

# Supporting Parents with Young Children in Ireland: A Comparative Review of European Evidence-Based Interventions

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## Executive summary

Providing support to parents in their children's early years can enhance their engagement in children's learning and development, positively impacting educational outcomes and reduce poverty effects (European Commission, 2013). Family and parenting support is increasingly included in national policies, but many European countries have faced challenges in providing a comprehensive system of assistance and policies to address poverty and social exclusion (Daly, 2011; Daly et al., 2015). Despite valuable research, gaps remain in our understanding of the characteristics and core components of family and parenting interventions associated with successful engagement and improved outcomes.

In Ireland, current family and parenting support policies reference the importance of prevention and early intervention, inter-agency working, provision of a continuum of support (from universal to targeted), and evidence-informed interventions (Department of Children and Youth Affairs, 2015; Government of Ireland, 2018). Family and parenting support interventions have been mapped in the Irish context (e.g., Brocklesby, 2019; Connolly & Devaney, 2017; Kennedy et al., 2019). However, information on evidence-based parenting interventions with the potential to engage with families considered out of the mainstream is still limited.

Analysis of family and parenting support across European countries can contribute to understanding what works and for whom. Previous reviews on family and parenting support in Europe have examined Irish policies (e.g. Grohs et al., 2020; Molinuevo, 2013). However, a comparative analysis of Irish and European parenting support interventions does not appear to have been conducted. The present literature review was built on the research undertaken by Cadima and colleagues (2017), who examined evidence-based and promising parent- and family-focused support programmes in seven European countries. According to the authors, parenting support in England, Germany, the Netherlands and Norway is marked by an emphasis on prevention and early intervention, which aligns with Irish policy.

The objectives of the current literature review were (1) to provide an overview of parenting support policies and evidence-based interventions for parents with children from birth up to six years old in Ireland; and (2) to examine commonalities and differences between the interventions identified in Ireland and those in England, Germany, the Netherlands, and Norway. The ultimate goal of this review was to contribute to the development of effective policies and practices aiming to promote children's learning, development, and well-being. The identified evidence-based interventions in Ireland include elements that are considered to be effective in parenting support: focus on prevention; addressing more than one area of need; easily accessible services; continuity between universal and targeted provision; and availability of different services and modes of delivery (Daly, 2012; Molinuevo, 2013; Moran et al., 2004).

Among the countries under focus, parenting support provision in Ireland seems to share most commonalities with England, followed by Germany. The provision in these countries can be characterised as being more diverse at the local level, with greater involvement of community and voluntary organisations. Ireland seems to differ more markedly from Norway and the Netherlands in which the state's participation in parenting support provision seems more prominent, with interventions being generally implemented at the national level (Cadima et al., 2017).

Based on the work conducted, the following recommendations for policy, practice and research were developed:

- To adapt parenting support provision according to the context population or target groups, as well as the existing national policies and services
- To monitor parenting support provision across services at local, regional and national levels to ensure consistent quality
- To set measurable and concrete objectives for parenting support interventions, and establish integrated systems for monitoring outcomes
- To attend to multiple areas of need by providing a wide range of services, and utilise more than one method of delivery
- To identify and implement strategies to enable easy access to parenting support interventions
- To provide to a continuum of a universal to targeted provision, allowing multiple routes and entry points for families
- To focus parent support developments on prevention and early intervention in developing parenting supports
- To consider the needs and resources of families at risk of poverty or social inclusion, or other vulnerable situations, and tailor parenting support interventions appropriately
- To invest in high-quality studies to evaluate the impact and implementation of parenting support interventions and invest in the dissemination and replication of those which demonstrate positive outcomes and scalability

## **Introduction**

The United Nations Convention on the Rights of the Child (1989) requires that State Parties shall render appropriate assistance to parents and legal guardians in performing their child-rearing responsibilities (Article 18.2). Parent- and child-focused support has been increasingly included in national policies to combat poverty and inequalities and promote child well-being (Daly et al., 2015). Providing support to parents from an early stage of their children's life can promote their engagement in children's learning and development (Morris et al., 2017; Tamis-LeMonda et al., 2019) and protect against socioeconomic disadvantage (European

Commission, 2014). Investments in children's early years have yielded high returns, particularly for children in disadvantaged situations (Heckman & Mosso, 2014).

Despite increasing attention on parent- and child-focused support in Europe, many countries have faced challenges in providing a comprehensive system of assistance (e.g., including child protection, health, and education services), and delivering policies aimed at combating poverty and social exclusion, and reaching families considered outside the mainstream (Daly, 2011). A socio-economically determined gap in academic achievement has been found in pre-school children those from less affluent families and whose parents have lower levels of formal education facing a higher probability of performing more poorly than their better-off peers (Passaretta & Skopek, 2018).

In Ireland<sup>1</sup>, the percentage of children under six years old at risk of poverty or social exclusion decreased between 2015 (26%) and 2018 (19%), but increased to 21% in 2020 (Eurostat, 2022<sup>2</sup>). Although Ireland was the only Member State of the European Union (EU) to register positive 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 in Ireland, and even more for foreign-born people (European Commission, 2021a). The challenges brought by the pandemic and its associated restrictions have been potentially accentuated for those already living in low-income households or at risk of poverty or social exclusion (European Commission, 2021a; Eurostat, 2020).

