number of agencies, including gifts of toys from the Salvation Army. She had artistic talent, doing lots of art activities with her child and brightly decorating the walls and furnishings in her flat. She had a strong interest in children's learning and was undertaking an early childhood training course. P14 was confident in her parenting. Apart from the assistance of her parent educator in the identification of and referral for her child's cerebral palsy, P14 had a low need for parenting support, she explained that :

> *… a lot of it I already knew because I have a little brother who is only eight and I even saw him being born. I have a really close family and I feel fine about being myself with [child's name]. I can always call my mum, I'm always talking to her".*

Another parent, P13, was in her thirties, married and owned a modern house with her husband on a rural farming property. She had three children. The youngest child was enrolled in PAFT. This child was born with club feet. P13 had little initial support from her full-time farmer husband who had difficulty understanding why she could not cope in raising the children and why she became nervous and had panic attacks. P13 had a high need for parenting support:

> *PAFT was wonderful for me. I didn't know when I enrolled that things would get as bad as they did.*

The parent educators interviewed in this study considered that just about any family could be fitted into the targeting criteria if they thought the family really needed support. For example:

> *It is really easy to slot people in somewhere with the criteria. "Limited parenting skills" in a wider sense we all come under that criterion with our first child. I find a way to fit as many families into that if I pick up intuitively from a professional level that yes this family does need some extra help. (Interview E7)*

> *The criteria is quite good because we can adapt it quite well (laughter). First time mums all lack parenting skills. They might be on a high wage bracket and have access to things but mum might lack complete confidence in being with her child. (Interview E13)*

Community professionals M6 and M7 spoke about parents sometimes presenting well initially but not coping well in their parenting later on. Their point relating to the visibility of parenting problems was supported by interview comments from parent educators and by programme providers in their written reports to ECD.

> *I think everyone of us has got anecdotal stories about how we have had families that have been on high incomes, people in professional type occupations. They are some of the parents we have had most concern with. (Interview E15 Group)*

> *The first impressions we glean are not always good indicators of what's happening in families – circumstances can change quickly e.g. relationship changes, employment etc.* (Programme L provider report to 31 Dec 2000)

> *We have met our first case of turning down a pregnant family for apparently not meeting targeting criteria but at six or seven months a health worker has made a late referral.* (Programme R provider report to 31 Dec 2000)

There was agreement amongst parent educators that families who were referred by another agency or health professional should be prioritised for a place on PAFT. Participants in this study (including parents and caregivers) offered many suggestions to better target families who would benefit most from participation. When put together their suggestions indicate that defining a high needs family is problematic and complex, for example there are arguments for targeting parents with a high level of education and there are also arguments for targeting parents with a low level of education. The targeting criteria suggested include:

(1) High parent education.

> *I have an honours degree but that doesn't make me a better mother. If anything it makes me a worse mother to some extent.* (Interview P6)

I see some families on high incomes with a high education with children still at risk because of too high expectations and too much pressure. Later there is anorexia and teenage suicides. (Interview E3)

(2) Low parent education.

Believe it or not there are people who don't have the skills of accessing a public library. They've never been in one. Their parents never used a library. (Interview M7)

(3) Mothers with post-natal depression or anxiety about their parenting.

(4) Parents who have had professional careers and little experience around children.

(5) Older parents over 40 years.

(6) Parents with adopted or fostered children.

(7) Families with multiple births.

(8) Children with special needs.

(9) Parents on the methadone programme.

(10) Parents who were abused themselves as children.

(11) Families where there is violence.

(12) Families with children who have had more than one preventable accident resulting in major physical injury (e.g. broken bone).

(13) Parents who work with other parents who have problems with parenting (e.g. parents who are lawyers and work in Family Courts).

3.2. Comfort and Satisfaction with the Programme

3.2.1. Overall Satisfaction

On the Family Exit Survey form families were asked to rate their satisfaction with PAFT on a five-point scale from extremely satisfied to not satisfied. The majority of families were "extremely satisfied" (n = 245/400, 61%) "very satisfied" (n = 115, 29%) or "satisfied" (n=36, 9%). In total, 99 percent of families expressed satisfaction. No families were "not satisfied" and the remaining families were "partially satisfied". Taken alone this finding provides only an indication of levels of high satisfaction with PAFT because it comes from families who had successfully completed PAFT.

The evidence from parent and caregiver interviews supports the Family Survey data. PAFT had met the expectations of all 19 families interviewed.

They actually focus on your whole family as a unit and make sure that your family is working as a unit. PAFT covered a whole lot more than I expected. (Interview P13)

All the meetings they have and different people you can see about different things. I'm quite rapt. I wish they had it [PAFT available] when my girls were growing up. (Interview P10 – CYFs foster mother)

In many ways PAFT complemented other services and provided something that was different to or more than what they could access from other services. Here are some examples:

PAFT have been the only people who have come in and told me what a great job I am doing. So many people focus on what is going wrong. (Survey 0175)

I thought I would get something out of Plunket to encourage me along the way but I haven't. All I got out of Plunket, was "oh I think she looks well and she weighs this and measures that". (Interview P4)

PAFT has a holistic approach – health, education, parent, child. [sic] bring in knowledge, offer ideas when problems occur. This sort of help is no longer available from Plunket on a regular scheduled basis. (Survey 0319)

[Child's name] has got cerebral palsy. I wasn't sure that there wasn't something wrong. Plunket had said she was fine and a couple of people had said she was fine. PAFT didn't think she was. [Educator's name] put me on to a developmental therapist who we still see now. If [educator] hadn't taken it further it would have been quite a while before someone else might have listened. I was worried about it and [educator] said it didn't seem right and she gave me that encouragement that it wasn't just in my head. (Interview P14)

Playcentre don't teach you a lot of things that PAFT does. Playcentre helps with socialisation and play. But if I didn't have PAFT I wouldn't know what stage [child] is going through. What is going through her mind. How to help her. Socialisation is a very important part of childhood but Playcentre just wouldn't be enough. (Interview P17)

You get that special one-on-one. If you are in a classroom you don't get that. (Interview P18)

We work side by side with Kohanga Reo. Even though the mums take their baby to Kohanga Reo as soon they have the baby. The manager will ring and say "I have five babies for you, would you like to come and see them?". Kohanga Reo like mums to have the development side which PAFT can give them . (Interview E1)

We have a lot of families that are high-risk. But if we are able to be a part of really motivating mum or dad or the family in regards to looking after their baby, then we eventually swing out. The last thing you want to do is refer them to CYFs, or the court, or the police. The family has no furniture or not enough clothes and so we go into the next level of trying to take care of that part. If we aren't able to take care of the families that are under our umbrella then there is something wrong with us. (Interview E2)

[Our] rural Mental Health Team has a current waiting list of three months. PAFT and Plunket's additional care and support team work alongside each other to provide and education and support to these extremely vulnerable mothers. (Programme T provider report to 31 Dec 2000)

3.2.2. The Curriculum

Description

The written curriculum is contained in two thick three-hole ringbinders. It is a relatively new curriculum, replacing the previous curriculum from February 2000. The curriculum folders are copyrighted and are issued only to parent educators who have completed an initial PAFT training course. The folders outline the *Born to Learn* curriculum which was developed by Parents as Teachers (PAT) in Missouri and based on neuroscience research. The *Born to Learn* material has been further developed within the context of *Te Whaariki* the national early childhood curriculum. New Zealand specific information is included, for example information on poisoning and first aid with the phone number of the New Zealand poisons centre. The folders contain the following:

- A copy of *Ahuru Mowai* which provides the Maori dimension of PAFT. It links traditional Maori philosophy with the curriculum and was introduced to provide support for parent educators in their delivery of *Born to Learn* for Maori parents and whanau.

- An overview of the PAFT programme, including its strengths based theoretical model as opposed to a deficit model of parenting and a summary of the Missouri PAT evaluations.

- Guidelines for delivering personal visits and a toys and materials list.

- What to cover on the first visit divided into (a) rapport-building, (b) observation of child and sharing of observations with parent/caregiver, (c) discussion of parents comments and concerns, and the goals of PAFT, (d) a written description of PAFT to share with parents, (e) discussion of the parents' role, (f) discussion of expectations, (g) completion of the enrolment form, (h) introduction of a parent-child activity, (I) introduction of a rhyme or song and giving parents the cover page for their *Born to Learn* Rhymes and Songs book, (j) observation with the parent of their child's play, (k) summary discussion of one or two things that were observed about the child and a strength in the parent(s), and a reminder of a follow-up activity(s).

- What to cover on an early visit with an emphasis on the introduction of information on children's brain development.

- Outlines for prenatal visits and what to cover for visits from birth to 36 months.

- Handouts for families titled "Your Child" and "Your Baby". "Your Baby" handouts have a lower reading comprehension level.

- Resource material covering child development milestones, warning signs for potential health and development problems, and the Well-Child Tamariki Ora Health Check.

- Handouts on special topics, for example tips on breast-feeding, parenting multiples, and early reading (yet to be re-written/edited for New Zealand PAFT).

- A selection of rhymes and songs with illustrations, including Maori and Pacific Nations songs.

- Guidelines for delivering group meetings (yet to be written/edited for New Zealand PAFT).

Families are provided with a folder to keep handouts and records of home visits including child observations. This folder can be shared with other family members and belongs to the family.

The parent educators interviewed in this study liked working with the *Born to Learn* curriculum modules. They spoke about the quality of the material and about their pleasure in having a comprehensive detailed written curriculum. For example:

> *It is structured very much like a written recipe from Alison Holst. You have a whole lot of menu choices, a whole of ingredients, and you've got step by step how you make it, and then you have this wonderful product … We can pick out the milestones and help parents to understand their children's development. You can go exactly to where the page is when you are talking about teething problems. Every educational programme should have such a resource they can use.* (Interview E2)

All parent educators acknowledged that *Ahuru Mowai* was important to PAFT. Ahuru Mowai was reported by both Maori and non-Maori parent educators to be a useful reference document when working with Maori families.

> *Ahuru Mowai was designed specifically for PAFT. ECD addressed the needs of the parent educator's whanau. Other early childhood services have Te Whaariki [the national early childhood curriculum] but it was not designed specifically for their individual services.* (Interview E2)

> *The inclusion of Ahuru Mowai has been wonderful. I don't have a high number of Maori families but I'm very mindful of my colleagues who do and how they talk about working particularly with total Maori language immersion programmes and those working with a high number of Maori families.* (Interview E3)

The curriculum has a strong focus on parents and caregivers as learners and on their role in supporting and encouraging children's learning as the following comments indicate:

> *There are little things from visit to visit – the parent has picked up on something I said or is continuing to do that with her child. When you start working with a family and for the first year there is hardly a book around, and then the parent says "look what I've got, I've got some new books". You take a home-made toy into a home to show the family and the next time you go you see the parents have made the same toy*. (Interview E14)

> *He's pretty clever and I put quite a lot of that into PAFT being there to sort of encourage me. To teach him the right stuff at the right time*. (Interview P8)

> *Children in PAFT have received a different form of attention and they have been made more aware of learning, or they have experienced a lot of floor play that helps neurological development etc. Like from two years [child's name] had no problem with bead work and threading things and writing, and when she went to kindergarten even though she was only three and a half years, the teachers were telling me she was just about ready for primary school.* (Interview P3)

Suggested Changes and Additions

Two main concerns about the written curriculum emerged in the study. The first was a need for the parent handouts to be translated into other languages, and the second was a need for the curriculum material to be continuously revised.

