## | July 2016 | Report Overview

This content was created by the Early Intervention Foundation before merging with What Works for Children's Social Care to become Foundations.

The content contains logos and branding of the former organisation.





# FOUNDATIONS FOR LIFE: WHAT WORKS TO SUPPORT PARENT CHILD INTERACTION IN THE EARLY YEARS

REPORT OVERVIEW

# **TABLE OF CONTENTS**

1. Introduction	4
2. Our approach	6
2.1. What do EIF ratings mean?	6
2.2. The EIF 'strength of evidence' rating	6
2.3. The EIF cost rating	9
Findings	11
3.1. Overall findings	11
3.2. Findings on programmes aiming to improve at	tachment 12
3.3. Findings on programmes aiming to improve be	ehaviour 12
3.4. Findings on programmes aiming to improve codevelopment	ognitive 13
4. Recommendations	15
4.1. Effective commissioning	15
4.2. Supporting learning and innovation	16
4.3. A broad based assessment of early child developed level	opment at national 16
4.4. A family focused approach	17
5. ANNEX 1	18
The Rating of Programmes on Strength of Evidence	and Cost 18

## 1. Introduction

The first five years of a child's life are a period of momentous change – a baby grows into a child who can walk, talk and relate to others, both family and friends. Parents and carers help lay the foundations for a child's life chances and life skills in the ways in which they interact with the child, including the ability to build strong relationships, manage their emotions, communicate and solve problems amongst much else.

Young children thrive in environments that are predictable and responsive to their needs. Children can struggle, however, when environments are neglectful, unpredictable or overwhelming. The quality of a young child's environment is shaped by his or her parents or carers and the wider context – for example if a parent is isolated, vulnerable or in economic hardship. In these circumstances it is vital that parents have access to additional support that is of high quality and well-matched to their needs and this is the focus of *Foundations For Life: What Works to support parent child interaction in the early years*.

As an independent charity and What Works Centre, the Early Intervention Foundation has published a groundbreaking assessment of 75 early intervention programmes aimed at improving child outcomes through positive parent—child interactions in the early years. *Foundations For Life* is the latest review by EIF and the first major use of our own methods for robustly rating the evidence and costs of early intervention programmes.

Early intervention is about identifying and responding to signals of risk for children and families before they become more difficult to reverse, from conception to young adulthood. Identifying and applying early intervention approaches which have strong evidence of impact on child outcomes has great potential to reduce the high fiscal and social cost of late intervention in the UK and realise the benefits of early intervention for families.

The UK marketplace of programmes which support parent—child interaction is vibrant and full of potential. The review has found 17 programmes that are well-evidenced, and a further 18 that have preliminary evidence of impact. There are also many other programmes based on sound science at an earlier stage of development that are committed to developing their evidence, and must be supported to do so.

Questions about 'what works' are not straightforward. Nothing 'works' in all circumstances and evidence changes and evolves. Building evidence of programme impact has a number of stages and takes time. A vital part of this journey is learning from disappointing evaluation results and adapting in response. The best evidenced programmes have often had disappointing findings and evaluation setbacks in the past, and learnt from these to strengthen the programme model. Experimentation can be the source of breakthroughs and greater innovation.

If early intervention is to realise its potential the UK must prioritise evaluation and testing. It must value both the discovery and verification of evidence, and incentivise innovation and smaller scale evaluations.

Local children's services, maternity, public health and NHS commissioners have a critical role in both growing and applying the UK early intervention evidence base. They need access to the latest evidence to inform spending decisions, but also need to invest in better monitoring and testing of promising and innovative interventions being delivered in the UK. This is particularly important in areas where the evidence base is less well developed, such as attachment and cognitive development programmes.

Careful commissioning and effective implementation are as important to the success of a programme as the evidence that it has worked previously. The suitability of a programme to a specific context, the quality of programme implementation systems, and the readiness of a local area for change and innovation can all combine to make or break a programme irrespective of success elsewhere.

