

PEAR EC
Parental Engagement and Relationships
(PEAR) in Early Childhood (EC)

Evaluation of the CDI
Parenting Support Model:
Powerful Parenting

Catarina Leitão



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin



This project has received funding from the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 890925.

How to cite this report

Any citation of this report should use the following reference: Leitão, C. (2022). Evaluation of the CDI Parenting Support Model: Powerful Parenting. Dublin, Childhood Development Initiative.

Disclaimer

While every care is taken to ensure that this document is as up to date and accurate as possible, no responsibility can be taken by the Childhood Development Initiative for any errors or omissions contained herein. Furthermore, responsibility for any loss, damage or distress resulting from adherence to any advice, suggestions or recommendations made available through this report, howsoever caused, is equally disclaimed by the Childhood Development Initiative.

The information and views set out in this report are those of the author(s) and do not necessarily reflect the official opinion of the European Union. Neither the European Union institutions and bodies nor any person acting on their behalf may be held responsible for the use which may be made of the information contained therein.

Copyright © Childhood Development Initiative, 2022

Childhood Development Initiative Ltd.

St. Mark's Youth and Family Centre

Cookstown Lane

Fettercairn

Tallaght

Dublin 24

Tel: +353 (0)1 4940030

Fax: +353 (0)1 4627329

E-mail: info@cdi.ie

Web: www.cdi.ie

Acknowledgements

This report would not have been possible without the financial support of the European Union, through the provision of a Marie Skłodowska-Curie grant to Childhood Development Initiative (CDI). I am hugely grateful for the opportunities this funding provided.

Dr Nóirín Hayes, Professor Emeritus (TU Dublin) and Visiting Professor at Trinity College Dublin, has been a consistent guide and source of wisdom throughout the research project as well as being an invaluable conduit to networks and current thinking. CDI's Research Advisory Committee also gave generously of their expertise and reflections, and their individual and collective experiences were extremely welcome. Marian Quinn, CDI's CEO, enabled and supported this research by sharing her expertise and promoting learning, knowledge sharing and networking opportunities. CDI colleagues zealously assisted this research and provided relevant inputs: special thanks to Michelle Quinn, Elaine Fagan, Jeffrey Shumba, Tara Scott, and Ciara Nic Carthaigh. Jeff Downes, Melissa Boyle, Paula Hunter, and Shelley Mckeever supported the conduction of this research: thank you for your professionalism, dedication, and care.

The many early learning and care services in Tallaght and beyond who participated in the research, and supported access to parents, were unflinching in their enthusiasm for the project. I particularly want to thank the managers and Parent-Carer Facilitators who contributed to the consultations, shared insights and enabled me to engage directly with service users. I am indebted to them all.

Finally, our thanks to the parents and children who, despite the ongoing pandemic, invited me into their experiences so openly, and gave so willingly of their time.

Our collective motivation to continuously improve services for children was inspiring, and I very much hope this report does just that.

Dr Catarina Leitão.

Contents

Executive summary	1
CHAPTER 1: Research goals and purposes	4
1.1 The Powerful Parenting Model	4
1.2 Context	5
1.3 Previous parenting support research	9
1.3.1 Parents- Early Years Educators relationships	9
1.3.2 The Home Learning Environment (HLE)	10
1.3.3 Parental stress	10
1.3.4 Influence of gender on caregiving and fathers'/coparents' engagement	11
1.4 CDI Early Years Programme	11
1.5 Evaluation of the Powerful Parenting Model	12
1.5.1 Theoretical framework	12
1.5.2 Evaluation design	15
CHAPTER 2: Implementation study	17
2.1 Research questions	17
2.2 Methodology	17
2.2.1 Sample	17
2.2.2 Procedures	19
2.2.3 Measures	21
2.2.4 Data analysis plan	21
2.3 Results	22
2.3.1 Fidelity	22
2.3.2 Organisation	25
2.3.3 Utilisation	28
2.3.4 Quality	33
2.3.5. Attitudes towards PPM	39
2.3.6. Drawings by the children	45
2.4 Discussion	46
CHAPTER 3: Impact study	54
3.1 Research questions and expected impacts	54
3.2 Methodology	55
3.2.1 Sample	55
3.2.2 Procedures	65
3.2.3 Measures	66
3.2.4 Data analysis plan	68
3.3 Results	70
3.3.1 Impact evaluation	70
3.3.2 Subgroup analysis	74
3.4 Discussion	74
CHAPTER 4: Concluding remarks	78
4.1 Recommendations	80
References	84
Appendix A: Evidence-based parenting support interventions in Ireland	92
Appendix B. Interview protocols used in the implementation study	96
Appendix C: Background characteristics of the pretest sample	99
Appendix D: Psychometric properties of the impact study instruments	101
Appendix E: Analysis of differences between the groups' background characteristics using weights	104
Appendix F: Linear regression models for results of PPM	106

List of Tables

Table 1. PCF's percentage scores regarding PPM's perceived benefits.....	39
Table 2. Parent's percentage scores regarding PPM's perceived benefits	41
Table 3. PCF's percentage scores regarding satisfaction with aspects of PPM	43
Table 4. Parent's percentage scores given regarding satisfaction with PPM and relationship with the PCF	44
Table 5. Background characteristics of the Intervention and Comparison Groups at pretest ...	60
Table 6. Background characteristics of the Intervention and Comparison Groups at posttest..	63
Table 7. Differences between Intervention and Comparison Groups on the outcomes at post-test	73
Table 8. Percentage of Comparison Group participants involved with parenting support interventions in the six months prior to the post-test.....	73
Table 9. Descriptive statistics for the subscales of the Caregiver-Parent Partnership Scale	101
Table 10. Descriptive statistics for the Home Learning Environment Measure	101
Table 11. Descriptive statistics for the Parental Stress Scale.....	102
Table 12. Descriptive statistics for the scale on gender influences on caregiving.....	103
Table 13. Standardised differences between Intervention and Comparison Groups in their background characteristics	104
Table 14. Impact results of PPM on Parents' relationship with Early Years Educators	106
Table 15. Impact results of PPM on Parents' relationship with Early Years Educators moderated by Medical card.....	107
Table 16. Impact results of PPM on the Home Learning Environment.....	108
Table 17. Impact results of PPM moderated by Type of household on the Home Learning Environment.....	108
Table 18. Impact results of PPM on Parental Stress	109
Table 19. Impact results of PPM moderated by Education level on Parental Stress.....	109
Table 20. Impact results of PPM on Gender influences on caregiving.....	109

List of Figures

Figure 1. Bronfenbrenner's bio-ecological model of personal development (adapted from Santrock, 2007)	13
Figure 2. Theory of change for the PPM evaluation	15
Figure 3. Activities with families in ELC services with Powerful Parenting	24
Figure 4. PCFs' support for vulnerable families.....	29
Figure 5. Parental engagement activities.....	30
Figure 6. Children's drawings of their families.....	45
Figure 7. Percentage of children and parents per age group	58
Figure 8. Percentage of households per number of children and adults living there	59
Figure 9. Mean scores of sharing information with the Early Years Educator.....	71
Figure 10. Mean scores of seeking information from the Early Years Educator.....	71
Figure 11. Mean scores of support towards the Early Years Educator	71
Figure 12. Mean scores of the Home Learning Environment	72
Figure 13. Mean scores of parental stress	72
Figure 14. Mean scores of views about gender equity in caregiving.....	72

Executive summary

Parents¹ play a critical role in their children's lives, influencing their social and emotional development, behaviour, education, and physical health (DCYA, 2015, 2018). The United Nations Convention on the Rights of the Child (1989) asserts that States shall render appropriate assistance to parents and legal guardians in performing their child-rearing responsibilities (Article 18.2). Providing support to parents in the early years can enhance their engagement in children's lives, positively impacting developmental outcomes (DCYA, 2018; European Commission, 2013). Parent- and child-focused policies and supports have been increasingly included in countries' policies to combat poverty and inequalities and to promote child wellbeing (Daly et al., 2015).

Parent and child-focused policies can include parenting support and other relevant forms of support² (DCEDIY, 2021a). Emerging government interest in parenting support is recognised as a response to the increasing diversity of families, a growing emphasis on children's rights, and a policy shift towards prevention and early intervention (Connolly & Devaney, 2017). Parenting support can be described as the provision of information and services to strengthen parents' knowledge, confidence, and skills to help achieve the best outcomes for children and their families (DCEDIY, 2021a; DCYA, 2018)³.

The Childhood Development Initiative (CDI) developed and has been implementing the *Powerful Parenting Model* (PPM)⁴ since 2008. It constitutes a parenting support model which involves placing a dedicated Parent/Carer Facilitator (PCF) within Early Learning and Care (ELC⁵) services. The purpose of the PCF role is to support parents in ELC services and their homes, leading to improved outcomes for children and families. The work with parents includes identifying needs, offering support, and coordinating with other relevant services for families. The PCF role requires a third level degree in Childcare, Social Work/Care, Psychology (or equivalent relevant discipline), and a minimum of three years' experience of working with parents. PPM is being implemented in eight ELC services in Tallaght, a town in South Dublin County, Ireland.

¹ The term 'parent' in this document includes mothers, fathers, foster carers, adoptive parents, step-parents, grandparents, or other main carers.

² Other relevant supports include: financial supports, family-friendly work practices, educational supports, leave entitlements, respite care, healthcare and mental health services, Early Learning and Care (ELC) and School Age Childcare (SAC), housing and child-friendly cities and place (DCEDIY, 2021a).

³ Parenting support services can include parenting programmes, home visiting programmes, one-to-one advice and support, parent support groups, and support helplines for parents (DCEDIY, 2021a).

⁴ Previously known as CDI's Parental Support in Early Years.

⁵ The following definitions are used in the current document: a) Early Childhood Education and Care (ECEC) - internationally accepted term for services; b) Early Learning and Care (ELC) - Irish term for non-school based ECEC services; c) Early Childhood Care and Education (ECCE) Scheme - provides early childhood care and education for children of pre-school age.

To effect long-term change for children, PPM aims to improve short to medium-term outcomes at three levels: i. Service - Parenting support provision and quality of relationships between parents and Early Years Educators⁶; ii. Parents - engagement in children's learning and addressing their own needs; and iii. Children - preparedness for transition to school⁷. The support is accessible to all parents whose children attend the identified ELCs and particularly aims to support families experiencing poverty or social exclusion. To promote fathers' engagement in children's lives, the model also includes a father-inclusive focus, specifically targeting fathers in the delivery of support, along with mothers and other carers.

During the academic year 2020-2021, PPM was evaluated in relation to both implementation and impact.

The goal of the implementation study was to contribute to understanding which intervention characteristics or conditions could foster positive outcomes for parents by analysing its fidelity, organisation, quality, and utilisation, and attitudes towards the model (satisfaction and perceived benefits). Participants were from the ELC services with PPM, and included eight PCFs, seven ELC managers, 27 parents with access to the model, and two children. The findings included the following:

- Fidelity: The model's core components identified in all the ELC services included: identification of needs, provision of support, coordination with other services, delivery of parent education, and capacity building with service staff.
- Organisation: Resources to support PCFs' work included Community of Practice (CoP) and planning meetings, and systems to effectively enable service delivery such as monitoring and evaluation, staff supervision and training
- Utilisation: Participants acknowledged parents' interest in participating in PPM activities, although there was variability among parents, activities, services, and throughout the year
- Quality: PPM's strengths included elements that have been considered effective in parenting support (Anders et al., 2019; Cadima et al., 2017), such as a focus on more than one area of need, easily accessible support, tailored support, coordination with other services, and focus on building trusting relationships with parents/families
- Attitudes towards PPM: Perceived benefits included developmental and socio-emotional benefits for the children, and socio-emotional benefits and improved access to relevant information for the parents.

⁶ The title "Early Years Educator" describes those working in centre-based ELC, according to the report *Nurturing Skills: The Workforce Plan for Early Learning and Care and School-Age Childcare 2022-2028* (DCEDIY, 2021b). In the current report on PPM, the title "Early Years Educator" is used to describe the professionals working in the classroom directly with children (not including the PCFs).

⁷ The initial research plan included the evaluation of children's preparedness for transition to school, but this was not carried out due to constraints related to the COVID-19 pandemic.

The goals of the impact study were to:

- Analyse the effectiveness of PPM to improve the following outcomes:
 - The parents-Early Years Educators relationship
 - Parents' engagement in children's learning through improving the Home Learning Environment (HLE)
 - Parents' mental health (by analysing parental stress)
 - Parents' views on the influence of gender on caregiving (given the focus on engaging fathers)
- Analyse which families could benefit most from PPM regarding parents' socioeconomic status, educational level, type of household, and ethnicity.

Within the impact study, 79 parents participated in pre and post intervention assessments by completing an online questionnaire. In terms of findings, we did not find significantly higher benefits for parents with access to PPM compared to parents without it. However, at the first timepoint, the two groups of parents demonstrated differences in background characteristics, which need to be considered when interpreting the findings. We also did not find different impacts by parents' socioeconomic status, educational level, type of household, or ethnicity.

Based on the literature and current evaluation, a set of recommendations for policy/practice and research have been developed. Children, parents, and professionals should be meaningfully involved in the development, evaluation and monitoring of supports for families. The development of integrated support for families within ELC services can be part of high-quality early education and care. When developing models of parenting support, the following should be considered: definition of core components while allowing for adaptability and tailoring to the target groups and context; the importance of building trusting relationships with parents/families; coordination and collaboration with other services for families (e.g. health, social services); and the potential to address multiple needs.

The implementation and impact studies were undertaken as part of the Parent Engagement Research Project (PEAR EC), which received funding from the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie Actions (grant agreement No 890925). The overall goal of this research project was to contribute to the development of effective policy and practice on parenting support provision to improve children's outcomes. The research findings are intended to inform research-based and contextualised recommendations on parenting support provision.

The current report describes the evaluation of the PPM. Chapter 1 focuses on the research goals and purposes, Chapter 2 on the implementation study, and Chapter 3 on the impact study. A general discussion and recommendations are presented in Chapter 4.

CHAPTER 1: Research goals and purposes

1.1 The Powerful Parenting Model

PPM is an evidence-informed parenting support model developed by the Childhood Development Initiative (CDI), a non-profit organisation in Tallaght, a town in South Dublin County, Ireland. CDI was established in 2007 to design, deliver and evaluate a suite of services for improving outcomes for children and families, taking a research-based approach. CDI is currently part of the Government's Area Based Childhood (ABC) Programme, which supports prevention and early intervention approaches to improve outcomes for children and families living in areas of disadvantage.

CDI has been implementing PPM in eight ELC services in Tallaght. Supports are offered universally to all parents of children attending these ELC services, aged between two and six years old (until the children enter compulsory school), but the approach does particularly aim to support families experiencing poverty or social exclusion.

To effect long-term change for children, PPM aims to improve short to medium-term outcomes at three levels: i. Service - Parenting support provision and quality of relationships between parents and Early Years Educators; ii. Parents - engagement in children's learning, and addressing parental needs; and iii. Children - preparedness for transition to school.

The model involves placing a dedicated Parent/Carer Facilitator (PCF) within ELC services (one per setting). The purpose of the PCF role is to support parents in ELC services and their homes, leading to improved outcomes for children and families. The PCF role includes the following responsibilities:

- Identifying parents' needs
- Offering parents support to address any issues and promote the achievement of children's developmental milestones
- Provision of a formal parent education programme (Parents Plus)
- Coordinating and collaborating with relevant education, health, and social services (i.e., interagency work to support parents and their families to access relevant services)
- Developing capacity across the service to include and support parents in their children's development.

This support is offered through different modalities:

- Informal supports, including one-to-one and group work, which can be centre-based or via home-visiting, and with parents and children or parents only (not with children exclusively). Parents can have regular informal engagement with the PCF (e.g., coffee mornings, casual chats, one-off support etc.), or work closely on an ongoing basis.

- Formal supports through a parenting education programme - the Parents Plus Early Years Programme (Sharry et al., 2003, 2005). This is an evidence-based programme that invites parents to foster positive interactions with their children. It can be delivered over 6-12 weeks in small groups or with individuals.

PCFs seek to adjust the support provided according to the parents' needs, resources, preferences, and capabilities.

During 2020-21, to comply with the public safety measures related to the Covid-19 pandemic, home visits and face-to-face group-based activities were adapted to incorporate social distancing measures, and many took place outdoors when necessary. Remote supports were established, including WhatsApp, telephone, Zoom, and internet applications such as Class Tag (individually or in group). As soon as guidelines allowed, PCFs returned to ELC settings and direct engagement.

The required qualification for a PCF is a third level degree in Childcare, Social Work/Care, Psychology or equivalent relevant discipline. The required skills include: a minimum of three years' experience of working with parents; understanding of the needs of parents and families from areas of disadvantage; experience of assessing adults' needs, group facilitation and supporting adults to engage with further education and training; experience of establishing contacts and networking with other agencies and groups; and ability to work with an interdisciplinary team.

1.2 Context

Providing support to parents from an early stage of their children's life can positively impact their engagement in children's learning and development, protecting against socioeconomic disadvantage (Melhuish et al., 2017; Tamis-LeMonda et al., 2019). However, many European countries have faced challenges in providing a comprehensive system of assistance for parents (e.g., child protection, health, and education services), developing policies to reduce poverty and social exclusion, and reaching families considered outside the mainstream (Daly, 2011). Children from less affluent families and whose parents have lower levels of formal education have demonstrated poorer educational achievement than their better-off peers. This socio-economically determined gap is already visible before primary school (Passaretta & Skopek, 2018).

According to data from Eurostat (2022), in Ireland, the percentage of children under six years old at risk of poverty or social exclusion decreased between 2015⁸ (26%) and 2018 (19%). However, it increased in the subsequent years, reaching 21% in 2020. In the European Union

⁸ 2015-2020 is the period for which there are data available in Eurostat's dataset for the online code ILC_PEPS01N.

(EU), the percentage of children under six at risk of poverty or social exclusion decreased from 2015 (25%) to 2019 (20%) and increased in 2020 (23%).

Although Ireland was the only European Union (EU) Member State to register positive Gross Domestic Product (GDP) growth in 2020, its domestic economy still felt the impact of pandemic restrictions in early 2021 (European Commission, 2021b). Employment rates fell in almost all European Member States between 2019 and 2020, including Ireland, and even more for foreign-born people (European Commission, 2021a). The challenges brought by the pandemic and associated restrictions were accentuated for those living in low-income households and those at risk of social exclusion or poverty (CDI, 2021; European Commission, 2021a; Eurostat, 2020; GUI, 2021). Large families (two adults with three or more dependent children) and single-parent families were identified as being at higher risk of severe housing deprivation⁹ (European Commission, 2021a).

In Tallaght specifically, 45% of children were identified as residing in designated disadvantaged/very disadvantaged areas in 2016 (Haase & Pratschke, 2017). Based on the 2016 National Census Results (Central Statistics Office, 2016), Shumba and colleagues (2021) highlighted the following:

- Tallaght's unemployment rate was 19.7% for males and 16.6% for females, above the national average rates of 13.7% and 12.0% respectively
- Tallaght continues to be one of the most economically disadvantaged communities in Ireland, with results from the Pobal HP Index showing that all 13 Electoral Divisions (EDs) in Tallaght fall within the continuum of either being economically below average or economically disadvantaged (Haase & Pratschke, 2017)
- The highest educational attainment levels (a known predictor of poverty) were lower in Tallaght compared to the national context: 20% of Tallaght residents completed primary level only, compared to 13% nationally, and 21% of Tallaght residents completed third level, compared to 36% nationally.

Families in Tallaght have also reported experiences of unemployment, poverty (including income and food poverty), and housing difficulties, with negative impacts on children's and parents' socio-emotional wellbeing (Leitão et al., 2022; Shumba et al., 2021).

Ending poverty goes hand-in-hand with strategies that aim to ensure quality education for all from early childhood, as recognised in the 2030 Agenda for Sustainable Development of the United Nations (2015). Quality Early Childhood Education and Care (ECEC) can drive sustainable development through its multiplier effect on children and society (Bruckauf &

⁹ Overcrowded dwelling, and leaking roof, no bath/shower and no indoor toilet, or a dark dwelling (European Commission, 2021a).

Hayes, 2017). High-quality ECEC is recognised as including parents and building partnerships¹⁰ with them (DCYA, 2018; European Commission, 2019).

The Irish Governments' commitments to ECEC and supports for parents are reflected in EU policy. According to the EU Proposal for key principles of a Quality Framework for Early Childhood Education and Care, "ECEC services can complement the family and offer support as well as additional opportunities to parents and children" (European Commission, 2014b, p. 8). The report on Structural Indicators on ECEC (European Commission/EACEA/Eurydice, 2016) examines support measures for parents in European countries, including: information sessions in the ECEC setting; home learning guidance to help children with curriculum-related activities, decisions and planning; parenting programmes to help families establish home environments that support children as learners; and home visits. The EU Council Recommendation on ECEC Systems recognises that "Early childhood education and care services are an ideal opportunity to create an integrated approach because they lead to a first personal contact with the parents" (European Commission, 2018, p. 6).

In the national context, parent- and child-focused policies and supports have increasingly emphasised the importance of prevention and early intervention, interagency working, and the provision of a continuum of support, from universal to targeted (DCYA, 2015; 2018). Key policies include the following:

- *The National Quality Framework for Early Childhood Education*, Síolta (Centre for Early Childhood Development and Education, 2006), and the *Early Childhood Curriculum Framework*, Aistear (National Council for Curriculum and Assessment, 2009), reinforce the relevance of partnerships between parents and practitioners
- The national policy framework for children and young people 2014-2020 *Better Outcomes, Brighter Futures* (DCYA, 2014) recognises that effective parenting supports should encourage positive parenting approaches. It also acknowledges that the parenting support programmes and interventions used should be proven to increase parenting skills, confidence and capacity; reduce parental stress; improve child wellbeing and behaviour; and increase enjoyment and satisfaction in parenting
- *First 5: The whole-of-government strategy for babies, young children and their families in Ireland 2019-2028* (DCYA, 2018) sets goals and strategic actions to support parents, including "the development of ELC services as a delivery mechanism to provide supports for parents" (p. 63). *First 5* also includes the strategic action of developing a tiered national model of parenting services. This model, titled *Supporting Parents* (DCEDIY, 2022), takes a whole-of-Government approach to improving supports for parenting, by setting out a

¹⁰ Parents and practitioners working in partnership is understood in the current document as working together in a complementary way, sharing their expertise and knowledge of the child and the child's development (Hayes et al., 2013).

shared vision with agreed principles and goals to promote a cohesive, joined-up national approach across different sectors.

Within this context the PPM can contribute to reaching these policy goals by:

- Providing parenting support within ELC services to promote partnerships between parents and practitioners, and thus maximise the benefits of quality early childhood education and care
- Supporting parents in the early years of their children's lives with ongoing support (and not only after the detection of specific needs), in a setting that is easily accessible for parents. This universal approach emphasises a focus on prevention and early intervention and promotes the inclusion of all families
- Applying a progressive universalism approach (i.e., support is offered to all parents, while families experiencing poverty, social exclusion or specific needs are offered additional supports). This continuum of support contributes to combatting the effects of poverty and social exclusion on children while avoiding stigmatising vulnerable families
- Providing an evidence-based intervention with a positive parenting approach and a focus on: increasing parenting skills, confidence and capacity; reducing parental stress; and improving child wellbeing
- Developing interagency work through coordination and collaboration with education, health and social services.

In 2020, 77% of children in Ireland (from three years old to compulsory school age) spent between one and 29 hours per week in formal childcare or education settings (29% in EU), and 15% spent 30 hours or over (52% in EU), according to the EU-SILC survey¹¹. Via the Early Childhood Care and Education (ECCE) Scheme, the Irish State pays participating playschools and day care services an amount per child to offer the ECCE service free of charge to children from two years and eight months of age until entering primary school for approximately two and a half hours per day. Through the National Childcare Scheme (NCS), financial support is provided to parents to help meet childcare costs¹².

PPM can contribute to leveraging these state-funded schemes by supporting parents within ELC services, which constitutes a new approach to parenting support in Ireland. PPM is also innovative in that it combines centre-based and home-based support, while many models of parenting support in Europe and Ireland are either home-based or centre-based (Cadima et al.,

¹¹ Data from the EU statistics on income and living conditions (EU-SILC) survey was retrieved from Eurostat's database - online code ilc_caindformal.

¹² The NCS offers two subsidies for children aged over three years: not means-tested for children who have not yet qualified for the ECCE; and means-tested for children up to 15 years old. Parents can still apply for subsidised hours from the NCS if the child is in the ECCE programme.

2017). An inventory of evidence-based parenting support interventions implemented nationally is shown in Appendix A.

1.3 Previous parenting support research

A review of literature has identified a number of recurring themes, as follows.

The relationship between the parent and child is critical to the child's positive development and learning outcomes (Cox & Harter, 2003; Ma et al., 2016), and can affect the adjustment to participating in preschool services (Pianta et al., 1997). Parents' engagement in children's learning can promote their reading and numeracy skills, social and emotional skills, and motivation to learn (OECD, 2017). Supporting parents in their parenting, and strengthening the relationship between the home and the ELC setting can improve children's learning and development (Kernan, 2012), including in disadvantaged contexts (Sheridan et al., 2011).

Early childhood education programmes that provided parenting education with opportunities for parents to practice parenting skills were associated with greater short-term impacts on children's pre-academic skills (Grindal et al., 2016). Approaches requiring parents to practice new skills with their children can improve parenting outcomes (Britto et al., 2015). Combining group sessions with home visits can be more effective than implementing only one of these modalities (Engle et al., 2011). Interventions targeting children in disadvantaged contexts, from birth to six years, that combined centre-based and home-based delivery, and coaching of parenting skills were found to positively impact children's cognitive outcomes (Blok et al., 2005). Ethnographic research conducted in Ireland supported the conceptualisation of early years settings as "communities of care" that can offer a sense of belonging and support for families, and a sense of validation for a range of stakeholders (Garrity & Canavan, 2017).

As noted above, PPM aims to improve: the quality of relationships between parents and Early Years Educators; parents' engagement in children's learning through the home learning environment; parents' health by reducing parental stress; and the engagement of fathers and other carers in children's lives, along with mothers, through targeted activities. The model aims to improve these outcomes for all families, particularly those experiencing poverty or social exclusion.

1.3.1 Parents- Early Years Educators relationships

Two dimensions of parent-service relationships, namely parental involvement in the Early Years Service and parents' perceptions of Early Years Educators' responsiveness to the child/parent, can positively predict preschool children's mathematics skills, early reading and social skills (Powell et al., 2010). Parent involvement in ELC activities was found to be positively associated with children's outcomes, from school readiness at ELC entry to eighth-grade reading achievement and grade retention (Graue et al., 2004).

The frequency of parent-staff contact was found to be positively associated with the quality of the ECEC service (OECD, 2006). High-quality ECEC can benefit children's early development and subsequent language, literacy, numeracy, and socio-emotional skills (OECD, 2018). ELC services that regularly shared educational goals and information on a child's progress with parents were found to promote children's socio-cognitive outcomes (Sylva et al., 2004). Practices by ELC providers to engage parents were found to be indirectly associated with academic readiness through increases in the quantity of parent engagement in home learning activities; the connections between these practices and home engagement were stronger for families with low household incomes (Barnett et al., 2020). Providing support to parents within ELC services can enhance their involvement in the services. Parents who received support in their parenting role or to work or study were more likely to feel empowered to talk to their child's Early Years Educator and help their child learn at home (Corter et al., 2006).

1.3.2 The Home Learning Environment (HLE)

The HLE provides opportunities for parents to engage with children's learning (Axford et al., 2019). It can include activities such as reading, writing, playing with numbers, telling stories and singing songs, and it has been identified as a strong influence on children's development (Melhuish, 2010). The quantity and quality of the HLE were found to influence children's early cognitive, language, literacy, and socio-emotional development (Melhuish et al., 2017; Rose et al., 2018; Tamis-LeMonda et al., 2019).

Data from the Growing Up In Ireland (GUI) study indicated that mothers with higher levels of formal education engaged in more HLE activities, which, in turn, was partially associated with higher children's vocabulary skills at age five (McGinnity et al., 2017). There is also some evidence that improving the HLE can protect against the impact of socioeconomic disadvantage on children's achievement (Kelly et al., 2011). Supporting parents to promote the quality of the HLE, their interactions with the children, and their understanding of the child can positively affect parents and children (Sylva et al., 2004; Voorhis et al., 2013).

1.3.3 Parental stress

Parents' engagement with their children can be negatively influenced by stress, which is often related to low perceptions of parental support and parenting skills (Nixon et al., 2013). When resources to handle stressors related to parenting are lacking, parents may experience parental burnout, a condition characterised by intense exhaustion related to parenting, an emotional distancing from one's children, and a sense of parental ineffectiveness (Mikolajczak et al., 2019).

Support deficits were found to account for around 50% of higher stress levels among high- and low-educated groups of mothers (Parkes et al., 2015). Parenting stress can be amplified by challenging life situations such as poverty, single parenting, and parental separation (Louie et

al., 2017). Parenting support interventions can enhance parents' self-confidence regarding parenting (Epstein, 2001), and reduce parental stress. The provision of support can either directly reduce parental stress (e.g. through practical assistance), or buffer the parents from being impacted by stress (e.g. through emotional support) (Nixon et al., 2013).