Some educators pointed to language translations of handouts being available with the original PAFT curriculum but not with the new *Born to Learn* curriculum. Copies of the old handouts translated into Maori and Pacific Nations languages were still being used at PAFT programmes when requested by parents and when families were not fluent in English.

Without ongoing updating of the written material to reflect new research and best practice recommendations it was left to parent educators to fill in the gaps. This was difficult for parent educators to always do accurately if they did not have access to all the information on a particular topic. For example, after listening to a guest speaker on the topic of mattress wrapping to prevent cot death parent educators at Programme C believed this was the key way to reduce cot deaths and recommended it to their families.

Other changes and additions to the curriculum were suggested. Programme A parent educators had designed a short questionnaire or screening tool for post-natal depression that they found to be useful when working with new mothers. They had introduced postnatal depression support groups for mothers.

Programme A parent educators developed a list of community-based activities and experiences that parents and caregivers could provide for their children, like going to the beach.[6] According to the coordinator:

> *It's not part of the curriculum but we think it is great. It helps to talk about activities and experiences that children need for their learning.* (E10)

The handouts were written for parents and caregivers with a low to moderate level of education. Handouts for parents and caregivers with a higher level of education seem to be needed.

> *I am always interested in learning and I would have loved to have had the notes that they have. I would like to see more of what the PAFT educators are learning.* (Interview P5)

Suggestions for improving the curriculum were made by a small number of families (n = 38/400, 9.5%) on the Family Exit Survey form. Their suggestions were varied but may be useful in igniting ideas for change. Suggestions included:

> *Perhaps have a library available to parents with recommended reading e.g. behaviour management, to save having to hunt at local library.* (Survey 0082)

> *More Maori content for Pakeha families that are interested.* (Survey 0089)

[6] This addition to the curriculum has support in research from the Dunedin Multidisciplinary Health and Development Study (see Silva, 1996). The researchers developed two scales for the Dunedin Study to assess children' s experiences and activities. Correlations between the Experiences and Activities Scale scores and children' s scores on language and intelligence measures at ages three and five were all highly significant. The results did not show whether children' s outcomes were improved as a result of the experiences and activities or whether these were related to other factors such as parent education or family socio-economic status.

More time during visits to talk about concerns rather than information sharing. (Survey 1000)

A few extras for Dads – A lot of the material applies to both parents, but the primary caregiver is usually "mum". My husband suggested that it would be great if Dads could be any more involved? (Survey 0327)

Curriculum Implementation

Parent educators seemed to have significant flexibility in the implementation of the written curriculum, and this advantaged children and their families. The delivery of the curriculum could be, and was, tailored to individual children. A parent explained how this occurred for her child:

She [educator's name] was aware that [child's name] may not be up to a particular stage on something and she was quite sensitive to that. A couple of times, the concept was the same but she presented it on a much lower level. We were matching cars once. Where as she would have expected someone of [child's name] to have done 10 cars, she brought out two, which was absolutely relevant. (Interview P11)

Curriculum delivery was also able to be tailored to parents' and caregivers' needs and family circumstances, as the following quotes illustrate:

I am thinking of a family who I have done two visits with so far. I have taken from the information what should be presented in those first couple of visits. The most important topic for them is the attachment process. This is a high-needs family I will need to be visiting every fortnight to start with and until they get on board with things. I will focus mostly on what is on top for that family and what is most appropriate for what is going on in the family. I am making those decisions based on my observations of what is going on in the family and the dynamics of the family. (Interview E14)

Lots of our Pacific families believe in traditional medicines. I won't stop these. I value them. Baby massage is one I really admire and acknowledge this part of our families. It's good for enhancing closeness with the babe. There are things in our families that the curriculum can support. (Interview E6)

I have just enrolled a young Maori mum, she just turned 18. The baby was 4 months old there was quite a lot of information to give her. I had to work out what would be appropriate to give her today. How much? And, how would I slot in the other bits of important information? Perhaps if we pick one topic for the next three or four visits out of the first four months of information, which is brain development and attachment that can't be left out. She left school in the third form so it is not appropriate to be giving her too much information at once. (Interview E7)

We go into low-economic homes where there aren't any toys. Then you pull out a milk bottle with coloured pegs for baby and they say "Oh, that's easy". I say get a coke bottle and put some coloured beads and water in for baby and it can be really good for baby's tracking with her eyes. (Interview E1)

If I know a lot about discipline and am happy about that then we will breeze through that section and we will work on something else on the same day that I am finding difficult. Like the last visit. I am finding sleeping easy but discipline has been a difficulty so we spend more time on that. (Interview P12)

The skill and knowledge base of the parent educator came through in the study as being a critical factor in creating the best fit between the written curriculum and using it well to make a difference for families.

I don't say, "now the brain development bit today is da de da". It is all just woven in there, you just pick up, you see things happening. I guess for some parents if you ask them about the brain development stuff they are not aware that it is there or that is a new thing. It is just woven into what we talk about during the visits. (Interview E5)

The usefulness of the written materials, namely the "Your Child" and "Your Baby" handouts, special topic sheets, and milestone information, was overwhelming supported by the surveyed families (n = 353/400, 88%).

I've read widely and am extremely critical of much that is written for parents, but the PAFT materials had a nice tone and were evidence-based. (Survey 0351)

They were short enough to read during [my] spare time, and not complicated with jargon from professionals. (Survey 0035)

I learnt/noticed a lot of the developmental steps of my child that I would not have probably noticed. (Survey 0146)

Very helpful and gave incentive to teach and enhance my kid's level of education. (Survey 1004)

Sometimes I would forget some of the stuff we talked about so it was great to look up the information. (Survey 0075)

Great to keep, especially now we have a second child. (Survey 1040)

Living in the isolated Far North I found the material more helpful than even Plunket was. (Survey 0320)

When I returned to work (and mum looked after my babies so [child's name] could complete the programme) I could read the handouts and keep up to date. (Survey 0083)

It was good for my husband as he could read them when he got home from work. (Survey 0303)

Reading material easily understandable so family members and carers can all access. (Survey 0354)

Of the small number of parents and caregivers who found the written material was only partly useful (n = 47, 12%) this was because:

- Its presentation was not well matched to their child's stage of development.
- They already knew the information contained in the handouts.

- They could not read or had difficulty with reading.
- They lacked time to read.

Here are some examples of the families' comments:

> *I found some of it came a little late, but it was very useful to have and keep for notes.* (Survey 0106)
>
> *Our child's mother is already well qualified and experienced in child development.* (Survey 0213)
>
> *Not able to read – my niece read the written materials with me or sometimes my caregiver.* (Survey 0328)
>
> *It's good to have the material to refer to. There's a lot of it. I like reading but it's hard to remember things in the day-to-day muddle of living with little ones.* (Survey 1000)

The ideas for children's activities introduced by parent educators during home visits were praised by nearly every family surveyed (n = 391, 98%).

> *Wonderful ideas for using items that would often be thrown away. How often have kids found the cardboard box way more fun than the new toy?* (Survey 0105)
>
> *Inexpensive but impressive. Great ideas I wouldn't have thought of otherwise. I have shared them with my extended family too.* (Survey 0102)
>
> *My daughter and I still play some of the younger activities she loves. Playing at any age is great.* (Survey 0106)
>
> *The activities seemed to be either something that child was very interested in at the time or something that helped her gain confidence in a developing skill.* (Survey 0057)
>
> *As a teacher of 5 – 6 year olds, it provided me with new ideas appropriate to my son's needs and also reinforced things that I already knew or tried. (Survey* 0035)

3.2.3. Home Visits

Nearly all the families surveyed (n = 397/400, 99%) were comfortable with home visiting. They viewed their parent educator as visiting them and their child, and not their house.

> *Did not judge me if I was still in my night gown or when the house was a mess.* (Survey 0245)
>
> *[Parent educator's name] never even expected a cup of tea. I felt very easy and relaxed with her in my home. She would take us as she found us.* (Survey 0199)

Of the remaining three families who responded that they sometimes felt uncomfortable with home visits, one family suggested alternating visits between home and the Plunket rooms and two families stated that in the beginning they felt uncomfortable about having someone they did not know in their house.

Home visiting was the preferred method of programme delivery, which indicates that participation in PAFT would not be so attractive to families if the programme was not delivered to them in their own environment. Home visits, as opposed to meeting parent educators at an office for example, were preferred for the following reasons:

1. Home visits fitted into and supported family routines and lifestyle.

> *Having another baby when child was 25 months [meant] home visits made things easier as I could breastfeed comfortably and keep routines.* (Survey 0048)

> *Living in the rural sector home visits for "anything" are very rare; so have appreciated PAFT very much.* (Survey 039)

2. Some families would otherwise have not been able to access parent education.

> *Especially in the early years because of my genuine fear of infections because of child's fragile lungs. … Makes it easier as opposed to going for an appointment (weather-wise, child safety, hassle of transport).* (Survey 0081)

> *To start with I didn't want to venture out by myself, and at the moment I am immobilised and have no transport.* (Interview P1)

> *I find that with Maori families it is very good that we go into the home, because some of the parents can't be bothered to take baby out to the park or to the Playcentre even.* (Interview E1)

3. Being visited at home helped parents and caregivers feel less intimidated and more at ease.

> *It's like it's your patch, and it's good. Something about being safe and not on someone else's patch.* (Interview P2)

> *It's easier for me because I'm very shy around other people.* (Survey 0305)

> *It is more intimidating going to an office because it seems like they are the professionals. Parents let down the barriers a lot more at home and they share a lot more with us than if they saw us in an office.* (Interview E4)

4. Children tended to be less intimidated, more at ease, and more responsive towards the parent educator in their own environment.

> *Didn't have problem of my child feeling shy for the first 15 – 20 minutes in a different environment.* (Survey 1021)

> *When we got to Plunket for a Well Child Check, he knows that she is making him do what she wants and he can refuse. But at home [educator's name] is more likely to play and find out what he can do.* (Interview P5)

You go some where and it's maybe not as comfortable as what you would have at home and she hasn't got her own things around her. Sometimes she might not have been well. It's a much friendlier, more relaxed atmosphere at home. (Interview P11)

5. Parent educators became special visitors for both the child/ren and the parent(s)/caregiver(s).

Every time [educator's name] comes she has information for me and something for [child's name]. She'll bring a book along and we'll read a book, or she'll bring a game along and we'll play a game. (Interview P9)

6. Parent educators were in a position to relate with families on a one-on-one basis.

She comes in, sits on the floor, plays with [child's name], gives her a cuddle, talks to me, we have a coffee, have a natter, and it's very laid back. (Interview P4)

I had one mum who was so delighted to see me because she wanted to put her little one in the highchair and give her toast. But she was terrified to do this in case she choked. She just needed me to be sitting there with her while she tried it. That took up a hunk of time during the visit, and then we continued talking while the girl munched on toast. (Interview E10)

Sometimes we have mums and dads who can't read. … They don't want to admit they can't read and so we show them diplomatically how they can for baby. (Interview E1)

I went to a home where they had forgotten I was coming and they were in the middle of a party at 11.30 in the morning and the keg was getting drained. The mother was the most talkative she's ever been! (Interview E10)

7. By entering and becoming part of the home environment it was possible for parent educators to tailor the delivery of the curriculum to maximise outcomes.