# 2. Our approach

The programmes included in this assessment were identified through systematic methods as part of <u>The Best Start at Home</u><sup>1</sup> review published in 2015. This included a range of universal and targeted programmes that specifically supported the non-physical development of children between conception and age five through direct engagement with the parent.

#### What is a programme?

EIF defines 'programme' as a discreet and predefined set of activities that are offered by a specific provider in a form that can be purchased by a local authority or other agency, or that a Local Authority or other agency might deliver. Providers of such programmes will also typically have developed the programme's content and processes for ensuring implementation quality. For example the Incredible Years Preschool BASIC Programme teaches parents strategies for interacting positively with their child. Parents whose children are aged between 3 and 6 attend 18-20 weekly group sessions in community venues led by practitioners qualified to at least level 7 in a helping profession.

#### 2.1. What do EIF ratings mean?

The full report provides ratings of strength of evidence and resource costs for 75 programmes that aim to strengthen parent—child interaction and so improve child development in terms of attachment, behaviour and cognitive development.

The specific implications of the findings for commissioners of programmes are set out in the Guide for Commissioners available on the EIF website. This explains the range of issues that commissioners should consider when investing in early intervention and highlights that evidence about what has worked in the past is not a sufficient basis for commissioning on its own.

#### 2.2. The EIF 'strength of evidence' rating

The first rating we provide about a programme is an assessment of the evaluation evidence about that programme. Our assessment summarises the strength of the evidence which indicates whether the programme has been shown to benefit child outcomes. This EIF evidence assessment is based on the programme's strongest evidence. The high level meaning of the different ratings is shown in Table 1.

<sup>&</sup>lt;sup>1</sup> Best Start at Home, What Works to improve parent child interactions, was written by researchers at the Dartington Social Research Unit, University of Warwick and Coventry University.

Table 1. The EIF cost strength of evidence ratings

Features of the evidence/rationale	Classification within the forthcoming report	Shorthand
The programme has evidence from at least two high-quality evaluations (RCT/QED) demonstrating a consistently positive impact across populations and environments. This includes RCT/QED evidence of a long-term child outcome lasting a year or longer.	Evidence-based (Replicated)	4
At least one rigorously conducted RCT/QED demonstrating a statistically significant positive impact on at least one child outcome.	Evidence-based (Single)	3
Evidence from a pilot study demonstrating a statistically significant positive impact on at least one child outcome through the use of a sufficiently large and representative sample (>20 participants, representing at least 60%) and independently validated measures. Not yet able to demonstrate unbiased evidence of impact	Preliminary	2
No direct evidence about the scale of impact of the programme at a "preliminary" level.	No evidence yet at Level 2	NL2
Evidence from at least one high-quality evaluation (Level 3 RCT/QED) indicating no benefits for children or parents.	Found not to be effective in at least one rigorously conducted study	NE

In principle, a rating of "Harmful" is also possible, but no such programmes were identified in this review.

This rating system distinguishes 5 levels of strength of evidence of impact. This is not a rating of the scale of impact but of the degree to which a programme has been shown to have a positive, causal impact on specific child outcomes.

- Level 4 recognises programmes with evidence of a long-term positive impact through multiple high-quality evaluations.
- Level 3 recognises programmes with evidence of a short-term positive impact from at least one high-quality evaluation.
- Level 2 recognises programmes with preliminary evidence of improving a child outcome, but where an assumption of causal impact cannot be drawn.

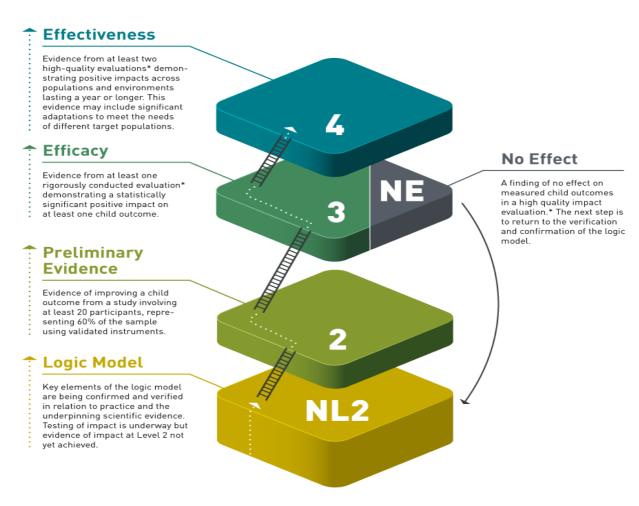
The term 'evidence based' is frequently applied to programmes with Level 3 evidence or higher, because this is the point at which there is sufficient confidence that a causal relationship can be assumed. The term 'preliminary' is applied to programmes at Level 2 to indicate that causal assumptions are not yet possible.