1.3.4 Influence of gender on caregiving and fathers'/coparents' engagement

The engagement of fathers or a second caregiver in children's learning and care, along with mothers, has been found to have a substantial impact on the quality of the relationship with the child, the development and wellbeing of the child, and family functioning (Lamb, 2010; Lechowicz et al., 2019). Despite increasing recognition of the relevance of engaging fathers in parenting support services and interventions, most of those who utilise these supports are mothers (Panter-Brick et al., 2014; SPEAK, 2019). In a study by CDI (2021), fathers indicated that barriers to being equal caregivers of their children included: work commitments; perception that resources, materials, and support groups are directed towards mothers, rather than both parents; mixed messaging on their role, and a tendency to defer to mothers as experts in child-rearing.

Interventions and supports for fathers, and services for families with a strong father-inclusive focus have been limited in the Republic of Ireland (Kiely & Bolton, 2018). The engagement of fathers seems to be maximised when the parenting support interventions have the clear objective of engaging and retaining fathers (Ferguson & Hogan, 2004; Schrader-McMillan et al., 2012), and when tailored support and advice for them is developed (Smyth & Russell, 2021). Engaging fathers and other caregivers in parenting support interventions can promote enhanced parent and child outcomes (Lundahl et al., 2008), such as improved interactions with the child (Magill-Evans et al., 2006).

Complex relationships between the nature and quality of father-child relationships and the family's socio-economic situation were found. According to data from the GUI study (Smyth & Russell, 2021), more advantaged fathers were more likely to engage in activities and outings with their children, but also reported less close relationships and feeling more stressed as parents. At the same time, financial hardship can accentuate parental stress.

1.4 CDI Early Years Programme

The development of PPM was informed by the evaluation of the previous *CDI Early Years Programme* (Hayes et al., 2013), which was also aimed at children and their families in Tallaght, and included a component on supporting parents. The *CDI Early Years Programme* also focused on the facilitation of parents'/carers' self-identified parenting needs and educational interests through work with a dedicated PCF, and participation in a parent education programme. More specifically, the programme provided:

- Quality childcare and activities for parents based on their specific needs to ameliorate the effects of social stressors on parents. This was aided by home visits by the PCF to liaise and develop a relationship with parents and provide information for parents on topics such as education, services, or extra supports
- Parent education programme (Parents Plus Community Course) to support parents in the positive parenting of their children, with a focus on enhancing children's early learning and development.

The CDI *Early Years Programme* also included components related to service organisation, curriculum, practitioners' qualifications and work activities, healthcare support to children, and access to a speech and language therapist.

The evaluation of this previous programme was designed as a cluster randomised control trial (RCT), which occurred over three years (Hayes et al., 2013). Programme effect findings indicated that the more sessions of the *Parents Plus Community Course* that parents attended, the higher the HLE. In terms of programme trends for children, more intervention children were classified positively for their conduct, peer relationships, pro-social behaviour, and hyperactivity than control children. Fewer intervention children were classified as having borderline or abnormal hyperactivity levels than control children.

Concerning process findings, most parents engaged well with the parental component of the programme, which practitioners regarded to be due to the support provided by PCFs. Also, intervention services tended to have fewer instances of very low child attendance when compared to control services. Although intervention parents reported similar satisfaction levels with ELC provision as their control counterparts, they reported receiving extra help for themselves or their child twice as often as comparison group parents did. Additionally, they described more types of help received than the comparison group.

1.5 Evaluation of the Powerful Parenting Model

Given that investment in children's early years yields high returns, particularly for children in disadvantaged communities (Heckman & Mosso, 2014), it is relevant to study interventions focusing on early childhood education and care. However, the effectiveness of parenting support interventions has not often been evaluated in Europe (Cadima et al., 2017). Studying the implementation and impact of PPM contributes to the body of knowledge about its effectiveness and the characteristics or conditions that can foster parental engagement and positive outcomes for families.

1.5.1 Theoretical framework

PPM provides tailored responses to families' characteristics and needs while focusing on promoting positive interactions between the children and their environments, such as the family and ELC service, to support their development. In line with Bronfenbrenner's bio-

ecological theory of human development (Bronfenbrenner, 1986, 2005; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 2006), the environments in which children live should be considered in the provision of services (Davidson et al., 2012), and research on human development.

The theory considers multiple levels of the surrounding environment, each affecting a person's development (as illustrated in Figure 1). The microsystem is the immediate environment and involves direct person-environment interactions (e.g., parents, siblings, Early Years Educators, and peers). The mesosystem represents the connection between microsystems (e.g., the family-school-neighborhood mesosystem). The exosystem includes environmental elements that indirectly influence a person's development by affecting someone or something close to the person (e.g., the parents' workplace). The macrosystem is the larger culture, comprising cultural norms, societal values, and shared belief systems of societal groups. It includes the microsystems, mesosystems, and exosystems. The chronosystem contains the environmental events and transitions throughout a person's life (e.g. changes in family situation and transitions between schools).



Figure 1. Bronfenbrenner's bio-ecological model of personal development (adapted from Santrock, 2007)

Bronfenbrenner's theory views human development as a transactional process influenced by a person's systematic interactions (proximal processes) with the immediate environment across the lifespan. The regularity and intensity of the interactions shape developmental outcomes.

Proximal processes are considered the engines of development. The person, context, time, and developmental outcomes need to be considered as functioning synergistically to understand the effect of proximal processes on development (Bronfenbrenner & Evans, 2000; Hayes et al., 2017). Measurement of proximal processes should focus on progressing complexity (leading to an outcome), duration and frequency, and interaction reciprocity (Navarro et al., 2022).

Bronfenbrenner's bio-ecological theory and the process-person-context-time (PPCT) research model (Bronfenbrenner, 1995; Bronfenbrenner & Morris, 2006) informed the data collection and analysis of the current research. Data from the microsystem were collected regarding the family and ELC service. Attention was also paid to the mesosystem: within the impact study, parents were asked about their relationship with Early Years Educators; within the implementation study, PCFs were asked their views on the programme, and PCFs can be considered as animating the mesosystem, interacting with both the ELC services and the families. Much of the research in Europe and Ireland focuses on the children's microsystem, particularly their interaction with parents and ELC services. However, evaluating parenting support models within the mesosystem is relevant to inform future practice. The current research considered the extent to which gender beliefs were embedded and the socioeconomic context, so addressing both the exo and microsystems.

In line with the requirements of a PPCT study design summarised by Navarro and colleagues (2022), the research sought to address the following:

- Proximal process: The interaction between parents and PCFs can constitute a proximal process¹³. Within the Impact Study, we recruited an Intervention Group (parents with a PCF in their ELC service) and a Comparison Group (parents without a PCF in their ELC service)¹⁴. Within the Implementation Study, we explored PPM's fidelity, organisation, utilisation, quality, and attitudes towards it.
- Person characteristics: Parents were the developing persons of interest. Within the Impact Study, antecedent person characteristics included information on demographics such as parent's age, gender, and ethnicity (collected at pre-test). These characteristics have been considered to be particularly pervasive in affecting development by shaping social positions and roles in society (Bronfenbrenner & Morris, 2006). Outcome person characteristics included the relationship between parents and Early Years Educators, HLE,

¹³ We consider that the HLE (assessed via the frequency of parent-child joint learning activities), and the Parent-Early Years Educator relationship (assessed via the frequency of communication behaviours) could also constitute proximal processes in a research design.

¹⁴ It was not possible to collect the duration (microtime) and frequency (mesotime) of the interactions between parents and PCFs, or analyse the complexity of the interactions (e.g. activities conducted) for each participating parent. This information could be relevant to better understand how the interactions between parents and PCFs affected the measured outcomes.

parental stress, and parents' views on the influence of gender on caregiving (collected at pre-test and post-test)¹⁵.

- Context: Within the Impact Study, information on contextual variables included parents' education, socioeconomic status, and type of household (collected at pre-test). In the analyses, the bidirectionality between these contextual variables and assigned group (Intervention or Comparison) were modelled as interaction terms.
- Time: Within the Impact Study, data were collected at two timepoints, namely pre-test and post-test. Within the Implementation Study, data were collected at one timepoint (between pre-test and post-test). We sought to discuss study findings taking into account the period in which the research was conducted (i.e. macrotime).

1.5.2 Evaluation design

The current evaluation of PPM included two studies: 1) Study of its implementation in terms of fidelity, organisation, utilisation, and quality (mechanisms); 2) Study of its impact on the parent-Early Years Educator relationship, HLE, parental stress, and views on the influence of gender on caregiving (outcomes). Figure 2 shows the Theory of Change for the PPM evaluation (based on Barata et al., 2016).

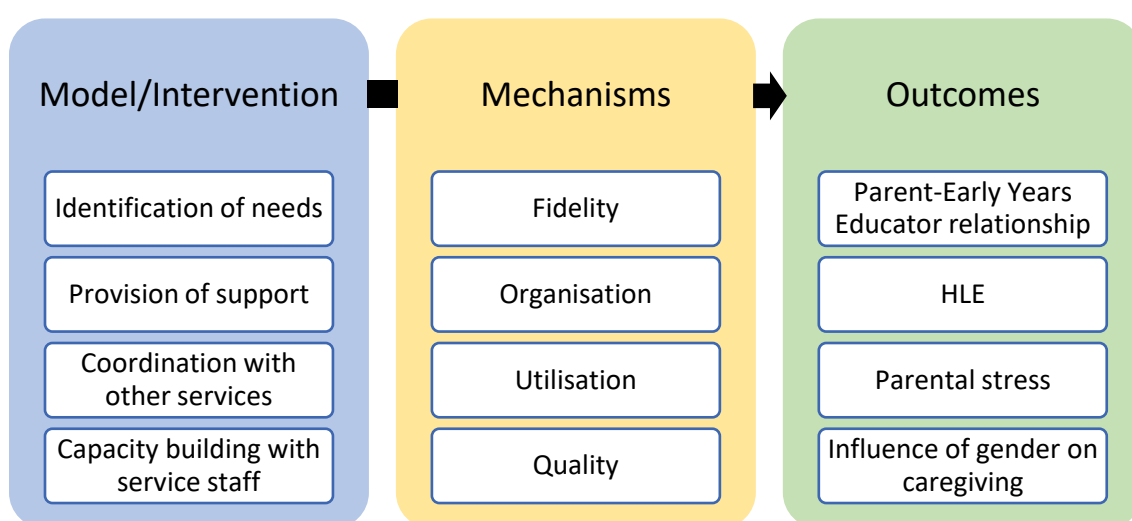


Figure 2. Theory of change for the PPM evaluation

¹⁵ The initial research plan included the evaluation of: Early Years Educators' views regarding their relationship with each parent participating in the research; ELC service quality (through observation), which would be accounted for in the analyses; and children's preparedness for transition to school. However, these assessments were not carried out due to constraints related to the COVID-19 pandemic (i.e. not being able to enter the services nor to collect parents' consent for contacting their children's Early Years Educator).

The objective of the Implementation Study was to a better understand of how implementation can be related to the intended outcomes, and thus inform future practice. Implementation was examined under the following categories, building on the previous research by Hayes and colleagues (2013):

- Fidelity: Activities were analysed in relation to whether they were implemented as intended. Although the implementation of the PPM's core components was somewhat standardised across the eight ELC services, PPM is not manualised and requires flexibility, being a model rather than a programme. Variation in the activities conducted was expected, given the diversity of families and characteristics of the services.
- Organisation: The drivers put in place to support the model's implementation were explored, such as reporting structures, training and supports.
- Utilisation: Analysis was undertaken in relation to attendance enablers and barriers.
- Quality: Data on the strengths and weaknesses of the model were collected.

Attitudes towards PPM were also explored by collecting data on related benefits and satisfaction.

Data were collected at one timepoint, between the Impact Study pre-test and post-test, from multiple key informants - parents, PCFs and ELC managers – to allow for a more comprehensive evaluation of the model.

The objective of the Impact Study was to contribute to the empirical evidence on PPM. A considerable number of parenting intervention evaluations have used only qualitative data or lack a comparison group, making it difficult to draw conclusions about their effects (Barata et al., 2016). A comparison group design was used, and data were collected at pre-test and post-test. Parents whose children attended an ELC service with a PCF (Intervention Group) were compared to parents without this support in their ELC services (Comparison Group) on the identified outcomes.

Parents for the Comparison Group were recruited from ELC services not implementing PPM. Services were not randomly assigned to the Intervention and Comparison Groups. Given that the PPM had been implemented in selected ELC services for a number of years and was well established, withdrawal of the model would have been very problematic. Participants within the same ELC service were also not randomly assigned to Intervention and Comparison Groups, because refusing support to some parents while providing it to others in the same service was considered ethically inappropriate. Also, even if randomly assigning participants within the same ELC service was an option, it could lead to contamination, which occurs when people who were not intended to receive an intervention inadvertently do so (Keogh-Brown et al., 2007).

CHAPTER 2: Implementation study

2.1 Research questions

For the Implementation Study the research questions consider the areas of fidelity, organisation, utilisation, quality, and attitudes towards PPM. PCFs and ELC managers were asked about all categories. Parents were asked about utilisation, quality, and attitudes towards PPM.

Fidelity

- a) Which PPM activities were delivered during the academic year?
- b) To what extent were the activities implemented as planned?

Organisation

- c) How were the activities planned?
- d) What were the organisational drivers supporting PPM's implementation?
- e) To what extent did the organisational drivers support PPM's implementation?

Utilisation

- f) To what extent did parents utilise PPM?
- g) What can constitute barriers to parents' participation?
- h) What can enable parents' participation?

Quality

- i) To what extent were parents'/families' needs and interests taken into account?
- j) What were PPM's strengths?
- k) What were PPM's weaknesses and what could be improved?

Attitudes towards PPM

- l) What were PPM's main benefits for parents/families?
- m) To what extent were PCFs, ELC managers and parents satisfied with PPM?

2.2 Methodology

2.2.1 Sample

2.2.1.1 Target participants

All eight PCFs implementing PPM, and the seven ELC managers of the services where the model was being implemented, were invited to participate in the study (one of the managers

coordinated two ELC services).

It was also intended to recruit up to 50 parents and their children (from three to six years old) attending the ELC services with PPM, corresponding to approximately 50% of parents participating in the Impact Study. Parents could participate in the Implementation Study regardless of whether or not they participated in the impact study. Parents and children from all eight ELC services with a PCF were invited to participate. We recognised the importance of collecting both parents' and children's perspectives on PPM (e.g. preferred activities) to inform better responses to their needs and interests. Collecting children's perspectives in research is crucial to developing responses to their specific needs (European Commission, 2013), yet this is still not common practice (Pastori et al., 2019).

2.2.1.2 Recruitment strategies

PCFs and ELC managers were contacted directly by the researcher, presented with the study information, and invited to participate.

Parents who participated in the Impact Study's pre-test were contacted, informed about the Implementation Study and invited to participate. The PCFs were also asked to invite parents to participate. Parents were offered a 10 euro grocery voucher and a children's book to enhance the data collection's response rate and quality. Parents were also informed that their children could contribute to this research by sharing their views through a drawing. Interested parents/legal guardians were invited to speak to their children about it.

2.2.1.3 Final sample

The final sample consisted of eight PCFs; seven ELC managers from the services with PPM; and twenty-seven parents accessing this model (with three to six year old children); two children in this age range also contributed to the research through a drawing.

All PCFs were female and had an average of almost six years of experience in their role, although this varied widely (M=5.65; SD=7.19; Min= 0.75, Max=21.17).

Six ELC managers were female, and one was male. On average, ELC managers had almost 17 years of experience (M=16.50; SD=3.21; Min= 13, Max=20; N=6).

At least one parent from each of the eight ELC services with PPM participated in the study. Fifteen parents knew the PCF for approximately one year or less, and 12 parents knew the PCF for more than one year. Twenty-five parents were mothers, and three were fathers.

The ELC services with PPM had, on average, approximately 27 children from three to six years old; with the number of children of this age varying widely across services (M=26.63; SD=20.28; Min=10, Max=68). The staff: children ratio in these services ranged between 1:4 and 1:8.

2.2.2 Procedures

2.2.2.1 Research team

The Implementation Study research team included the Research Fellow of the current project and four Peer Researchers, who were parents from the community (three mothers and one father). The rationale for involving Peer Researchers in the study was:

- To promote community participation
- To maximise the proximity between researchers and participants in terms of shared experiences, and the likelihood that the interview would be relevant to the participants (Institute for Community Sciences, n.d.)
- To enhance data analysis. Peer researchers' involvement and feedback can support more accurate reflection of participants' views (Roche et al., 2010)
- To gain insight into peer research's added value as a form of community-based research (Roche et al., 2010).

The recruitment advertisement for four Peer Researchers was shared via the CDI website and social media. The recruitment criteria included: being a parent of children/child aged between six and 16 years of age, so that the Peer Researchers could have shared parenting experiences with the participants, but not have children currently attending the same ELC services; good English speaking, listening, and writing skills; and ability to use text processing and video conferencing tools. The peer researcher's role included up to 26 hours of paid work (including eight hours of training). Interested candidates were requested to complete an application form. Selected candidates were interviewed, and four were recruited.

The Peer Researchers completed the Children First Training online, signed the CDI Code of Conduct, were Garda vetted, and received training in ethical research, data collection, and data analysis (which was organised by the Research Fellow and CDI Data Specialist). The Peer Researchers participated in the study by contributing to developing the interview protocol and conducting data collection and analysis. They worked alone when collecting data (interviews were via telephone), and as a team in the remaining tasks to promote sharing of insights and networking.

2.2.2.2 Data collection and sources

Semi-structured individual interviews were conducted with PCFs, ELC managers and parents. In most cases, data were collected via videoconferencing or by telephone. The research team audio-recorded the interviews or took notes (when the participants preferred not to be recorded). The interviews with PCFs and ELC managers took up to 30 minutes, and the interviews with parents took about 15 minutes. Three parents replied to the interview questions by email.

We also invited interested parents to talk about the study with their children. Children who wanted to participate in the study were invited to draw activities they liked to do with their family and, if they wished, to describe the drawings. If the children and parents agreed, we asked the latter to share the drawing and description with us¹⁶.

Data collection occurred between May and June of 2021.

The Results section includes data generated from complementary sources of information such as:

- CDI internal data 2020/21: PCFs submitted quarterly service monitoring data on PPM: This included information on referrals (e.g. finance related issues, mental health, and speech and language referrals), engagement with parents (home visits, coffee mornings and family mornings, calls and texts); the observed impact of the model on families; and the impact of Covid-19 on families.
- Community of Practice (CoP) meetings: The Research Fellow attended CoP meetings with PCFs, which were facilitated by the CDI Powerful Parenting Programme Coordinator
- Post-test questionnaire within the impact study: Parents in ELC services with PPM were asked to rate their satisfaction with PPM (from 1=poor to 5=excellent) and their relationship with the PCF (from 1=strongly disagree to 5=strongly agree), and about suggestions for improvement. Seventy-three parents replied¹⁷.

2.2.2.3 Ethical Considerations

Ethics approval for the study was obtained from the national Child and Family Agency's (Tusla) Research and Ethics Committee before commencing the study. Interested participants were informed about the reasons for the study, data treatment procedures, and the researchers' role. Consent was obtained from PCFs, ELC managers and parents (verbally and audio-recorded). Interested parents also received information about the activity with children (e.g. drawing) and an assent form. Data were treated confidentially and anonymised.

¹⁶ The data collection procedures were adapted to the pandemic context. It was initially intended to conduct focus groups with parents, and use the Photovoice methodology with parents and children in the ELC services. Photovoice (Nykiforuk et al., 2011) is a participatory methodology that uses photographs to engage and empower non-traditional research participants, or participants who might otherwise have difficulty articulating their experiences. The impossibility of engaging directly with children led us to invite them to submit a drawing through their parents, which was a more limited way of recording their views.

¹⁷ More parents than those included in the final sample of the impact study replied to this questionnaire.

2.2.3 Measures

The research team developed the interview protocols (Appendix B) based on previous research (e.g. Barata et al., 2016; Hayes et al., 2013). The CDI team reviewed these protocols to check for clarity and appropriateness. The topics covered are described in Section 3.1.

The protocols aimed at PCFs and ELC managers included questions about the model's fidelity, organisation, utilisation, quality, and attitudes towards it. Some of the questions were asked of both PCFs and managers; others were only aimed at one of these groups. PCFs were asked open- and close-ended questions (rating from 1=low to 5=high). ELC managers were only asked open-ended questions.

The protocol aimed at parents had questions on utilisation, quality, and attitudes towards PPM. Parents were asked open- and close-ended questions (rating from 1=low to 5=high).

To gather children's views, we invited them to draw a picture and describe it¹⁸.

2.2.4 Data analysis plan

The audio recordings of the interviews were transcribed.

The qualitative data were processed through content analysis. We applied a deductive approach using the interview questions as preconceived themes. Participants' responses were read multiple times to get an overview of the data. We identified the presence of units of meaning in the participants' responses within each question. These units could correspond to words, expressions, or sentences. The coding was conducted using the software Microsoft Word and NVIVO (Release 1.6.1). Some of the participants' quotes are to illustrate the findings in the Results section¹⁹.

The quantitative data - responses to questions that entailed rating from 1 to 5 - were analysed for descriptive statistics using the software IBM SPSS version 28. When participants indicated two numeric values for the same question (e.g. 4 or 5), the mean of those values (4.5) was registered. Not all parents replied to the rating questions: some did not provide a numeric value when replying via email; others shared their views without indicating a numeric value (these views were coded using content analysis); and one interview protocol needed to be adapted in terms of the English language used.

The drawings by the two participating children are presented in the Results section.

¹⁸ The invitation to draw a picture was adapted from the initial plan to use Photovoice.

¹⁹ Personal names were removed from the quotes to ensure anonymity (e.g., PCF's names were substituted by "PCF", and children's name by "my child/children").

2.3 Results

2.3.1 Fidelity

a) Which PPM activities were delivered during the academic year?

PCFs identified families' support needs, including those relating to: parenting; parents' mental health or emotional support; families' difficult life circumstances or experiences (e.g. domestic abuse; addiction; separation; poverty, including regarding food and housing); children's additional needs (e.g., speech and language); children's transition to school; and engagement with other services (which could include practical aspects, such as help with paperwork, or making appointments).

"We are getting in touch about various things, like, for example, looking for help in terms of speech and language (...). But, a lot is also just being kind of listen, just having someone who listens". (PCF)

"A lot of parents need a lot of emotional support. Then, I would say parenting support. There is a lot of children with additional needs, or complex needs. It is support through the parenting of the child, but also through the Assessment of Needs, the process, and the referral". (PCF)

"At the moment, it's getting ready for school (...). During, say earlier in the year, it would have been because they were isolated from the family. So, wellbeing was coming out a lot (...). Then, just trying to get services, like if they had a child that wasn't meeting the milestones". (PCF)

"They [the families] want practical help and support with their children's developmental delay, or housing crisis, their addiction, that kind of stuff". (PCF)

"I suppose a lot of emotional support a lot of parents are needing, and, as well as that practical support on how to manage the children, because it was a different time for children". (PCF)

According to the quarterly service monitoring data on PPM provided by PCFs, three key needs were identified regarding the parents supported during 2020-21: economic disadvantage; social isolation; and mental health difficulties. Referrals for parents to access specialised services either for themselves or their children included the following: counselling and psychotherapy (the most frequent); Assessment of Need²⁰ (AoN); Speech and Language

²⁰ AoN is a short screening assessment for children that have or might have a disability. The assessment identifies the child's health needs, and what services are required to meet these needs.

Therapy; behaviour management support; Access and Inclusion Model (AIM)²¹; and financial supports.

PCFs and ELC managers also mentioned diverse types of activities during the interviews, some of which occurred only in certain services. The examples given included the following:

- One-to-one meetings
 - Meeting parents at drop off
 - Provision of parenting, and emotional support
 - Referrals and engagement with other services
 - Online sharing of information (e.g., activity ideas for children during the lockdown, online resources on parenting, job opportunities for parents).
- Group activities for parents
 - Coffee mornings and online meetings with parents (e.g., mental health, transition to school, and speech and language therapy)
 - Parents Plus Programme.
- Group activities for children and parents
 - Family mornings
 - Online (e.g., dance and fitness, baking, bedtime stories, play therapy)
 - In the ELC service (e.g., gardening, painting, calendar events such as Christmas, International Father's Day).
 - Summer activities (on the transition to school or another academic year)
 - Links with dental services.
- Home visits (meeting outside) or delivery of resources:
 - Packs to do family activities at home (e.g. Valentine's day, cooking).
 - Food packs
 - Resource packs with materials to promote children's preparedness for transition to school.

Some activities were organised across services (e.g. calendar events), while others only occurred in certain services. Some activities were ongoing (e.g. weekly), while others were occasional. In addition to face-to-face interaction (when suitable), PCFs engaged with parents through calls, texts, emails, zoom video calls, and WhatsApp (as a group or individually). Figure 3 shows two examples of family engagement: an exhibition of children's drawings which families were invited to, and artwork carried out during International Men's Week.

²¹ The goal of the AIM is to create a more inclusive environment in early years services. It includes universal supports to pre-school settings, and targeted supports focused on the child's needs (e.g. specialist advice and support, specialist equipment or appliances, minor building alterations, therapeutic intervention, extra assistance in the pre-school room).



Figure 3. Activities with families in ELC services with Powerful Parenting

According to the PCF's quarterly reports, key parental engagement activities included virtual coffee mornings, family mornings, and one-to-one meetings with parents. The supports provided through one-to-one meetings included: toilet training; behaviour management for children; being available, listening and referring to appropriate services in cases of bereavement and domestic violence; applications for the AIM and AoN; and applications for legal guardianship. Topics addressed during coffee and family mornings included: supporting children's school readiness and transitions; emotional support for parents; dental hygiene; science week celebration; family library visits and summer trips.

Based on the PCFs' quarterly reports, the supports offered through calls and texts included: information about events; providing crisis and emotional support to parents; supporting parents with child behaviour management; and informing parents how the child is settling into the ELC service. The activities via Zoom included: PCFs connecting with families and children during service closures (chatting, singing); online family events (e.g., dancing, workout classes, and parties).

b) To what extent were the activities implemented as planned?

In general, the participants indicated that they were able to implement most of the planned activities, despite being adjusted to the pandemic context.

“During the school year, if we see that we need different things, we just add it to the plan. But I try not to let anything get behind. Because normally, in the planning, we do not do the minimum, but the things that we know are essential”. (PCF)

“I think everything that has been planned was definitely carried out and went according to plan”. (ELC manager)

Some activities were described as not working out as intended, mainly due to the pandemic. Some participants also acknowledged that the implementation of activities could vary according to the parent’s needs, resources, or interests.

“At the start of the year, or even through Covid, we were kind of planning and hoping that Covid would just disappear, and that we would be able to get face-to-face. So, this year definitely has been a bit of a roller coaster (...). So, you always have to have an A and a B plan”. (PCF)

“When we have coffee mornings, some of them could have 11 people, and then some get two or three. So, it depends on the topic, and whether parents feel they need it. It depends on the dynamic of the group”. (ELC manager)

2.3.2 Organisation

c) How were the activities planned?

In general, activities were planned by PCFs and managers together, and could also include other ELC service staff. The activities were planned according to parents’ needs, existing supports, capabilities, and interests. Two PCFs indicated that they also planned future activities based on how past activities went. Some activities were related to calendar events (e.g. Halloween), and some were planned with the CDI team and other PCFs (e.g. International Men’s Day).

“On a daily basis, I would meet with the parents every day on arrival and departure. So, it would come from talking to the parents to see what is going on. Then, input from the childcare service itself and the manager, and then together”. (PCF)

“Sometimes we run events that I have done before that have worked really well”. (PCF)

“The relationship building with the families and knowing children is how we plan the activities. Also, then, obviously, from CDI remit to the PCF regarding dates, as engaging dads, the International Women’s Day, the formal ones that are coming up... We plan accordingly, with the PCF or with the staff”. (ELC manager)

d) What were the organisational drivers supporting PPM's implementation?

The organisational drivers supporting PPM's implementation include:

- **Resources:** PPM is supported by the national Area Based Childhood (ABC) Programme, funded by the Department of Children, Disability, Equality, Integration and Youth (DCDEIY). Salaries are funded by this programme. PCFs work 25 hours per week and have a small programme budget.
- **Coordination:** PPM is coordinated by a Parenting Specialist (the model lead). The Parenting Specialist supports PCFs in developing their work and establishes communication between CDI and the ELC services with the programme. The Parenting Specialist organises:
 - Monthly Community of Practice (CoP) meetings with PCFs. As observed by the Research Fellow, these meetings always include time for each PCF to share and reflect on their work. They could also include training with other professionals (e.g. how to support children experiencing grief), planning of events, and presentations on monitoring and evaluation (e.g. sharing results and collecting PCFs' feedback), among other topics. The goal is to reflect on PCFs' knowledge and practice, learn from each other's ideas and experiences, and improve practices.
 - Two Planning meetings during the academic year to delineate future actions.
 - A WhatsApp group with the PCFs was created to exchange information and resources.
 - Annual meetings with the ELC managers to discuss the PPM's targets, progress, obstacles, and future priorities.
- **Training organised by CDI:** As part of PCFs' induction, they attend training on Restorative Practices, Parents Plus, CDI Quality Implementation training (some modules), Monitoring and Evaluation, and Data Collection.

During the academic year 2020-21, PCFs also attended an education session outlining best practices for engaging fathers and other caregivers. PPM has increased its focus on engaging fathers and other caregivers, along with mothers, to cater for all family units and maximise all carers' involvement in childcare. Communication with parents has been tailored to include all main caregivers, explicitly including fathers and/or other caregivers (when applicable). Activities promoting fathers' involvement have also been conducted (e.g., during International Men's Day).

e) To what extent did the organisational drivers support PPM's implementation?

In general, the support from CDI was perceived as appropriate and accessible. Participants mentioned good involvement from, and good relationships with CDI.