I've been to a Positive Parenting Course. At the course they are just busy telling you this and that and I remember people saying oh its all very well in theory. When [educator's name] comes here she sees what [child's name] is doing and I find that a lot better. You actually have got that hands on sort of approach. (Interview P12)

8. Home visiting provided an opportunity for children's welfare to be checked and monitored.

At the top of the home visit sheet there is an area that says comments or concerns and you are supposed to note those down. There are things like the baby has an ear infection again. I can then look back and see there have been three ear infections in the past months. I write things down like I've discussed a need for stair gates. If it is a concern for me and I have raised it with the parent then I've always got it recorded. (Interview E10)

Going into the homes you get so much insight into the family. When you see families in here [at the Plunket rooms] they can present quite differently to how they are in the homes. (Interview M6)

9. By visiting the home parent educators were able to provide relevant and appropriate suggestions and advice to reduce the potential for injury and accidents in the home.

> *I appreciated the parent educator's comments on play equipment, safety, and barking (under swing).* (Survey 0200)

> *She's good at pointing out possible dangers and saying, "what can we do about that". Like the china cabinet when you [the researcher observed a home visit] were here. How to make his [the child's] environment more safe and more stress-free for me.* (Interview P2)

In the Family Exit Survey families were asked about the length and frequency of the home visits they received and whether they were happy with this. The majority of families were visited for an average of sixty minutes (n = 294/400, 73.5%). Families were mostly happy with the length of their home visit (n = 372, 93%). A small number wanted the home visit to be shorter (n = 3, 1%), or longer in length (n = 28, 7%). The majority of families were happy to be visited on a monthly basis (n = 382, 95.5%), while a small number wanted to be visited more often (n = 16, 4%) or less often (n = 2, 0.5%).

A problem with receiving their entitlement of monthly visits was raised by a small number of families (n = 22/400, 5.5%). The problem was either with parent educators or with themselves not always keeping appointments, and when this happened a visit was not always able to be made up for due to parent educators diaries being full.

> *Perhaps a lighter client list would mean sessions [home visits] missed due to the parent educator being ill could be caught up instead of missed.* (Survey 0314)

With the introduction of targeting PAFT provider contracts with ECD included greater flexibility for parent educators to vary the frequency of their visits to families. Parent educators responded positively seeing this as an opportunity to spend more time with families who needed them most.

> *It's good now to have the flexibility to put the people who are doing really well on to less frequent visits. The expectation was that we would do 30 out of 36 visits over three years*. (Interview E5)

However families whose monthly visit was reduced to one every two months were not as positive as parent educators about this. Their expectation when enrolling in PAFT was that visits would be monthly.

> *I am disappointed in that toward the end the educator cancelled several appointments saying she was busy and I was one of her "lesser needs" parents.* (Survey 0164)

> *When families are introduced to the programme it is indicated that there will be monthly visits. Families then have an expectation that this situation will continue. This can make it difficult to decrease the frequency of visits.* (Programme P provider report to 31 Dec 2000)

3.2.4. Group Meetings

In their interviews families and parent educators were asked if they thought group meetings should continue to be offered within the PAFT programme - and all thought that group meetings should continue. Low turnouts at group meetings seemed to be a common experience across all PAFT programmes. Some programmes were more successful than others in encouraging families to group meetings because they provided the types of meetings that parents and caregivers were more likely to want to attend if they could. So what attracted families most to group meetings? The social aspect of group meetings for adults and children, the chance to do hands-on activities like toy making, and parent education that was based around an activity for children appealed most to families.

The survey data indicate that what families liked most about group meetings was the social aspect, the opportunity for social interaction and contact with other parents and children (n = 111/400, 28%). In addition, parents and caregivers wanted to talk with other parents for friendship and support (n = 45, 11%). Fewer families valued group meetings for information on a particular topic or structured parent education activities (n = 65/400, 16%).

The types of group meetings that appealed most to the 19 parents and caregivers interviewed were those that allowed for a high degree of social interaction amongst participants. Preference was expressed for group meetings that involved hands-on activities, such as making toys. Preference was also expressed for meetings that were based around children and included fun activities and outings.

> *We went to a teddy bear's picnic in the park and to making musical instruments.* (Interview P15)
>
> *The social thing - Christmas picnics. This is the best thing about PAFT meetings.* (Interview P16)
>
> *I went to one when I was pregnant on the neuron or brain whatever. I went to Lollipops Playland. The fun things like Lollipops are good for the children.* (Interview P12)

The coordinator of Programme A reported greater success in organising group meetings that were based around activities for children, rather than formal presentations to parents and caregivers. She explained:

> *We have provided experiential learning for our toddler group, like pony rides, going to the beach, messy play in the park. We've introduced them to going to the movies and the numbers we have been getting have been huge. Obviously the parents like that because it is something to do with their child. So rather than coming in and listening to someone speaking about toilet training or language development which is what we offered in the past, we have tried this experiential programme.* (E10)

3.2.5. Support of Family Culture and Values

Families were highly satisfied with PAFT's support of their family culture and values. None of the surveyed families stated that PAFT was not supportive or accepting of their family culture. The majority of families surveyed (n = 374/400, 93.5%) indicated that their culture was fully supported or that it had never been an issue.

The parent educators accepted my push away from the family beliefs and culture. They gave me a chance to bring up my child the way I want to. (Survey 0313)

Parent educators were totally empathetic with us, and our opinions, beliefs. (Survey 0194)

We are into organics, environmental stuff etc. It was good to have a parent educator who was aware of these issues .(Survey 1000)

Our educator gave what material she had for our culture. At times we shared resources. (Survey 1031)

Family culture and values were supported by parent educators in delivering the curriculum.

I've a bit of Maori in me and a bit of European. I know that without prompting at all she [educator] comes up with Maori things. The way I see it [child's name] is a New Zealander and she needs to know about culture other than the European culture. (Interview P9)

A potential issue of conflict between family values and what the PAFT curriculum states to be best practice for children, for example:

Some of the mothers [from Pacific Nations families] like holding their baby all the time instead of putting baby on the floor. Their belief is that baby will pick up and eat something if they put baby on the floor. (Interview E6)

was managed by parent educators showing understanding of and respect for family beliefs and at the same time providing information about best practice.

I say to make sure the floor is clean. If you carry the baby around all the time not only will you get tired but baby won't get time to exercise his muscles. (Interview E6)

3.2.6. Parent Educator Ethnicity

The number of parent educators who are Maori or Pacific Nations has increased recently, supporting the move towards targeting more Maori and Pacific Nations families (see Table 5).

TABLE 5. The Ethnic Identity of Parent Educators Working in PAFT

Year	Maori	Pacific Nations	NZ European
1997 as at 31 July	30%	6.5%	63%
1999 as at 31 Oct	30.5%	9%	60%
2002 as at 31 Dec	36.5%	16.5%	47%

Interestingly though for families, the ethnicity of their parent educator was considered to be less of an issue than the parent educator's ability to relate with them, respect their values and be sensitive to their needs and wishes. Parent educator ethnicity did not seem to influence the degree to which families perceived the programme supported their family culture and values. Parents educators believed that ethnicity was less of an issue than competency and the ability to be sensitive to and demonstrate respect of different family cultural values, traditions and practices.

> *Parent educator was Maori. We are Pakeha. Never a problem. She always supported us.* (Survey 0016)

> *The parent educator always shows an interest in my culture. I'm Chinese and my husband is a Pakeha. Due to different background sometimes we disagree on methods of bringing up our children and she always comes up with good solutions so we can work out a way that we both are happy.* (Survey 0070)

> *It was assumed that because I was not European, a European parent educator would not be able to relate to me/us. It was felt a Maori parent educator would be better. I feel the race of the parent educator is not as important as the personality and understanding ability of the person* (Survey 0003)

A community professional explained that while it was helpful for Maori families to have Maori parent educators, non-Maori parent educators could still work just as successfully with families through relationship building:

> *If you think about it, how many agencies do form relationships with families? If you get a Pakeha person that home visits regularly and they do what they say, they are in the door [with Maori families] .. How can you not be successful*? (Interview M1)

Programme C parent educators saw benefits for parents' acceptance of cultural differences in having a Maori parent educator when they were from a different cultural group:

> *Working with our Pakeha families, Pacific peoples, Asian peoples, and we've also got a Russian family it is really great because the reaction is "hey I've never been on a marae and I've got a Maori educator". We welcome that reaction because stereotyping is deleted when they get to know the wonderful woman who has come to help me and be part of the group for my baby. (Interview E2)*

3.2.7. Relationships

Parent Educator - Child Relationships

The parents and caregivers interviewed believed that their child and parent educator related well with one another. No problems were mentioned. The parent educators' personal skills in relating with children were highly regarded. The good relationships which parents and caregivers spoke about between their child and parent educator also extended to other siblings in the family, for example:

My confidence was boosted within about five minutes of her walking in. [Child's name] was four months old and so my older child was four years old and within five minutes of her walking in she had [name of older sibling] eating out of her hand. At that stage he was going through a bit of an anti-stranger phase and he was liable to be a bit silly with people around. She has always worked hard to make [older child] feel included and let him be involved in what ever activity as well to a point - while still very much concentrating on [name of younger child who is enrolled in PAFT]. (Interview P6)

Children were reported to regard their parent educator as an adult who visited them and belonged to them. For example, a parent mentioned that when her daughter noticed the parent educator coming to her house she called out *"ME, ME, ME"* (Interview E9).

The PAFT blue bag which parent educators took with them on home visits, containing at least one activity and often books or puzzles, was a very important part of children's relationship with their parent educator.

Usually they [the children] are fiddling as you get to the door because of course the contents of the bag are really appealing and so they have a fascination with you bringing in something that is fun. (Interview E7)

When he sees her [educator] coming he's out to the car to see what she's got in her bag. (Interview P7)

The regularity of usually monthly visits over a sustained period of time (three years approximately) meant that parent educators become important people in the early years of children's lives.

I'm worried now whether he's going to be upset and miss her because she's quite a big bit of his life. Coming every month for three years. He looks forward to her coming. He waits outside on the steps for her. (Interview P19)

Parent Educator - Parent/Caregiver Relationships

Most of the families surveyed liked their parent educators approach to working with them and did not report any difficulties (n = 384/400, 96%). This was the same for the parents and caregivers who were interviewed. What made relationships between parent educators and families so good was:

1. The respect held for parent educators.

I really respect the parent educators. They really love children and they are great to play with your child. But you know they have a lot of knowledge behind them and they are assessing them. (Interview P19)

I feel with other professionals a lot of our kids are just training mechanisms. What she said was well worth listening to, it wasn't just sort of something she had read out of textbook. (Interview P11)

2. The way parent educators related with parents and caregivers as people and not as clients.

I feel very comfortable with my parent educator and could have told her some very personal things. (Survey 0226)

If I had a good photo I'd show her the photo. I don't really know if she wanted to see it all the time [laughter] but she'd say "its really nice". I think back now and think I must have bored her to tears at first. (Interview P19)

It is really nice that she is quite concerned, like it's not just her job that she does, its really involved .(Interview P17)

I would ring her up if I have problems. It is just really good to have somebody there. I do feel like she is a kind of friend. (Interview P14)

3. How parent educators made time for parents and caregivers.

I find that if I need to spend more time talking about something, she makes that time available to me. (Interview P2)

One day, early on, she was here for three hours and that was when things really bad for me [nervous anxiety disorder, post-natal depression]. I had panicked before she came and thought how am I going to get through this But it was like she just going to stay for as long as I was spilling the beans to her. (Interview P13)

If I can't help them at that moment, I might go and find out something about their particular problem and I ring them about it or I send them information. (Interview E8)

4. The support and advocacy shown by parent educators.

Never made me feel like a "bad" parent. Always supportive and encouraging. (Survey 0254)

When you have a good relationship people do not see you as the expert at all. It is positive it is not like Social Welfare is coming in or someone is coming in to fix anything. (Interview E10)

The possibility of differences in personality between parent educators and parents and caregivers was usually reduced or overcome through the experience or "professionalism" of parent educators.