NL2 distinguishes programmes whose most robust evaluation evidence does not meet the Level 2 threshold for a child outcome, so do not yet have direct evidence about the scale of impact of the programme at a "preliminary" level.

The category of NE – 'Found not to be effective in at least one rigorously conducted study' – is reserved for programmes where there is evidence from a high-quality evaluation of the programme that it did not provide significant benefits for children. This rating should not be interpreted to mean that the programme will never work, but it does suggest that the programme will need to adapt and improve its model, learning from the evaluation. The best evidenced programmes have normally had null findings along the way to demonstrating proof of concept. Some developers with such evidence have terminated their programme, others are working out how to adapt and improve their model to respond to the evidence.

A more dynamic description of these standards which recognises the importance of evidence development is shown in Figure 1. This shows typical stages of development of evidence of effectiveness for a programme.

Figure 1. A dynamic model of the development of evidence



<sup>\*</sup>High quality evaluations do not need to be randomised control trials if a relevant and robust counter-factual can be provided in other ways.

#### 2.3. The EIF cost rating

We have developed a system to assess the relative input costs of early intervention programmes. Based on information that providers have supplied about the components and requirements of their programme, we have ranked programmes based on how resource-intensive they are per child supported. This is not the same as the market price of an intervention, which will be negotiated and agreed commercially between providers and commissioners. Instead, we have rated programmes for costs such as training requirements and staff time on a scale from 1 to 5, where 1 indicates the least resource-intensive programmes and 5 the most resource-intensive based on EIF estimates.

Each level is associated with an indicative unit cost range. These are not actual unit costs, but instead an indicative range based on the estimation methods set out in the full *Foundations for Life* report. It shows the estimated relative cost of all of the inputs required to run and set up the programme. It is not the additional cost of commissioning if elements of the resources required are already being funded. For example, a home visiting programme that draws on health visitors employed by a local authority will be included in the EIF cost rating. In practice that cost may not be additional to the commissioner but is part of the full resource cost and so is included here.

Table 2. The EIF cost estimate ratings

Description of programme and its cost	Cost rating
This programme is high cost to set up and deliver compared to other interventions reviewed by EIF. Programmes of this sort have an indicative unit cost range of £2,000 or higher.	5
This programme is medium-high cost to set up and deliver compared to other interventions reviewed by EIF. Programmes of this sort have an indicative unit cost range of £1,000 to £2,000.	4
This programme is medium cost to set up and deliver compared to other interventions reviewed by EIF. Programmes of this sort have an indicative unit cost range of £500 to £999.	3
This programme is medium-low to set up and deliver compared to other interventions reviewed by EIF. Programmes of this sort have an indicative unit cost range of £100 to £499.	2
This programme is low cost to set up and deliver compared to other interventions reviewed by EIF. Programmes of this sort have an indicative unit cost range of £100 or lower.	1

The overall distribution of costs are set out in the chart below. The majority of programmes fall into the medium-low and low categories.

(n = 75)

20 (27%)

2 (3%)

9 (12%)

26 (34%)

\*\*Low \*\*Medium-Low \*\*Medium \*\*Medium-High \*\*High \*\*Missing

Figure 2. Distribution of the programmes' cost ratings

# **Findings**

#### 3.1. Overall findings

Although the overall evidence base for programmes available in the UK needs further development, there is a range of well evidenced and promising interventions that, if carefully commissioned to ensure they fit with local need and context, are likely to be effective in tackling problems identified in the early years (see Annex 1 for a full list of programmes and their ratings). The chart below shows the distribution of interventions by the level of evidence. There are 17 programmes which are evidence based with a rating of Level 3 or 4; 18 programmes are rated as having preliminary evidence at Level 2; 35 programmes are rated as not Level 2 (NL2); and 5 programmes have been shown in at least one study as having no effect (NE).