“CDI is always there when you need. You can always call or get in touch with somebody, and the resources are definitely there. We get a lot of links from CDI, like around mental health issues, or any kind of webinars or whatever is coming up to, that the parents can link in with. So yes, they are very much available”. (PCF)

“I think we do have enough support. I do know that if the PCF needs anything, the PCF always has support from CDI. If I ever have any questions about anything, I can always go to CDI myself”. (ELC manager)

CoP meetings, planning meetings, meetings with ELC managers, and training opportunities were acknowledged as important. CoPs were recognised as promoting the sharing of ideas, information and supports, training and networking opportunities (including with other services within the community). The planning meetings were described as relevant to guide future work.

“I think the Community of Practice meetings can be a good learning point because we can kind of suggest what we'd like. For instance, getting someone talking about grief. That was beneficial. At least, they are things that interest us and that are coming up for us, so that is really important. Again, because it is kind of a role that is really important, it is good to have their support like a network”. (PCF)

“We have had planning meetings this year, and they have been really good, because I think the Parent Specialist kind of came together and did like a standardised plan for all PCFs. So, it is good when you have a plan to work, you know what you need to do each month”. (PCF)

“The service meetings have been really good (...). It was good to talk through and discuss a few things that came up, that were going well or that maybe we had a little bit of a problem with. Definitely, that was good, and I did feel supported.” (ELC manager)

“What I absolutely love about CDI is the training opportunities that come through, the networking, that chance to discuss with other managers, a chance to discuss with other services. Something new comes on board, and they immediately email me with training opportunities”. (ELC manager)

The WhatsApp group created with PCFs was described as helpful to share insights.

“Having the PCF group is really important as well, because we can relate ideas and share knowledge together (...). Then, we all have our own supervision [COP] meetings, and they're really important as well, because we can bring up anything, if we have any challenges”. (PCF)

The budget allocated to PPM was either described as helpful or as something that could helpfully be increased. One participant noted that parent:PCF ratios vary across services, and that it could be important to review the budget allocation according to the number of families.

“We have budgets there to provide for families and provide for different activities, which takes huge pressure off the service itself”. (PCF)

“If we could fund extra hours here and spend them on the PCF role”. (ELC manager)

In general, PCFs indicated that they received appropriate support from their ELC service.

“In this area that I am working in, we have a very good working relationship with the team that we have at the moment. So if there is an issue going on with a child or family, they will always link in with me”. [The participant also added that there is good support from the manager] “We both guide each other”. (PCF)

2.3.3 Utilisation

f) To what extent did parents utilise PPM?

In general, PCFs and ELC managers acknowledged that parents were interested in using the supports available, although there was variability among parents and activities. The pandemic was described as impacting engagement: some participants referred to it effecting engagement negatively, while others indicated that engagement was higher as a result, particularly among fathers. Two PCFs identified morning drop-offs as moments where there was high engagement.

“I feel that the activities we have been doing along the year, it has been obviously improving the level of engagement, the level of participation, and how much they share as a group”. (PCF)

“I think the majority, the 99.9% of the parents, are definitely willing to participate. They want to be involved in their children’s lives. They really love being invited into the service (...). We always have a huge parental engagement, with granddads and grannies, and aunts and uncles (...). This year there is a huge amount of fathers being involved (...). This year, I don't know if it is to do with the way the situation is for parents in general, there was a real bond between them”. (PCF)

“When I think about all the children here and all the needs of the parents, by large, they are delighted to have the PCF's support (...). Some parents use it very heavily, and some parents might only come in here after they have gotten to know you for a long time, and they feel they can trust you”. (ELC manager)

“It varies from family to family, their experience, what they think childcare is, what they think preschool is (...) The parents, usually in the first time they enter, they are quite shy, which is for the most part, or they are not sure what their role is, why they are here. But then, with the staff and PCF there, I think it is ‘so this is what this is, this is okay, I can cope with this’. So, they like it, and the feedback is generally very good”.
(ELC manager)

“When things were offered out, there wasn’t the uptake. But, when we went back, and we offered things tailored to the parents, the uptake was there, and then, particularly if their child is involved”. (ELC manager)

PCFs and ELC managers highlighted the high levels of family engagement in the activities conducted on International Men’s Day, which involved fathers, grandfathers, and other carers.

“Children smiled with pride, and said ‘this is my dad’, or ‘this is my uncle and my granddad’ (...). So yes, it worked out really well”. (PCF)

According to the PCFs’ quarterly reports, the number of parents in vulnerable situations supported was highest at the beginning of the third wave of the Covid-19 pandemic (Figure 4). Mothers made up most of those receiving support.

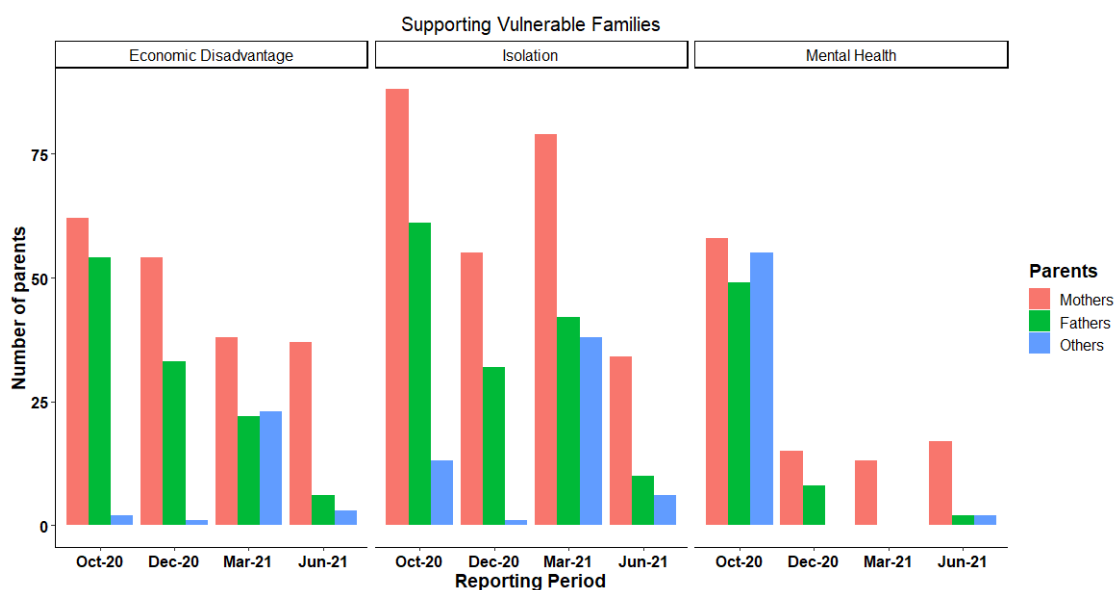


Figure 4. PCFs’ support for vulnerable families

Source: CDI internal data 2020/2021

Also based on the PCFs’ quarterly reports, parents engaged most consistently in one-to-one meetings during the academic year, compared to virtual coffee mornings and family mornings (Figure 5).

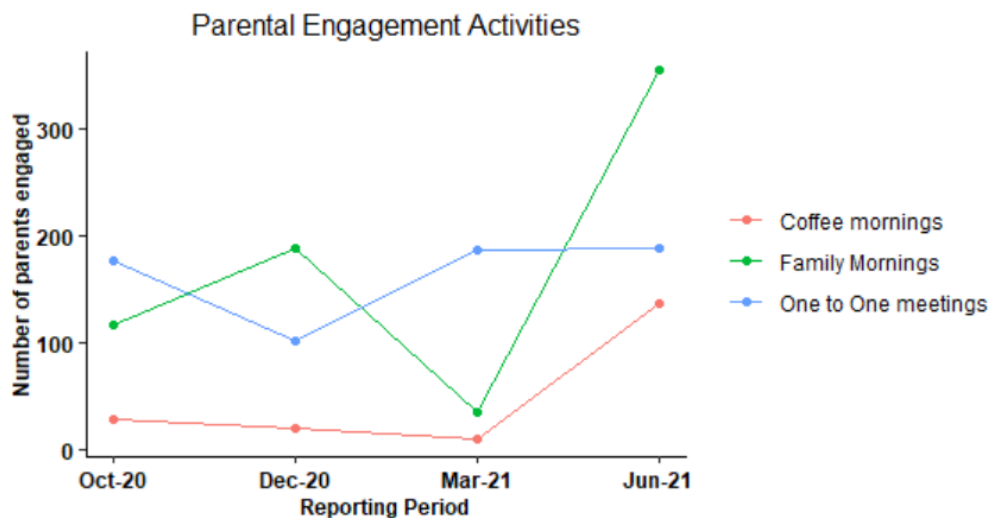


Figure 5. Parental engagement activities

Source: CDI internal data 2020/2021

During the interviews, parents noted their participation in the following activities organised by the PCF:

- One-to-one meetings/support
 - Parenting support (e.g., transitioning to primary school; management of children’s behaviour; children’s development and care, such as toilet training), including sharing information (e.g., feedback on how the children are getting on; information on courses regarding parenting; and resources on emotional wellbeing for children)
 - Emotional support (e.g. listening to the parents; checking how the families are)
 - Support regarding referrals and engagement with other services (e.g., speech and language).
- Group activities for parents (coffee mornings; invited speakers such as one on potty training with a Public Health Nurse (PHN); transition to school parenting course – Parents Plus)
- Group activities for children and parents (e.g., video call sessions, such as story time with playdough; songs and rhymes; calendar events such as Christmas, International Men’s Day, International Women’s Day, Earth Day, Valentine’s Day, Book day; arts and crafts; Pancake day; gardening; toddler group; graduation ceremony)
- Activities and supports for children (e.g., activities with children with additional needs; tasks for children to do at home during midterm; teddy bear’s picnic; gardening; making puppets; sending books home for the child; supporting children who lost a family member)
- Home visits (meeting outside) or delivery of resources, such as packs to do family activities at home (pancakes, arts and crafts).

- Surveys.

In interpreting parents' responses, it is important to highlight that some parents were not entirely sure if activities in the ELC service were organised by/with the PCF; and given that some parents knew the PCF from previous years, some of the activities mentioned occurred before the Covid-19 pandemic (e.g., fundraising walk).

Parents acknowledged that Covid-19 affected the types of activities that were possible. Some parents indicated that they received information online (including via a WhatsApp group with the PCF and other parents). In general, parents acknowledged receiving several resources (with some aimed at parents for whom English was not their first language).

Parents were asked to rate from 1 (low) to 5 (high) how much they felt motivated to talk with or participate in activities organised by the PCF. The mean score was 4.67 (N=21). In terms of percentages, a rating of 3 was given by 3.7% of the participants; a rating of 4 by 18.5%; and a rating of 5 by 55.6%. Some parents indicated that they sought to participate when they could, and that Covid-19 made it more difficult.

"Any time we get the chance, we take it". (Parent)

"Now, with Covid, I did not have the chance to participate in anything". (Parent)

"I talk to her every day". (Parent)

g) What can constitute barriers to parents' participation?

PCFs and ELC managers identified possible barriers to parents' participation in PPM, namely: Covid-19; parents' lack of availability, confidence to reach out, or motivation; first language being other than English; challenges with the use of technology (particularly during the pandemic) or writing; and parents feeling overloaded with services.

"A lot of our families are already involved with social workers, child protection services (...). It just feels like everything that was coming, any proposal would be seen as something similar, imposed (...). This year, also, all the things to do with Covid." (PCF)

"It could be a case of just lack of motivation, or maybe caught in the wrong crisis". (PCF)

"English wouldn't be their first language (...). That's what I find it would be the main thing as to why, apart from not being open to technology that would stop them from coming online". (ELC manager)

“Maybe, that they have a lot going on (...). And it might be about what they are asked to do. They might not have the confidence or might think ... I am not going to go there because I don't know what it is about”. (ELC manager)

h) What can facilitate parents' participation?

PCFs were asked which strategies they considered important to reach families and encourage them to use PPM. They indicated:

- Introducing themselves and their role at the beginning of the year
- Explaining the rationale for the activities and highlighting the benefits for the child
- Developing activities in which all parents were able to participate
- Involving parents in the creation of activities
- Building a relationship with parents by initiating conversation, checking how they are, and sharing information related to their child
- Considering parents' pace, and seeking to use an empathic, non-judgmental approach
- Using practical supports or resources (text messages, phone calls, etc.).

“I try to talk with people as much as possible. I think often, maybe, involve parents in creating the events, asking them before. So, they are kind of co-creating it. Also, when something has been planned, I get in touch to properly explain what it is and why we are doing it”. (PCF)

“It's being inclusive of everyone. For example, we did an activity that was something that everybody could do, and not to have something that is too structured, so the family wasn't going to be able to engage”. (PCF)

“I think once you have their child at the centre of things, that that really brings them in (...). Then, you get to link in about, like, the mother's mental health, the dads, the self-care, all of that kind of comes with itself”. (PCF)

PCFs also recognised the importance of including fathers or other carers, along with mothers, to promote their engagement.

“Now there is a lot more moms working, and dads have been brought in. That is a big change as well. We'd have mom and dad in the group on the WhatsApp. So, both are getting the information, and we try to just keep including both in everything”. (PCF)

Examples of activities described as positive by parents included morning drop-offs; events for which fathers and other carers were specifically invited to; events where parents can see the activities of their children; and the parenting course (Parents Plus).

2.3.4 Quality

i) To what extent were parents'/families' needs and interests taken into account?

According to the information provided by PCFs during the interviews, the interests and needs of the parents varied within and between services (e.g. one of the services more particularly supported parents in vulnerable situations). Covid-19 was acknowledged as shaping families' needs. In general, PCFs indicated that they took into account the parents' needs, resources, capabilities, and pace when offering support. They highlighted the importance of building a relationship with the parents and doing frequent check-ins to assess emerging needs.

"It will be based around the needs of the parents and what they are looking for, and, then, their ability to understand what we are doing. So, it would be on an individual basis, and I would kind of touch base with parents". (PCF)

"It is kind of meeting them where they are at, so at their pace, and building your relationship with them". (PCF)

"I like to do activities as a group. But I think that people need help privately (...). This is how we are doing it, we take one by one, and we make sure we do frequent check-ups". (PCF)

Parents were asked to rate from 1 (low) to 5 (high) the extent to which they felt their interests and needs were taken into account by the PCF. The mean score was 4.93 (N=20). In terms of percentages, a rating of 4 was given by 3.7% of the participants; and a rating of 5 by 70.4% (not all the participants provided a rating). Parents reported feeling listened to and being recommended activities that met their family's needs.

"She always listened to everything and always answered my questions. She taught me what kinds of things I can do to help my child develop and they have all worked amazingly". (Parent)

i) What were the strengths of PPM?

Overall, PCFs and ELC managers indicated that the main strengths of PPM included:

- Having a dedicated person (PCF) to support parents and assess needs
- Flexibility of the PCF role and diversity of supports that can be tailored to families' needs
- Supporting the link between the parents and the ELC service
- Activities for all parents and involving parents in the creation of activities
- Focusing on building a trusting relationship with parents
- Supporting and networking provided by CDI.

“I think it is just so good to have someone who is an additional help for parents. This is trying to fill a gap related with the difficulties of families (...). For me, the main thing is how to do it in an efficient way. That will have kind of two parts. One will be to create strong relationships, so parents work with me (...). Another thing is to kind of adjust the content, to what is really needed here”. (PCF)

“I definitely just think having that person sometimes to have a chat with (...). Then, other times, parents need more practical support. So, they are looking for the parenting courses and programmes, and the strategies and behaviours. I think, especially when their children have additional needs as well. They are looking for help, that behaviour management piece: ‘how do I overcome this?’”. (PCF)

“It is someone there that has the time to spend with the parent, isn't rushing back out to the class, will do follow-ups, look for supports, do calls and make the link. A lot of our parents would struggle finding resources that their child needs, or knowing where to go, and could get very overwhelmed. If one part of their life is a struggle, it impacts on the rest”. (ELC manager)

“Somebody to do those pieces, be available, to have those coffee mornings, to put on things that are interesting for the parents, and to work with staff as to regards different things that may be going on”. (ELC manager)

“The PCF’s position is wide open, there is loads you can do with it. I think it is a really good initiative (...). I see the role as a very valuable role to services”. (ELC manager)

“I think if parents feel that they're supported and listened to, it can really boost them which benefits the children in the long run, you know, so if you have a happy parent, you have happy children.” (ELC manager)

Parents identified the following positive aspects of having a PCF in the ELC service:

- Extra support for:
 - Parents - e.g., by receiving help on topics related to the children and parents; being informed about what is happening; having someone that listens to parents and checks how they are (in an “easy and non-stressful” way, as described by one parent)
 - Children - e.g., by creating a positive learning environment, which was recognised as particularly important during the early years, and supporting children needing extra support
 - ELC staff in their work with parents and children.
- The PCF as a central point of contact: bridging the home and the ELC, and mediating between the two; having a specific person to contact, who dedicates time to parents while Early Years Educators can be focused on other aspects; having someone independent that

parents can contact; and someone who knows all parents and children (e.g. being greeted by the PCF in the morning was acknowledged as positive for parents and children)

- More activities and activities that are inclusive (for all parents)
- Link with other services (e.g. speech and language).

“Having that person there to bridge the gap between home life and classroom, it really is invaluable so I would definitely see the benefit of it overall”. (Parent)

“The amount of times I’ve emailed the PCF separately just to confirm things and ask, ‘is this right?’. But there is bigger stuff. So, you may have a question on a development piece and I found it great having a contact and it wasn’t that info.ie email address. You knew exactly who the email was going to or who the WhatsApp message was going to. So, I found it took a lot of that inconvenience, stress, whatever you want to call it, having that central point of contact”. (Parent)

“All the preschool they are brilliant but having her there and having that extra bit of support. Like I said, they’ve all been brilliant, but she kind of has that extra bit of time to, you know, she’s researching things that she thinks may help. It has just been fantastic that we’ve had that level of support already from her. She sorted out a lot of things for us for next year that we weren’t aware of”. (Parent)

“Parents know that they can contact the PCF and, of course, the teachers as well. But then the children, as well, have this person they can come to and she’s also involved in their care. So, I think having the PCF there supports the parents, supports the teachers and supports the children, as well. So, I think it is an all-round benefit to everybody”. (Parent)

“If there is ever anything you need to check in terms of the school or any logistical questions at all you can ask the PCF rather than ask the teacher, as you can see the teacher is busy every morning. The PCF is a really good point of contact (...). So, she really supports a positive learning environment. It’s a big transition going into primary school for all the children, but they prepare them very well for the primary school transition, and I think that is something that the PCF supports (...). So, she has more of a holistic view of what the children are like both inside and outside the classroom, so that is really useful. (...) I think her role is like a bridge. It is very much to help the parents rather than to enforce the school laws”. (Parent)

“I think it’s a great idea to include the fathers. Even at the playschool, there are many fathers involved in the care of the children so, yes I think it is very appropriate, especially if the father is involved in the child’s care”. (Parent)

Parents positively described the PCFs in their service, mentioning aspects such as: the high level of interest shown by the PCFs in providing support, and adapting it to parents' and children's needs; PCFs being approachable, easy to speak with and to understand; willing to meet and include all families, and accepting parents' suggestions.

"She has been an amazing support to me and my family through everything and we wouldn't be in the position we are now without her, which I will be forever grateful for. Even through Covid times she was fantastic keeping in touch over the phone with me. She clearly loves her job and the families she works with. She is a credit to the school".
(Parent)

"She went beyond what she needed to do, she was brilliant (...). She's very aware of people's needs, you know, it is hard to word it, but she goes that extra bit for everybody". (Parent)

"I was really surprised and it was pleasantly shocking that she had gone to the trouble of finding this resource which could help me, and the child was delighted. So, it was really, really useful (...). She has all the experience, but more importantly than that, she has the right personality for the job and that's very good (...). Every morning she's there with a big smile and very professional and very approachable and very friendly".
(Parent)

"She goes very like happy and knows the kids' names, greets you, and just makes you feel really comfortable, coming up to the school and stuff when you see her". (Parent)

k) What were PPM's weaknesses and what could be improved?

PCFs and ELC managers mentioned the following areas which require attention and are limitations to PPM: challenges engaging parents; PCFs' working hours do not allow all parents to be actively engaged with the service; worry about attaining certain targets, numbers, or requirements; limited resources (sometimes); the burden that research could put on parents. ELC managers particularly referenced insufficient feedback about the PCF COP meetings, the significant amount of time dedicated to desk or research work; and the annual nature of the funding (instead of being for a longer period).

"I can't really see any negative about it. I know that you will always get one or two parents that are just not ready to engage. That is okay, and you accept that. But, you also include them in everything, give them the invitation. It is up to them to be there or not, but to be there when they are ready". (PCF)

"I absolutely love the programme. I think it works very well for the parents, for the early years educators, and for myself as well, and there have been benefits from it. If

there were more hours in the day, you know, you could always deal with that. But negative aspects... Maybe sometimes the research part can be a little bit heavy for some of the parents". (PCF)

"I think the only negative would be that it is a 25 hour a week programme for services that run from nine to half five (...). Some parents are missing out". (ELC manager)

PCF's suggestions regarding ways to enhance the PPM's implementation included: more supports during induction (e.g. a more experienced colleague could provide guidance); more training on anxiety; a reflection/informal group for PCFs, outside the COPs, for sharing inputs; longer working hours; and ongoing links with partner organisations to support events (e.g., to provide meals). The ELC managers suggested: improved three-way communication between CDI, PCFs and ELC managers (e.g. ELC managers having more feedback on the COPs), so the managers are more informed about the PCF's work; planning of the PCF's work in terms of time allocated per task; longer working hours for PCFs; more opportunities for the PCFs to share the knowledge/skills acquired through training with the ELC service staff; more face-to-face work (less research/deskwork); and reflection about the relevance of Parents Plus for all parents (it might not fit the needs of all parents).

"One thing that probably would help is PCFs meeting together outside the COPs. There is a connection, but I think that with the restrictions and stuff like that, it's a little bit more difficult (...). Visiting other services could highlight new ideas, and more sharing of stuff on the ground rather than chat about a specific subject". (PCF)

"Maybe they might consider putting quantum in place as in how many hours they expect PCFs to be spending on different aspects of the work, and laying out a sort of a framework for them that they will report back on. Then, it is more easy to tick off whether best targets have been reached". (ELC manager)

One PCF also acknowledged the importance of attending to the characteristics and experience of the persons selected for the PCF's role, and recognised that CDI did so.

"I think CDI has covered everything. They have looked at everything and they are very choosy about who they pick for the role. I think they're already doing that, like somebody that has a childcare experience, and maybe mental health experience, or that needs to have some level of emotional intelligence as well for to be able to support families where they're at". (PCF)

Parents did not identify any negative aspects of PPM or the PCFs' work. Parents only acknowledged that Covid-19 might have affected the activities conducted.

"I don't think it's a negative, but I think it would be enhanced if you weren't restricted by Covid". (Parent)

Feedback from parents on possible improvements through an online questionnaire and interviews, included the following:

- More events with parents in the service or days out, when the Covid-19 pandemic permits (e.g. breakfast mornings; time throughout the year for parents to come in and chat; more forums like a quarterly drop in for the parents to come into the school; field trips where parents can come along)
- Events with parents in the evenings to cater for working families
- More engagement with other parents supported by the ELC service
- More communication regarding the child's progress (although one participant recognised that this might be time-consuming), or the child's day (e.g., behaviour, what they did).

Other suggestions included the following:

- More activities for the children and parents (to help families meet other families)
- Extra support for families with more or complex needs, such as home visits (although the parent acknowledged not knowing how this is currently dealt with).

“When Covid isn't such an issue, that parents will be more involved in the centre and with the activities going forward the role will have a bigger impact on parents and children in a positive way”. (Parent).

“I would probably say what she [the PCF] has done at Christmas, the show and tell. She has organised the exact same thing for the graduation as well, because they are not allowed to have everyone in a room. I think they could be a little bit more frequent throughout the year. It could be good as it gives you the opportunity to see and maybe meet other parents. My child would say to me, ‘can I bring this person to my birthday party?’ and you don't really know the parents to go ask them. So, even if there was a group of get-togethers, it would encourage and be helpful”. (Parent)

“I don't think we'd require any extra supports, but I suppose it would all depend. For different families, the level of support may be different. There may be extra support required or extra phone calls. I don't know what the follow up would be if there were any issues, but I suppose if there were someone like the PCF who had the hours, so if there were problems, that she could tackle them and maybe go visit them in their home. I don't know the parameters that would be allowed”. (Parent)

“I would love to know more and more about my child. So, to learn more about their day”. (Parent)

Most parents did not have a specific suggestion, and some reinforced the value of maintaining the PCF's role.

“Keep doing exactly what you are doing”. (Parent)

2.3.5. Attitudes towards PPM

I) What were PPM's main benefits for parents/families?

PCFs and parents were asked to score from 1 (low) to 5 (high) the extent to which they perceive that PPM could contribute to a number of areas. Table 1 presents the percentage of PCFs per score given to each perceived benefit. Most PCFs gave a score of four or above to the listed benefits; only the HLE was more frequently scored as three. One participant explained a lower HLE score as being because it was not possible to visit families at home this year. Another participant indicated that the HLE was not a priority for some families. PCFs acknowledged that benefits can vary among the families.

Table 1. PCF's percentage scores regarding PPM's perceived benefits

Perceived benefits	Scores (from 1=low to 5= high)			
	3	4	4/5 ^a	5
Parenting skills	12.5	62.5	0	25.0
Understanding child's development	0	50.0	37.5	12.5
New ways to interact with children	25.0	50.0	25.0	0
Home learning environment	62.5	12.5	0	25.0
Parents-ELC service relationship	0	37.5	12.5	50.0
Engagement of both parents or other carers	0	50.0	0	50.0
Transition to school	0	25.0	12.5	62.5
Involvement in community services	12.5	50.0	12.5	25.0

Note. No participants indicated scores of 1 and 2. ^a Some participants indicated two scores.

When asked about other possible benefits of PPM, PCFs named the following:

- Promoting parents' investment in themselves (e.g. back to work, education)
- Responding to queries and challenges (e.g., personal relationships) and providing emotional support
- Supporting parents to manage children's behaviour
- Promoting the connection between families and the ELC service (which can also potentially improve the connection with the school in the future)
- Promoting a sense of belonging to the community
- Linking parents in with other services and helping them with referral processes

- Benefits for the staff of the service, who might learn from the PCF role, and be supported to develop links with families
- Promoting connections between PCFs, other services and the wider community.

"Building relationships together, like forming friendships between parents, between families. They can engage more, building good relationships with the parents and the service". (PCF)

"It makes them feel a part of their community. It helps them to build like a sense of identity and belonging. They are not just dropping the child off (...). They are part of like a group, and I think that follows on then into the school". (PCF)

"We have been focusing a lot on emotional hygiene. It has benefited a lot (...). I think everyone, even the staff get involved and gets some learning from what we are doing". (PCF)

"I think that it helps for a stronger relationship with the parents and families. It also supports the manager and the childcare workers more, because they know that a person is linking with the families, and that information is being shared. So, on a weekly basis, I would do feedback with families, in a group, of all the activities we did throughout the week and what the benefits were". (PCF)

"The help and the support. Parents would give me positive feedback about the impact that having the support has to their life, has for their children's life, how they can see improvements". (PCF)

ELC managers also perceived PPM as having benefits for the parents and suggested that the supports could promote parents' engagement in their children's life, connectedness with the service, and mental health by reducing anxiety and isolation, particularly during the pandemic.

"I think the integration (...). It draws the parents in to be quite involved in their child's life. We are helping the parents with their own issues, we are helping them to understand their child's needs". (ELC manager)

"I suppose the PCF being out there as well, chatting to them and trying to get them involved more, brings that sense of partnership again, and somebody that is there, but it is not forcing themselves. So, it is building up that trust". (ELC manager)

"A lot of parents were unsure how things were going to work for getting the children ready for school, and the PCF was able to engage with them, give them some guidance, linking in with the staff and able to put out practical tips for some parents". (ELC manager)

“We did zoom meetings with the families to help the children stay connected, to keep parents connected to the service, and also to provide support to the parents, alleviating anxiety and alleviating loneliness, that feeling of isolation”. (ELC manager)

Table 2 presents parent’s percentage scores from 1 (low) to 5 (high) regarding the extent to which PPM is perceived by them to contribute to a set of benefits, according to their perception. Most parents provided a score of five to all the listed benefits. Not all parents provided a score to all questions and so, the sum of percentages does not always correspond to 100%.

Table 2. Parent’s percentage scores regarding PPM’s perceived benefits

Perceived benefits	Scores (from 1=low to 5= high)					Yes ^b
	2	3	4	4/5	5	
Understanding child's development	3.7	3.7	11.1	0	63.0	0
New ways to interact with children	0	7.4	7.4	3.7	66.7	3.7
Parents-ELC service relationship	0	3.7	11.1	3.7	63.0	0
Learning about community services	3.7	7.4	3.7	0	59.3	3.7
Reduction of parental stress or anxiety	0	7.4	14.8	3.7	51.9	3.7

Note. No participant indicated a score of 1. ^a Some participants indicated two scores. ^b Some participants replied “Yes” or that they agreed with the benefit mentioned.

Parents were also asked to name one or two things they learned either from talking with the PCF or from the activities organised by the PCF. Their responses included learning more about: children's development and how to promote it; how to interact with children (e.g., speaking at children’s level); the importance of parents being involved in what the child is doing and in the ELC service; self-care; services and events available in the community; and how to link with other services (e.g., completing referral forms). Parents also acknowledged they learned via the parenting course (e.g., Parents Plus).