The professionalism of trained people is to make people feel comfortable and at ease. If someone wasn't smiling and I couldn't see their eyes light up when I arrived I would start to look at myself - at what I am doing. (Interview E7)

In one case, a parent felt that she could never relate as well to her parent educator as she could with others:

I think when we first started [the educator] was new. The first couple of visits I think she was nervous or something. Sometimes even now I feel there is a bit of a barrier to relating with her. Whereas I look at some of the other women [PAFT educators] and I think gee they look really cool. They are bubbly and they all know me and my son. I wish my educator would just loosen up a little bit. (Interview P16)

3.3. Outcomes of Participation in PAFT

A set of nine broad programme outcomes were identified and these are outlined below in Sections 3.3.1 to 3.3.9. The outcomes were derived from an analysis of the interview and survey data. Most families who were surveyed stated one or more outcomes as a result of participation in PAFT (n = 380/400, 95%). All of the families interviewed reported at least one and up to six of the outcomes noted here. As would be expected the parent educators and community professionals all had examples of the impact PAFT had on families.

Not all families experienced the same outcomes. Variation in what outcomes families experienced was evident in the parent/caregiver interviews. The extent to which families experienced an outcome depended upon their initial needs. Also as reported by parent educators, parent and caregiver willingness to take on board the information and guidance offered by their parent educator influenced what they gained from the programme. The benefits of participation in PAFT were sometimes not apparent until after families had completed the programme. It was more difficult for parent educators to make a difference for the very high needs families as the following quotations show:

> *A lot can depend on what is going on the family. For some families we may be able to make only five percent of a difference. It is hugely dependent on parents' willingness to parent. I had a 17 year-old mum and I made no difference whatsoever with her parenting techniques and behaviour. She was the eldest of four children and her own mother was 17 when she had her. She had been parented in a really authoritarian fashion. She did not want to take on board what I said, no matter what I tried and what praise I gave. Another parent educator took on her mother who had another baby and because her mother was in her 30s she was ready to accept another way of parenting because she could identify the mistakes she had made with her older children. (Interview E11)*

> *I had a mum with child number two. Not a good environment and mum didn't read. She had a lot of people through Barnardos and things and they often didn't last long. I hung in, sometimes thinking, "what am I doing here? Beating my head against a brick wall". Often I just felt that nothing was happening … About six months after I finished she appeared on the step of the office and she had done an adult learning course and she brought her certificate to show me. I'm not saying that because of me she went and did that, but she felt enough that she wanted to tell me she had gone and done that.* (Interview E5)

3.3.1. Viewing Children as Learners

Parents and caregivers came to view their child as an emergent learner and as a strong and competent learner. This led to parents and caregivers taking a greater interest in their child's learning which in turn was reported to enhance children's achievement. This outcome took a number of forms and these are listed below.

1. Parents and caregivers gained a greater appreciation of the value of giving time and attention to their child.

> *PAFT has shown me that kids are only what we give to them and the biggest gift we can give them is time, our time.* (Interview P3)

Being more aware of my child's activities and communicating with her more and paying more attention to her needs. (Survey 0201)

2. Parents and caregivers tuned into their child's learning, and this was helped by the regular visits of their parent educator.

The educator will write down what the mum notices and when the mum knows the monthly visit is coming up she will sit down and think what have I noticed this month and what have I missed. (Interview E2)

Useful to sit down once a month and think about child's achievements that month. (Survey 0098)

We had another baby who has been very sick. Without parent educator's support and suggestions I think my daughter would have missed out a lot as I was tired and couldn't always think of things appropriate to do. (Survey 0048)

3. Parents and caregivers received timely guidance and suggestions for teaching materials and activities from their parent educator.

Simple things like when [child] first started babbling. [Educator's name] advice was to babble back. I never would of thought of that. And now [child] is such a chatterbox. Then she helped me with my toys, "why don't you get film canisters from the chemist which are free and [child's name] can play with toys like that". (Interview P17)

I get good feedback from the kindergarten teachers. They say that for Pacific families it is surprising for them when a three-year-old will walk in and know what to do with all the activities. (Interview E6)

I had worked in kindergarten with the three to five [year olds] for a long time and I had a lot of illiterate children who didn't make progress. I wondered "what am I doing wrong?". " What am I not understanding?". Before 3 years is that window of learning opportunity. Our three year olds, they recognise letters, they have a phonetic awareness of the alphabet, they are often hugely into their books. They have all the pre-reading skills in place. But most importantly is the parent who is reading with the child. (E15 Group interview)

I have watched children come through the PAFT programme and they have just blossomed compared with other children. They are so clever, they pick up things a lot easier. They are motivated children. They seem to speak earlier and better. (Interview M5)

4. Parents' and caregivers' enthusiasm for involvement in children's learning and confidence in their teaching role was increased.

It is an amazing thing teaching kids and I get a real buzz out of them learning things. I think it is just so fantastic the looks on their faces when they realise they can do something. (Interview P13)

That was the cool thing for me, that wow, I could actually help my son, you know, to advance a lot. (Interview P8)

*It helps the mum when I say, "There are no other people better than you as the teacher of your child. You are the first teacher of your child. Nobody knows better about your child. You define the environment for your child. You are the one who is making decisions and you are the teacher". This approach uplifts their spirits. (*Interview E6)

The wonderful thing about PAFT is the emphasis on parents as the children's futures. We are getting away from that mindset of "oh all those children with learning or behaviour difficulties will be sorted out when they go to kindy or school". (E15 Group interview)

As a result of participation in PAFT about half of the Family Exit Survey respondents had gained confidence to be involved in their child's further education (n = 194/400, 48.5%). This figure suggests that a high number of parents and caregivers had not previously felt confident enough to participate in their child's early childhood (e.g. kohanga and kindergarten) and school education.

5. Parent educators communicated to parents and caregivers the value of early childhood education programmes, and encouraged families to access early childhood education.

[Educator] suggested we get him in to crèche. I've actually been the main caregiver, my wife goes out to work, and he is the only child. [Educator's name] thought he should be learning how to get along with other kiddies and be without mum and dad. I think it was the right decision. (Interview P7)

As you go through the programme you start discussing the social aspects of children playing in a group and opportunities to be in a group. It is something that develops as you go through the programme and often it comes from the mums first, like "socially do you think I should have my child in a playgroup?". We start to talk about interactions and how children learn to get along with others. (Interview E13)

I went to a playgroup and I didn't like it. I went to a playgroup that is just down the road, and it is a Maori playgroup and I didn't like that either. I said to [educator's name] "I understand that [child's name] needs socialisation with other children but I can't do this. One playgroup was too snobby and the other one, well, sometimes they would turn up and other times they wouldn't. I need somewhere where I feel comfortable because it is holding [child's name] back. So she said she knew of a playcentre that had an opening. I went and she was there to greet us which I thought was really good. When you are by yourself and you've got no friends, she was a familiar face and it made me feel comfortable. She said "oh look there are a few other PAFT parents here". Something that we all have a common thread to and that is PAFT. (Interview P17)

[Kindergarten teachers] are surprised because mostly the Pacific Nations children do not come to the kindergarten until they are four and a half [as opposed to starting at around three years of age] and they are clingy to their mothers and their mothers find it hard to leave them. But not the PAFT Pacific Nations children. They say they can tell a child from PAFT and a child that has not received PAFT. (Interview E6)

3.3.2. Making Children Safer Through Safer Parenting

Children's safety and standard of care was improved in the following ways because of PAFT:

1. Parental awareness increased of the negative consequences of physical punishment and of alternatives to smacking and physical abuse.

> *A couple of gang members said to us that it is so good to have the programme. They said they just take things for granted in looking after their baby and didn't realise other skills and not smacking were important.* (Interview E1)

> *Without PAFT I think I would have been a little bit more controlling. I've learnt with PAFT that some of the things are just to control the child and not giving them any space to develop in their own time. You just think they are being naughty.* (Interview P9)

> *When the child gets to about 13 months the parents start talking about naughty children, and so we start to talk about how children develop as individuals with tantrums and all this. That is one subject that I find very important because it is the time we start to get child abuse.* (Interview E13)

2. Emotional issues affecting parenting were recognised by parent educators and parents and caregivers were supported to address these.

> *PAFT has kept me sensible. I've learnt that if you sort of move on and do more fun things the bad behaviour goes away. I think I may have been a more angry parent.* (Interview P19)

> *The stuff that [parent educator's name] has given me I think has given me a sense of relief. There have been times when a sense of fear has overcome me. I become fearful for his well-being. When I was pregnant with him I was at school doing a degree for a nursing course and all of a sudden when he was born I had all these grave concerns*. (Interview P1)

3. Children's safety was able to be monitored by parent educators.

> *It is our job to go into the home and watch baby's development. If they say baby is asleep when we visit, we say "can we have a look at baby?". We have a look at baby and see that there is nothing wrong. "Oh, what a lovely baby" we say at the same time as scrutinising baby.* (Interview E1)

> *For the past two years I have visited a family with multiple concerns also under CYFS. I am the only professional allowed to home visit this family. I have tread carefully to keep their trust in aide to monitor the well-being of the two boys aged three and two years. The parents are both on the local methadone programme. Last month when I was leaving the home, the dad told me I was a "joy" in their lives, he appreciated my visits.* (Written comment – also talked about in interview E10)

I was working with a Maori mum on her own with four children, with a dreadful ex-partner, and there was a lot of crime involved. A protection order was out. There was CYFs involvement, there was speech language problems, there were all sorts of people in the house. I remember that mother saying, "Well its been choice. You know you are the only person I chose to come and have work for me. Everybody else was in there because they said I wasn't a good parent". (Interview E3)

4. The guidance parents and caregivers received on how to improve their caregiving practices was important for helping to prevent accidents and injuries.

What I've done in the house is anything I've got double plugs on I've moved. And she can open the cupboards and do what she wants. It doesn't matter because what ever is in the cupboards isn't crystal - you know. (Interview P9)

I went to enrol a young Maori mum and baby was five months old. Baby was on the bed and she was putting her down backwards. I said to her "it doesn't look like she's going to stay on the bed for very long". She said, "she's already fallen off a couple of times". So I said, "maybe the floor is a safer place because she could damage her brain". Another thing was when you went outside the home the bottom step was missing. It's a wooden one and obviously dropped out. So I said to her, "this is dangerous. You should get onto the landlord about it because if anyone was carrying the baby down the steps they could fall". (Interview E9)

5. Children were kept safer by parent educators who provided parents with practical support when other help was not available.