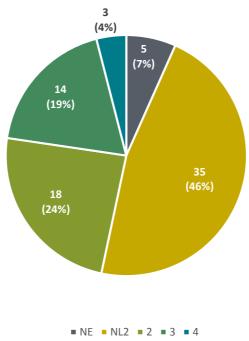


Figure 3. Distribution of interventions by level of evidence (n=75)

Overall, the evidence is strongest for programmes that target based on early signals of risk, such as child behaviour problems, insecure attachment, delayed development of speech and lack of maternal sensitivity. This doesn't mean that whole population programmes or programmes that target on the basis of demographic factors are ineffective, but that the evidence in general was not as strong as for the more targeted programmes identified in this review. Universal *services* remain vital to support families and children as a whole and as a means to identify risk and target support on those who need it most.

This review has focussed on 3 key areas of child development: attachment; behaviour; and early cognitive and language development. Available programmes which focus on children's behavioural development tend to have better evidence of

effectiveness than those focused on attachment or cognitive development. This doesn't mean that attachment or cognitive development programmes are ineffective, rather that the evidence base for these is less developed. Given the importance of attachment and cognitive development to children's life chances, improvement in evaluation in these areas needs to be prioritised.

The programmes that were rated by the EIF review as NL2, or Not Level 2 cannot yet be considered evidence based in terms of having rigorous evidence of impact, but many are based on good science and robust implementation processes. Given the right kind of support they could become the high quality, evidence based interventions of the future.

Five programmes were rated by the EIF review as having 'no effect' due to evidence from a rigorous study which failed to show consistent benefits for children. This doesn't mean that these programmes will never work, but need to review their theory of change and adapt and improve their programme model. Many are doing so.

#### 3.2. Findings on programmes aiming to improve attachment

In assessing programmes that support parent–child interactions with a primary outcome of attachment we have found:

- 5 programmes (18%) with good evidence (Level 3 and 4 Evidence) of improving children's attachment security or attachment related behaviours.
- 21 of the programmes assessed by EIF (75%) which aim to improve attachment are yet to test effectiveness using high quality impact evaluation designs (Level 2 and NL2). Of these, 6 programmes have preliminary evidence that they may be effective (Level 2). A further 15 have not been tested for impact (NL2), but many are based on sound science and implementation design and need further testing.

#### More generally, we have found that:

- Attachment is a very important feature of child development. Programmes that can help enhance attachment have demonstrated substantial reductions in important risks for vulnerable children;
- Attachment can be hard to measure, develops early in life and can change through childhood. Therefore, programmes can find it difficult to demonstrate impact. However, some have done so and there are evidence based examples at all 3 of the levels of need considered;
- Four out of the five evidence based attachment programmes were relatively high cost, involving frequent contact with vulnerable families for a period of a year or longer.
- However, these programmes are also relatively high impact, with evidence of improving attachment security, children's early language and reducing child maltreatment.

#### 3.3. Findings on programmes aiming to improve behaviour

In assessing programmes that support parent—child interactions with a primary outcome of behaviour we have found:

- EIF has found 10 programmes (37%) with good evidence in improving children's behaviour (Level 3 and 4 Evidence).
- Of the programmes assessed by EIF 15 (56%) are yet to test effectiveness in depth (Level 2 and NL2). Of these, 5 programmes have preliminary evidence that they may be effective (Level 2). A further 10 have not been tested for impact (NL2), but many are based on sound science and implementation design and need further testing.