“She showed me how to play with my child and how to communicate better. Also, how to understand my daughter and her needs, as well as learning more about myself and how I am only one human”. (Parent)

“Giving you advice if the kids are not listening to you. She’ll tell us to get down to their level and speak to them clearly. Like when you’re calling your child and the child is not even looking at you, she [the PCF] was saying that you have to get down to their level and make eye contact with them. So, when we started doing stuff like that, it worked out better”. (Parent)

“Yes, from talking to her [the PCF] and the activities. She gave me a few activities for my little one to go through at home, to help her along with stuff in school. And then, she gave me brilliant advice throughout the whole year on stuff to do and where to go

(...). So she helped me along with the assessments and all the forms, and then along with the school". (Parent)

Parents also identified the following possible benefits of having a PCF in their ELC:

- Children
 - Developmental benefits (e.g. supporting the transition to primary school; linking with the speech and language service)
 - Socio-emotional benefits (e.g. the perception that the children looked happy in their ELC service and when interacting with the PCF; increased socialisation during the Covid-19 pandemic due to the activities organised by the PCF).
- Parents
 - Socio-emotional benefits (e.g. reduced stress/perception of things being easier; feeling happier when interacting with the PCF; getting to know other parents; increased socialisation during the Covid-19 pandemic due to the activities organised by the PCF)
 - Improved access to relevant information (e.g., local events, services and support with referral processes)
 - Improved connection with the ELC service.
- Early Years Educators being supported in their work.

"Thanks to the PCF's help, she has given my child a better start in her school life. She even organised speech and language therapy for me within the school, which had a huge impact on my child (...). I honestly would have been lost without her support through everything". (Parent)

"[Referring to an interaction between the child and the PCF] It put my child very much at calm. So, when my child was in school, if my child wanted to talk about it, the PCF liaised with the whole situation there. (...). We were in and out of lockdown for so much of last year, so every time the children came back, it was like the first day of school for them. So, it was just brilliant at bridging that gap between the home and the classroom, and keeping that balance. It was re-affirming for the parents as much as it was for the kids". (Parent)

"I think it benefits everybody. The PCF takes the pressure off the teachers". (Parent)

"I feel they give you help and point you in the right direction and, as a first time mom, when I met the PCF, she helped me, listened and understood me. I felt she guided me in the right direction". (Parent)

"I don't think the place would be the same if she was not there. (...) She is the person we always reach for in a nice way (...). It has a knock on effect; if the child is happier, everyone is happier". (Parent)

m) To what extent were PCFs, ELC managers and parents satisfied with PPM?

PPM was generally perceived to be going well and meeting expectations by PCFs and ELC managers, despite the changes related to the pandemic. Respondents acknowledged the importance of PPM in supporting families, even more so during the pandemic.

“I think it's going really well. I think, particularly this year, it's been a huge benefit for parents to know that even throughout Covid, there was somebody there to support them, to make contact with them”. (PCF)

“I think it is going well. I think it is a very important support and a very important resource to have available”. (ELC Manager)

One ELC manager suggested that there was a challenge regarding the distinction between the PCF and Early Years Educators' roles.

“I think there was a little bit of difficulty when the PCF came regarding the role of the staff, and the PCF's role. So, we needed to keep the staff in mind that their work was still there, and they needed to do that, and that the PCF was an extra support in that”. (ELC manager)

PCFs were also asked to score from 1 (low) to 5 (high) the extent to which they were satisfied with named aspects of PPM. Results are shown in Table 3. The majority of PCFs provided a score of 4 or above to all the listed aspects. The support provided by the ELC services and the resources available were the aspects that received the maximum score (5) from the majority of the PCFs. Procedures in terms of recording information and research were the aspect receiving lower scores.

Table 3. PCF's percentage scores regarding satisfaction with aspects of PPM

Satisfaction	Scores (from 1=low to 5= high)				
	3	3/4 ^a	4	4/5 ^a	5
PPM in general	0	12.5	50.0	0	37.5
Support provided by CDI	12.5	12.5	37.5	0	37.5
Support provided by the ELC service	12.5	0	12.5	12.5	62.5
Training opportunities	0	0	50.0	0	50.0
Resources - budget and materials	25.0	0	12.5	0	62.5
Procedures - recording information, research	37.5	0	37.5	12.5	12.5

^aSome participants indicated two scores. No respondents gave scores of 1 or 2.

Overall, parents positively characterised the activities organised by the PCF for them and the children.

“She organised one activity with a library of books and the children could go and choose books and that was really exciting for the children. She went to a lot of effort to make a library and there was treats for the children and they could pick out their books. It was really well organised in terms of being compliant with Covid (...). I couldn’t participate in all of the talks but I know they were very interesting, the online information sessions. I was aware of all of the activities and well notified of them”. (Parent)

“[The PCF] shared a lot over the course of the pandemic. She shared a lot of resources on emotional wellbeing for the kids. That was good, because they were all over the place for being at home, not being able to see their friends and stuff”. (Parent)

“The video call sessions during the time of lock down. We did them every week, that was great. It really helped my little boy because he loves to be sociable. It was great to see familiar faces. There was definitely something. They did ‘Come dine with me’ with the kids with their dads, males, role model and their family, which was great”. (Parent)

“The activities she organises in the school are brilliant and I know every family really enjoys them and benefits from them”. (Parent)

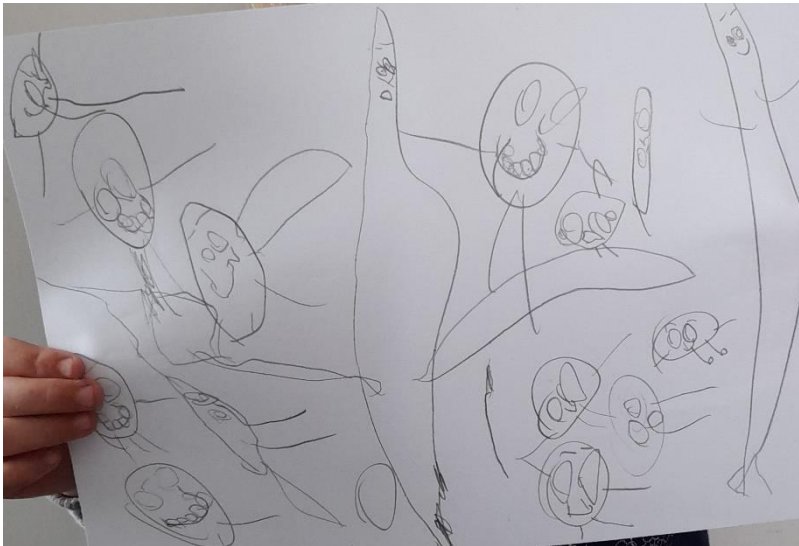
Parents were asked to score their satisfaction with PPM (1=poor, 2=fair, 3=good, 4=very good, 5=excellent) and their relationship with the PCF (1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5=strongly agree). Table 4 shows the percentage of parents per score given. Most parents gave scores of 4 or 5 to all questions, suggesting high levels of satisfaction with the model and their relationship with the PCF.

Table 4. Parent’s percentage scores given regarding satisfaction with PPM and relationship with the PCF

	Scores				
	1	2	3	4	5
Satisfaction with PPM					
How would you rate the quality of interaction between you and the PCF?	0	0	26.0	32.9	41.1
How would you rate the quality of the parental supports offered?	0	0	16.4	31.5	52.1
How would you rate the variety of parental supports offered?	0	2.7	16.4	31.5	49.3
Satisfaction with the relationship with the PCF					
I felt understood and supported.	0	0	5.5	42.5	52.1
My involvement was supported and encouraged.	0	1.4	12.3	46.6	39.7
I felt satisfied with the level of communication I received.	2.7	1.4	2.7	42.5	50.7

2.3.6. Drawings by the children

Children were invited to make a drawing of their family, such as an activity or game they liked to do together. The goal was to gather inputs about what children enjoy doing with their families to inform the development of activities for them within PPM. Two children kindly shared their drawings about their families with the research team (Figure 6). The first drawing shows different family activities.



The second drawing shows the child, parents and two other children in the playground, playing on the slide, as described by the participant child. Along with the drawing, the child's mother provided the following conversation where her child explains what's happening in the picture:

Mother: *What are we doing [in the picture]?*

Child: *We are in the playground.*

Mother: *Are we all in the playground playing?*

Child: *Yes, playing on the slide.*

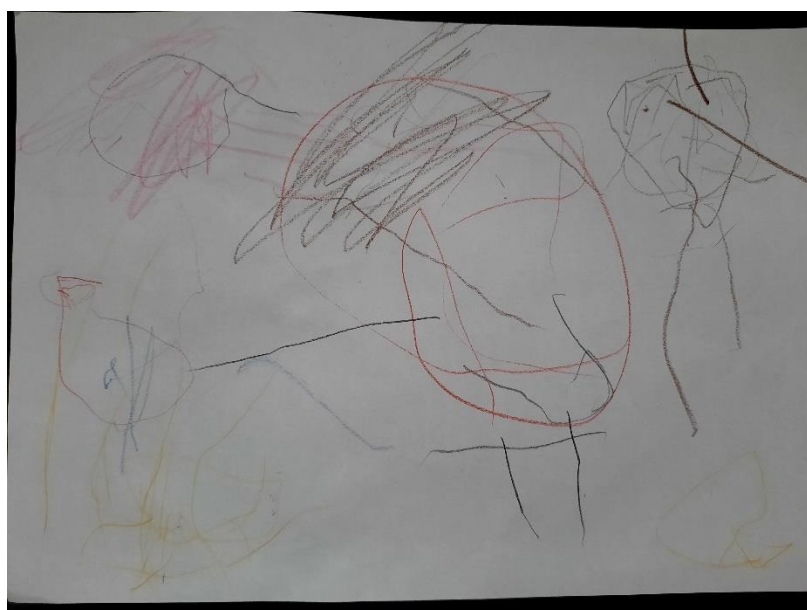


Figure 6. Children's drawings of their families

Whilst it is recognised that little can be concluded from two drawings, other than perhaps the challenges of engaging very young children during a pandemic, their inclusion in the research is important to acknowledge.

2.4 Discussion

The objectives of the implementation study were to contribute to our understanding of how PPM's implementation relates to intended effects on parents; and to consider the views of parents, PCFs and ELC managers, providing more comprehensive analysis of the implementation. The implementation was examined under the categories fidelity, organisation, utilisation, quality, and attitudes towards PPM, in line with previous research (Barata et al., 2016; Hayes et al., 2013). In terms of fidelity, we analysed if the activities were implemented as intended during the academic year 2020-21. In relation to organisation, we focused on the organisational drivers supporting its implementation. Concerning utilisation, we analysed if parents have utilised PPM, and explored barriers and facilitating factors regarding their participation. For quality, we explored characteristics that could influence the achievement of intended benefits for parents. Regarding attitudes towards PPM, we focused on perceived benefits and satisfaction.

Data on the categories described were collected from the PCFs and ELC managers in the ELC services where PPM has been implemented. Data on utilisation, quality, and attitudes towards PPM were also collected from parents attending these services.

Fidelity

Overall, the model's core components were found to be delivered across all the ELC services, namely identification of needs, provision of support, coordination with other services, delivery of parent education and capacity building with service staff (e.g. planning the activities together). The needs of the parents described by PCFs varied among services and within each service, and Covid-19 was acknowledged as shaping these. Needs were identified regarding parenting support (with a focus on children's development and behaviour), emotional support, difficult life circumstances or experiences, and engagement with other services.

Diverse activities were organised, including one-to-one meetings/support; group activities for parents/coffee mornings; group activities for children and parents/family mornings; and home visits/delivery of resources. The activities conducted we aligned to the aims and methods outlined within PPM (described in Chapter 1):

- i. Service
 - o Parenting support provision - Parenting support was provided by PCFs to parents (e.g. children's behaviour management; dental hygiene; toilet training for

- children); and PCFs provided help to engage with other services (e.g., Speech and Language Therapy)
- Quality of relationships between parents and Early Years Educators - PCFs conducted activities focused on connecting the service with the families (e.g., gardening, painting, calendar events), and shared information on how the child was settling into the ELC service.
- ii. Parents
 - Identification of needs - PCFs focused on developing trust and a relationship with parents, aiming to understand their needs and situations and thus better respond to these needs
 - Engagement in children's learning - PCFs shared information with parents about how to support children's development, and organised activities for children and parents both in the service and at home (e.g. family mornings with dance and fitness, baking, bedtime stories)
 - Mental health - PCFs organised activities on mental health and provided one-to-one emotional support (e.g. being available, listening and referring to appropriate services in cases of bereavement and domestic violence).
- iii. Children
 - Preparedness for transition to school - PCFs organised group meetings with parents and provided one-to-one support regarding children's transition to the next academic year
 - Supported parents of children with additional needs in order that the child is referred to and accessing appropriate services.

PCFs and ELC managers indicated that most planned activities were implemented as intended, with adjustments to comply with Covid-19 containment measures. Some activities were delivered across all services, while others were specific to individual ELC services. Variation between the activities could be expected given the underpinning principle that interventions were informed by the needs, resources, capabilities, and interests of the parents. In this sense, we consider that the adaptability of PPM to families characterises it as a model of support, rather than a standardised, curriculum-based programme.

The differences in implementation also highlighted the need for a balance between community-led and evidence-informed services (Hayes et al., 2013). According to Kemp (2016), effective implementation of interventions requires an uncompromised commitment to fidelity to the core components and methods; planned and proactive adaptation to the target groups and local context; monitoring both core components and agreed variations; and local ownership and sustainability. The feedback from the participants in the current research indicated a balance between core components and adaptation to the target group.

Organisation

PCFs indicated that the activities were planned together with the ELC managers, and sometimes included other ELC service staff. Common activities across ECEC services were sometimes planned with the CDI Parenting Specialist and other PCFs.

Overall, the support and involvement from CDI in the implementation of PPM were positively perceived by PCFs and ELC managers. The CoP meetings, Planning meetings, meetings with ELC managers, and training opportunities were identified as important to support implementation. CoP meetings were identified as relevant for reflecting on the work conducted and sharing insights, training, and networking. Planning meetings were described as pertinent to guide future work. The CoP meetings can be seen as a professional development strategy, and an opportunity to enhance practice. Regular team meetings to reflect on the work with children and families (including how to tailor interventions to their needs), and reflect on one's own beliefs, attitudes, knowledge, and skills can also support continuous professional development (Slot & Nata, 2019).

The WhatsApp group with PCFs was described as helpful to share insights. In previous research, professionals working with families were found to consider learning from others, namely peers, as one of the most effective ways of developing professionally (Slot et al., 2018). A number of strategies were recognised as supporting peer learning, whilst the research also identified opportunities to further these approaches.

The programme budget allocated to PPM was either described as helpful or as an aspect that could be increased. In general, PCFs indicated that they received appropriate support from their ELC service. When evaluating satisfaction with PPM, the resources available and the support provided by the ELC services were the aspects that received the maximum score from the majority of the PCFs (indicating higher satisfaction with them), among the aspects listed.

While organisational drivers to support the implementation of PPM were described as adequate, participants also suggested ways in which it could be further improved (described within "Quality").

Utilisation

In general, PCFs and ELC managers acknowledged that parents were interested in using the supports provided by the PCF, although this did vary among parents and depending on the activities. In this research, it was not feasible to collect information on the attendance per family and type of activity, so it was not possible to quantify the extent to which parents utilised the support available. Overall, PCFs reported that parents engaged most consistently in one-to-one meetings during the year, which could be related to the difficulty of conducting group activities while complying with public health measures. Also, one-to-one meetings are

tailored to the specific needs, resources, interests and capabilities of individual parents and families, and so are an appropriate methodology.

PCFs, ELC managers and parents acknowledged the impact of the Covid-19 pandemic on their engagement with activities. While Covid-19 affected delivery and was described as a barrier to participation, some PCFs reported higher engagement than in previous years, particularly among fathers. Some PCFs and ELC managers reported higher attendance as the year went on, as parents got to know the PCFs and activities became more tailored. Two PCFs identified morning drop-offs as times where there was high engagement, and this was reiterated by some parents who reported feeling welcomed, acknowledged, or happier. Overall, parents indicated feeling motivated to participate and to talk with the PCF.

Other barriers to parents' participation (besides Covid-19) suggested by PCFs and ELC managers included parents' lack of availability, confidence or motivation to reach out. PCFs' strategies to encourage participation included: introducing themselves; explaining the rationale for the activities and the possible benefits for the child; developing activities which all parents could participate in as well as more targeted ones; involving parents in the creation of activities; offering a variety of ways to engage (e.g. one-to-one; parent groups and family sessions); building trusting relationships; considering parents' pace; an empathic nonjudgmental approach; and using practical supports or resources (text messages, phone calls, etc.). Building a trusting relationship and open communication with parents, focusing on the child wellbeing, and promoting parents' involvement in decisions can maximise parents' engagement in services for children and families (Aguiar & Pastori, 2019; Slot & Nata, 2019).

According to the PCF's quarterly reports, mothers made up most of the carers receiving support, as is commonly the case in parenting support interventions (Panter-Brick et al., 2014). However, as already noted, fathers were perceived as engaging more this year, and activities which fathers, grandfathers, and other carers (besides mothers) were explicitly invited to were described as having high engagement. Explicitly targeting fathers or other carers, along with mothers, when possible, has been identified as an effective approach to promote their engagement (Lechowicz et al., 2019). CDI has increasingly promoted the engagement of fathers and other carers, which can benefit children and families (Promundo, 2019).

Quality

PCFs indicated that they considered parents' needs, resources, interests, capabilities, and pace to promote positive outcomes for them. PCFs highlighted the importance of building a relationship with parents and having frequent check-ins to assess needs. Parents indicated that they felt their interests and needs were taken into account by their PCF.

In general, PCFs and ELC managers indicated that the main positive aspects of PPM were: having a dedicated person to support parents and to assess of need; the flexibility of the PCF's

role; the diversity of supports; supports to link parents and the ELC service staff; and the support and networking provided by CDI.

Parents identified the following main positive aspects of PPM: extra support for parents, children, and ELC staff; the PCF as a central point of contact that bridges the home and the service; more activities and activities that are inclusive of all parents; and links with other services. Parents positively described the PCFs in their service, mentioning aspects such as high interest shown regarding all families, adaptation to parents' and children's needs, accessible communication, and openness to parents' suggestions.

Regarding weaknesses or less positive aspects, PCFs and ELC managers mentioned challenges with engaging parents, and PCFs' limited working hours impacting on their ability to reach all parents. PCFs indicated concern about attaining targets, numbers, or contractual requirements; limited resources (sometimes); and the burden that research could put on parents. ELC managers particularly referred to insufficient feedback from COP meetings with PCFs; the significant amount of time dedicated to desk or research work; and the annual nature of the funding (instead of being for a longer period).

PCFs' and ELC managers' suggestions to enhance PPM's implementation included more support during the PCFs' induction; creation of a reflection/informal group with PCFs to share insights; planning of the PCFs' work in terms of time allocated per task; more feedback between CDI, PCFs and ELC managers; and establishing ongoing links with organisations to support events. Although participants reported being satisfied with the training provided, training on anxiety was also suggested. The characteristics and experience of those selected for the PCF role were also mentioned by a PCF as important in implementing PPM (e.g. childcare experience, mental health experience, and emotional intelligence). This aspect was reinforced by parents who acknowledged that the PCFs' personalities seemed ideally suited to the role.

Parents did not identify any negative aspects of PPM or the PCFs' work but did acknowledge that Covid-19 might have affected the activities conducted. Parents' suggestions were: more activities for the children and parents (as a means to meet other families); events with parents in the evenings to cater for working families; extra support for families with more and/or complex needs, such as home visits (although the parent recognised not knowing the usual procedures in these cases); and more information about the children's day in the service and their progress²².

Some parents seemed to speak about the staff in general during the interview and possibly had difficulty distinguishing between the PCF and ELC staff (*"They gave you a lot of tools for*

²² It is important to note that this is not a part of the PCFs' role.

using at home and what you could do to keep the kids busy"). One ELC manager also mentioned the initial challenge reported by the Early Years Educators regarding the distinction between their role and the PCF's role (this was addressed by emphasising that the PCF brought extra support). These aspects suggest the need to better define the PCFs' role for parents, a recommendation previously made in the evaluation of CDI's *Early Years Programme* (Hayes et al., 2013). This evaluation also highlighted that because the PCF role developed differently across services, it can be difficult to understand the impact of the support.

Attitudes towards PPM

PCFs, ELC managers and parents provided anecdotal evidence that PPM benefits families.

According to PCFs, outcomes which they have observed include: parents being supported regarding queries/challenges, managing children's behaviour, and life changes (e.g. back to work, education); a connection between families; and a sense of belonging to the community. Other possible outcomes included benefits for the ELC staff in terms of learning about the PCF's work, and PCFs' connection with colleagues and the wider community. In this sense, PPM can potentially reinforce early years settings as communities of care, promoting a sense of belonging and support for families, and a sense of validation for stakeholders (Garrity & Canavan, 2017).

According to ELC managers, access to a PCF promotes parents' engagement in their children's life, connectedness with the service, and improved mental health by reducing anxiety and isolation, particularly during the pandemic. PCFs and ELC managers did, however, acknowledge that outcomes could vary among the families.

When asked about what parents learned with the PCFs, parents referred to: children's development; engagement and interaction with children; engagement with the ELC service; self-care; and information on other services and events. Parents also identified the following benefits: developmental and socio-emotional benefits for the child; socio-emotional benefits for the parents (including reduced stress); improved access to relevant information; improved connection with the ELC service; and increased support for the Early Years Educators in their work.

In terms of satisfaction with PPM, the approach was generally perceived to be going well by the PCFs and ELC managers, despite the changes related to the pandemic. PCFs indicated satisfaction with most organisational aspects; the lowest satisfaction score was related to procedures, a finding echoed in the study on which the survey was based (Barata et al., 2016). Worrying about attaining specific targets was one of the aspects mentioned during the interviews with PCFs. The amount of information collected was also identified during the interviews with ELC managers as possibly overburdening PCFs and parents. Given that the

current research increased the number of requests made of PCFs, we recommend analysing their satisfaction level with procedures in the future (outside the context of this research).

Overall, parents positively characterised the activities organised by the PCF for them and their children. Parents also reported high levels of satisfaction with both the model and their relationship with the PCF.

Peer research

The involvement of Peer Researchers in the current study contributed to improving the recruitment of participants and quality of data collection. They shared insights and provided feedback on how to better approach participating parents and contributed to the development of the interview protocol. The Peer Researchers were also involved in data analysis processes, contributing to more accurate reflections of participants' views, given their shared experiences as parents in the same community. This work reinforced the importance of involving Peer Researchers in data analysis, which has been rarer than their involvement in the recruitment of participants and data collection (Roche et al., 2010).

The Peer Researchers were also able to maximise the relevance of the research to the participants, and reduced the gap between researchers and participants, as previously acknowledged in the literature (Institute for Community Sciences, n.d.). Overall, we consider that the current study highlights that Peer Researchers bring value to community-based research.

Limitations

In terms of limitations of the implementation study, we acknowledge that the sample of parents is not representative of all parents participating in the ELC services with PPM.

Our initial plan was to collect data from parents face-to-face, including demographic characteristics (e.g., educational level, socio-economic status, household constitution), and to analyse if parents differed in their responses according to these characteristics. However, since the data were collected via telephone, more personal questions were removed, and interviews were kept short (up to 10-15 minutes).

We also aimed to gather children's perspectives in this study, acknowledging the importance of including children in decisions that can affect their lives. However, given the changes in the methodology due to the Covid-19 pandemic, we could not conduct Photovoice and Circle Time with children. It is very likely that the inability to engage directly with parents and children interfered with the number of participants we were able to recruit.

The frequency of engagement between the PCF and individual parents was not collected. Given the diversity of activities conducted (once-off/ongoing, informal/formal, practical supports), it would be difficult to collect these data. Whilst the PCFs do report quarterly on the

levels of participation, it is not possible to avoid double counting of parents as many will take part in multiple activities.

We used content analysis to analyse the data, applying a deductive approach and considering the interview questions as predefined themes. While an inductive approach, with the themes being driven by the data, tends to provide a richer description of the data overall, the deductive approach can contribute to a more detailed analysis of some aspects of the data (Braun & Clarke, 2006). We considered that a deductive approach would be more suitable to provide details of the model within the predefined themes - fidelity, organisation, utilisation, quality, and attitudes -, which were based on previous research on parenting support interventions (e.g. Barata et al., 2016; Hayes et al., 2013).

In analysing the findings, it is important to acknowledge that responses may have been influenced by social desirability bias. The research team might not have been perceived as independent from the CDI team (e.g. the Research Fellow worked within CDI, and some of the parents were invited to participate via the PCFs), so participants may have found it challenging to respond honestly.

CHAPTER 3: Impact study

3.1 Research questions and expected impacts

The following research questions were addressed within the impact study²³:

- What was the impact of PPM on the parent-Early Years Educator relationship?
- What was the impact of PPM on the Home Learning Environment?
- What was the impact of PPM on parental stress?
- What was the impact of PPM on parents' views on how gender influences caregiving?
- Did PPM's impacts vary by parents' socioeconomic status, formal educational level, household make-up, and ethnicity?

Regarding the expected results, we hypothesised that:

- Parents in the Intervention Group would report more frequent parent-Early Years Educator partnerships than parents in the Comparison Group, for example through sharing and seeking information, and building adult relations
- Parents in the Intervention Group would report more HLE activities than parents in the Comparison Group
- Parents in the Intervention Group would report less parental stress than parents in the Comparison Group.
- Parents in the Intervention Group would report more paternal engagement in caregiving than parents in the Comparison Group.

As noted above, PPM aims to engage families experiencing poverty or social exclusion, despite being a universal model. We hypothesised that parents with a lower socioeconomic status, lower formal educational level, lone parents, and ethnic minority group status would benefit most from the model.

²³ The initial plan regarding the impact evaluation included assessing children's preparedness for transition to school. However, due to constraints related to Covid-19 containment measures, this outcome was not included in the study.

3.2 Methodology

3.2.1 Sample

3.2.1.1 Target population

PPM supports parents of children from two to six years old (up to compulsory school age) in eight ELC services in Tallaght (postal district Dublin 24). We aimed to invite all interested parents with children attending these services to be part of the Intervention Group.

We aimed to recruit parents with children in ELC services without PPM for the Comparison Group. Firstly, we sought to include eight Comparison ELC services located in Dublin 24, that could be matched with the Intervention ELC services. Matching would be based on the setting capacity, staff:child ratio, and staff qualifications (in line with the factors considered in the study of the CDI *Early Years Programme*; Hayes et al., 2013). However, to recruit more participants²⁴, we decided to include services in areas besides Dublin 24 that were characterised by a similar level of overall affluence and deprivation, following the Pobal HP Deprivation Index (Haase & Pratschke, 2017). We contacted ELC services within Dublin 11, Dublin 16, Dublin 22, and Lucan (Co. Dublin).

We aimed to recruit approximately 245 parents: about half from ELC services with PPM, and the other half from ELC services without it. The estimated number of participants was based on the number of children in the ELC services with PPM in previous academic years. We did not statistically estimate the number of participants needed in the sample to have a good chance of detecting model effects.

The specific inclusion criteria regarding the participants were: parents with children up to six years old in ELC services with PPM (Intervention Group), regardless of the frequency and duration of their contact with the PCF; parents with children up to six old years old in ELC services without PPM (Comparison Group). The exclusion criteria were: parents with children older than six years old; and/or parents with children not attending an ELC service.

3.2.1.2 Recruitment procedures

Purposive sampling was used to recruit parents by contacting ELC services in the selected communities (postal districts). Thirty-five ELC services and two non-profit organisations with links to Early Years Providers were contacted. ELC service managers were informed about the study and asked to support the recruitment of participants. They were asked to: present the study to parents, and hand over the information sheet on the study, which included the link to

²⁴ The recruitment efforts started at the end of the first wave of the Covid-19 pandemic, when ELC services were still facing related restrictions.

the online questionnaire used to collect the data²⁵; and/or organising meetings between the researchers and parents who wished to know more about the study (online or by telephone). Parents could also contact the researchers directly through the contact details provided. In the services with PPM, the PCFs explained the study to the parents, invited them to participate, and shared the link to the questionnaire.

Since the questionnaire was accessible to anyone with the internet link, snowball sampling may have taken place. According to the data collected, participants in the Comparison Group had children attending 25 ELC services, some of which were not contacted by us, nor were they in the selected catchment areas.

The description of the study provided to potential participants indicated the goal of recruiting participants with and without the PPM in their Early Years services (i.e. to compare if there were differences between the two groups). Therefore, participants were not blind to their allocation to the Intervention or Comparison Groups.

We expected challenges in the recruitment of participants. To comply with the Covid-19 containment measures implemented at the time of recruitment, the research team did not meet parents face-to-face in the ELC services, making it challenging to present the study directly and respond to any queries. Also, participation in the research would not change access to PPM²⁶. Although this was the ethical and feasible option, it is important to consider that the perceived lack of benefit from participation could have affected recruitment. To avoid these challenges, the research team sought to provide information on the study to the ELC services and be available to talk with parents (by telephone or online). Parents in the Comparison Group were also informed that, at the end of the study, they could attend sessions on supporting children's speech and language development, and children's mental health. Parents in both the Intervention and Comparison Groups were entitled to enter a draw to receive grocery vouchers.

Parents in the Comparison Group (no PCF) that participated in the pre-test were invited to complete the post-test questionnaire, but that was limited to those parents who voluntarily provided their contact details for this purpose at the pre-test. In the services with PPM, PCFs supported the recruitment by informing parents about the post-test questionnaire. Given that PCFs did not receive information about who participated in the pre-test they invited all

²⁵ These information sheets had the link to the online questionnaire, including a QR code and instructions to access it. The content of the information sheet was also on the first page of the questionnaire, so all participants accessing the questionnaire received information on the study.