A teenage mum was pregnant at 14 … She is down on herself and doesn't feel like looking after baby. Mum wants to adopt baby out. She is trying her best. I normally take a couple of packets of Treasures to her. I pay for it out of my own pocket and take her clothes and blankets. At 14 and 15 you can't go on emergency benefit or anything. She's staying at home and mum and dad are supposed to be helping her but they aren't. (Interview E1)

I had a young mother with twins and she was having a hard time for lots of reasons … I was really concerned with her runaway twins, and she lived right on the main road by the airport. So I said to my husband "can we make a gate?". We spent a Saturday morning making a gate and we took it around and put it up. It was just a makeshift gate, but I just could not bear the thought of hearing on the news that they had been run over. I had talked with her about who else could do it for her but there was no one. (Interview E10)

3.3.3. Keeping Children Healthy and Identifying Health and Development Problems

Children's health was enhanced and developmental and health problems were more likely to be identified and acted upon as an outcome of participation in PAFT. This included the promotion of immunisation and Well-Child Health Checks with health professionals, providing information on common health and developmental issues, and encouraging families to seek health professional help. These three ways of promoting children's health are outlined below:

1. Children were more likely to receive their immunisations and to be taken to health professionals for their Well-Child Health Checks. Parents were reminded and encouraged by parent educators to keep their child's immunisations and health checks up-to-date.

> *When children are due their health checks we talk about this as part of the PAFT programme for that month. "Do you know that baby is due for her immunisation or health check?". We provide a nice gentle reminder.* (Interview E13)

The PAFT rates for immunisations and Well-Child Health Checks were higher than the national average according to ECD records (PAFT progress reports to 31 December 2001 and 2002). Approximately 88 percent of enrolled PAFT children (up to 3 years of age) were up-to-date with their Well-Child Health Checks in 2001. This compares with an estimated national average of 80 percent for under one-year olds and 65 percent for three year olds. In 2002 89 percent of PAFT children had Well-Child Health Checks. Immunisation rates for PAFT children were approximately 90 percent compared with the national average of 70 percent and the Maori/Pacific national average of 50 percent (see PAFT progress report to 31 December 2001).

2. Parents and caregivers were helped to detect common problems in their child's health and development through the information provided to them as part of the *Born to Learn* curriculum.

> *The information I've found useful because it tells where you are at and in advance of what you can expect and some suggestions if you are concerned. One topic went through the state of the eye, their vision, and it went through the different things that were important. You can say, "Ah, okay, that does make sense. So she is doing this".* (Interview P4)

> *I talk about glue ear and ear infections and language development, and the importance of talking to a baby face-to-face and watching if my child is hearing me. I have had some families come back and say, thank you my child had glue ear and I would never have picked it up if you hadn't talked to me about it*. (Interview E13)

3. Parents and caregivers were encouraged, and when needed assistance was given, to seek medical assistance and professional help.

> *He has severe eczema. When he got his first patch of eczema we thought it was ringworm on his head. I wondered whether to leave it, and she [educator] said "no, take him to the doctor".* (Interview P2)

> *I was a bit worried about my three year old's language clarity. I talked with my educator about it and then took her to a speech therapist. [Educator's name] had noticed all the things that the speech therapist had noticed about him. The way he held his mouth and she could list all the different sounds he could and couldn't say, which I hadn't even picked up on. I sort of feel safe knowing they are checking your child each month.* (Interview P19)

3.3.4. More Informed Parenting

Parents and caregivers had a stronger knowledge base about children's development, children's learning, and best practices for parenting as a result of participation in PAFT. Being better informed was a benefit reported by families who were interviewed and in the Family Exit Survey also (n = 278/400, 69.5%). PAFT resulted in more informed parenting in the following ways:

1. Through information provided as part of the *Born to Learn* Curriculum parents and caregivers came to understand their child better.

> *Although [child's name] is my fifth child, I have learnt a lot about her behaviour at different stages … I have paid more attention to her development and been more encouraging towards her.* (Survey 0125)

> *It's taught me things I wouldn't have known. Like if you leave your child with someone and they cry initially, that's quite good because they are attached. Just simple things that people should know, but you don't know*. (Interview P9)

2. Being better informed assisted parents and caregivers to develop appropriate expectations for their child's behaviour and development.

> *Her encouraging me to encourage him may have contributed to him being a confident busy boy. It is very easy to say "leave that and go do this". But then while he is doing the right thing I had never even thought of saying "good boy for doing blah blah blah", or, "good boy for playing with your toys quietly". I believe I'll reap the benefits in the long run from knowing to do this with [child's name].* (Interview P2)

> *An interesting one that comes up with parents is sharing. There is such an expectation on our children at 18 months to two-and-a-half years and yet we know that cognitively they can't do it. The more parents you can talk to about this, the easier it is for them in social situations. If they can accept and understand that their child is not there cognitively then they can set them playthings that makes it easier for them and themselves to cope in that situation.* (Interview E15 Group)

3. Parents and caregivers gained knowledge of appropriate ways of supporting and extending their child's learning, and they learnt about suitable materials and activities to introduce.

> *Right now we are into art, things to paint and drawing. [Educator's name] found this book for me that said you should let your child develop their own way, let them paint what they want and you sit down and paint things with them. Which I wouldn't of done. Instead of drawing the picture for them.* (Interview P9)

> *A question I get asked a lot about is the Reading Master Programme that is advertised on television. I say to parents "I don't really know about it but the most important thing you can do for your child's reading is to read to them yourself". They say, "that's too simple". I say, "that's how simple it is, if you show you like books your child will like books too".* (Interview E14)

> *It has taught me information which can't be found in such great detail … in all the child development books that I have read or that I could find.* (Survey 0076)

4. A stronger knowledge base and a greater understanding of children's learning and development positioned parents and caregivers well as teachers of their child. They knew what their child should be learning and achieving.

> *You can compare not just the child but the parent as well who has received PAFT. They are already familiar with early childhood education … Parents will expect kindergarten teachers to do observations of their child.* (Interview E6)

3.3.5. Recognising Parents and Caregivers Needs for Personal Support

Parents and caregivers received emotional and social support through their participation in PAFT. This helped them to cope with the stresses and complexities of being a parent as explained below:

1. Parents and caregivers received support through opportunities for social contact with other PAFT parents and caregivers.

> *If you sit in a group of other mothers you can see the problems you are having are not isolated. The question time gives students [at the school for teenage students where PAFT is delivered as part of the school curriculum] the opportunity to talk together about issues that are relevant to them as teenage parents because they are a similar group, with similar needs, they are all young women, and their babies are similar in age.* (Interview M1)

> *[Group meetings] were essential to finding out through talking that we weren't as stupid as what we felt [as parents]. I always found someone else who was at the same stage which you don't get in the community. So what it created was a sense of unity, when you are [all] going through those life changes that you are going through.* (Interview P3)

2. Parents and caregivers were supported to develop a social circle (if they did not already have social support).

> *I am just starting to think about going out more, and [educator's name] has supported me to have the courage to do that.* (Interview P1)

> *I'm just starting to get involved with the toy library and widen my social circle.* (Interview P17)

3. Parents and caregivers felt more relaxed and confident in their parenting. For example, in the Family Exit Survey almost half of the respondents stated that they had become more relaxed and confident (n = 190/400, 47.5%) and about one quarter commented specifically on the value of the reassurance their parent educator provided about their parenting ability (n = 93, 23%).

> *I am more confident now as a mother because I know that I am doing the right thing. They have given me lots of support and I really needed it.* (Interview P2)

> *Every time she [parent educator's name] came when she left I felt very positive and felt like I am doing a good job. Not often do we get left feeling like that as a parent.* (Survey 0198)

After [educator's name] leaves I feel really good. I feel praised. I feel I'm doing something right. (Interview P16)

There are so many negatives, I've got a baby and I've got to stay up all night and nobody is helping me and parent educator turns up "Kia Ora dear". Big positive smiles, "how's babe today?". That's how they talk. It is a personal thing. They really fuss over baby and mum can sit back and relax. They [mums] haven't had a laugh all week and they have been waiting for you to come. (Interview E2)

4. Parents and caregivers were better able to cope with their feelings of being overwhelmed, tired, and stressed due to the demands of parenting.

I was suffering from post-natal depression and also anxiety and panic. [Child's name] was born with club feet. When [child] was born [older sibling] was only 16 months and [oldest sibling's name] was four so I had these three little boys. Basically two babies and one with special needs. I think it was just all too much. From here [rural area] I had to take [child] to hospital twice a week. Things caved in. It was too much. I went down hill and I got quite sick myself and I got to the stage where I couldn't cope with anything. [Educator's name] was just really supportive in getting me through those times. She knew where I was coming from. People [husband and friends] do the best to be helpful and that but [educator] knew the feelings I had. I have really come ahead in leaps and bounds now and I can see the light at the end of the tunnel. (Interview P13)

Life would have been much worse. [Child's name] as my second child, wasn't my only child, he had colic, he had reflux, he was a grumpy little shit. At 10mths of age he had two hernia operations. The first 12mths were a nightmare. … I also ended up with a bit of post natal depression, which she [educator] motivated me to do something about. Whether [child] would have suffered or not if I hadn't of been on PAFT I don't know. But I certainly wouldn't have been able to cope. (Interview P6)

5. Parents and caregivers felt they could turn to their parent educator for support during personal and family crises.

Interview terminated about 3/4s of the way through for Educator E8. Educator E8 goes to answer the phone in the main office and does not return to the interview. Another Educator (E7) explained the situation: *She has just been called away. One of her mums is in a very deep state of depression. The mother-in-law called into the house and has rung us and called for the parent educator to help. So she [E8] has dropped tools and ran to the house to deal the situation. She's made an appointment with the doctor and will take the mum at 3.30pm.* (Researcher Notes)

I've made cups of tea for a mother who had been having a horrible couple of weeks and it all came out on the day I happened to visit. So we didn't even touch on the programme. We did a lot of work on support systems for herself. We looked at strategies she might put into place. She was wondering if she really wanted to be a parent and so we were looking at options for her. (Interview E14)

One family I visited last week, she broke down and told me that someone had reported her to WINZ saying that she was living with her ex-partner, and she's not, and so her benefit is looking like it might be cut. My visit was about supporting her through that. (Interview E4)

One of our parent educators had arrived at her home visit and the guy had been working under the car and it had just fallen off the jack and crushed him. The mother found him and went berserk. So she switched from being parent educator to being a caring neighbour and started the ball rolling with all the official contacts you would make. We've had some tragedies up our way: a road accident, a cot death, and they have been sad to deal with. (Interview E10)

6. Parents and caregivers were supported to parent in more positive or different ways than they themselves had been parented.