#### More generally, we have found that:

- There are a number of programmes with good evidence of improving children's behaviour.
- Their best evidence involves families with a noncompliant child aged two or older. Noncompliant child behaviour is a normal part of toddler development. Most children outgrow this by the time they are three, but some children continue to show problems after age three. Parents with a noncompliant three-year-old child often want and need more help.
- When well targeted, these programmes can keep problems from becoming worse and improve the parent-child relationship. There is less evidence for the effectiveness of programmes that aim to prevent problems emerging in the first place.
- Evidence based programmes to enhance behaviour tend to be relatively low cost, often based on group activity and of relatively short duration (in comparison other programmes in this review).

# 3.4. Findings on programmes aiming to improve cognitive development

In assessing programmes that support parent—child interactions with a primary outcome of cognitive development we have found:

- 2 programmes (10%) with good evidence of improving cognitive development (Level 3 and 4 evidence).
- 17 of these programmes (85%) are yet to test effectiveness in depth (Level 2 and NL2). 7 programmes have preliminary evidence that they may be effective (Level 2). A further 10 have not been tested for impact (NL2), but many are based on sound science and implementation design and need further testing.

#### More generally, we have found that:

- Social disadvantage is consistently linked to gaps in young children's cognitive and language development.
- The best evidenced programmes to improve cognitive development are the
  well-known US programmes such as Abercedarian and HighScope that have
  been evaluated over long periods but are not readily available in
  implementable form in the UK.
- Within the domain of cognitive development, the review had a particular focus on language and communication skills. The sample was relatively weak on identification of cognitive development programmes and so conclusions must be cautious.
- The evidence base for the programmes we have identified is relatively weak, although there are well evidenced interventions. This is surprising given the importance of the home environment to child cognitive

- development, the importance of cognitive development to school success and life chances and the considerable investment that has occurred over the last decades. It is clearly an important area for innovation, evaluation and development.
- As children start childcare and enter preschools these settings make substantial contributions to cognitive and social and emotional development and it is important there is good interaction between these settings and parents and carers that recognises the contribution of each.
- The interventions with good (Level 3) evidence of being effective are medium cost, reflecting the fact that they are delivered to families individually over a period of a year or longer.
- These features are consistent with the best evidence from the US programmes, although it is also clear that parenting interventions do not fully replace the need for centre-based provision for young children living in disadvantaged circumstances.

## 4. Recommendations

#### 4.1. Effective commissioning

This review should help commissioners to apply research evidence to decisions about real world delivery. Commissioners have to balance three important aspects: the strength of evidence of whether a programme has previously been found to be effective to improve outcomes for children, implementation capability and cost benefit analysis.

- <u>Using the evidence to inform spending decisions:</u> we hope that
   commissioners direct spending towards programmes with a strong
   evidence base, and also towards promising and innovative programmes
   where there are currently gaps. Local commissioners need to use this
   evidence alongside their knowledge of their local population and context to
   make carefully judged commissioning decisions.
- Consider this evidence alongside wider factors such as population need and local context: it is important that commissioners, when making decisions about which programmes might be most suitable, pay close attention to the age and the stages of child development for which programmes have been found to be appropriate.
- Develop clear and consistent approaches to assessing risks across the early years system: it is crucial that practitioners across the universal and targeted system are clear about the signals of risk to child development and the most effective responses and interventions. For example, the review highlights the importance of being able to identify the children aged 3 who are not making the transition from aggressive behaviours to more sophisticated methods of negotiation and impulse control.
- Supporting the development of a culture of evidence use and building the evidence base: local leaders in the early years system have an important role to play in creating a local culture which values and uses evidence. This means taking up opportunities to understand the latest evidence and consider its application; investing in skills development; and sharing promising practice and innovation. It is important that those commissioning and delivering services locally incentivise innovation and smaller scale evaluations to test promising and innovative interventions being delivered in the UK. Co-design with providers and the testing of interventions is needed, particularly in areas where the evidence base is less well developed such as attachment and support for cognitive development.

#### 4.2. Supporting learning and innovation

Extensive research from psychology, economics and programme development shows that early intervention can work and deliver substantial benefits. The real world evidence of the effectiveness of early intervention is growing, but needs further support.