²⁶ Parents with PPM in their ELC services would continue to have access to it. Parents without the PPM in their ELC services would continue to not have access to it.

potentially interested parents to complete the post-test (i.e. regardless of their participation in the pre-test).

We also expected challenges in the post-test recruitment, and we were concerned about a possible low-response rate, particularly among the parents in the Comparison Group. Some parents might have changed their contact details, have less availability, and/or lost interest in the research. To avoid these difficulties, we reminded parents about the availability of free information sessions on children's speech and language development, and children's mental health. We also offered the possibility of entering a second draw to receive groceries vouchers.

3.2.1.3 Initial sample (pre-test)

In total, 168 parents completed the pre-test assessment. Six of these parents were excluded from subsequent analysis because they indicated their child was not attending an ELC service. Therefore, the total number of participants in the pre-test sample was 162. The socio-economic profile of the whole pre-test sample (including both the Intervention and Comparison Groups) is shown in Appendix C.

The children of participating parents had a mean age of approximately four years old at the pre-test ($M=3.74$; $SD=0.79$). Three children were not yet two years old at this time, but the research team decided to include their parents in the study, given their indication of ELC service attendance. Figure 7 shows the percentage of children per age group. Approximately 52% of the children were female and 48% were male²⁷. About 40% of children were in their first year in the ELC service, and 60% were not. Around half of the participants indicated that the subject child of the questionnaire was their first child.

²⁷ The questions regarding the child's and parents' gender also included the option "Other", whose frequency is not reported because none of the participants selected it.

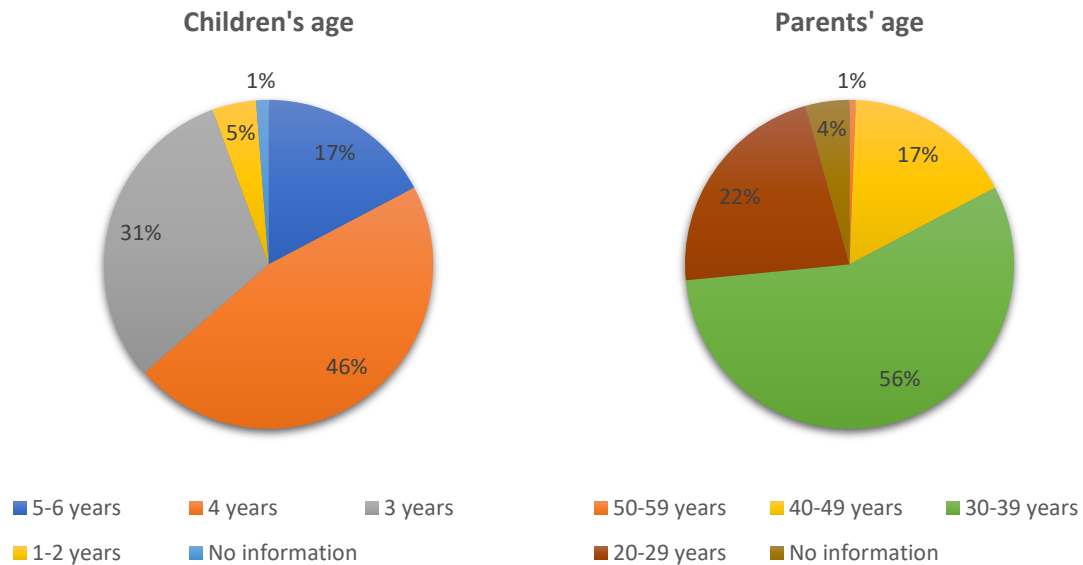


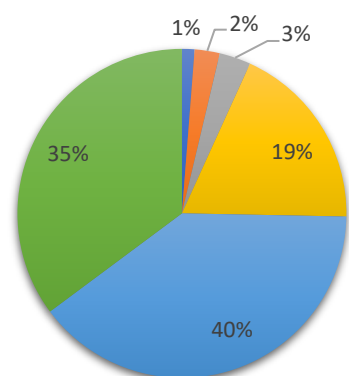
Figure 7. Percentage of children and parents per age group

The participating parents' mean age was 34 years old at the pre-test ($M=34.45$; $SD=6.08$). Figure 7 shows the percentage of parents per age group. Ninety-four per cent of the parents were female and 6% were male; 92% were mothers, approximately 6% were fathers, and 2% were other carers. English was the main language spoken at home (93% of parents), and other languages by 6% of parents. Eighty-two per cent of the participants were born in Ireland, and 18% were born in other countries. Regarding parents' ethnicity, 82% were White Irish; 9% indicated Other White Background; 6% were Black Irish or Black; 3% were Asian Irish or Asian; and 2% indicated Other Ethnicity (including mixed background). No respondents identified as Traveller. Regarding the highest level of formal education completed, 60% of participants had secondary or lower, and 36% had tertiary²⁸. Regarding employment, 58% of participants were in paid employment (full- or part-time), and 42% were not. Fifty-one per cent of the participants were Married/in a Civil Partnership, 37% were Single, 2% were Divorced/Separated/Widowed, and 9% selected the response Other Marital Status.

Regarding the household, 67% of participants indicated that theirs constituted two parents living together, and 30% indicated Lone parent or Other. Households were comprised, on average, of two children and two adults. Figure 8 shows the percentage of households per number of children and adults living there at the pre-test.

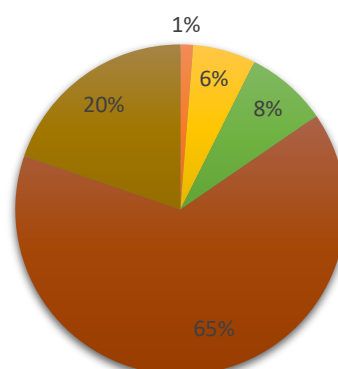
²⁸ The tertiary level corresponds to levels 6 to 8 of the International Standard Classification of Education (ISCED). Secondary level or lower corresponds to levels 5 or lower of the ISCED.

Number of children in the household



■ 6 children ■ 5 children ■ 4 children
■ 3 children ■ 2 children ■ 1 child

Number of adults in the household



■ 5 adults ■ 4 adults ■ 3 adults
■ 2 adults ■ 1 adult

Figure 8. Percentage of households per number of children and adults living there

Half of the participants did not receive social welfare payments, while 47% did. Forty-eight per cent did not have a medical card, while half indicated they had a medical card (GP only or full card). To qualify for a medical card, the weekly income must be below a certain amount for the family size²⁹, and so this is a good indication of whether the family has adequate income. Approximately 78% of participants were not involved with any of the following support services/agencies, while 22% were involved at least with one: Tusla; HSE Primary Care - e.g. Psychology, Speech and Language Therapy (SLT), Occupational Therapy; Assessment of Need; Housing Services; Adult Disability Services; Addiction Services.

The Intervention Group had 99 participants, who were drawn from all eight ELC services with PPM. The Comparison Group had 63 parents from 25 ELC services, located in eight different districts, namely: Dublin 24 (15 services), Dublin 22 (three services), Dublin 11 (two services), Lucan (one service), Rathcoole (one service), Dublin 1 (one service), Dublin 8 (one service), and Dublin 12 (one service).

To assess if the Intervention and Comparison Groups were equivalent at the pre-test, we compared their background characteristics, as shown in Table 5.

²⁹ The income limits for the General Practitioner only card are higher than the limits for the full medical card (Citizens Information, 2021).

Table 5. Background characteristics of the Intervention and Comparison Groups at pretest

Variables	Intervention Group		Comparison Group		t/χ^2	df	p
	n	M(SD)/%	n	M(SD)/%			
Child age	98	3.66 (0.74)	62	3.87 (0.85)	-1.715 ^a	158	.088
5-6 years	1	1.0%	5	7.9%			
4 years	34	34.3%	23	36.5%			
3 years	43	43.4%	27	42.9%			
1-2 years	20	20.2%	7	11.1%			
Child gender					.440	1	.507
Female	54	54.5%	31	49.2%			
Male	45	45.5%	32	50.8%			
Year in ELC service					.000	1	.989
2 nd /3 rd /Other	59	59.6%	38	60.3%			
1 st	39	39.4%	25	39.7%			
Parents first child					.557	1	.455
No	50	50.5%	29	46.0%			
Yes	46	46.5%	34	54.0%			
Parent age	95	33.51 (6.04)	60	35.95 (5.88)	-2.479 ^a	153	.014
50-59 years	0	0%	1	1.6%			
40-49 years	13	13.1%	14	22.2%			
30-39 years	54	54.5%	37	58.7%			
20-29 years	28	28.3%	8	12.7%			
Parents gender					^b		.090
Female	90	90.9%	62	98.4%			
Male	9	9.1%	1	1.6%			
Kinship					3.286	1	.070
Mother	88	88.9%	61	96.8%			
Other	11	11.1%	2	3.2%			
Parent language					^b		.049
English	95	96.0%	56	88.9%			
Other	3	3.0%	7	11.1%			
Country of origin					2.449	1	.118
Ireland	85	85.9%	48	76.2%			
Other	14	14.1%	15	23.8%			
Ethnicity					4.896	1	.027
White Irish	86	86.9%	46	73.0%			
Other	13	13.1%	17	27.0%			
Other White background	6	6.1%	8	12.7%			
Black Irish or Black	7	7.1%	2	3.2%			
Asian Irish or Asian	0	0%	4	6.3%			
Other. including mixed background	0	0%	3	4.8%			
Parent education level					5.826	1	.016
Tertiary	28	28.3%	31	49.2%			
Secondary or lower	65	65.7%	32	50.8%			
Employment status					11.633	1	<.001

In paid employment	47	47.5%	47	74.6%			
Not in paid employment	52	52.5%	16	25.4%			
Marital status					6.534	1	.011
Married/Civil partnership	42	42.4%	40	63.5%			
Single/Divorced/Separated/Widowed/Other	56	56.6%	23	36.5%			
Type of household					2.350	1	.125
Two parents living together	61	61.6%	47	74.6%			
Lone Parent/Other	34	34.3%	15	23.8%			
Number children in household	99	2.07 (1.16)	63	1.94 (0.82)	.798 ^c	160	.426
Number adults in household	99	2.07 (0.88)	63	2.00 (0.65)	.548 ^c	160	.584
Receiving social welfare					.251	1	.616
No	48	48.5%	33	52.4%			
Yes	48	48.5%	28	44.4%			
Medical card					4.587	1	.032
No	41	41.4%	37	58.7%			
Yes	56	56.6%	25	39.7%			
Involved with support services					.042	1	.838
No	78	78.8%	48	76.2%			
Yes	21	21.2%	14	22.2%			

Notes. ^a The assumptions of the t-test were met regarding normality of the distribution and homogeneity of variances.

^b The Chi-squared test assumption that 80% of the expected counts should be equal to or greater than five was not met; the p-value shown refers to the Fisher's Exact test.

^c Given that the assumptions of the t-test were not met regarding normality of the distribution and homogeneity of variances, we ran Mann-Whitney tests and confirmed that the differences between groups were not significant (Number of children in the household: Mann-Whitney= 1.191, p=.365; Number of adults in the household: Mann-Whitney=0.104; p=.921).

The Intervention and Comparison Groups were found to be significantly different ($p < .05$) regarding some background characteristics:

- The Intervention Group had younger parents on average than the Comparison Group
- The Intervention Group had a higher percentage of parents speaking English as the main language at home than the Comparison Group
- The Intervention Group had a higher percentage of parents indicating their ethnicity to be White Irish than the Comparison Group³⁰
- The Intervention Group had a higher percentage of parents who completed only up to the secondary education level than the Comparison Group
- The Intervention Group had a higher percentage of parents not in paid employment, while the Comparison Group had a higher percentage of parents in paid employment

³⁰ Given the low number of participants identifying as anything other than white Irish, we grouped these participants in to one group to maintain anonymity.

- The Intervention Group had a higher percentage of parents whose marital status was Single/Divorced/Separated/Widowed/Other, while the Comparison Group had a higher percentage of parents that were married/in a civil partnership
- The Intervention Group had a higher percentage of parents with a medical card, while the Comparison Group had a higher percentage of parents without it.

Based on the educational level, employment status, and medical card, the Intervention Group seemed to have a lower socio-economic status than the Comparison Group at the pre-test. In addition, the higher proportion of lone parenting in the Intervention Group indicates a greater risk of poverty.

3.2.1.4 Final sample

There was no indication that participants changed group between pre-test and post-test (i.e. parents in the Intervention Group starting to access a Comparison Service; or parents in the Comparison Group starting to access an Intervention Service).

Eighty-two parents participated in the post-test (including Intervention and Comparison Groups). Of these, three did not have children attending an ELC service at pre-test, and so were excluded from the analysis. Therefore, the final post-test sample included 79 parents: 44 in the Intervention Group and 35 in the Comparison Group.

In total, 51.2% of the parents in the pre-test sample (n=162) did not participate in the post-test and were considered attritioners. Of those who participated in the pre-test, 44.4% (n=44) of the Intervention Group and 55.6% (n=35) of the Comparison Group continued to participate in the post-test (non-attritioners). No significant differences were found between Intervention and Comparison Groups regarding the attrition rate ($\chi^2(1) = 1.902$; $p = .168$).

Significant differences ($p < .05$) were found between attritioners and non-attritioners for three of the 19 background characteristics examined, namely:

- The group of non-attritioners had older children ($t(158) = 2.018$, $p = .045$; $M_{\text{Non-attritioners}} = 3.87$, $SD = 0.08$; $M_{\text{Attritioners}} = 3.62$, $SD = 0.09$)
- The group of non-attritioners had a lower percentage of parents speaking English than the main language at home (Fisher's Exact Test: $p = .008$; $\%_{\text{Non-attritioners}} = 88.6\%$; $\%_{\text{Attritioners}} = 98.8\%$)
- The group of non-attritioners had a higher percentage of households with two parents living together ($\chi^2(1) = 7.658$, $p = .006$; $\%_{\text{Non-attritioners}} = 79.2\%$; $\%_{\text{Attritioners}} = 58.8\%$).

Thus, the families which remained in the research study, had older children, were more likely to speak English as their first language, and more likely to be two parent families.

We also compared the background characteristics of the Intervention and Comparison Groups included in the post-test sample regarding their background characteristics, as shown in Table 6.

Table 6. Background characteristics of the Intervention and Comparison Groups at posttest

Variables	Intervention group		Comparison group		t/χ^2	df	p
	n	M(SD)/%	n	M(SD)/%			
Child age	44	3.87(0.69)	35	3.87(0.79)	0.006 ^a	77	.995
5-6 years	0	0%	2	5.7%			
4 years	22	50.0%	15	42.9%			
3 years	19	43.2%	14	40.0%			
1-2 years	3	6.8%	4	11.4%			
Child gender					0.963	1	.326
Female	25	56.8%	16	45.7%			
Male	19	43.2%	19	54.3%			
Year in ELC service					.037	1	.848
2 nd /3 rd /Other	28	63.6%	23	65.7%			
1 st	16	36.4%	12	34.3%			
Parents first child					3.228	1	.072
No	23	52.3%	12	34.3%			
Yes	19	43.2%	23	65.7%			
Parents age	41	33.17(4.51)	32	35.94(4.59)	-2.582 ^a	71	.012
40-49 years	3	6.8%	8	22.9%			
30-39 years	28	63.6%	21	60.0%			
20-29 years	10	22.7%	3	8.6%			
Parents gender					b		.376
Female	40	90.9%	34	97.1%			
Male	4	9.1%	1	2.9%			
Kinship					b		.625
Mother	41	93.2%	34	97.1%			
Other	3	6.8%	1	2.9%			
Parents language					b		.174
English	41	93.2%	29	82.9%			
Other	3	6.8%	6	17.1%			
Country of origin					4.725	1	.030
Ireland	38	86.4%	23	65.7%			
Other	6	13.6%	12	34.3%			
Ethnicity					6.065	1	.014
White Irish	39	88.6%	23	65.7%			
Other	5	11.4%	12	34.3%			
Other White background	4	9.1%	5	14.3%			
Black Irish or Black	1	2.3%	1	2.9%			
Asian Irish or Asian	0	0%	4	11.4%			
Other. including mixed background	0	0%	2	5.7%			

Parents education level					9.976	1	.002
Tertiary	11	25.0%	22	62.9%			
Secondary or lower	30	68.2%	13	37.1%			
Employment status					5.190	1	.023
In paid employment	23	52.3%	27	77.1%			
Not in paid employment	21	47.7%	8	22.9%			
Marital status					7.897	1	.005
Married/Civil partnership	17	38.6%	25	71.4%			
Single/Divorced/Separated/Widowed/Other	26	59.1%	10	28.6%			
Type of household					3.006	1	.083
Two parents living together	31	70.5%	30	85.7%			
Lone Parent/Other	12	27.3%	4	11.4%			
Number children in household	44	2.02(0.95)	35	1.89(0.83)	0.671 ^c	77	.504
Number adults in household	44	2.02(0.70)	35	1.97(0.45)	.376 ^c	77	708
Receiving social welfare					.022	1	.883
No	24	54.5%	20	57.1%			
Yes	18	40.9%	14	40.0%			
Medical card					5.845	1	.016
No	18	40.9%	24	68.6%			
Yes	24	54.5%	10	28.6%			
Involved with support services					1.947	1	.163
No	32	72.7%	30	85.7%			
Yes	12	27.3%	5	14.3%			

Notes. ^a The assumptions of the t-test were met regarding normality of the distribution and homogeneity of variances.

^b The Chi-squared test assumption that 80% of the expected counts should be equal to or greater than five was not met; the p-value shown refers to the Fisher's Exact test.

^c Given that the assumption of the t-test was not met regarding normality of the distribution, we ran Mann-Whitney tests and confirmed that the differences between groups were not significant (Number of children in the household: Mann-Whitney= 0.713, p=.570; Number of adults in the household: Mann-Whitney=0.167; p=.973).

The Intervention and Comparison Group participants that completed the post-test were found to have some significant differences ($p < .05$) regarding some background characteristics:

- The Intervention Group were on average younger than the Comparison Group
- The Intervention Group had a higher percentage of parents who were born in Ireland than the Comparison Group
- The Intervention Group had a higher percentage of parents indicating their ethnicity to be White Irish than the Comparison Group
- The Intervention Group had a higher percentage of parents who completed up to secondary education level, while the Comparison Group had a higher percentage of parents who completed tertiary level

- The Intervention Group had a lower percentage of parents in paid employment than the Comparison Group
- The Intervention Group had a higher percentage of parents whose marital status was Single/Divorced/Separated/Widowed/Other, while the Comparison Group had a higher percentage of parents that were married/in a civil partnership
- The Intervention Group had a higher percentage of parents with a medical card, while the Comparison Group had a higher percentage of parents without it.

These results indicate that differences remained in key characteristics at post-test between participants from the Intervention and Comparison Groups. Therefore, we sought to balance the groups (as described in the Data Analysis Plan section).

3.2.2 Procedures

3.2.2.1 Data collection

The Intervention and Comparison Groups received different internet links to access the online questionnaire, so the responses could be saved separately, increasing the certainty of allocating them to the correct group. The internet links only differed in one character to provide similar access conditions to both groups (e.g., avoiding having a longer or more complex link). The questionnaire was located on SurveyMonkey. Completing the questionnaire was expected to take around 20 minutes and could take place at the convenience of the participants. Participants in the pre-test were assigned a code for the post-test.

Pre-test data were collected between December 2020 and January 2021. In this period, Ireland entered the third wave of the Covid-19 pandemic (Health Protection Surveillance Centre, 2021). The initial plan was to collect data at the start of the academic year, between September and November 2020. However, the research team needed to change the planned methodology to comply with Covid-19 containment measures.

For post-test assessment, parents were provided with the same internet links to the questionnaire used at the pre-test to facilitate its access. Post-test data were collected between May and June 2021 when Ireland was in the third wave of the Covid-19 pandemic.

3.2.2.2 Ethical considerations

Ethics approval for the study was obtained from the national Child and Family Agency's (Tusla) Research and Ethics Committee before commencing the study. Information on the study and a consent form were included at the start of the online questionnaire (in which we sought to use plain English). The information on the study included the reasons for the research, data treatment procedures, and the researcher's role and contact details. Participants were required to provide informed consent before continuing to the questionnaire by clicking checkboxes on the screen. Data were treated confidentially and anonymised.

3.2.3 Measures

The online questionnaire aimed to gather information on the participants' demographics, and to assess parents' relationship with Early Years Educators, the quality of the HLE, parental stress levels, and views on how gender affects caregiving. Measures were chosen based on their relevance to assess the stated outcomes, previous use in/adaptation to the Irish/European context, and psychometric properties. CDI staff, who have a long experience of working with families from the target communities, reviewed the selected measures and provided feedback about parents' access to the internet and familiarity with online questionnaires. The current research was the first time that parents were requested to complete an online questionnaire to evaluate PPM. The questionnaire was piloted before data collection.

A "Prefer not to say" option was added throughout the questionnaire, to allow parents not to reply to specific questions while avoiding missing/blank responses. Information on the psychometric properties of the scales used is shown in Appendix D.

Besides the measures described below, questions on parents' views and experiences regarding the Covid-19 pandemic were included (only at the pre-test). The respective findings were not included in the analysis of the impact of PPM and, therefore, are not detailed here³¹.

3.2.3.1 Demographics

The *Me and My Family* questionnaire created by CDI and applied in previous programme evaluations was used. It includes questions on parent demographics and household characteristics: children's and parents' gender; children's and parents' age; parents' employment status; parents' educational level; parents' ethnic background; parents' marital status; type of household (if parents were living together, lone parents, or other); the number of children in the household; language spoken at home; and involvement with support services/agencies. For the current study, additional questions were added: length of time in ELC service; if the child was the parents' first child or not; country of origin; the number of adults in the household; social welfare payments received; and access to a medical card.

3.2.3.2 Parents' relationship with Early Years Educators

Parents' views on the relationship with their children's Early Years Educators were evaluated through the Caregiver-Parent Partnership Scale (CPPS; Ware et al., 1995). It measures self-reported interactions between parents and Early Years Educators (called caregivers by the authors), described as partnership-relevant behaviours (Owen et al., 2000). The items are

³¹ Information on the study about the Covid-19-related experiences is available on http://cdi.ie/wp-content/uploads/2022/07/CDI_Covid19_Unmasked-Poverty_Two-Irish-studies-.pdf

rated on a five-point Likert scale (from 1=highly unlikely to 5=highly likely), with higher scores indicating more frequent partnership-relevant behaviours. Items can be grouped into three categories: a) Sharing information about the child (five items - scores ranging from 5 to 25); b) Seeking information about the child (three items - scores ranging from 3 to 15); and c) Adult relations (six items - scores ranging from 6 to 30), which includes supportive behaviour, such as praising the Early Years Educators.

3.2.3.3 Home Learning Environment (HLE)

The HLE was evaluated by applying the Home Learning Environment Index (HLEI) developed by Melhuish and colleagues (2001). This measure assesses the parents' perceptions of the frequency with which activities known to support and promote children's learning occur in the child's home environment. The simplified version³² used in the Growing Up in Ireland (GUI) study with caregivers of three-year-old children (GUI, n.d.) was selected for the current research. This version includes seven questions about the frequency of activities that the child may engage in at home including: reading to the child; helping the child to learn the alphabet/letters; numbers/counting; songs/poems/nursery rhymes; playing games with the child (e.g. board games); painting/drawing/labelling/playing with play-doh; and playing active games with the child (e.g. football). The items are rated on an eight-point Likert scale (from 0=zero days to 7=seven days). The total score (sum of the seven items) can range from 0 to 49. A higher score indicates that the child is engaging more frequently in activities that support and promote their learning (Centre for Effective Services, 2019a).

3.2.3.4 Parents' psychological stress

Parents' psychological stress was measured with the Parental Stress Scale (PSS), (Berry and Jones, 1995). This measure assesses how parents are feeling about the parenting role. It considers pleasure in or positive themes of parenthood (emotional benefits, self-enrichment, personal development), as well as negative components (demands on resources, opportunity costs and restrictions). The measure includes 18 questions covering perceived stress, work/family stress, loneliness, anxiety, guilt, marital satisfaction/commitment, job satisfaction, and social support. The items are rated on a five-point Likert scale (from 1=Strongly disagree to 5=Strongly agree), with total scores ranging from 18 to 90. The higher the score, the higher the level of parenting stress. In the GUI study, mothers of nine-month-old babies had an average total score of 32.2 and fathers of 30.8 (Centre for Effective Services, 2019b).

³²Unlike the HLEI developed by Melhuish and colleagues (2001), the version used in the GUI study did not include a question on visiting the library. We considered that this version would be more suitable to apply within the current study given the pandemic and limited access to different services, including libraries.

3.2.3.5 Views on gender influences on caregiving

A measure was designed to assess parents' views on how gender influences caregiving by selecting questions from previous surveys including the International Social Survey Programme, European Social Survey, European Values Study, and Generations and Gender Programme. We designed a measure that specifically focused on how much parents agree with the equitable involvement of men and women, or fathers and mothers, in the care of children. Existing measures include questions that cover this domain but, in general also go beyond the scope of the current research.

The following five items were used in this study:

1. Women should take more responsibility for the home and children than men (reversed)
2. A single father can bring up his child as well as a single mother
3. It is not good if the man stays at home and cares for the children and the woman goes out to work (reversed)
4. A father should be as heavily involved in the care of his children as the mother
5. In general, fathers are as well suited to look after their children as mothers.

The items were rated on a five-point Likert scale (from 1=Strongly disagree to 5=Strongly agree). Total scores could range from 5 to 25. A higher score suggested strong agreement with the equitable involvement of men and women, or fathers and mothers, in the care of children.

3.2.3.6 Involvement with parenting support interventions

To account for possible effects of other parenting support interventions which parents may have participated in between the pre-test and post-test, we included the following closed-ended questions at the end of the post-test questionnaire provided to the Comparison Group:

- In the last six months, have you received any professional help or advice on issues such as child health and wellbeing, childrearing or parenting? Response options: No; Yes, provided by the preschool staff; Yes, provided by other services (not the preschool); Do not know.
- In the last six months, have you participated in any parenting support programme or parenting course? Response options: No; Yes, provided by the preschool staff; Yes, provided by other services (not the preschool); Do not know.

3.2.4 Data analysis plan

The following analyses were conducted using IBM SPSS version 28. Only cases with data on the variables were included. The response options "Prefer not to say" and "Don't know" were coded as missing values.

3.2.4.1 Adjustment for differences in background characteristics

The Intervention and Comparison Groups differed in some observed background characteristics (as reported in Section 2.2) and could also differ in unobservable characteristics. Reducing these differences contributes to identifying the model's effects more clearly.

Intending to statistically reduce differences between the two Groups, we first calculated the probability (propensity score) of each parent being in the Intervention Group or in the Comparison Group, based on the following characteristics: Parents' educational level; Parents' employment status; Type of household; and Medical card holding. We chose these characteristics because they might be related to the group each participant was allocated to (Intervention vs Comparison) and the measured outcomes. Specifically these characteristics can be indicative of the participants' socioeconomic status. Given that PPM aims to particularly support parents at risk of poverty or social exclusion, more parents with a lower socio-economic status could be expected in the Intervention Group, as the analyses of differences between the two groups indicated. Also, according to the literature consulted (Chapter 1) socio-economic factors can affect the outcomes measured (parents' relationship with the early years services, the home learning environment, parental stress, and influence of gender on caregiving). Selecting variables that can be related to both the allocated group and assessed outcomes has been suggested in previous research as relevant when the goal is to statistically reduce the differences between groups' characteristics (e.g. Austin et al., 2007).

Secondly, we inverted these calculated propensity scores creating weights for each participant. Thirdly, we checked if the created weights would statistically reduce the background differences between the Intervention and Comparison Groups (the procedures and results are shown in Appendix E). Since there was a reduction in differences between the Groups in the majority of the socioeconomic characteristics assessed (including those that we considered could influence the outcomes measured), we used the same weights in the subsequent analyses of the impacts of PPM³³.

3.2.4.2 Impact evaluation

Parents in the Intervention Group were compared to parents in the Comparison Group to evaluate the impact of PPM on the outcomes assessed. We conducted linear regression models accounting for pre-test levels and background characteristics that could impact the

³³ We also considered balancing Intervention and Comparison Groups by matching participants of each group based on the calculated propensity scores (i.e. each participant in the Intervention Group would be matched to a participant in the Comparison Group). However, this process would result in some participants of the Comparison Group being excluded (i.e. unmatched participants). Given the sample size, we considered that matching would not be the best option.

anticipated outcomes³⁴. We included the group as the predictor (1=Intervention; 0=Comparison). In terms of background characteristics, we accounted for:

- Length of time in ELC service (1=Not the first year; 0=First year)
- Parent's ethnicity (1=White Irish; 0=Other)
- Parent's education level (1=Tertiary; 0=Secondary or below)
- Type of household (1=Two parents living together; 0=Lone parent/Other)
- Medical card (1=No; 0=Yes).

The number of background characteristics considered was based on the sample size. The child's age was not included as time in the ELC service was tracked. It was anticipated that length of time in the ELC service could influence outcomes, given that PPM is provided within the services.

3.2.4.3 Subgroup analysis

An analysis was undertaken on whether the impacts varied by parents' socioeconomic status (having a medical card or not), educational level, type of household, and ethnicity. We conducted linear regression models accounting for these four background characteristics³⁵, pre-test levels and time in the ELC service.

3.3 Results

Before presenting the results, it is important to note that we did not detect participants changing between Intervention and Comparison Groups from pre-test to post-test. All participants remained in their original group.