A belief in myself that I am a good mother and have broken the cycle of sexual, physical, mental and emotional abuse and my child will not suffer like I did. (Survey 0072)

Confidence to parent in my own way and to stand up to criticism from family. (Survey 0330)

A father who was New Zealand born but brought up in the Samoan way said "I am so pleased I found you and this programme, because I want to raise my son in a different way to what I was brought up". (Interview E6)

It was a different generation. From my nanny course I learnt that it was different now to what my mother did and I found that very hard. So I had a chat with her [educator's name] about that and she explained that you need to respect this. I read to my daughter. She had a library card when she was a week old and I read to her and read to her and I talk to her. My parents and everybody thought I was a bit crazy and her father thinks I'm a bit mad how we go to the library. But as my daughter's teacher said "you just wait [parent's name] you'll see the benefits". (Interview P15)

3.3.6. Accessing Health and Specialist Support

Families were more likely to access the health and specialist support services they needed in the ways outlined below:

1. Families who may not have used or may have delayed seeking medical assistance for their child were supported to gain medical help.

I've arrived at a visit and baby was really sick. Mum didn't have any transportation, so we just bundled baby into the car. "Come on let's go to the Doctor. Let's go now. I've got the time" (I didn't really, but I wasn't going to let the mother know I didn't). (Interview E14)

2. Families were more likely to get access to specialist support services that were either difficult to access due to waiting lists or for which a referral was necessary.

[Educator's name] has arranged a neuro-developmental therapist to see [child's name] because she was concerned he may not be developing properly because he couldn't do a lot of things because his legs were in plaster. (Interview P14)

I had a child that I was concerned at three his behaviour was extremely controlling and none of the suggestions that I had discussed with the parent seemed to be working so I suggested a referral to Special Education Services. (Interview E11)

3. Parents who had difficulty coping were encouraged to seek help.

> *What really helped me was her advice to go to Plunket. [Educator's name] was quite concerned about myself and [name of younger sibling] as she was only sleeping 4 hours in 24 hours. I told her I couldn't handle it. She said there was a Plunket Family Centre. "I'll let them know what trouble you are having and you go and see them". And I did. I was at the end of my rope then. I was just so tired.* (Interview P17)

3.3.7. Parent Self-improvement

Parents and caregivers made personal changes when their behaviour or lifestyle was not conducive to their child's welfare. The ways that PAFT facilitated parental self-improvement were as follows:

1. Parents and caregivers were made more aware of their role as language and behaviour models.

> *One lady was talking about arguing in front of the children and that it's not good for them. So the mums are really picking up … and these are people who would normally be just punch, punch, punch, you know. They are learning things, like what the children are hearing, and what's good for them, and what's not.* (Interview M4)

2. Parents and caregivers were encouraged and supported to look at what they needed to change in order to parent better.

> *She was a non-reader but I talked with her about how you don't have to read you can talk about the pictures. I used to bring her second-hand books and I said to her that I would really like to see her make an effort to add to the books in the home. One, you've got a little boy who is not that keen on books anyway. But two, you want him to do well in reading and part of pre-reading skills is having books. For three years I visited her and her sisters were there and were going to give her a hiding because she hadn't done this or that, and it was just difficult, so I had to deal with them and stick up for her, and try and get them off her case. Then I try to say to her what are we going to do about this and that. It was just before the 36 month visit came up I went to her house and she was waiting for me. She was so excited. On the table was a bowl of fruit (we had talked about junk food) on the table beside the fruit was a toothbrush. Over there was a box of books, and over there was some jigsaws. I grabbed her and I hugged her and I said "you are such a good mummy" and I really praised her up. I had always thought that I was hitting my head against a brick wall. But she had taken it on board.* (Interview E10)

> *Some of our mothers don't know how to cook so we tell them about the specials at the supermarket. Or we tell them that we've just stopped at the vege place down the road and show with excitement what we have picked up so the mums thinks when we've gone she'll go down.* (Interview E1)

3. Parents and caregivers were helped to focus on their child's best interests.

> *One of my teen mums used drugs and alcohol right through her pregnancy and she continues to use them while she is breast-feeding. I've been really in a dilemma. I don't trust her on formula because I don't think she would mix it up correctly. She knows that I mean that the drugs are not doing the baby's brain development any good. She's confronted me a few times "you mean to say this is the case?". "Yes, you are killing off brain cells in her brain". "Well I think I will go on formula". "I think that is a good idea! Now there are just a few things about using formula ...* (Interview E10)

3.3.8. Strengthening Family Involvement

Other family members become more involved in children's care and learning, and provided more helpful support to the principal caregiver as a result of PAFT. The ways in which PAFT helped to strengthen family involvement were as follows:

1. Other family members were welcomed to participate in PAFT sessions.

> *They [older siblings] always felt that they could contribute to any session. At the beginning my daughter who is 16 would come in and sit in on the session and see all the things that [child's name] could do. Everybody was proud of him.* (Interview P5)

> *When they have other whanau with them at the home visit it means that the parent educators were able to dialogue with the other whanau members as well. For Maori babies are very precious taonga so in some cases you get grandparents looking after baby.* (Interview E2)

2. Parents who were not principal caregivers were encouraged to play a greater role in their child's learning.

> *It is changing a lot of fathers' lives. They are more down on their children's level. They are more interactive and happy to be involved with their children. PAFT makes a difference especially with the Pacific fathers because the role of the mother is to be with the children all of the time …. It is a pleasure when both parents want to be there for the home visit. When one walks out the room I have to stop [talking] because neither wants to miss out on what I might say to the other.* (Interview E6)

> *[Educator's name] has talked about the importance of doing things. When [child's name] gets an interest to focus on it and go out and if he likes cars go and watch a rally and go and watch the mechanic working and things like that. [Father's name] has thought that is good and he has tried to do things like that. [Child] is a real indoors boy and [father] has taken him on bush walks. [Father] has taken the advice and it has made him do things he probably wouldn't of thought of by himself.* (Interview P19)

3. Parents who were the principal caregivers received greater support from other family members. They saw PAFT as a means of bringing other family members on board with what they wanted to achieve for their child and for encouraging them to be more interested in the child's activities.

It's very encouraging of fathers which is really important to me because he needs encouragement. It has helped that he's been home a few times when [educator] has been here. I think it's another person, and I say to him you have got to come on board with it now because next year I want to go back to work and he can stay home. He's got to make the decision to help. (Interview P4)

When [educator's name] goes I leave the notes out and my mum and dad read them when they come around. I think it is really important for us that people who have contact with [child's name] or mind her know that this is the way we want her to be taught. (Interview P12)

He [child's father] has probably only made it to three probably four meetings. He's a secondary school teacher. He comes home and reads what she's written about [child's name] and has a look through the notes. It's beneficial for him the way I'm immersed in it, child-rearing. It's got him more involved and aware in the various developmental stages. It means that if we come to an issue of something with the kids then the discussion is at a greater level of knowledge on his part. [Child's name] started biting so we looked back on the notes and we could do it together. He no longer said, "well you go away and work out the answer". (Interview P6)

3.3.9. Opening Opportunities for Further Learning

There was some limited evidence that participation in PAFT can lead to parents and caregivers pursuing further education. Examples centered on study related to working with children. More research on this outcome is needed to see if participation in PAFT does result in parents and caregivers having greater interest in further education in the long term.

*PAFT parents are continuing their learning journey alongside their children by participating in their Playcentre training – therefore ensuring the survival of these … centres. (*Programme T provider report to 31 Dec 2000)

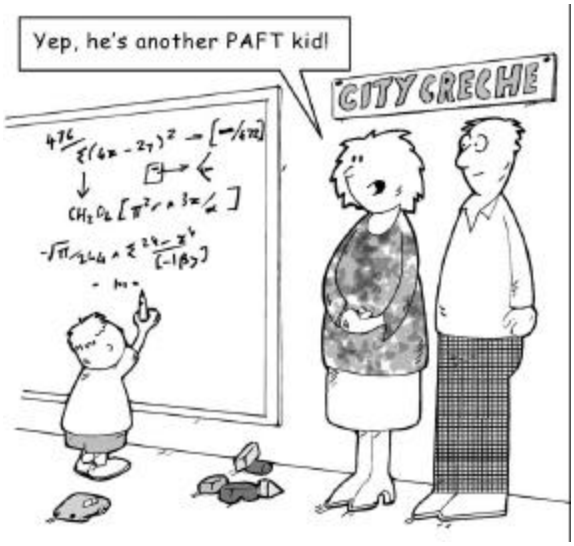
PAFT has been really handy for Teachers College. Going to Teachers College was something I always wanted to do in some way, but after seeing what [parent educator's name] did, a few doors opened for me. It's interesting seeing your child's growth at different stages. (Interview P18)

4. Discussion

4.1. The Value of PAFT

This study shows that PAFT has much to offer families and society through its capacity to support and enhance parenting and improve outcomes for diverse children during their first three years. PAFT seems to have the capability to contribute to the Government's desired policy directions for early childhood education. PAFT has demonstrated success in attracting Maori, Pacific Nations, low income, and teenage parent families. Furthermore PAFT can benefit parents of all ages, backgrounds, and income levels in their learning, in their ability to parent, and in their availability to parent (Bradley, 1999; Devereux-Blum, 2001; Munford et al., 1998). The value of PAFT for children lies in two main areas: educational/learning outcomes and health and safety outcomes.

Participation in PAFT resulted in children having a good early start in their learning. Parent and family interest in children's learning was facilitated through the programme. Parents and caregivers came to see that what they did and the decisions they made had an impact on their child's outcomes. PAFT enhanced family functioning and child outcomes. It empowered parents and other family members to recognise the importance of their role as teachers. Thus PAFT is not an intervention programme premised upon deficit theory (Pihama, 1993; 1996), but rather it is a family enhancement programme that empowers parents and caregivers to play an active role in their child's learning.

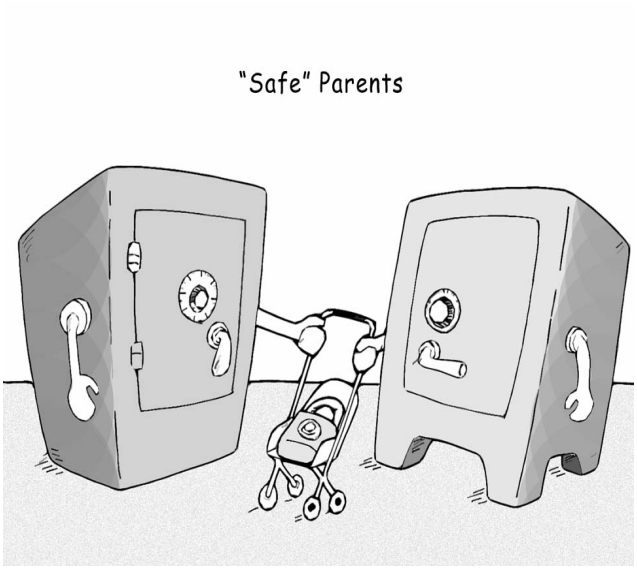


Through the programme parents and caregivers came to view their child as a capable learner. Recognising children's status as learners who can control their learning is important (Cullen, 1988) and this is a key indicator of effective teaching linked to positive outcomes for diverse children according to theory and research on learning and teaching (Farquhar, 2003). Parents and caregivers gained a better understanding of their child's development, what to expect of their child, and appropriate activities to scaffold their child's learning. Parents and caregivers were more likely to access early childhood education programmes (for example, kohanga and kindergarten).

Parents expressed greater confidence to be involved in their child's early childhood education. This confidence may lead to more collaborative relationships between parents and professional early childhood teachers, and later their child's teachers at school. As one parent educator commented, "You can compare not just the child but the parent as well who has received PAFT. They are already familiar with early childhood education … Parents will expect kindergarten teachers to do observations of their child". The Competent Children study (Wylie et al., 2001) indicates that parental involvement in children's formal education is linked to learning outcomes.