Government, Research Councils, Trusts and Foundations and Social Investors should prioritise supporting much better testing, monitoring and evaluation of early intervention programmes and approaches, with a particular focus on voluntary organisations who struggle to find the funding to assess their impact. This is a key part of supporting innovation in the field. There are a range of early intervention programmes which do not yet have evidence of impact, but are based on strong scientific theories and aim to meet gaps in our knowledge on how to address a particular need.

The nature of the evidence for early intervention is considerably behind fields such as health or education interventions. While international evidence is very important in providing new insights and ideas, it is critical that it is tested in a UK context and that we continue to develop a UK early intervention body of evidence alongside it. Too few early interventions have been tested here.

Without sustained support at central and local level the early intervention agenda is unlikely to realise its full potential for children and families or become the source of cashable savings that has been hoped and looked for by its advocates. In the context of reducing public funds, there is a danger that the focus of activity shifts to statutory late intervention for children and young people and we lose the potential of what timely and effective early intervention can achieve.

# 4.3. A broad based assessment of early child development at national level

The early years are a time of very rapid development; this makes it particularly important to have specific information about the age and developmental stage of a child when commissioners and practitioners are devising the best response to the child and family's needs.

We currently have a universal benchmark to assess children's development and progress at the ages of two—three. Following the end of the mandatory assessment through the Early Years Foundation Stage Profile there is no national benchmark to indicate children's development and progress on entry to or in the first year of primary school. It is vital to have nationally agreed indicators of a child's development which encompasses social and emotional development, communication and language, cognitive skills and physical development which is consistent with the benchmark at age two—three. However, it is important that these indicators are not about a set of tests at age five; this is not about accountability, but

about tracking the progress of children in the early years. This benchmark will enable government to track the overall progress of children through the early years, enable commissioners and practitioners to identify gaps in development and support effective responses. It will also act as a benchmark from which it is possible to assess the future progress of children through primary school.

#### 4.4. A family focused approach

This report shows the importance of positive parent—child interactions in supporting children's development. It should be looked at in conjunction with evidence on the impact of supporting the <u>inter-parental relationship</u> on improving child outcomes. We know that where there are high levels of parental conflict it is difficult for parenting-based interventions to succeed. This highlights the importance of a family focused approach which integrates the research and findings on parenting in the early years and the parental relationship and considers the family system as a whole.

#### **5. ANNEX 1**

#### The Rating of Programmes on Strength of Evidence and Cost

The following table reports the ratings from the EIF report *Foundations for Life:*What Works to support parent child interaction in the early years. The ratings should only be used with reference to the guidance note "What do the EIF ratings mean?" or to Chapter 2 on methods in the full report.

#### Specific disclaimer

The assessments reported here are based on information gathered through the specified review. The child outcomes reviewed were limited to impacts on attachment and/or parent sensitivity; behaviour and social and emotional skills; and cognitive development, in particular early literacy and use of language. The rating included represents an assessment in relation to these outcomes only. The rating is an independent statement of opinion as of the date it is expressed. It is not a recommendation or a statement of fact.

#### Generic disclaimer

These ratings are designed to provide information for those developing early intervention programmes and systems. The evidence can be used to inform and assist professional judgement, but it is not a substitute for it. This Table does not purport to contain all the information that may be required by third parties in order to exercise their judgement.

Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Every effort has been made to ensure the accuracy of the information, but no legal responsibility is accepted for (i) any errors or omissions (negligent or otherwise); and (ii) any consequences resulting from the use of or reliance on this Report.

The rating is in part based on research and publications of third parties: the Early Intervention Foundation is not responsible for, and does not guarantee the accuracy, completeness, timeliness or availability of, those third party materials or any related material. The Early Intervention Foundation does not perform an audit and undertakes no duty of due diligence or independent verification of any information (including, but expressly not limited to, information about costs of the programmes) it receives from third parties including the programme providers.