3.3.1 Impact evaluation

Figures 9 to 14 show the mean scores of the Intervention and Comparison Groups at the pre-test (T1) and post-test (T2) for each measured outcome. The Figures also show the adjusted mean scores at the post-test (T2 Adjusted) obtained after adjusting for the pre-test levels and background characteristics. The values on the left of each graph correspond to the minimum and maximum total scores that the scales allow.

³⁴ The results shown do not include participants grouped (nested) within ELC services given the small sample. Nineteen ELC services had only one parent participating in the study. To check if there were differences in the findings between grouping and not grouping participants within ELC services, both analyses were conducted. No differences were found regarding the significance levels cut-offs considered ($p < .05$ for statistically significant).

³⁵ Due to concerns with statistical power, we only examined interactions when the estimates of the main effects of at least one of the selected background variables or group of belonging (intervention vs comparison) were significant. Interaction/moderation terms were obtained by multiplying the assigned group (Intervention or Comparison) by the demographic variable.

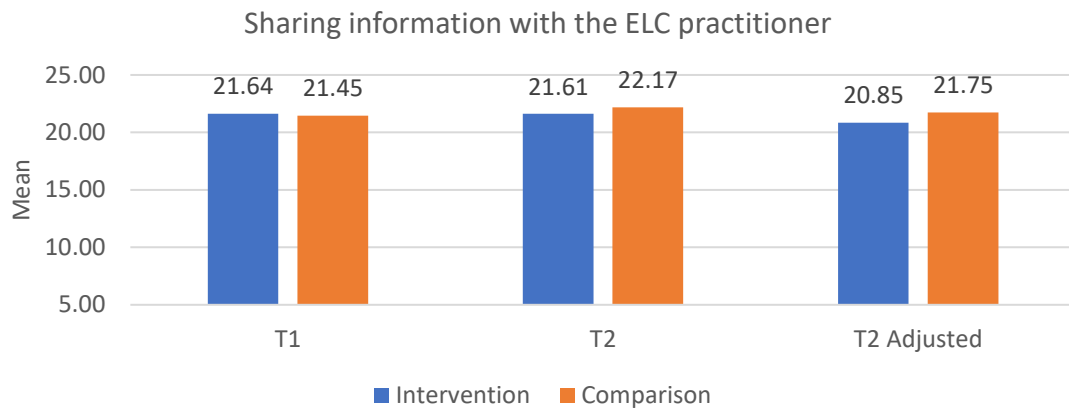


Figure 9. Mean scores of sharing information with the Early Years Educator

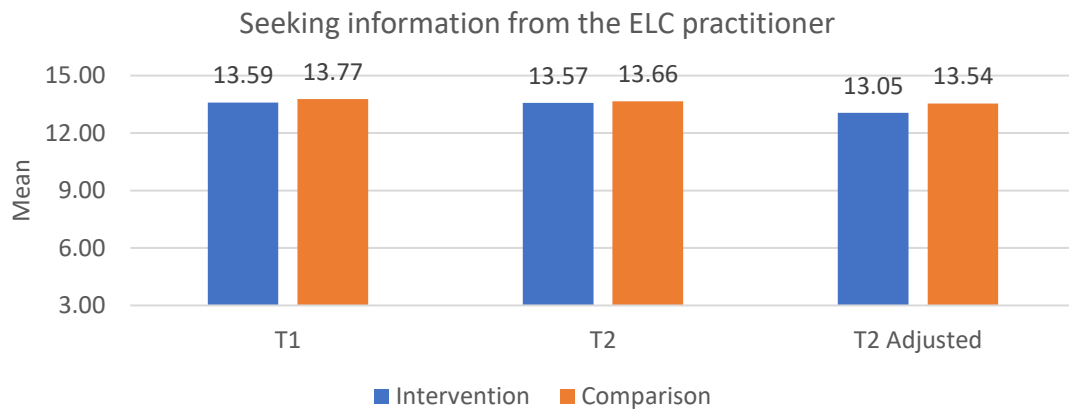


Figure 10. Mean scores of seeking information from the Early Years Educator

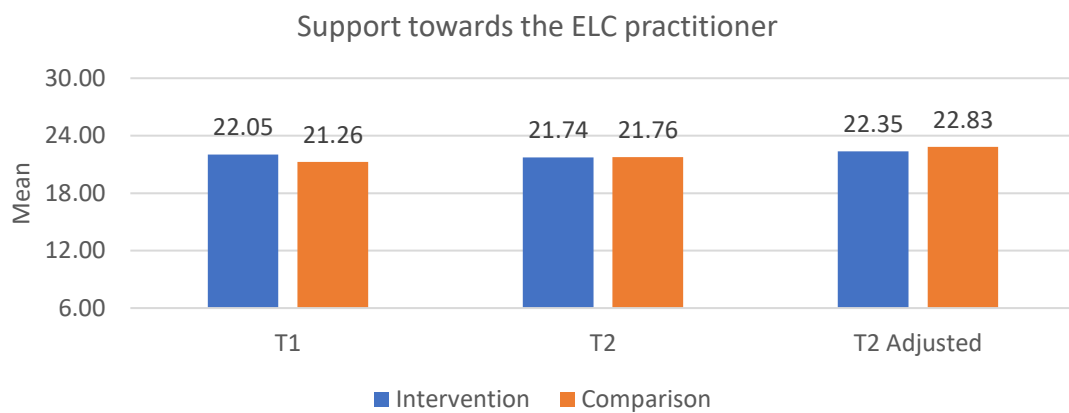


Figure 11. Mean scores of support towards the Early Years Educator

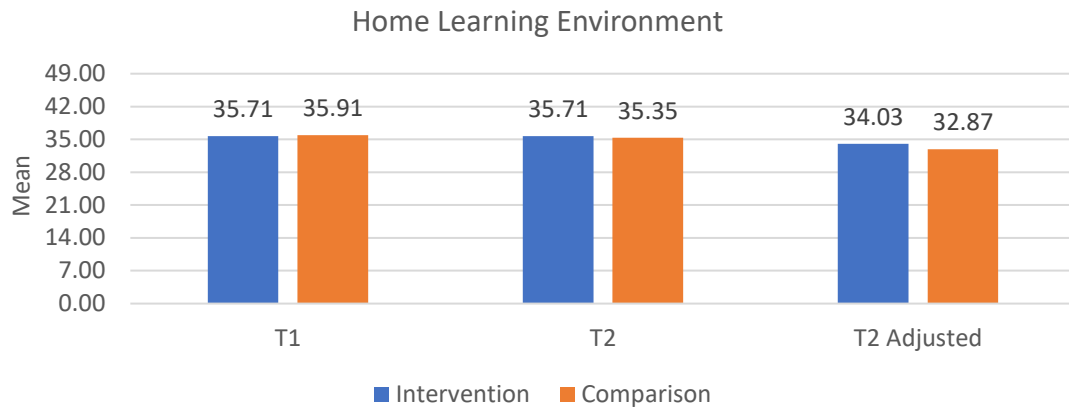


Figure 12. Mean scores of the Home Learning Environment

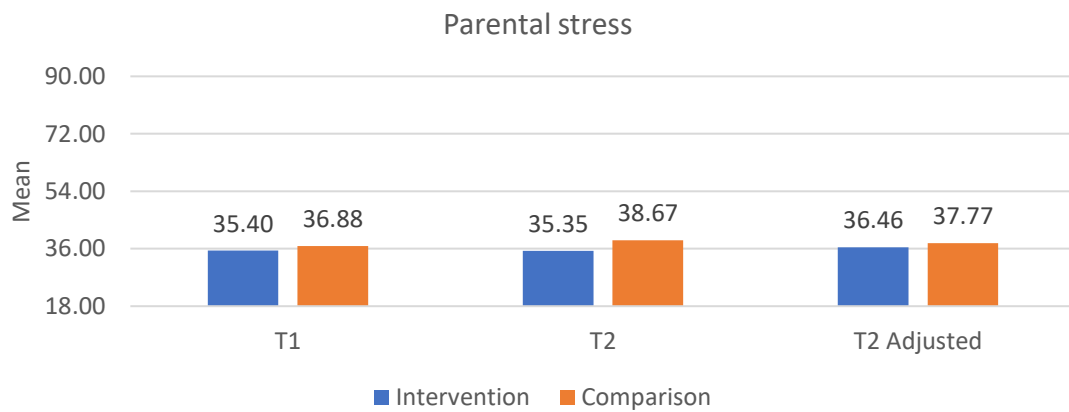


Figure 13. Mean scores of parental stress

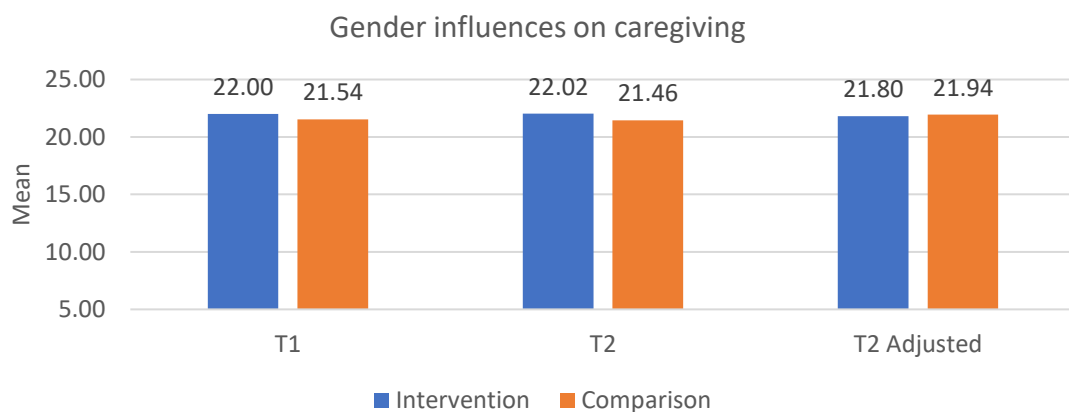


Figure 14. Mean scores of views about gender equity in caregiving

Table 7 shows the adjusted means for the Intervention and Comparison Groups in relation to the outcomes measured at post-test, after controlling for background characteristics and pre-test scores, via linear regression models. Full model results are shown in Appendix F.

Table 7. Differences between Intervention and Comparison Groups on the outcomes at post-test

Outcomes	N	Intervention group		Comparison group		Mean difference	SE	t	df	p
		Adjusted mean	SD	Adjusted mean	SD					
Sharing	69	20.85	0.48	21.75	0.47	-0.90	0.60	-1.504	61	.138
Seeking	71	13.05	0.28	13.54	0.27	-0.49	0.34	-1.443	63	.154
Support	68	22.35	0.64	22.83	0.71	-0.48	0.76	-0.638	60	.526
HLE	68	34.03	1.05	32.87	.99	1.16	1.25	0.928	60	.357
Stress	67	36.46	1.16	37.77	1.11	-1.31	1.34	-0.976	59	.333
Gender	70	21.80	0.44	21.94	0.46	-0.14	0.53	-0.259	62	.796

No significant differences were found between the Intervention and Comparison Groups at post-test regarding the outcomes evaluated (for $<.05$).

Participants in the Comparison Group³⁶ were asked about their involvement with other parenting support interventions during the six months before the post-test, in terms of: professional help or advice on issues such as child's health and wellbeing, childrearing or parenting; or parenting support programmes or courses (Table 8). Most of the participants in the Comparison Group were not involved with these interventions; 34% received professional help or advice; and 26% attended a parenting programme or course. Most of the interventions accessed were provided by services other than the preschool.

Table 8. Percentage of Comparison Group participants involved with parenting support interventions in the six months prior to the post-test.

Parenting support	n	%
Professional help/advice		
No	24	69
Yes, by the preschool staff	4	11
Yes, by other services	8	23
Parenting programme/course		
No	25	71
Yes, by the preschool staff	1	3
Yes, by other services	8	23
Do not know	1	3

³⁶ These questions were not applied to the Intervention Group; therefore, the data were not included in the impact analyses (as mentioned in the Discussion).

3.3.2 Subgroup analysis

The analyses of whether the impacts varied by parents' socioeconomic status, educational level, type of household, and ethnicity were undertaken accounting for these characteristics and pre-test scores.

The main effects found ($p < .05$) regarding the selected background characteristics were:

- Parents with lower socioeconomic status (i.e. having a medical card) reported significantly more behaviours of sharing and seeking information with/from the Early Years Educator on average than parents with higher socioeconomic status.
- Participants in households with two parents living together reported significantly more HLE activities on average than participants in other types of households.
- Parents with a tertiary education level reported significantly higher parental stress on average than parents with a secondary or lower education level.

PPM impacts did not vary significantly by the selected parents' background characteristics ($p > .05$)³⁷. Full model results are presented in Appendix F.

3.4 Discussion

The objective of the Impact Study was to contribute to the empirical evidence on the effects of PPM, an evidence-based parenting support model developed by CDI. It involves having a PCF within the ELC services to support parents. Based on the model's aims and previous research, the evaluation focused on the model's impacts on parents' relationships with Early Years Educators, the HLE, parental stress, and views about gender influences on caregiving. The following questions were addressed: What was the model's impact on the anticipated outcomes? Did impacts vary by parents' socioeconomic status, formal educational level, household make-up, and ethnicity? A quasi-experimental design was developed and conducted to answer these questions. Parents with the model in their ELC services (Intervention Group) were compared on the outcome variables to parents without the model

³⁷ Given that the views about gender influences on caregiving could be related to the gender of the participant, we also tested a regression model that included the parents' gender (besides the other background characteristics and pretest score). An interaction between the allocated group and parents' gender was found ($\beta = -5.879$, $SE = 2.73$, $p = .035$; 95% CI [-11.341, -0.417]): male parents in the Intervention Group had more gender-equitable views around caregiving than the Comparison counterparts. However, there were only four male parents in the Intervention Group and one in the Comparison Group, which did not allow for making inferences. Future studies with more male participants would be important to test this interaction.

in their ELC services (Comparison Group). Data were collected at the pre-test and post-test. Regression analyses were conducted accounting for parents' background characteristics and pre-test scores.

In terms of findings, no differences were found between the Intervention and Comparison Groups in the measured outcomes, indicating no statistically significant impacts of PPM. Furthermore, PPM's effects seemed similar for parents irrespective of their socioeconomic status, educational level, household make-up, and ethnicity. The socioeconomic profile of those parents in the Intervention Group (i.e. higher levels of only completing second level education; lower percentage in paid unemployment; higher levels of single parent households, and higher percentage with medical cards), indicates that PPM is effectively targeting and reaching families in most need.

PPM was evaluated during the academic year 2020-21, during which there were still Covid-19-related restrictions in place, and vaccines were only starting to be provided. This no doubt impacted on PPM's capacity to affect the expected outcomes. There were changes in the delivery of PPM to comply with Covid-19 public health measures, and ELC services closed for several weeks. Furthermore, as the pandemic restrictions were extended and/or reintroduced families continued to experience Covid-19-related challenges, including changes in their routine, stress and increased demands (Leitão et al., 2022), despite the support offered. These aspects highlight the importance of continuing to monitor and evaluate PPM's potential impacts in post-pandemic times.

We also need to consider the possibility that the model is not effective. Although PPM seeks to meet each family's needs, the model might not be sufficiently targeted, given its approach to providing both universal and targeted services. Also, the model includes activities with diverse durations, frequencies and intensities, which may not have been delivered with the optimal dosage to produce changes in the measured outcomes. In future research, it would be important to collect data on the dosage received and to include it in the impact analysis.

The evaluation of parents' relationship with their children's Early Years Educators, involved parents estimating the frequency of contact. It is important to consider the possibility of parents in the Intervention Group exchanging information with the PCFs, which might reduce the need to share or seek information about specific topics with the Early Years Educator in the classroom. In future research, it would be important to collect other possible indicators of the relationship between parents and Early Years Educators/services (e.g. feeling empowered to talk to the practitioner or being given opportunities to be involved and contribute to decisions in the service).

Regarding the HLE, the evaluation of the previous CDI *Early Years Programme* (Hayes et al., 2013), which occurred over two years, indicated that the more sessions of the Parents Plus Community Course parents attended, the higher the HLE score. However, within the current

evaluation, it was not possible to collect data on the attendance of each participating parent. Also, we did not collect the number of hours children spent at the ELC service, which could contribute to understanding the time and opportunities parents had to play/educate at home.

Limitations

Methodologically, some factors need to be considered when interpreting the results obtained. Despite the efforts to statistically balance the characteristics of the Intervention and Comparison Groups, their profiles were different. The Intervention Group had a lower percentage of parents who completed tertiary education level, were in paid employment, and married/in a civil partnership, and a higher percentage of parents with a medical card, which suggested a lower socio-economic profile than the Comparison Group. As described in Chapter 1, associations between the families' socio-economic context and the outcomes under focus have been found. Therefore, the differences between the two Groups in the current research made it more difficult to determine whether the post-test scores were due to receiving/not receiving the intervention or to pre-existing group differences. However, this study provides insights into how to include a Comparison Group when a RCT is not possible or advisable by describing the use of propensity scores when seeking to balance groups' characteristics. Comparison Groups help us better understand whether changes in the outcomes of interest are due to the intervention under evaluation.

To control the effects of other possible parenting supports that parents might have received between the pre-test and post-test, questions on this topic should have been asked of both Intervention and Comparison Groups. These questions were only included for the Comparison Group in the current research.

Required changes in the methodology initially planned led to delays in data collection. Pre-test and post-test assessments were only four to six months apart. Applying the pre-test earlier could produce different results regarding the effects of the supports parents received throughout the academic year. Although we did not find research on similar models to estimate the duration of the intervention required to detect possible impacts, a more consistent impact has been found for parenting support interventions that last over two years (Britto et al., 2015; Brocklesby, 2019).

The results obtained cannot be generalised to a larger population. Given the small sample size, we opted to account for fewer background characteristics in the regression models than those collected initially. Therefore, some background characteristics possibly related to the measured outcomes (e.g. number of children and adults in the household, children's and parents' age) could have been left out of the models. Also, due to the sample size, we chose not to nest/group parents within ELC services in the analysis. This analysis would account for possible effects related to the ELC services' characteristics.

Compared to the group of parents that only participated in the pre-test, the group that participated in both pre-test and post-test had older children and a higher percentage of households with two parents living together. These aspects might have contributed to a higher availability to participate in the research.

Utilising an online questionnaire in a design with pre-test and post-test also brought challenges. The online questionnaire was used for the first time to evaluate PPM. A possible limitation was its length, which may have taken more time than is recommended for self-administered online questionnaires (e.g. 10 to 15 minutes). This could have been tiring for participants (which could affect their responses) or led to some not-finishing the questionnaire. The parent completing the questionnaire was not necessarily the same at the pre-test and post-test. Also, self-report measures can be prone to social desirability, and/or compensatory effects in the case of the Comparison Group. Observational measures can therefore be relevant in evaluating the impacts of interventions alongside quantitative approaches. These were not possible due to the pandemic restrictions.

CHAPTER 4: Concluding remarks

CDI has been implementing PPM since 2008, which involves locating a dedicated PCF within ELC services. The work of PCFs with parents includes identifying needs, offering support, and coordinating with other relevant services for families. During the academic year 2020-2021, PPM was evaluated in relation to both its implementation and impact. The overall aim of the research was to contribute to the development of effective policy and practice on parenting support provision to improve children's outcomes.

The goal of the Implementation Study was to contribute to our understanding of what is required to support effective delivery, and to identify which elements of the PPM could foster positive outcomes by analysing its fidelity, organisation, utilisation, and quality, as well as assessing attitudes towards this model. The goal of the Impact Study was to evaluate the effectiveness of PPM to improve outcomes, namely: the relationship between parents and Early Years Educators; parents' engagement in children's learning through the HLE; parents' mental health regarding parental stress; and parents' views on the influence of gender on caregiving (given the focus of the model on engaging fathers). Furthermore, we aimed to analyse which families could benefit the most from PPM.

Insights were developed based on the two studies. While we did not find statistically significant benefits for parents with access to PPM when compared with parents in the Comparison Group, several benefits were described by parents, PCFs and ELC managers (including benefits for parents, children, and ELC staff). The outcomes evaluated in the Impact Study are reflected in activities organised by the PCF:

- Relationships between parents and Early Years Educators - PCFs conducted activities focused on connecting the service with the families and shared information on how the child was settling into the ELC service. The latter raises the question of whether communication between PCFs and parents might influence the frequency of communication between parents and Early Years Educators (working with children in the classroom), as measured in the Impact Study.
- Engagement in children's learning, measured via the HLE - PCFs shared information with parents about how to support children's development, and organised activities for children and parents at home. However, when asked about the impacts of PPM on the HLE, PCFs rated this dimension lower than other outcomes. Home visits could not occur as they did before the pandemic, which made it more difficult for the PCFs to suggest activities based on observations of the HLE. Also, as previously noted, the HLE was positively associated with parents' attendance at the Parents Plus Community Course in the evaluation of the previous CDI *Early Years Programme* (Hayes et al., 2013). However, during 2020-21, Parents Plus was implemented in only two services. During this academic year, key needs

identified included economic difficulties, mental health and isolation, and so along with the need to adapt to remote working, the delivery of Parents Plus was not prioritised.

- Mental health - PCFs organised activities on mental health and provided one-to-one emotional support. Within the Implementation Study, parents stated that engagement with a PCF had a positive impact on their stress levels.
- Views on gender influences on caregiving – PCFs organised activities aimed at promoting the engagement of fathers and other carers, along with mothers. These events were described by PCFs as having high engagement, and by parents in the Implementation Study as being relevant and enjoyable.

Given the differences in the implementation of PPM across services (despite the identification of core components), it is difficult to assess how the quality of implementation links to the outcomes measured within the Impact Study. Also, the parents that participated in the Impact Study may not be the same as those that participated in the Implementation Study, who might have different views and experiences regarding PPM. In this sense, we acknowledge the relevance of rethinking the research model in future evaluations. The formative monitoring and evaluation already in place (quarterly reports completed by PCFs) can contribute to further insights on PPM.

PPM's strengths include elements that have been considered effective in parenting support (as reviewed by Cadima et al., 2017³⁸), namely: a focus on more than one area of need; being easily accessible (given that it is implemented within ELC services); continuity between universal and targeted provision; and coordination with other services. PPM also includes aspects associated with successful outreach: tailoring of supports to adapt to parents'/families' characteristics or incorporating their knowledge or needs; and building trusting relationships with parents/families, as mentioned by PCFs and ELC managers (Anders et al., 2019; Cadima et al., 2017). Additionally, PPM is based on evidence-based practices and evaluations, which are also considered quality implementation aspects (Cadima et al., 2017).

The PCF's role was described as a bridge between the home and the ELC service within the implementation study. Considering Bronfenbrenner's bio-ecological model of human development (e.g., Bronfenbrenner & Morris, 2006), PCFs can be considered to animate the mesosystem of the child's ecology, linking the microsystems of family and the ELC service. Given the provision of parenting support within ELC services, the PCF role can contribute to normalising and destigmatising the need to seek help and guidance.

As highlighted by Garrity and Canavan (2017), Early Years Educators face barriers to supporting parental involvement, which can be related to roles and responsibilities, increased

³⁸ Cadima and colleagues (2017) note the following references in the description of these elements: Brooks et al., 2000; Dunst & Trivette, 2009; Evangelou, 2011; Moran et al., 2004; Molinuevo et al., 2013.

expectations and demands, and lack of specific skills. Also, Irish educators were found to experience burnout, sometimes a result of demanding working conditions and limited rewards (Oke et al., 2019). In this context, PCFs can contribute to supporting parental involvement in ELC services, and parent-ELC services partnerships, given their specific role, responsibilities, and skills.

Regarding PPM's weaknesses, it is important to highlight that the PCFs' working hours might not be sufficient to reach all parents, or working parents, as noted within the implementation study. Given the pandemic and related increased family needs, PCFs could benefit from more time interacting with the different families and tailoring their support. Also, some of their time might have been allocated to research work during this period, further detracting from their capacity for direct engagement.

4.1 Recommendations

Based on both the implementation and impact studies, the following recommendations are made in relation to future policy, practice, and research.

4.1.1 Consulting families and practitioners regarding parenting supports

Designers of parenting supports should consider involving parents, children, and staff working with families, when possible, to collect their views and experiences, and inform future work (i.e. to use a multi-informant co-production approach). Families should be able to provide inputs on the support contents, delivery modes, and activities according to their needs, resources, and interests. Services and practitioners should also be consulted regarding their resources and needs. Providing supports based on parents'/families' and services' characteristics and context can maximise engagement and positive outcomes for all involved.

4.1.2 Developing accessible and inclusive parenting supports

Policymakers and designers of parenting supports should consider integrated supports for families within ELC services as part of high-quality early education and care and as such, we welcome recent Government announcements regarding 'DEIS' type approach to providing additional resources for ELC's in disadvantaged contexts. ELC services can be accessible, local services which could provide direct support to parents, with a focus on prevention and early intervention. Providing support within ELC services can contribute to achieving the goals of the Government *Supporting Parents* (DCEDIY, 2022) national model in terms of greater access to parenting support services (including in educational services), and more inclusive parenting support services.

PPM offers support to all families while seeking to particularly support families in vulnerable situations, in a continuum between a universal and targeted provision. PPM also focuses on

engaging fathers and other carers. This model can contribute to the following *Supporting Parents'* requirements:

“Respect for diversity and tackling gender stereotypes in the provision of parenting supports; Making services easily accessible to all groups of parents; Normalising and destigmatising the need to seek parenting support” (DCEDIY, 2022, p.53).

Given the increased use of web-based resources to support parents, as in PPM, policymakers should ensure that all families can access them (e.g. by ensuring appropriate hardware and internet connection). Researchers can also consider evaluating the effectiveness of these web-based resources.

Policymakers should consider long-term funding for parenting supports. In the current research, the annual nature of the funding was acknowledged as a challenge. Additionally a number of participants highlighted the importance of PCFs having more working hours to be able to cater for more parents, indicating the importance of resourcing being adequate for the level of need identified.

4.1.3 Developing parenting supports based on evidence

Based on the current evaluation of PPM and previous literature (e.g. Anders et al., 2019; Cadima et al., 2017), designers of parenting supports should consider and/or recognise:

- The development of core components (in particular what enables implementation fidelity), while allowing for adaptability and tailoring to the target groups and context, in a continuum between a universal and targeted provision
- The importance of building trusting relationships with parents/families
- Coordination and collaboration with other services for families (e.g. health, social services)
- The importance of addressing multiple needs (e.g., parenting support, mental health, poverty and social exclusion, and isolation)
- The identification of resources to translate materials to other languages to ensure inclusivity of families whose primary language is not English
- The provision of diverse types of activities and delivery modes, involving both parents and children when possible
- The provision of services and supports in the community to facilitate the engagement of parents who are working/studying during the daytime.
- The provision of family-friendly supports which enable parents to participate in education/training/work, as an aspect of wider capacity building strategy.

4.1.4 Evaluating Parenting Supports

Researchers developing, evaluating or monitoring parenting supports should involve parents, children, and staff working with families, when suitable, to collect their views and experiences. When evaluating parenting supports, researchers might consider:

- Contextualising the findings by attending to national and/or local socio-indicators and policies framing parenting support, services' characteristics, and families' characteristics and life circumstances,
- Different methods to collect and analyse the data (e.g. questionnaires, focus/groups or interviews, observations), since they can provide a more comprehensive understanding of the research question
- The recruitment of a Comparison Group, when feasible, which matches the ELC services where the intervention is being implemented, based on selected characteristics (e.g. setting capacity, staff: child ratio, and staff qualifications; Hayes et al., 2013). This would allow service variables that could affect the measured outcomes to be accounted for. Consideration of how to address differences between the Comparison and the Intervention Group should be undertaken prior to any data collection
- Efforts to avoid over-researching the participants (e.g. focusing on a smaller number of questions/measures) and account for social desirability
- The involvement of peer researchers in the planning of the research, development of assessment measures, data collection and analysis, and data report/dissemination, where possible
- Continuing to assess the needs of families in a post-pandemic context, and how parenting supports are responding to those needs.

4.1.5 Promoting professional continuous development strategies for the workforce of parenting supports

In the current evaluation, PCFs and ELC managers acknowledged the importance of training and regular appointments for review to plan and share insights. Continuous professional development strategies can include team meetings to reflect on the work with children and families, and reflect on one's own beliefs, attitudes, knowledge, and skills (Slot & Nata, 2019). These strategies can positively promote the relationship between practitioners and parents/families, and, thus, contribute to increase parents' engagement in the services, which is considered a relevant factor in achieving positive outcomes.

Specific areas of training and capacity building identified through this research for Early Years Educations and/or those working directly with parents are:

- Understanding fundamental concepts regarding high quality implementation, and having the skills to deliver this eg monitoring and evaluation; assessing needs;
- Specific tools to engage fathers, and understanding the benefits of doing so

- Skills in relation to inclusivity, and engaging with unfeasible families, particularly given the low proportion of non-white Irish respondents in this study.

4.1.5 Considering future evaluations of PPM

Future evaluations of PPM should:

- Measure its impact on outcomes for both children and Early Years Educators
- Gather the views of the ELC practitioners working directly with children about PPM - how this model of support impacts their work, their views on the benefits for children and parents, and the model's strengths and weaknesses
- Gather children's views on the activities organised by the PCF using children-friendly data collection methods (e.g., presenting pictures of previous activities and asking children to comment)
- Consider procedures to avoid over-researching the participants and overloading the gatekeepers supporting the recruitment of participants
- Undertake comparative analysis of experiences of PPM based on a range of variables including ethnicity, level of educational attainment, and type of household (single of two parents)
- Consider different methods to collect and analyse the data, such as observation
- Explore the different findings between the impact and intervention studies through discussion with all stakeholders, particularly as our understanding of the impact of Covid-19 deepens.