Participation in PAFT led to parents being more aware of their child's safety and health needs, along with knowledge of appropriate expectations for their child's behaviour. Parent educators encouraged and when needed supported families to seek medical assistance, for example by making appointments and providing transport. They helped parents to seek help and to work through personal problems that impacted on their availability to parent (Munford et al., 1998). The close and regular contact that parent educators had with families enabled them to observe and suggest ways of improving child health and home safety. PAFT was seen by some parents as a programme that would support them to parent in a different way than they were parented, to break family cycles of sexual and physical abuse.

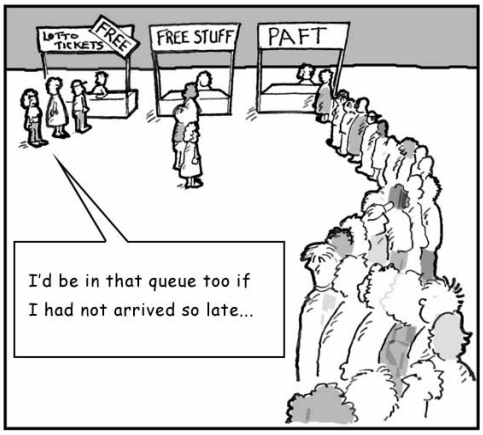
Safer parenting, as illustrated humorously in the cartoon below, needs to be better promoted in New Zealand and this study shows that PAFT is one programme that can contribute to this. For example, ACC states that nationally over 3,800 under-fives are admitted to hospital each year with injuries that mostly occur in the home and can be predicted and therefore prevented. About 70 of these children die (ACC, 2001).



An early argument against the introduction of the PAFT programme in New Zealand was that it would compete with existing early childhood services (Dalli, 1992; Farquhar, 1990). This does not appear to be the case. PAFT complements other services. It provides parent support and education for the first three years, an age-group that is not well catered for in the early childhood sector. Further, PAFT provides the kinds of personal support and the depth of knowledge that centre-based early childhood services are typically not set up to provide parents with. This begs the question of what recognition parents get in completing the three year programme – could an option be introduced for parents to take PAFT as an education course and gain some credit toward a Diploma of Teaching (Early Childhood Education)?

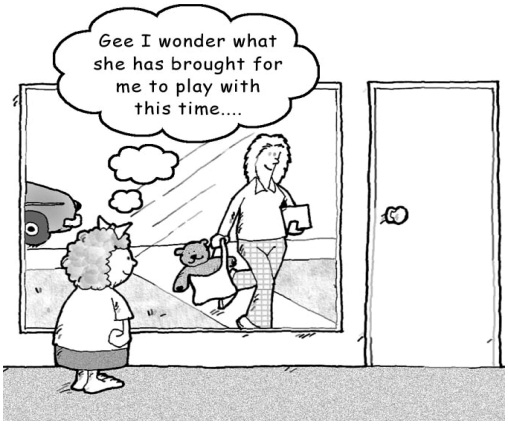
4.2. Family Participation in and Satisfaction with PAFT

PAFT seems to be a popular programme and the evidence points to PAFT having a strong reputation for quality within communities. In spite of copyright restrictions the curriculum handouts and activity ideas were often copied and shared by families with non-PAFT families. PAFT families often knew of other families who wanted to get onto the programme but were not accepted. Targeting has reduced the number of self-referring families, but it does not seem to have lessened perceptions of the programme's quality.



The study shows that families are generally highly satisfied with PAFT, and their expectations for support, encouragement, guidance, and knowledge were met. According to Stephenson and Ranginui-Charlton (1994) this match between what is wanted by parents and what is provided indicates an effective parenting programme.

The trust, respect and often also the friendship that families have with their parent educator seems to be central to the success of the programme (Bradley, 1999; Klass, 1997). Children looked forward to their special person visiting them. A feature of the visit especially for older toddlers was the anticipation of what might be contained in the blue bag for them that parent educators carried.



Parents and caregivers respected parent educators as people who were interested in them, and for the knowledge and experience they had. Parent educators demonstrated their interest in families through listening, giving parents more of their time when needed, and providing support and advocacy. The departure of their parent educator was a major reason for families withdrawing from the programme. Research on the Barnardos Family Support Service also identified the relationship between staff and families as being a critical factor in programme success (Munford et al., 1998).

The practice of parent educators going to families, usually to the family home, supported family participation. Home-visiting rather than going to a different venue was preferred by families because it was convenient and it was more suitable and less stressful when children were young and when there were younger siblings. Potential problems such as lack of transport and arranging childcare for other siblings did not restrict families from being on the programme because it was delivered to them at home. The main benefits of home visits were that adults and children felt more at ease and more confident, and parent educators could observe children and families in their own environment. As Sanders et al. (1999) suggested home visiting allows the programme to be delivered in a relevant context, thereby enabling more contextually responsive interactions.

The study suggests that sometimes parent educators were the only outside professionals whom families welcomed into their homes. This contrasts with the research findings of Margery Renwick (1985), reported in Pihama (1996), where some home visits were found to be problematic.

Given the fact that in New Zealand most child abuse happens in the home by members of a child's own family, PAFT would seem to have an important role to play in parent educators having access to homes and a good rapport with families.

As family circumstances change and parents return to or take up employment, family retention in the programme may be helped by parent educators being more available to visit families in the evenings and weekends. This would also demonstrate recognition of the social trend towards more women returning to work when their children are at a younger age (Cooper & Royal-Tangaere, 1994). Home visiting in the weekends and evenings supports the participation of all family members (especially fathers and older siblings). Parent educators from only one of the four programmes focused on in this study expressed a commitment to trying to involve fathers and other family members through organising some home visits outside of normal work hours.

4.3. Targeting

Targeting emerged as a major issue in the study. This study shows the difficulty of using targeting criteria in reaching parents and caregivers and children who most need and will benefit from support. Parents who are competent, coping well, and who have good support networks can be accepted onto the programme because of their ethnicity (Maori or Pacific peoples), income (with a focus on recruiting families with incomes below $25,000), maternal age (under 25 with a focus on teenage mothers), or family structure (single parents). Targeting on the basis of ethnicity assumes that Maori and Pacific Nations parents are deficient in their parenting (Pihama, 1993; 1996). Recent research indicates that factors such as household income and parental education are more strongly associated with differences in child outcomes than ethnicity (Wylie, Thompson, & Lythe, 2001).

Families who are referred by a health or social service agency or professional should have priority for acceptance according to parent educators; often these families fall into the current targeting criteria – but not always. Other possible criteria that could be considered for targeting purposes suggested by participants in the study included: mothers with post-natal depression and anxiety disorders, older parents and career-oriented parents with no previous experience of parenting, families where children have had preventable accidents (e.g. as evidenced by ACC claims), and parents on drug rehabilitation programmes.

The central message coming from the research literature and supported by the findings of this study is that it is important to ensure that families do not feel stigmatised by participating in PAFT if the outcomes of the programme are to be maximised (Burgon et al., 1997).

Given the benefits of PAFT identified here a question that arises is whether it would be cost-effective in the long term to make the programme available to more families? A possible case for increasing the number of places on PAFT is that developmental problems in children and significant parenting issues are not always able to be detected at the time of enrolment in PAFT; these may only emerge as the parent educator gets to know the family and as the child develops (Pfannenstiel, Lambson, & Yarnell, 1996).

4.4. Suggestions for Further Research

This research study raises a need for ongoing study of the PAFT programme. We know now that PAFT has benefits for children and for their parents and caregivers, but further research is needed on what happens in the years after participation in PAFT. It would be valuable to know whether the longer term benefits attached to participation in PAFT actually do occur. For example, do PAFT children have better educational, health, and psychological outcomes in later years because of the support and education their parents and caregivers received? Further research is needed on how the benefits of PAFT carry though into children's formal educational experiences (early childhood centre and school) and continue to influence parenting quality in the longer term.

In this study the relationship between parent educators and families emerged as being very important for the success of the programme. Parent educators were the “face” of PAFT – they were the ones who delivered PAFT and who families relied on and looked forward to seeing for home visits. An examination of the skills, attributes and behaviours of parent educators that underpin effective practice would provide useful information for staff recruitment and professional development.

Little is known about the experiences and perceptions of families who withdraw from the programme. Research on family attrition would be useful for the insights it may provide on how PAFT could better meet the needs of all families (Stephenson & Ranginui-Charlton, 1994).

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Appendices

Appendix 1. ECD National Office Memo to All PAFT Providers on Targeting and New Requirements (April 2000)

PAFT SITE SPECIFIC RECRUITMENT PLANS AND CONTRACT VARIANCE

Introduction

Government requires this variation and the contract between ECD and the Ministry of Education has already been amended to reflect this.

The 'closing the gaps' strategy reinforces the need to focus on those families who do not have good access to parenting and early childhood education and health information.

ECD has been discussing with providers ways in which the variation can be implemented to ensure PAFT targets more of the families whose children are at some risk of poor outcomes. Most providers already have a targeting policy in place that reflects the proposed contract variation.

Overall ECD is pleased with the progress that is already being made by most contracts to target families who are at some risk of poor outcomes for their children.

Site Specific Recruitment Plans

ECD does not consider it reasonable to impose a set formula on providers given the different factors, including size of contract, that influence the scale and pace of change that can be expected.

Rather, what we are seeking is provider input about the movement you can achieve over, for example, each of the next three years in recruiting families that meet the criteria associated with poor outcomes. These are

- Low family income
- Ethnicity
- Young age of mother and
- Family structure
- Lack of family / community support and
- Lack of parenting information

A site specific recruitment plan recognises that providers know when and how movement can occur. If only a few families are likely to rotate off during one twelve month period then few changes in recruitment patterns can be expected. In another twelve months period more significant changes will be possible and the plan will reflect this.

The site specific recruitment plan can be expressed as target numbers or percentage changes for the first four of the criteria identified. A range is acceptable, for example, 10 – 15% increase in teenage mothers in year one, 15 – 20 % increase in year two, and 7 – 10 % increase in year three.

Targeting

ECD expects to see measurable changes in regard to the following criteria that can be tracked on the PAFT database:

- Family income – this is expected to be at the lower end of the range with increasing numbers in the below $20,000 and under $25,000 and under $35,000 categories. Families with higher incomes have the resource to access other forms of support. Any families with incomes over $50,000 would be expected to also be associated with a range of other criteria that puts them at risk of poor outcomes.

- Ethnicity – more Maori and Pacific peoples are expected to be recruited into PAFT in recognition of their demographic profile and that the criteria associated with poor outcomes are present in many families. The government is committed to closing the gaps for Maori and Pacific peoples.
- Age of mother – young and teenage mothers are recognised as benefiting significantly from PAFT. In the future it is expected that the majority of mothers will be aged under 25 years and the largest number of these under 20 years. Older mothers recruited onto PAFT will be expected to have risk factors across a range of criteria.
- Family structure – single parents and those without a supportive partner are often associated with poor outcomes and therefore would be expected to be over-represented in PAFT in comparison to nuclear families.