Programme Name	Evidence Rating	Cost Rating <sup>2</sup>
Attachment		
Assertive Outreach Model, including Baby Express	NL2	N/A
Baby Express	NL2	N/A
Baby Steps	NL2	N/A
Child First	3	5
Child-Parent Psychotherapy	3+	Missing
Circle of Security (group)	2	2
Circle of Security (home visiting)	NL2	N/A
Families and Schools Together (FAST) Baby	NL2	N/A
Family Action's Perinatal Support Project (evolved from Newpin)	NL2	N/A
Family Foundations	4	1
Family Nurse Partnership (FNP)	4+	5
Infant-Parent Psychotherapy	3+	Missing
Maternal Early Childhood Sustained Home-visiting (MECSH)	NE	4
Mellow Babies	NL2	N/A
Mellow Bumps	NL2	N/A
Mellow Toddler (formerly Mellow Parenting)	2	2
Modified Interaction Guidance	NL2	N/A
My Baby's Brain	NL2	N/A
Nobody Slips Through the Net/Keiner Fallt Durchs Netz	2+	2
Parent Infant Project (PIP)	NL2	N/A
Parents 1st Community Parent Volunteer Peer Support Programme	NL2	N/A
Play and Learning Strategies (PALS)	2+	2
Sing & Grow Programme	NL2	N/A
Social Baby Approach	NE	Missing

 $<sup>^{\</sup>rm 2}$  EIF is not publishing the cost information for programmes rated NL2 on strength of evidence

The Newborn Behavioral Observations (NBO) System	NL2	N/A
Toddler-Parent Psychotherapy	2+	Missing
Video-feedback Intervention to Promote Positive Parenting (VIPP)	NL2	N/A
Watch, Wait, Wonder	2+	Missing
Behaviour		
Active Parenting	NL2	N/A
Dare to be you	2+	Missing
Empowering Parenting and Empowering Communities (EPEC)	3	1
Enhancing Adoptive Parenting	NL2	N/A
Enhancing Parenting Skills programme (EPAS)	NL2	N/A
Families and Schools Together (FAST) Preschool	2	Missing
Family Check-Up (FCU)	3+	2
Family Links Nurturing Programme	NE	1
Helping the Noncompliant Child	3	3
Hitkashrut	3	2
Incredible Years Preschool	4+	2
Incredible Years Toddler	2+	2
Listening to children (LTC)	NL2	N/A
ParentCorps	3+	2
Parenting Wisely	NL2	N/A
Parents as Partners (formerly known as Supporting Father Involvement)	NL2	N/A
Parents Plus Early Years	2+	1
Solihull Approach Parenting Group	2	1
Strengthening Families Program	NL2	N/A
The New Forest Parenting Programme	3+	3
Toddlers without tears	NE	Missing
Triple P Discussion Groups	3+	1
Triple P Group	3+	1
Triple P Primary Care	NL2	N/A

Triple P Selected Seminar Series	NL2	N/A
Triple P Standard	3	2
Video-feedback Intervention to Promote Positive Parenting – Sensitive Discipline (VIPP-SD)	NL2	N/A
Cognitive		
Bookstart Baby	NL2	N/A
Bookstart Corner	NL2	N/A
Born to Move	NL2	N/A
Getting Ready	2+	Missing
Home Instruction Program for Preschool Youngsters (HIPPY)	2+	3
It Takes Two to Talk	NL2	N/A
Kaleidoscope Play & Learn	NL2	N/A
Learning Together Programme – Early PEEP: 1s Level	NL2	N/A
Learning Together Programme – Early PEEP: 2s Level	NL2	N/A
Learning Together Programme – Early PEEP: Baby PEEP	NL2	N/A
Learning Together Programme – Foundation PEEP: 3s Level	2+	1
Learning Together Programme – Foundation PEEP: 4s Level	2+	1
Let's Learn Language	NE	1
Let's Play in Tandem	3	3
Lidcombe Program	2+	2
Parents as (first) Teachers (PAFT)	2+	4
Raising Early Achievement in Literacy Project (REAL)	3	3
Reach out and Read (ROR)	2+	2
TalkAbility	NL2	N/A
Target Word	NL2	N/A