References

- Aguiar, C., & Pastori, G. (2019). *Inclusive curricula, pedagogies, and social climate interventions - Integrative report*. ISOTIS. <https://www.isotis.org/en/publications/inclusive-curricula-pedagogies-and-social-climate-interventions-integrative-report/>
- Anders, Y., Cadima, J., Ereky-Stevens, K., Cohen, F., Trauernicht, M., & Schünke, J. (2019). *Integrative Report on parent and family-focused support to increase educational equality*. <https://www.isotis.org/en/publications/integrative-report-on-parent-and-family-focused-support-to-increase-educational-equality/>
- Asscher, J. J., Hermanns, J. M. A., & Deković, M. (2008). Effectiveness of the home-start parenting support program: Behavioral outcomes for parents and children. *Infant Mental Health Journal, 29*(2), 95–113. <https://doi.org/10.1002/imhj.20171>
- Astuto, J., & Allen, L. (2016). *Improving school readiness for children living in urban poverty through home-based intervention: Study 2*. <https://homvee.acf.hhs.gov/study-detail?title=WWHV073856>
- Austin, P. C., Grootendorst, P., & Anderson, G. M. (2007). A comparison of the ability of different propensity score models to balance measured variables between treated and untreated subjects: a Monte Carlo study. *Statistics in Medicine, 26*(4), 734–753. <https://doi.org/10.1002/sim.2580>
- Austin, P. C., & Stuart, E. A. (2015). Moving towards best practice when using inverse probability of treatment weighting (IPTW) using the propensity score to estimate causal treatment effects in observational studies. *Statistics in Medicine, 34*(28), 3661–3679. <https://doi.org/10.1002/sim.6607>
- Axford, N., Berry, V., Lloyd, J., Moore, D., Rogers, M., Hurst, A., Blockley, K., Durkin, H., & Minton, J. (2019). How Can Schools Support Parents' Engagement in Their Children's Learning? Evidence from Research and Practice. *Education Endowment Foundation, September*, 1–212.
- Barata, M. C., Alexandre, J., de Sousa, B., Leitão, C., & Russo, V. (2016). *Playgroups for Inclusion: Experimental evaluation and study of implementation, final report*. https://gruposabc.pt/sites/default/files/2019-10/VIS-2014_0418 - Playgroups_WP2_FinalReport_CE_Feb2017_31-07_Executive_Summary.pdf
- Barnett, M. A., Paschall, K. W., Mastergeorge, A. M., Cutshaw, C. A., & Warren, S. M. (2020). Influences of Parent Engagement in Early Childhood Education Centers and the Home on Kindergarten School Readiness. *Early Childhood Research Quarterly, 53*, 260–273. <https://doi.org/https://doi.org/10.1016/j.ecresq.2020.05.005>
- Berry, J. O., & Jones, W. H. (1995). The Parental Stress Scale: Initial psychometric evidence. *Journal of Social and Personal Relationships, 12*(3), 463–472. <https://doi.org/10.1177/0265407595123009>
- Blok, H., Fukkink, R. G., Gebhardt, E. C., & Leseman, P. P. M. (2005). The relevance of delivery mode and other programme characteristics for the effectiveness of early childhood intervention. *International Journal of Behavioral Development, 29*(1), 35–47. <https://doi.org/10.1080/01650250444000315>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/doi:10.1191/1478088706qp0630a>
- Britto, P. R., Ponguta, L. A., Reyes, C., & Karnati, R. (2015). A Systematic review of parenting programmes for young children in low and middle income countries. *Unicef*, 163. <http://adc.bmj.com/lookup/doi/10.1136/archdischild-2019-317087>
- Brocklesby, S. (2019). A national review of the Community Mothers Programme. In *Katharine Howard Foundation, The Community Foundation for Ireland* (Vol. 1, Issue 9). http://www.khf.ie/wp-content/uploads/2019/04/National-Review-of-the-Community-Mothers-Programme-Full-Report-FINAL-18-_04_19.pdf
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development:

- Research perspectives. *Developmental Psychology*, 22(6), 723–742.
<https://doi.org/10.1037/0012-1649.22.6.723>
- Bronfenbrenner, U. (1995). Developmental ecology through space and time: A future perspective. In *Examining lives in context: Perspectives on the ecology of human development*. (pp. 619–647). American Psychological Association.
<https://doi.org/10.1037/10176-018>
- Bronfenbrenner, U. (2005). The bioecological theory of human development. In U. Bronfenbrenner (Ed.), *Making human beings human: Bioecological perspectives on human development*. (pp. 3–15). Sage Publications Ltd.
- Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nature reconceptualized in developmental perspective: A bioecological model. In *Psychological Review* (Vol. 101, Issue 4, pp. 568–586). American Psychological Association. <https://doi.org/10.1037/0033-295X.101.4.568>
- Bronfenbrenner, U., & Evans, G. W. (2000). Developmental science in the 21st century: Emerging questions, theoretical models, research designs and empirical findings. *Social Development*, 9(1), 115–125. <https://doi.org/10.1111/1467-9507.00114>
- Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In W. Lerner & R. M. Damon (Eds.), *Handbook of child psychology, Vol. 1: Theoretical models of human development* (6th ed., pp. 793 – 828). Wiley.
- Bruckauf, Z., & Hayes, N. (2017). *Quality of Childcare and Pre-Primary Education: How Do We Measure It?* United Nations. <https://doi.org/10.18356/2BE8313E-EN>
- Cadima, J., Nata, G., Evangelou, M., Anders, Y., & Parental Support ISOTIS Team. (2017). *Inventory and analysis of promising and evidence-based parent- and family- focused support programs*. <http://www.isotis.org/resources/publications/isotis-publications>
- Central Statistics Office. (2016). *Census 2016 Small Area Population Statistics*. <https://www.cso.ie/en/census/census2016reports/census2016smallareapopulationstatistics/>
- Centre for Early Childhood Development and Education. (2006). *Síolta, the National Quality Framework for Early Childhood Education*. <https://www.siolta.ie/>
- Centre for Effective Services. (2019a). *Information Pack to Support the Assessment of Child Development and Child Learning Outcomes*. <https://whatworks.gov.ie/resources/collecting-outcome-data-in-services/>
- Centre for Effective Services. (2019b). *Information Pack to Support the Assessment of Parenting Outcomes*. <https://whatworks.gov.ie/resources/collecting-outcome-data-in-services/>
- Childhood Development Initiative. (2021). *Being dad: Father’s voices on the hopes and struggles of fatherhood*. <https://www.cdi.ie/wp-content/uploads/2021/09/CDI-Being-Dad-Report-web.pdf>
- Citizens Information. (2021). *Medical cards*. https://www.citizensinformation.ie/en/health/medical_cards_and_gp_visit_cards/medical_card.html
- Clondalkin Partnership. (2006). *Incredible Years Initiative in Clondalkin*. https://incredibleyears.com/wp-content/uploads/incredible-years_ireland-study_06.pdf
- Coelho, V. L. M., Barros, S., Pessanha, M., Peixoto, C., Cadima, J., & Pinto, A. I. (2015). Parceria família-creche na transição do bebé para a creche. *Análise Psicológica*, 33(4), 373–389. <https://doi.org/10.14417/ap.1002>
- Connolly, N., & Devaney, C. (2017). Parenting Support: Policy and Practice in the Irish Context. *Child Care in Practice*, 24(1), 15–28. <https://doi.org/10.1080/13575279.2016.1264365>
- Cortner, C., Bertrand, J., Pelletier, J., Griffin, T., McKay, D. K., Patel, S., Ioannone, P., Braun, I., Taylor-Allan, H., Newton, S., & Takacs, D. (2006). *Toronto First Duty: Phase 1 summary report: Evidence-based understanding of integrated foundations for early childhood*. http://www.toronto.ca/firstduty/TFD_Summary_Report_June06.pdf
- Cox, M. J., & Harter, K. S. M. (2003). Parent-child relationships. In *Well-being: Positive*

- development across the life course*. (pp. 191–204). Lawrence Erlbaum Associates Publishers. <https://doi.org/10.4324/9781410607171>
- Daly, M. (2011). *Building a coordinated strategy for parenting support. Synthesis report. Peer review on social protection and social inclusion*. <http://ec.europa.eu/social/BlobServlet?docId=7987&langId=en>
- Daly, M., Bray, R., Bruckauf, Z., Byrne, J., Margaria, A., Pecnik, N., & Samms-Vaughan, M. (2015). *Family and Parenting Support: Policy and Provision in a Global Context*. Innocenti. Unicef Office of Research.
- Davidson, G., Bunting, L., & Webb, M. A. (2012). *Families experiencing multiple adversities: a review of the international literature*.
- DCEDIY. (2021a). *Developing a National Model of Parenting Support Services*. <https://www.gov.ie/en/organisation-information/eb017-developing-a-national-model-of-parenting-support-services/#definition-of-parenting-support>
- DCEDIY. (2021b). *Nurturing Skills: The Workforce Plan for Early Learning and Care and School-Age Childcare 2022-2028*. <https://www.gov.ie/en/publication/97056-nurturing-skills-the-workforce-plan-for-early-learning-and-care-elc-and-school-age-childcare-sac-2022-2028/>
- DCYA. (2014). *Better Outcomes Brighter Futures. The national policy framework for children & young people 2014 - 2020*. <https://www.gov.ie/en/publication/775847-better-outcomes-brighter-futures/>
- DCYA. (2015). *High-level policy statement on supporting parents and families*. <https://www.gov.ie/en/publication/09e8d6-high-level-policy-statement-on-supporting-parents-and-families/>
- DCYA. (2018). *First 5: A whole-of-government strategy for babies, young children and their families*. <https://assets.gov.ie/31184/62acc54f4bdf4405b74e53a4afb8e71b.pdf>
- Doyle, O., & UCD Geary Institute PFL Evaluation Team. (2016). *Preparing for Life Early Childhood Intervention Final Report: Did Preparing for Life Improve Children's School Readiness?* https://geary.ucd.ie/preparingforlife/wp-content/uploads/2016/09/5654_FP_UCD_Report_Final.pdf
- Engle, P. L., Fernald, L. C. H., Alderman, H., Behrman, J., O'Gara, C., Yousafzai, A., de Mello, M. C., Hidrobo, M., Ulkuer, N., Ertem, I., & Iltus, S. (2011). Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *Lancet (London, England)*, 378(9799), 1339–1353. [https://doi.org/10.1016/S0140-6736\(11\)60889-1](https://doi.org/10.1016/S0140-6736(11)60889-1)
- Epstein, J. L. (2001). *School, Family and Community Partnerships: Preparing Educators and Improving Schools*. Westview Press.
- European Commission/EACEA/Eurydice. (2016). *Structural Indicators on Early Childhood Education and Care in Europe – 2016. Eurydice Report*. <https://doi.org/doi/10.2797/78330>
- European Commission. (2013). *Commission Recommendation of 20 February 2013: Investing in children: breaking the cycle of disadvantage (2013/112/EU)*. Official Journal of the European Union. <http://data.europa.eu/eli/reco/2013/112/oj>
- European Commission. (2014). *Prososal for key principles of a Quality Framework for Early Childhood Education and Care*.
- European Commission. (2019). *Council Recommendation on High-Quality Early Childhood Education and Care systems*. [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32019H0605\(01\)&rid=4](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32019H0605(01)&rid=4)
- European Commission. (2021a). *Annual review. Employment and social developments in Europe 2021*. European Commission. <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8402&furtherPubs=yes>
- European Commission. (2021b). *European Economic Forecast. Spring 2021*. European Commission. <https://doi.org/10.2765/66679>

- Eurostat. (2020). *COVID-19 labour effects across the income distribution*.
https://ec.europa.eu/eurostat/statistics-explained/index.php?title=COVID-19_labour_effects_across_the_income_distribution
- Eurostat. (2022). *People at risk of poverty or social exclusion by age and sex*.
https://ec.europa.eu/eurostat/databrowser/view/ILC_PEPS01N__custom_2105714/default/table?lang=en
- Ferguson, H., & Hogan, F. (2004). *Strengthening Families through Fathers : Developing policy and practice in relation to vulnerable fathers and their families*. The Department of Social and Family Affairs.
- Fives, A., Pursell, L., Heary, C., Nic Gabhainn, S., & Canavan, J. (2014). *Parenting support for every parent: A population-level evaluation of Triple P in Longford Westmeath. Final Report*. (Issue June). <http://www.atlanticphilanthropies.org/wp-content/uploads/2016/08/Report-Parenting-Support-for-Every-Parent.pdf>
- Furlong, M. (2013). *Implementing the Incredible Years Parenting Programme in disadvantaged settings in Ireland: A process evaluation*. National University of Ireland Maynooth.
- Garrity, S., & Canavan, J. (2017). Trust, responsiveness and communities of care: an ethnographic study of the significance and development of parent-caregiver relationships in Irish early years settings. *European Early Childhood Education Research Journal*, 25(5), 747–767. <https://doi.org/10.1080/1350293X.2017.1356546>
- Gerber, S.-J., Sharry, J., & Streek, A. (2016). Parent training: effectiveness of the Parents Plus Early Years programme in community preschool settings. *European Early Childhood Education Research Journal*, 24(4), 602–614.
<https://doi.org/10.1080/1350293X.2016.1189726>
- Graue, B., Clements, M., Reynolds, A., & Niles, M. (2004). More than teacher directed or child initiated: Preschool curriculum type, parent involvement, and children’s outcomes in the child-parent centers. *Education Policy Analysis Archives*, 12.
<https://doi.org/10.14507/epaa.v12n72.2004>
- Griffin, C., Guerin, S., Sharry, J., & Drumm, M. (2010). A multicentre controlled study of an early intervention parenting programme for young children with behavioural and developmental difficulties. *International Journal of Clinical and Health Psychology*, 10(2), 279–294.
- Grindal, T., Bowne, J. B., Yoshikawa, H., Schindler, H. S., Duncan, G. J., Magnuson, K., & Shonkoff, J. P. (2016). The added impact of parenting education in early childhood education programs: A meta-analysis. *Children and Youth Services Review*, 70, 238–249.
<https://doi.org/10.1016/j.childyouth.2016.09.018>
- GUI. (n.d.). *Questionnaires*. <https://www.growingup.ie/questionnaires/#Wave-2-Infant-Q>
- Haase, T., & Pratschke, J. (2017). *The 2016 Pobal HP Deprivation Index for Small Areas: Dataset for Local Electoral Areas (2015 LEA)(Excel)*. <http://trutzhaase.eu/deprivation-index/the-2016-pobal-hp-deprivation-index-for-small-areas/>
- Hayes, N., O’Toole, L., & Halpenny, A. M. (2017). *Introducing Bronfenbrenner: A Guide for Practitioners and Students in Early Years Education*. Routledge.
- Hayes, N., Siraj-Blatchford, I., Keegan, S., & Goulding, E. (2013). *Evaluation of the Early Years Programme of the Childhood Development Initiative*. <https://doi.org/10.1520/stp15165s>
- Health Protection Surveillance Centre. (2021). *Epidemiology of COVID-19 in Ireland*.
<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/epidemiologyfrequentlyaskedquestions/>
- Heckman, J. J., & Mosso, S. (2014). The Economics of Human Development and Social Mobility. *Annual Review of Economics*, 6(1), 689–733. <https://doi.org/10.1146/annurev-economics-080213-040753>
- Institute for Community Sciences. (n.d.). *What is peer research?* N.D.
https://icstudies.org.uk/peer_research_network/what-peer-research

- Johnson, Z., Howell, F., & Molloy, B. (1993). Community mothers' programme: randomised controlled trial of non-professional intervention in parenting. *BMJ (Clinical Research Ed.)*, *306*(6890), 1449–1452. <https://doi.org/10.1136/bmj.306.6890.1449>
- Kelly, Y., Sacker, A., Del Bono, E., Francesconi, M., & Marmot, M. (2011). What role for the home learning environment and parenting in reducing the socioeconomic gradient in child development? Findings from the Millennium Cohort Study. *Archives of Disease in Childhood*, *96*(9), 832–837. <https://doi.org/10.1136/adc.2010.195917>
- Kemp, L. (2016). Adaptation and Fidelity: a Recipe Analogy for Achieving Both in Population Scale Implementation. *Prevention Science*, *17*. <https://doi.org/10.1007/s11121-016-0642-7>
- Keogh-Brown, M. R., Bachmann, M. O., Shepstone, L., Hewitt, C., Howe, A., Ramsay, C. R., Song, F., Miles, J., Torgerson, D. J., Miles, S., Elbourne, D., Harvey, I., & Campbell, M. J. (2007). Contamination in trials of educational interventions HTA Health Technology Assessment NHS R&D HTA Programme www.hta.ac.uk. *Health Technology Assessment*, *11*(43). <http://www.hta.ac.uk>
- Kernan, M. (2012). *Parental involvement in early learning. A review of research, policy and good practice*. <https://efc.issuelab.org/resources/15860/15860.pdf>
- Kiely, E., & Bolton, R. (2018). *Unmarried Fathers in Ireland : An Examination of the Barriers to Shared Parenting Commissioned by Treoir and funded by the Community*. <https://www.treoir.ie/wp-content/uploads/2018/12/Unmarried-Fathers-in-Ireland-An-Examination-of-the-Barriers-to-Shared-Parenting-1.pdf>
- Lamb, M. E. (2010). *The role of the father in child development* (M. E. Lamb (ed.); 5th ed.). John Wiley & Sons Inc.
- Lechowicz, M., Jiang, Y., Tully, L., Burn, M., Collins, D., Hawes, D., Lenroot, R., Anderson, V., Doyle, F., Piotrowska, P., Frick, P., Moul, C., Kimonis, E., & Dadds, M. (2019). Enhancing Father Engagement in Parenting Programs: Translating Research into Practice Recommendations. *Australian Psychologist*, *54*(2), 83–89. <https://doi.org/10.1111/ap.12361>
- Leitão, C., Shumba, J., & Quinn, M. (2022). Perspectives and experiences of Covid-19: Two Irish studies of families in disadvantaged communities. *PLOS ONE*, *17*(7), 1–23. <https://doi.org/10.1371/journal.pone.0270472>
- Louie, A., Cromer, L., & Berry, J. (2017). Assessing Parenting Stress: Review of the Use and Interpretation of the Parental Stress Scale. *The Family Journal*, *25*, 359–367. <https://doi.org/10.1177/1066480717731347>
- Lundahl, B. W., Tollefson, D., Risser, H., & Lovejoy, M. C. (2008). A meta-analysis of father involvement in parent training. *Research on Social Work Practice*, *18*(2), 97–106. <https://doi.org/10.1177/1049731507309828>
- Ma, X., Shen, J., Krenn, H. Y., Hu, S., & Yuan, J. (2016). A Meta-Analysis of the Relationship Between Learning Outcomes and Parental Involvement During Early Childhood Education and Early Elementary Education. *Educational Psychology Review*, *28*(4), 771–801. <https://doi.org/10.1007/s10648-015-9351-1>
- Magill-Evans, J., Harrison, M. J., Rempel, G., & Slater, L. (2006). Interventions with fathers of young children: systematic literature review. *Journal of Advanced Nursing*, *55*(2), 248–264. <https://doi.org/10.1111/j.1365-2648.2006.03896.x>
- McGilloway, S., Bywater, T., Mhaille, G. N., Furlong, M., O'Neill, D., Comiskey, C., Leckey, Y., Kelly, P., & Donnelly, M. (2009). *Proving the Power of Positive Parenting*. <https://www.atlanticphilanthropies.org/wp-content/uploads/2015/09/Incredible-Years-Ireland-Study-Proving-the-Power-of-Positive-Parenting-Report.pdf>
- McGilloway, S., Mhaille, G. N., Furlong, M., Hyland, L., Leckey, Y., Kelly, P., Bywater, T., Comiskey, C., Lodge, A., O'Neill, D., & Donnelly, M. (2012). *The Incredible Years Ireland study. Long-term outcomes of the Incredible Years Parent and Teacher Classroom Management training programmes (Combined 12-month Report)* (Issue April).

- <https://incredibleyears.com/article/the-incredible-years-ireland-study-parents-teachers-and-early-childhood-intervention-long-term-outcomes-of-the-incredible-years-parent-and-teacher-classroom-management-training-programs-combined-1/>
- McGinnity, F., McMullin, P., Murray, A., & Russell, H. (2017). Social inequality in cognitive outcomes in Ireland: What is the role of the home learning environment and childcare? *Childcare, Early Education and Social Inequality: An International Perspective*, April, 109–129. <https://doi.org/10.4337/9781786432094.00015>
- Melhuish, E. (2010). Why children, parents and home learning are important. In K. Sylva, E. Melhuish, P. Sammons, I. Siraj-Blatchford, & B. Taggart (Eds.), *Early Childhood Matters: Evidence from the Effective Pre-school and Primary Education Project* (pp. 44–70). Routledge.
- Melhuish, E., Gardiner, J., & Morris, S. (2017). *Study of Early Education and Development (SEED): Impact study on early education use and child outcomes up to age three: Research brief*. <https://www.gov.uk/government/publications/early-education-use-and-child-outcomes-up-to-age-3>
- Mikolajczak, M., Gross, J. J., & Roskam, I. (2019). Parental Burnout: What Is It, and Why Does It Matter? *Clinical Psychological Science*, 7(6), 1319–1329. <https://doi.org/10.1177/2167702619858430>
- Miller, S., Dunne, L., & McClenaghan, P. (2015). *Supporting Parents: Findings from the Lifestart Parenting Programme Evaluation*. 1–16. <https://www.lifestartfoundation.org/wp-content/uploads/2015/03/Lifestart-RCT-Briefing-Summary.pdf>
- Miller, S., Dunne, L., Smith, A., & Lashley, A. (2020). *Peep Learning Together Programme - Evaluation Report*. February. <https://educationendowmentfoundation.org.uk/projects-and-evaluation/projects/peep-learning-together-programme>
- National Council for Curriculum and Assessment. (2009). *Aistear: the Early Childhood Curriculum Framework*. <https://curriculumonline.ie/Early-Childhood/>
- Navarro, J. L., Stephens, C., Rodrigues, B. C., Walker, I. A., Cook, O., O'Toole, L., Hayes, N., & Tudge, J. R. H. (2022). Bored of the rings: Methodological and analytic approaches to operationalizing Bronfenbrenner's PPCT model in research practice. *Journal of Family Theory & Review*, 14(2), 233–253. <https://doi.org/https://doi.org/10.1111/jftr.12459>
- Nixon, E., Swords, L., & Murray, A. (2013). *Parenting and infant development. Infant cohort report No. 3. Growing Up in Ireland: National longitudinal study of children*. <https://www.growingup.ie/pubs/BKMNEXT244.pdf>
- Normand, S. T., Landrum, M. B., Guadagnoli, E., Ayanian, J. Z., Ryan, T. J., Cleary, P. D., & McNeil, B. J. (2001). Validating recommendations for coronary angiography following acute myocardial infarction in the elderly: a matched analysis using propensity scores. *Journal of Clinical Epidemiology*, 54(4), 387–398. [https://doi.org/10.1016/s0895-4356\(00\)00321-8](https://doi.org/10.1016/s0895-4356(00)00321-8)
- Nykiforuk, C. I. J., Vallianatos, H., & Nieuwendyk, L. M. (2011). Photovoice as a method for revealing community perceptions of the built and social environment. *International Journal of Qualitative Methodology*, 10(2), 103–124.
- OECD. (2006). *Starting Strong II: Early Childhood and Care*. <https://www.oecd.org/education/school/startingstrongiiearlychildhoodeducationandcare.htm>
- OECD. (2017). *Starting Strong 2017: Key OECD Indicators on Early Childhood Education and Care*. <http://dx.doi.org/10.1787/9789264276116-3-en>
- OECD. (2018). *Engaging Young Children. Lessons from Research about Quality in Early Childhood Education and Care*. <https://doi.org/10.1787/9789264085145-en>
- Oke, M., Filipovic, K., Lambert, J., & Hayes, N. (2019). *Predictors of Burnout Amongst Early Childhood Educators*. National Early Childhood Ireland Research Conference.
- Owen, M. T., Ware, A. M., & Barfoot, B. (2000). Caregiver-mother partnership behavior and the quality of caregiver-child and mother-child interactions. *Early Childhood Research*

- Quarterly*, 15(3), 413–428. [https://doi.org/10.1016/S0885-2006\(00\)00073-9](https://doi.org/10.1016/S0885-2006(00)00073-9)
- Panther-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., & Leckman, J. F. (2014). Practitioner review: Engaging fathers--recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 55(11), 1187–1212. <https://doi.org/10.1111/jcpp.12280>
- Parkes, A., Sweeting, H., & Wight, D. (2015). Parenting stress and parent support among mothers with high and low education. *Journal of Family Psychology : JFP : Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, 29(6), 907–918. <https://doi.org/10.1037/fam0000129>
- Passaretta, G., & Skopek, J. (2018). *Roots and Development of Achievement Gaps. A Longitudinal Assessment in Selected European Countries*. http://www.isotis.org/wp-content/uploads/2019/01/ISOTIS_D1.3-Roots-and-Development-of-Achievement-Gaps.pdf
- Pastori, G., Pagani, V., & Sarcinell, A. (2019). *Technical report on the child interview study: children's views on inclusion at school*. <https://www.isotis.org/en/publications/technical-report-on-the-child-interview-study-childrens-views-on-inclusion-at-school/>
- Pianta, R. C., Nimetz, S. L., & Bennett, E. (1997). Mother-child relationships, teacher-child relationships, and school outcomes in preschool and kindergarten. *Early Childhood Research Quarterly*, 12(3), 263–280. [https://doi.org/https://doi.org/10.1016/S0885-2006\(97\)90003-X](https://doi.org/https://doi.org/10.1016/S0885-2006(97)90003-X)
- Powell, D. R., Son, S.-H., File, N., & San Juan, R. R. (2010). Parent-school relationships and children's academic and social outcomes in public pre-kindergarten. *Journal of School Psychology*, 48, 269–292.
- Promundo. (2019). *State of the world's fathers*. <https://stateoftheworldsfathers.org/report/state-of-the-worlds-fathers-helping-men%0Astep-up-to-care/>
- Ramchandani, P. G., Domoney, J., Sethna, V., Psychogiou, L., Vlachos, H., & L., M. (2013). Do early father-infant interactions predict the onset of externalising behaviours in young children? Findings from a longitudinal cohort study. *Journal of Child Psychology and Psychiatry*, 54(1), 56–64.
- Roche, B., Guta, A., & Flicker, S. (2010). *Peer Research in Action I: Models of Practice*. https://www.wellesleyinstitute.com/wp-content/uploads/2011/02/Models_of_Practice_WEB.pdf
- Rose, E., Lehl, S., Ebert, S., & Weinert, S. (2018). Long-Term Relations Between Children's Language, the Home Literacy Environment, and Socioemotional Development From Ages 3 to 8. *Early Education and Development*, 29(3), 342–356. <https://doi.org/10.1080/10409289.2017.1409096>
- Santrock, J. W. (2007). *A topical approach to life-span development*. McGraw-Hill.
- Schrader-McMillan, A., Barnes, J., & Barlow, J. (2012). *Primary study evidence on effectiveness of interventions (home, early education, child care) in promoting social and emotional wellbeing of vulnerable children under 5*. <https://www.nice.org.uk/guidance/ph40/documents/social-and-emotional-wellbeing-early-years-expert-report-12>
- Sharry, J., Guerin, S., Griffin, C., & Drumm, M. (2005). An Evaluation of the Parents Plus Early Years Programme: A Video-based Early Intervention for Parents of Pre-school Children with Behavioural and Developmental Difficulties. *Clinical Child Psychology and Psychiatry*, 10(3), 319–336. <https://doi.org/10.1177/1359104505053752>
- Sharry, J., Hampson, G., & Fanning, M. (2003). *Parents Plus - 'The Early Years' Programme: A video-based parenting guide to promoting young children's development and to preventing and managing behaviour problems*. <https://www.parentsplus.ie/>
- Sheridan, S. M., Knoche, L. L., Kupzyk, K. A., Edwards, C. P., & Marvin, C. A. (2011). A

- randomized trial examining the effects of parent engagement on early language and literacy: The Getting Ready intervention. *Journal of School Psychology, 49*(3), 361–383. <https://doi.org/https://doi.org/10.1016/j.jsp.2011.03.001>
- Shumba, J., Quinn, M., Nic Carthaigh, C., & Leitao, C. (2021). *Over the Fence: Perspectives on and experiences of child poverty in Tallaght*. <https://www.cdi.ie/wp-content/uploads/2021/10/CDI-Child-Poverty-Report-min.pdf>
- Slot, P., & Nata, G. (2019). *D5.5 Integrative report: Professionals and organisations*. ISOTIS. <https://www.isotis.org/en/publications/integrative-report-professionals-and-organisations/>
- Slot, P., Romijn, B., Cadima, J., Nata, G., & Wysłowska, O. (2018). *Internet survey among staff working in formal and informal (education) sectors in ten European countries*. ISOTIS. <https://www.isotis.org/en/publications/internet-survey-among-staff-working-in-formal-and-informal-education-sectors-in-ten-european-countries/>
- Smyth, E., & Russell, H. E. (2021). *Fathers and children from infancy to middle childhood*. <https://www.esri.ie/publications/fathers-and-children-from-infancy-to-middle-childhood>
- SPEAK. (2019). *National Family Resource Centre Programme 2019 SPEAK Annual Report Quantitative Information*. [https://www.familyresource.ie/uploadedfiles/2019 ANNUAL SPEAK REPORT.pdf](https://www.familyresource.ie/uploadedfiles/2019%20ANNUAL%20SPEAK%20REPORT.pdf)
- Sylva, K., Melhuish, E., Sammons, P., Siraj-. Blatchford, I., & Taggart, B. (2004). *The Effective Provision of Pre-School Education (EPPE) Project: Technical paper 12 - The final report*.
- Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I., & Taggart, B. (2004). *The Effective Provision of Preschool Education (EPPE) Project: Final Report, Report No. SSU/FR/2004/01*. Department for Education and Skills.
- Tamis-LeMonda, C. S., Luo, R., McFadden, K. E., Bandel, E. T., & Vallotton, C. (2019). Early home learning environment predicts children's 5th grade academic skills. *Applied Developmental Science, 23*(2), 153–169. <https://doi.org/10.1080/10888691.2017.1345634>
- United Nations. (1989). *Convention on the Rights of the Child*. United Nations.
- United Nations. (2015). *Transforming our world: the 2030 Agenda for Sustainable Development*. <https://sdgs.un.org/2030agenda>
- Voorhis, F. L. Van, Maier, M. F., Epstein, J. L., & Lloyd, C. M. (2013). The impact of family involvement on the education of children aged 3 to 8. *Mdrc, 10*, 229. <https://files.eric.ed.gov/fulltext/ED545474.pdf>
- Ware, A. M., Barfoot, B., Rusher, A. S., & Owen, M. T. (1995). Caregiver-Parent Partnership Scale. Its relationship to the child care environment. *Poster Session Presented at the Biennial Meeting of the Society for Research in Child Development*.
- Xu, S., Ross, C., Raebel, M. A., Shetterly, S., Blanchette, C., & Smith, D. (2010). Use of stabilized inverse propensity scores as weights to directly estimate relative risk and its confidence intervals. *Value in Health : The Journal of the International Society for Pharmacoeconomics and Outcomes Research, 13*(2), 273–277. <https://doi.org/10.1111/j.1524-4733.2009.00671.x>

Appendix A: Evidence-based parenting support interventions in Ireland

Name	Type of intervention	Target population	Main aims	Delivery mode	Universal, Targeted	Evaluation design (Country)	Positive outcome evidence	Potential to support families at risk of poverty or social exclusion
CDI Powerful Parenting	Model	3-6 years (children in ELC services)	Support parents in ELC services to promote the achievement of children's developmental milestones, and parents' wellbeing	Centre-based (It can include Parent Plus), home-visiting	Universal and targeted (progressive universalism)	RCT of the previous CDI Parental Support in Early Years (Ireland)	Children's behaviour (trend), and higher HLE with higher attendance of Parent Plus (Hayes et al., 2013)	It is implemented in designated disadvantaged areas
Community Mothers Programme	Home-visiting programme	Pre-birth in some settings, up to 5 years	Support parents in caring for their children and looking after their own health and wellbeing	Home-visiting	Universal within area of disadvantage. Also progressive	RCT longitudinal of the original model ³⁹ (Ireland)	Children's health, parents' skills and wellbeing ⁴⁰	Positive outcomes: Children's health, parents' skills and wellbeing ⁴¹

³⁹ Originally, the programme was aimed at parents with children from birth-2 years. The differences between the original and current model are described by Brocklesby (2019).