The criteria relating to lack of family / community support and lack of parenting information is more difficult to quantify and will rely on parent educator and provider judgement. Providers may wish to consider how they record information about these two criteria that indicates that there has been some shift in recruitment patterns. For example, increased referrals from other agencies. Often families with these criteria will also have a range of other characteristics that put them at some risk of poor outcomes.

Contract Variance

A contract variance is required, for each contract, to record the agreed changes and signal providers commitment to the recruitment preferences of the government.

When the agreed contract variance is drawn up it will need to include a performance criteria. Our view is that this should be similar to that in Schedule C of the current contract and propose a 5% financial penalty be incurred for each month after the agreed performance date that the plan is more than 5% under target in three of the four measurable criteria. Your views on the feasibility and fairness of this are welcome.

ECD appreciates that more targeted delivery has some significant challenges associated with it. At the ongoing training during 2001 there will be opportunities for parent educators to discuss issues and responses. Providers are invited to share their concerns and solutions with us directly.

It is important that all parent educators continue to have access to quality professional supervision and that the budget provision continues to be used for this purpose.

Proposed Targets for Variance to Contract

Provider _____ Number of Families in contract _____

Date Contract Expires _____

Criteria	30 April 2000 status	30 June 2001 target	30 June 2002 target	30 June 2003 target
Low family income **Ethnicity** **Young age of mother** **Family structure** **Lack of family/community support and** **Lack of parenting information**				

Appendix 2. Parent/Caregiver Interview Schedule

1. How did you come to enrol _____ (child's name) in PAFT?
2. What did you initially hope you and _____ (child's name) would get from PAFT?
3. Has PAFT met your expectations? In what ways? In what ways has it not? Should this be changed?
4. You may be aware that recently targeting was introduced. Do you believe that other families like yours should continue to be able to access to PAFT? Why?
5. Tell me about the kind of relationship you have with your Parent Educator?
6. What kind of relationship does your child have with the Parent Educator?
7. What do you think about the Parent Educator visiting you at home?
8. How do you find what is covered during the home visit?
9. What do you think about the group meetings? Should they continue to be part of the PAFT programme?
10. Tell me about any differences that being on the PAFT programme may have made to your child's health?
11. Tell me about any other ways that PAFT has helped your child?
12. How has being involved with PAFT affected you?
13. Has PAFT had an influence on any other family members (e.g. father, grandparents, siblings)?

If there is time then follow up on any references the interviewee made to:

- Use of ECE services and Parenting Support Services, and differences between these services and PAFT
- Cultural issues and relationships with Parent Educator
- Whether the PAFT readings and information are shared with anyone else in the family or community

Appendix 3. Parent Educator Interview Schedule

1. Tell me about the PAFT Curriculum
   - I am interested in your views on the relevance of the information for the different families you are dealing with?
   - What scope is there for adapting the curriculum for a child's or family's needs?
   - Does the format of the monthly plan allow you to achieve what is need for the child and family during the home visit?
   - How you use, and how you find the suitability of the Maori overlay – *Ahuru Mowai*?
2. Beside implementing the monthly plan at a home visit, tell me about what else may happen or you may do at the home visit?
3. A researcher said that parents' confidence can be undermined by parent educators who are experts visiting them at home. What do you think about this? It is the case in PAFT?
4. How does being _____ (your ethnic group) affect your acceptance and work with families from other ethnic groups?
5. I have been looking at the survey forms parents complete when they exit PAFT and I've noticed that parents seems to prefer home visits to group meetings. I wonder about the future and the value of group meetings. What are your thoughts on this?
6. I'd like to know how health checks are part of the PAFT programme. What emphasis is placed on health checks and should this change in any way?
7. The government at present is wanting to increase the participation rates of Maori and Pacific Nations children in early childhood centres. Has this policy influenced what you say or do with families?
8. What practical difficulties and issues do you experience in carrying out your job from day to day as a Parent Educator?
9. Tell me what you think about the move towards greater targeting of families and the criteria used?
10. What is the perception of PAFT within your community?
11. I'm interested to learn more about the different ways that participating in PAFT does and does not have an impact on children, families and the community. Do you have a recent incident or story that comes to mind that you could share with me please?

Additional Questions for Coordinators

1. What pressures do members of your staffing team experience? (e.g. workload, pressures from families etc.)
2. Tell me about any recent or current staffing issues?
3. How do you think the PAFT programme could evolve or change in future years? What vision do you have of PAFT in the future?

Appendix 4. Parent Interview Information Sheet

The Researcher

I am Sarah Farquhar. I am a mother of three young children and an independent researcher.

I am doing this study on PAFT for Early Childhood Development.

My background includes childcare and kindergarten teaching, teachers' college and university lecturing. I currently co-ordinate the NZ Early Childhood Research Network and am involved in numerous research related activities.

I hope this study on PAFT interests you and you are able to help me with it.

Below I will briefly describe what your involvement would mean, if you were willing to participate. Please do not hesitate to contact me if you have any further questions. Alternatively, contact your parent educator who can pass any messages on to me if you wish.

Anything you tell me will be kept confidential.

The Research Project

I am looking at where the successes of PAFT lie for families and what the current issues and challenges for the programme are.

I value the input of parents in helping me to find the answers to questions such as:

? How suitable are the home visits and group meetings, for you, your child, and your life-style?

? What do you think of the material given to you by your parent educator?

? Do you believe you should be receiving the PAFT programme?

? Have you become involved in learning or further education because of your experience in PAFT?

? How has your child benefited?

? How has being involved in PAFT affected any other members of your family?

? What changes or improvements could be made to PAFT?

? Any issues or problems?

Of course I'll have some other questions too, and you may have some stories or incidents to share with me.

What Will Be Asked Of You?

I would like to talk with you about experiences and views on PAFT.

We can do this on the telephone at a time and day that suits you best. If something or someone else needs your attention while we are talking, we can stop the interview and I can call you back a little later. The interview will take about 30 minutes. If it is okay with you I'll tape-record it so that I can focus on talking with you rather than trying to write everything down at the same time. I'll later wipe the tape so no one else has access to it.

Your parent-educator has a consent form for you to sign if you agree to being interviewed. Please complete the consent form and return it to your parent educator as soon as possible. I will then phone you and confirm a suitable time for the interview.

The Research Report

Copies of the final report will be made available through ECD and parent educators.

Contact

I may be contacted on 021 650 849 if you have any questions. Alternatively, pass any messages on to your parent educator who will know how to contact me.

If You Take Part in the Project, You Have the Right to:

? Refuse to answer any particular question.

? Ask any further questions about the study.

? Provide information on the understanding that it is completely confidential to me. All information is collected anonymously, and it will not be possible to identify you in any reports that are prepared from the study.

? Be given access to read a copy of the final report from ECD or your parent educator when the study is finished.

Many thanks

Appendix 5. Consent Form - Parent Interviews

I have read the Information Sheet for this study. My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any time.

I also understand that I have the right to withdraw from the study and to decline to answer any particular questions in the study.

I agree to provide information to the researcher on the understanding that it is completely confidential.

I agree to being interviewed, and to the interview being taped. I understand that the tape will be wiped once my interview has been transcribed and that my real name will not be on the transcript or used in any reporting of the findings.

I wish to participate in the study under the conditions set out on the Information Sheet.

Signed: _____

Name: _____

Date: _____

Phone: _____

Area Code Phone Number

The best time and day of the week to call you: _____

Your child's name (who is in PAFT): _____

Your relationship to the child (e.g. mother, grandfather) _____

Just for some background details about the children and families of all the parents I will be talking with, would you mind please completing the following questions. Many thanks. Sarah.

Is your child (please circle one): Maori? Maori-Pakeha? NZ European? Pacific Nations? Asian? Or a different ethnicity _____

How many people are living in the family household? Children _____ Adults _____

Are you under 20 years of age? Between 20 – 30 years? Or over 30 years?

What was your highest school leaving qualification? (if any) _____

Are you currently enrolled in any courses or training? (please state) _____

Is the family's annual income under $25,000? Between $25 - $35,000? Or over $35,000?

Appendix 6. General Information Sheet for PAFT Staff

The Researcher

I am Sarah Farquhar. I am a mother of three young children and an independent researcher.

I have agreed to carry out this study on PAFT for Early Childhood Development.

My background includes childcare and kindergarten teaching, teachers' college and university lecturing. I currently coordinate the NZ Early Childhood Research Network and am involved in numerous research related activities.

I hope this study on PAFT interests you and you are able to help me with it. Below I will briefly describe what your involvement would mean, if you were willing to participate. Please do not hesitate to contact me if you have any further questions.

The Research Project

I am looking at where the successes of PAFT lie for families and what the current issues and challenges for the programme are. To do this I will be:

- Visiting a small number of PAFT sites for personal first-hand experience of what is involved;
- Talking with people involved in the delivery of PAFT about the benefits (or otherwise) of PAFT, and the issues and challenges involved in providing the programme;
- Informally accompanying parent educators on some home visits;
- Interviewing by telephone parents from between 5 to 10 families in a programme;
- Processing and analysing family survey exit forms;
- Reviewing relevant PAFT progress reports and a set of provider reports, and
- Reviewing relevant research and policy literature.

What Will Be Asked Of You?

(a) Site Visit

I would like to visit your programme and spend one to two days with you and your team to gain some personal understanding and experience of the delivery of the PAFT programme. During this time I hope to:

- Personally interview as many members of your PAFT team as possible who are available to be interviewed;
- Accompany parent-educators on one or two home visits to parents who have also agreed to be later interviewed;
- Meet with anyone who you think may have insights or information to share on the effects of PAFT on children and families e.g. school principals.

(b) Interviews

You are invited to talk openly and frankly with me in a semi-formal interview about your views, observations and experiences, either if you have time available when I visit your programme or later on the telephone. The topics you will be invited to talk about during the interview will include: the curriculum; recruitment; the successes and outcomes of PAFT; changes needed; and, any further issues/problems. The interview will be tape-recorded and the tape will be wiped after transcribing. The interview should take about 30 – 45 minutes (or about 1.5 hour if you are the coordinator), although you are welcome to talk with me longer.

The Research Report

Copies of the report will be made available through ECD.

Contact

I may be contacted on 021 650 849 for further information. Or you may prefer to send me an e-mail: Sarah@childforum.com

If You take Part in the Project, You have the Right to:

? Refuse to answer any particular question.

? Ask any further questions about the study that occur to you during your interview and my visit.

? Provide information on the understanding that it is completely confidential to me. All information is collected anonymously, and it will not be possible to identify you in any reports that are prepared from the study.

? Be given access to a copy of the final report from ECD when the study is concluded.

Many thanks

Appendix 7. Consent Form for PAFT Staff and Community Professionals

I have read the Information Sheet for this study. My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at anytime.

I also understand that I have the right to withdraw from the study and to decline to answer any particular questions in the study.

I agree to provide information to the researcher on the understanding that it is completely confidential.

I agree to being interviewed, and to the interview being taped. I understand that the tape will be wiped once my interview has been transcribed and that my real name will not be on the transcript or used in any reporting of the findings.

I wish to participate in the study under the conditions set out on the Information Sheet.

Signed: _____

Name: _____

Date: _____

Phone: _____

Area code *Phone number*

The best time and day of the week to call you (for a telephone interview if I am unable to interview you at time of my visit):

_____

Please complete and return this consent form to your local PAFT programme coordinator or to Sarah Farquhar, PO Box 58-078, Wellington.