⁴⁰ An RCT indicated benefits in terms of children's immunisation, children's and mothers' diet, increased levels of parental reading/interacting with child, and mothers' self-esteem and feelings (Johnson et al., 1993). However, as referred by Brocklesby (2019), the questionnaires used in the previous study were not standardised with tests of reliability and validity, and they did not have a child outcome focus. A seven year follow up of the RCT (Johnson, et. al., 2000 cit. in Brocklesby, 2019) indicated that parenting skills and self-esteem were sustained, and benefits extending to subsequent children.

⁴¹The study described (Johnson et al., 1993) included mothers living in deprived areas. A study with the Traveller Community in Ireland (Fitzpatrick, et al., 1997 cit. in Brocklesby, 2019) noted improved diet, maternal wellbeing and child stimulation.

universalism currently								
Home Start	Home-visiting programme	Birth-5 years	Emotional and practical support to help prevent family crisis and breakdown	Home-visiting	Targeted through referral	Quasi-experimental (Outside Ireland)	Parenting competence, consistency, and sensitivity (Asscher et al., 2008)	No information found
Lifestart Growing Child	Home-visiting programme	Birth-5 years	Guide for parents on how their child develops and grows	Home-visiting	Universal to all first-time parents	RCT (Ireland and Northern Ireland)	Parenting stress, knowledge of child development, parenting confidence (Miller et al., 2015)	No clear evidence that the programme works differently for different groups of families
ParentChild+ /Parent Child Home Programme	Home-visiting programme	1.5-4 years	Support parents' interaction with their children and improve the home learning environment	Home-visiting	Targeted	RCT (Outside Ireland)	Child language (Astuto & Allen, 2016)	The Coordinators work with Public Health Nurses and other statutory agencies to identify families most in need
Preparing for Life	Home-visiting programme	Pregnancy to 5 years	Support parents regarding child development and parenting	Home-visiting	Universal within area of disadvantage	RCT (Ireland)	Children's cognitive development, verbal ability, hyperactivity and inattentive behaviours, social competencies,	Improved school readiness of children in a disadvantaged area

							autonomy, motor skills and physical independence (Doyle & UCD Geary Institute PFL Evaluation Team, 2016)	
Incredible Years (IY) for Parents	Parenting course	Birth-12 years (multiple programmes adapted to age-groups and populations)	Improve children's social and emotional functioning and reduce or prevent emotional and behavioural problems	Centre-based	Universal, targeted	RCT (Ireland)	IY Parenting: Child behaviour, parenting competencies and wellbeing. (McGilloway et al., 2009), also on long-term (McGilloway et al., 2012)	IY Parent Baby: Positive outcomes: Children's behaviour, family wellbeing ⁴²
Parents Plus Early Years Programme	Parenting course	1-6 years	Support parents to maximise children's learning, language and social development, and reduce behaviour problems	Centre-based	Universal	RCT (Ireland)	Children's behaviour problems, parental stress (Griffin et al., 2010)	Engagement of families in disadvantaged situations or areas (e.g. Gerber et al., 2016)

⁴² A IYBP RCT (Irish children approx. 3-7 years) indicated effectiveness in alleviating problem behavior among children and in improving wellbeing among families living in disadvantaged areas. A IYPP implementation study within disadvantaged settings in Ireland indicated benefits from participating whilst extra supports may be required to enhance outcomes for the most vulnerable families (Furlong, 2013). A focus groups (parents of children 3-10 years, living in a designated disadvantaged area in Ireland) indicated personal benefits and improved relationships with their child (Clondalkin Partnership, 2006).

Peep - Learning together programme	Parenting course	3-4 years	Improve parenting skills and the quality of the home learning environment	Centre-based	It can vary	RCT (Outside Ireland)	Early literacy development, Parental self-acceptance, Parents' confidence in their own parenting knowledge and learning (Miller et al., 2020)	Implemented in designated disadvantaged areas in Ireland
Triple P Positive Parenting	Parenting course	Birth-11 years	Prevent severe emotional and behavioural disturbances in children	Multiple	Varies. It has five levels of increasing intensity and targeting	Quasi-experimental (Ireland) RCT (Outside Ireland)	Child behavioural and emotional problems, parent strategies, experiences and Opinions (Fives et al., 2014)	Triple P was offered within the Preparing for Life in a disadvantaged area in Ireland, with positive outcomes (Doyle & UCD Geary Institute PFL Evaluation Team, 2016)

Appendix B. Interview protocols used in the implementation study

Interview protocol aimed at PCFs

- In general, how do you think the programme is going?
- Can you share some examples of the types of activities you have organised within your service over the last year?
- How do you plan the activities?
- Thinking about your planned activities, have the activities been implemented as intended?
- What supports/resources have been put in place to ensure the activities happen as planned? Were the supports enough? If not, what other supports would have been useful?
 - Have the COP meetings / planning meetings been helpful? To what extent?
- What are the interests and needs of the parents/families that use the programme?
- How do you address the needs of the parents/ carers?
- In your view, from 1 (low) to 5 (high), to what extent is the programme addressing/ strengthening the following?
 - Strengthen parenting skills
 - Help parents/carers to understand the child's development
 - Provide parents/carers with new ways to interact with children
 - Promote the home learning environment
 - Promote improved partnerships between the parents/carers and the ELC services
 - Promote the engagement of both parents of the child or other carers in children's education
 - Help families to prepare for a smoother transition of children to school
 - Involve families with other community services
- Is there any other benefit that you think the programme is having that was not identified here?
- What can constitute barriers to parents' participation in the programme?
- What strategies do you consider important to encourage families to use the programme/to reach you?
- How do you perceive parents' interest in using the programme?
- In general, what are the positive aspects of this programme?
- In general, what are the less positive aspects of this programme?
- Do you have any suggestions for improvement?
- We want to find out how satisfied you are with some aspects of the programme, from 1 (low) to 5 (high)
 - Satisfaction with the programme in general
 - Satisfaction with your performance as a PCF
 - Satisfaction with the support provided by the CDI

- Satisfaction with the support provided by the Early Years service
- Satisfaction with training opportunities
- Satisfaction with resources (eg. Programme budget, materials)
- Satisfaction with the procedures (eg. Records, evaluation)
- Any other observation

Interview protocol aimed at ELC managers

- In general, how do you think the programme is going? Is it meeting your expectations?
- What do you think are the main benefits for families?
- What type of activities have been organised within this programme?
- Can you tell me how the activities are planned?
- In your opinion, have the activities been implemented as intended?
- What supports or resources are available to support activities in the service?
 - Were the supports enough? If not, what supports would be needed more?
 - Have the support from CDI been sufficient? To what extent?
- How do you perceive parents' s interest in using the programme?
- What can constitute barriers to parents' participation in the programme?
- What are the positive aspects of this programme?
- Are there less positive aspects?
- Do you have any suggestions for improvement?

Interview protocol aimed at parents

- How long has your child been attending the current early years service?
- Can you remember when you first met the PCF from the early years service? When was that?
- Can you give me examples of activities organized by the PCF in which you participated?
- Can you tell me one or two things you think you learned either from activities organized by the PCF or from talking to the PCF?
- Can you think of any positive aspects of having a PCF in the early years service?
- Can you think of any negative aspects?
- From 1 (low) to 5 (high), how much do you feel motivated either to participate in activities organised by the PCF or to talk with the PCF?
- From 1 (low) to 5 (high), to what extent do you feel your interests and needs are taken into account by the PCF?
- From 1 (low) to 5 (high), how much do you think that having a PCF in the service helped you to:
 - To learn new ways of interacting with your child
 - To increase your knowledge about your child's development
 - To reduce your parental stress or anxiety
 - To improve your relationship with the Early Years service

- To learn about services and events in the community
- Is there any other benefit for you?
- Can you think of any suggestions to improve the work carried out by the PCF?
- Is there anything else you'd like to say about the PCF's work?

Appendix C: Background characteristics of the pretest sample

Variables	<i>n</i>	<i>M(SD)/%</i>	Min.	Max.	Skew	Kurt
Child age	160	3.74(0.79)	1.41	6.07	0.01	0.36
Child gender						
Female	85	52.5%				
Male	77	47.5%				
Year in ELC service						
3 rd	21	13.0%				
2 nd	68	42.0%				
1 st	64	39.5%				
Other	8	4.9%				
Parent first child						
No	79	48.8%				
Yes	80	49.4%				
Parent age	155	34.45(6.08)	21	56	0.24	0.34
Parent gender						
Female	152	93.8%				
Male	10	6.2%				
Kinship						
Mother	149	92.0%				
Father	9	5.6%				
Other	4	2.5%				
Parent language						
English	151	93.2%				
Other	10	6.2%				
Country of origin						
Ireland	133	82.1%				
Other	29	17.9%				
Ethnicity						
White Irish	132	81.5%				
Other	30	18.5%				
Parent education level^a						
Tertiary	59	36.4				
Secondary	76	46.9				
Intermediate or below	21	13.0				
Employment status						
In paid employment	94	58.0%				
Not in paid employment	68	42.0%				
Marital status						
Married/Civil partnership	82	50.6%				
Single	60	37.0%				
Divorced/Separated/Widowed	4	2.40%				
Other	15	9.3%				
Type of household						
Two parents living together	108	66.7%				
Lone parent	40	24.7%				
Other	9	5.6%				
Number children in household	162	2.02(1.04)	1	6	1.33	2.32
Number adults in household	162	2.04(0.80)	1	5	1.26	2.46
Receiving social welfare						

No	81	50.0%
Yes	76	46.9%
Medical card		
No card	78	48.1
GP only card	19	11.7
Full card	62	38.3
Involved with support services^b		
No	126	77.8
Yes	35	21.6

Notes. The number of responses "Prefer not to say", "Do not know", or missing responses are not shown in the table.

^a Within the Parent education level, participants that replied "Other" (n=4) were not included in the levels "Tertiary" or "Secondary or below".

^b One or more of the following: Tusla; HSE primary Care - e.g. Psychology, Speech and language therapy (SLT), Occupational Therapy; Assessment of Need; Housing Services; Adult Disability Services; Addiction Services.

Appendix D: Psychometric properties of the impact study instruments

Parents' relationships with Early Years Educators

Parents' views on the relationship with their children's Early Years Educators were evaluated through the Caregiver-Parent Partnership Scale (CPPS; Ware et al., 1995). The scale was described as having 16 items, but a study analysing its psychometric properties only kept 14 items (Owen et al., 2000). In the study analysing the scale psychometric properties (Owen et al., 2000), which included 53 mothers of three-year-old children, adequate reliability was found: the Cronbach's alphas were .86 for Sharing information, .84 for Seeking information, and .81 for Adult relations. The CPPS was applied in the European context (Portugal) by Coelho and colleagues (2015).

In the current study, the language used in the measure was adapted (we used the term "teacher" to refer to the educator, instead of "caregiver"). A factor analysis using data from the pretest also indicated that the 14 items could be grouped into three components (we selected principal components with varimax rotations following Owen et al., 2000). The Cronbach's alphas indicated acceptable reliability. Descriptive statistics for the current study are shown in Table 9.

Table 9. Descriptive statistics for the subscales of the Caregiver-Parent Partnership Scale

Subscales	N	M	SD	Min	Max	Skew	Kurt	Alpha
Sharing information-pretest	160	21.34	2.81	11	25	-0.72	0.37	.73
Sharing information-posttest	79	21.86	2.72	12	25	-0.88	1.17	.78
Seeking information-pretest	162	13.59	1.61	7	15	-1.39	2.05	.63
Seeking information-posttest	79	13.61	1.84	3	15	-3.07	14.13	.70
Adult relations-pretest	157	21.50	4.64	10	30	-0.37	-0.36	.77
Adult relations-posttest	76	21.75	4.80	11	30	-0.18	-0.16	.80

Note. Skew=Skewness. Kurt=Kurtosis.

Home Learning Environment

The HLE was evaluated by applying the Home Learning Environment Measure (HLEM) developed by Melhuish and colleagues (2001). This measure has been used in the Irish context. It is included in the Information Pack to Support the Assessment of Child Development and Child Learning Outcomes (Centre for Effective Services, 2019a), used to support the national evaluation of the Area Based Childhood (ABC) Programme. In the current study, data indicated good scale reliability when considering the seven items together. Descriptive statistics are shown in Table 10.

Table 10. Descriptive statistics for the Home Learning Environment Measure

Scale	N	M	SD	Min	Max	Skew	Kurt	Alpha
HLEM-pretest	158	35.32	8.24	10	49	-0.59	0.14	.72
HLEM-posttest	76	35.55	8.15	15	49	-0.37	-0.55	.76

Parents' psychological stress

Parents' psychological stress was measured with the Parental Stress Scale (PSS; Berry & Jones, 1995). In the national context, this measure is included in the Information Pack to Support the Assessment of Parenting Outcomes (Centre for Effective Services, 2019b). It was also applied in the Growing up in Ireland (GUI) study. CDI has used it in previous evaluations of the *Powerful Parenting Model*. In line with national research, a total score was calculated in the current study. However, it is important to note that the original research examining the psychometric properties of this measure (Berry & Jones, 1995) suggested a 4-factor structure. The Cronbach's alphas indicated good reliability in the current research. Descriptive statistics are shown in Table 11.

Table 11. Descriptive statistics for the Parental Stress Scale

Scale	N	M	SD	Min	Max	Skew	Kurt	Alpha
Parental Stress-pretest	154	35.44	7.88	19	59	0.49	0.14	.82
Parental Stress-posttest	76	36.79	8.57	18	62	0.16	0.14	.82

Perspectives on gender influences on caregiving

A measure was designed to assess parents' views on how gender influences caregiving by selecting questions from previous surveys: the International Social Survey Programme, European Social Survey, European Values Study, and Generations and Gender Programme. The initially designed applied measure included six items, namely:

- a. Women should take more responsibility for the home and children than men (reversed)
- b. If parents divorce, it is better for the child to stay with the mother than with the father (reversed)
- c. A single father can bring up his child as well as a single mother
- d. It is not good if the man stays at home and cares for the children and the woman goes out to work (reversed)
- e. A father should be as heavily involved in the care of his children as the mother
- f. In general, fathers are as well suited to look after their children as mothers.

After conducting a principal components factor analysis with varimax rotations with pretest data, we found that all items appeared grouped in the same component except item b. When

checking the measure's reliability using pretest data, item b was the only one leading to an increase in Cronbach's alpha when removed (from .67 to .69). The correlation of this item with the total of the scale was not high ($r=.246$). Therefore, we decided to discard this item. The final scale had five items, which were summed up. The Cronbach's alphas indicated acceptable reliability. Descriptive statistics are shown in Table 12.

Table 12. Descriptive statistics for the scale on gender influences on caregiving

Scale	N	M	SD	Min	Max	Skew	Kurt	Alpha
Gender views-pretest	158	21.66	2.87	13	25	-0.71	-0.07	.70
Gender views-posttest	78	21.77	3.02	13	25	-0.90	0.23	.69

Appendix E: Analysis of differences between the groups' background characteristics using weights

The propensity scores were calculated by including the selected background characteristics as predictors in a logistic regression model, and the Group (Intervention or Comparison) as the dependent variable. The selected background characteristics were: Parents' education level; Parents' employment status; Type of household; and Medical card holding.

We then created stabilised weights, which can contribute to preserving sample size close to the original data (Xu et al., 2010), using this formula:

- Intervention Group: p/PS
- Comparison Group: $(1-p)/(1-PS)$

Within these formulas, p is the proportion of participants in the intervention group (i.e. 44/79), and PS is the calculated propensity scores.

To check if the stabilised weights statistically reduced differences between Intervention and Comparison Groups, we calculated standardised differences between means (when the characteristics were continuous variables) and proportions (when the characteristics were binary variables), as suggested in previous literature (e.g. Austin & Stuart, 2015). The results for the original and weighted samples are shown in Table 13.

Table 13. Standardised differences between Intervention and Comparison Groups in their background characteristics

Binary variables	Standardised mean/proportion difference	
	Original Sample	Weighted sample
Ethnicity	0.57	0.33
Parent education level	-0.78	0.08
Country of origin	0.50	0.33
Marital Status	-0.68	-0.09
Employment status	-0.54	0.09
Involved with Support Services	-0.32	-0.10
Medical Card	-0.58	0.05
Type of Household	-0.41	0.22
Child Gender	0.22	0.37
Parent Gender	-0.27	-0.25
Year in ELC Service	-0.04	-0.05
Parent first child	0.42	0.34
Kinship	-0.19	-0.19
Parent language	0.32	0.19
Receiving Social Welfare	-0.03	0.23

Continuous variables

Child Age	0.00	-0.10
Parent Age	-0.61	-0.21
No Children Household	0.15	0.19
No Adults Household	0.09	0.64

A standard difference less than 0.1 has been considered to indicate a negligible difference in the mean or proportion of a variable between groups (Normand et al., 2001). Accordingly, in the weighted sample, the parent's education level, marital status, employment status, and medical card holding seem to be balanced between groups. On the other hand, differences regarding welfare and the number of adults in the household were smaller in the original sample. Given the potential association between families' socioeconomic conditions and the measured outcomes, as mentioned in the literature, we conducted the subsequent impact analyses using the calculated weights.

Appendix F: Linear regression models for results of PPM

Table 14. Impact results of PPM on Parents’ relationship with Early Years Educators

Variables	Sharing information					Seeking information					Adult relations				
	b	SE	p	95% CI		b	SE	p	95% CI		b	SE	p	95% CI	
				LL	UL				LL	UL				LL	UL
Intercept	13.917	2.703	.000	8.511	19.323	5.027	1.916	.011	1.198	8.856	8.083	2.310	.001	3.462	12.704
Intervention	-.898	.598	.138	-2.093	.296	-.487	.338	.154	-1.162	.187	-.483	.757	.526	-1.997	1.031
Comparison (Ref)	0	.	.	.	.	0	.	.	.	.	0	.	.	.	.
First in ELC service	-.082	.592	.890	-1.265	1.101	-.136	.352	.701	-.840	.568	.652	.774	.403	-.897	2.201
Not first year (Ref)	0	.	.	.	.	0	.	.	.	.	0	.	.	.	.
White Irish	.813	.701	.251	-.588	2.214	.421	.383	.277	-.345	1.187	-1.543	.955	.112	-3.454	.368
Other (Ref)	0	.	.	.	.	0	.	.	.	.	0	.	.	.	.
Tertiary	-.570	.636	.373	-1.841	.701	-.673	.357	.064	-1.386	.039	.012	.815	.988	-1.619	1.643
Secondary or below (Ref)	0	.	.	.	.	0	.	.	.	.	0	.	.	.	.
Two parents living together	.941	.864	.281	-.788	2.669	.858	.492	.086	-.125	1.840	-1.921	1.172	.106	-4.265	.422
Lone Parent/Other (Ref)	0	.	.	.	.	0	.	.	.	.	0	.	.	.	.
No medical card	-1.568	.746	.040	-3.059	-.078	-.938	.422	.030	-1.782	-.093	-.337	.952	.725	-2.241	1.568
Having medical card (Ref)	0	.	.	.	.	0	.	.	.	.	0	.	.	.	.
Sharing info-pretest	.374	.117	.002	.140	.608										
Seeking info-pretest						.636	.126	.000	.383	.888					
Adult relations-pretest											.753	.083	.000	.588	.919

Notes. Ref=Reference group. CI = confidence interval; LL = lower limit; UL = upper limit.

Table 15. Impact results of PPM on Parents' relationship with Early Years Educators moderated by Medical card

Variables	Sharing information					Seeking information				
	b	SE	p	95% CI		b	SE	p	95% CI	
				LL	UL				LL	UL
Intercept	13.236	2.728	.000	7.779	18.694	5.028	1.962	.013	1.107	8.950
Intervention	.131	.952	.891	-1.772	2.035	-.489	.536	.365	-1.560	.582
Comparison (Ref)	0	.	.	.	.	0	.	.	.	.
No medical card	-.578	1.030	.577	-2.638	1.482	-.939	.578	.109	-2.095	.217
Having medical card (Ref)	0	.	.	.	.	0	.	.	.	.
Intervention*NoMedicalCard	-1.774	1.282	.172	-4.339	.791	.003	.725	.997	-1.446	1.452
First in ELC service	-.346	.617	.577	-1.581	.889	-.135	.365	.712	-.865	.594
Not first year (Ref)	0	.	.	.	.	0	.	.	.	.
White Irish	.456	.742	.541	-1.028	1.939	.421	.403	.300	-.385	1.227
Other (Ref)	0	.	.	.	.	0	.	.	.	.
Tertiary	-.535	.631	.400	-1.797	.728	-.673	.3540	.066	-1.392	.045
Secondary or below (Ref)	0	.	.	.	.	0	.	.	.	.
Two parents living together	.868	.859	.317	-.852	2.587	.858	.496	.089	-.134	1.849
Lone Parent/Other (Ref)	0	.	.	.	.	0	.	.	.	.
Sharing info-pretest	.400	.118	.001	.165	.636					
Seeking info-pretest						.636	.129	.000	.378	.893

Notes. Ref=Reference group. CI = confidence interval; LL = lower limit; UL = upper limit.

Table 16. Impact results of PPM on the Home Learning Environment

Variables	HLE			95% CI	
	b	SE	p	LL	UL
Intercept	5.851	3.708	.120	-1.566	13.267
Intervention	1.159	1.250	.357	-1.340	3.659
Comparison (Ref)	0	.	.	.	.
First in ELC service	-1.215	1.381	.382	-3.977	1.546
Not first year (Ref)	0	.	.	.	.
White Irish	2.082	1.497	.169	-.911	5.076
Other (Ref)	0	.	.	.	.
Tertiary	2.014	1.326	.134	-.639	4.667
Secondary or below (Ref)	0	.	.	.	.
Two parents living together	3.883	1.838	.039	.206	7.560
Lone Parent/Other (Ref)	0	.	.	.	.
No medical card	-.769	1.525	.616	-3.819	2.281
Having medical card (Ref)	0	.	.	.	.
HLE-pretest	.675	.089	.000	.496	.854

Notes. Ref=Reference group. CI = confidence interval; LL = lower limit; UL = upper limit.

Table 17. Impact results of PPM moderated by Type of household on the Home Learning Environment

Variables	HLE			95% CI	
	b	SE	p	LL	UL
Intercept	5.004	3.877	.202	-2.754	12.762
Intervention	2.883	2.553	.263	-2.225	7.992
Comparison (Ref)	0	.	.	.	.
White Irish	1.755	1.560	.265	-1.367	4.876
Other (Ref)	0	.	.	.	.
Two parents living together	5.149	2.464	.041	.219	10.079
Lone Parent/Other (Ref)	0	.	.	.	.
Intervention*TwoParentsLivingTogether	-2.263	2.919	.441	-8.104	3.579
First in ELC service	-1.332	1.393	.343	-4.120	1.456
Not first year (Ref)	0	.	.	.	.
Tertiary	1.766	1.369	.202	-.972	4.505
Secondary or below (Ref)	0	.	.	.	.
No medical card	-.780	1.530	.612	-3.841	2.282
Having medical card (Ref)	0	.	.	.	.
HLE-pretest	.685	.091	.000	.503	.866

Notes. Ref=Reference group. CI = confidence interval; LL = lower limit; UL = upper limit.

Table 18. Impact results of PPM on Parental Stress

Variables	Parental stress				
	b	SE	p	95% CI	
				LL	UL
Intercept	6.387	2.925	.033	.534	12.240
Intervention	-1.305	1.337	.333	-3.980	1.370
Comparison (Ref)	0	.	.	.	.
First in ELC service	-2.602	1.369	.062	-5.340	.137
Not first year (Ref)	0	.	.	.	.
White Irish	1.390	1.596	.387	-1.803	4.583
Other (Ref)	0	.	.	.	.
Tertiary	3.242	1.400	.024	.440	6.044
Secondary or below (Ref)	0	.	.	.	.
Two parents living together	.588	1.934	.762	-3.282	4.457
Lone Parent/Other (Ref)	0	.	.	.	.
No medical card	1.723	1.648	.300	-1.575	5.021
Having medical card (Ref)	0	.	.	.	.
Parental stress-pretest	.811	.082	.000	.647	.975

Notes. Ref=Reference group. CI = confidence interval; LL = lower limit; UL = upper limit.

Table 19. Impact results of PPM moderated by Education level on Parental Stress

Variables	Parental stress				
	b	SE	p	95% CI	
				LL	UL
Intercept	6.154	2.967	.042	.216	12.092
Intervention	-2.145	1.941	.274	-6.030	1.740
Comparison (Ref)	0	.	.	.	.
Tertiary	2.089	2.383	.384	-2.681	6.859
Secondary or below (Ref)	0	.	.	.	.
Intervention*Tertiary	1.847	3.080	.551	-4.318	8.013
First in ELC service	-2.715	1.389	.055	-5.496	.065
Not first year (Ref)	0	.	.	.	.
White Irish	1.383	1.605	.392	-1.829	4.595
Other (Ref)	0	.	.	.	.
Two parents living together	1.092	2.119	.608	-3.149	5.333
Lone Parent/Other (Ref)	0	.	.	.	.
No medical card	1.406	1.739	.422	-2.075	4.888
Having medical card (Ref)	0	.	.	.	.
Parental stress-pretest	.829	.088	.000	.654	1.005

Notes. Ref=Reference group. CI = confidence interval; LL = lower limit; UL = upper limit.

Table 20. Impact results of PPM on Gender influences on caregiving

Variables	Gender views				
	b	SE	p	95% CI	
				LL	UL

Intercept	2.966	1.893	.122	-.818	6.751
Intervention	-.137	.529	.796	-1.195	.920
Comparison (Ref)	0	.	.	.	.
First in ELC service	-.284	.523	.589	-1.329	.761
Not first year (Ref)	0	.	.	.	.
White Irish	-.175	.616	.777	-1.406	1.056
Other (Ref)	0	.	.	.	.
Tertiary	.347	.557	.535	-.765	1.460
Secondary or below (Ref)	0	.	.	.	.
Two parents living together	.378	.810	.642	-1.241	1.997
Lone Parent/Other (Ref)	0	.	.	.	.
No medical card	-.116	.653	.860	-1.420	1.189
Having medical card (Ref)	0	.	.	.	.
Gender influence	.859	.099	.000	.661	1.057

Notes. Ref=Reference group. CI = confidence interval; LL = lower limit; UL = upper limit.

PEAR EC

Parental Engagement and Relationships (PEAR) in Early Childhood (EC)



This project has received funding from the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 890925.

Disclaimer excluding Agency and Commission responsibility

The information and views set out in this report are those of the author(s) and do not necessarily reflect the official opinion of the European Union. Neither the European Union institutions and bodies nor any person acting on their behalf may be held responsible for the use which may be made of the information contained therein.