Parent and child-focused policies can include parenting and other forms of support<sup>3</sup>. In Ireland, 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, 2021; DCYA, 2018). Parenting supports can include home visiting programmes, parenting courses, one-to-one advice and support, parent support groups, and helplines for parents (DCEDIY, 2021).

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<sup>1</sup> By Ireland we are referring to the Republic of Ireland (not the island of Ireland, which includes both the Republic of Ireland and Northern Ireland).

<sup>2</sup> Eurostat category: ILC\_PEPS01N. At risk of poverty or social exclusion corresponds to the sum of persons who are either at risk of poverty, or severely materially and socially deprived or living in a household with a very low work intensity. The year 2020 is the latest for which there are data available. In comparison, in the European Union, 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%).

<sup>3</sup> 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, 2021).

Further research is needed on the characteristics of parenting support interventions associated with successful engagement and outcomes, including among groups considered to be outside the mainstream (Cadima et al., 2017; Connolly et al., 2017). In Ireland, further information on parenting support implementation and guidance based on evidence is relevant to inform future policies and practices (CDI, 2018; Connolly & Devaney, 2017).

The current review focused on parenting support interventions, namely direct support to parents targeting the task of parenting itself. This review builds on Cadima and colleagues' (2017) work within the ISOTIS project<sup>4</sup>. The authors developed an inventory and analysed evidence-based and promising parent- and family-focused support programmes in the Czech Republic, England, Germany, Netherlands, Norway, Poland and Portugal. They also described child and family services and policies in each country. Their findings indicated a clearer emphasis on prevention and early intervention in England, Germany, the Netherlands and Norway (Cadima et al., 2017). This emphasis is aligned with the current Irish parent and child-focused policies and supports, which have increasingly focused on the importance of prevention and early intervention, interagency working, and provision of a continuum of support, from universal to targeted (DCYA, 2015; 2018).

The objectives of the current literature review were to (1) provide an overview of parenting support policies and evidence-informed interventions for parents with children from birth up to six years old in Ireland; and (2) examine commonalities and differences between the interventions identified in Ireland and those identified in England, Germany, the Netherlands, and Norway. The ultimate goal of the current review was to contribute to developing effective policies and practices in parenting support aiming to promote children's learning, development, and well-being.

The current review includes the following sections: 1. Parenting support in Ireland, including key policies and services, and an inventory of evidence-based parenting support interventions; 2. Comparison with other European countries, including social indicators and parenting support policies and services. Finally, we present recommendations for policy and practice.

## **1. Parenting support in Ireland**

### **1.1. Key policies and services for parenting supports**

Relevant policies and legislative developments which shape parenting support for families with children up to six years old in Ireland include:

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<sup>4</sup> [www.isotis.org](http://www.isotis.org)

- *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015* (Department of the Taoiseach, 2006) includes a focus on supports for lone-parent households and larger families, parental leave extension, and support for teen parents.
- *The Child and Family Agency's Parenting Support Strategy*, (Tusla, 2013) commits to a system-wide approach to enhancing existing provision and working with parents, applying a progressive universalist approach, from universal to targeted support for those with the greatest needs.
- *The National Policy Framework for Children and Young People: Better Outcomes, Brighter Futures*, (DCYA, 2014) includes "Support parents" as a transformational goal. This framework states that "*Supporting parents to parent confidently and positively is one of the primary, universal and most effective supports that the State can provide along the continuum of family support*" (p. 26). The commitments within this goal are to develop a high-level policy statement to guide the provision of universal evidence-informed parenting supports (see below), ensure planning and coordination of parenting supports at local level, continue to support parents financially, evaluate maternity and parental leave, and consider the introduction of paid paternity leave.
- *The High-Level Policy Statement on Supporting Parents and Families*, (DCYA, 2015) seeks to strengthen the impact of support for parents and families, by highlighting the importance of prevention, interagency work, methods delivery, and targeting support to those who are vulnerable or at risk. According to this Policy Statement, parenting and family support is "*recognised as both a style of work and a set of activities that reinforce positive informal social networks through integrated programmes*" (p. 17).
- *Tusla's Prevention, Partnership and Family Support (PPFS) Programme*, (starting in 2015) is an evidence-led approach to prevention and early intervention work. PPFS is implemented collaboratively by Tusla and partner organisations. It includes supporting parents in developing parental skills, supporting statutory and voluntary local, regional and national services to support children and young people, and an area-based approach to prevention and early intervention across a continuum of need (Tusla, n.d.).
- *First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028*, (DCYA, 2018) includes commitments to parenting support. One of the objectives of this strategy is that "*Parents will benefit from high-quality, evidence-based information and services on various aspects of parenting to support child development and positive family relationships along a continuum of need*" (p.42). *First 5* also sets out the development of the national model of parenting support services, entitled *Supporting Parents* (DCEDIY, 2022), which sets out the key principles and benefits of parenting support services from pre-birth up to adulthood. Key priorities in the actions set out by this model are to increase awareness, improve access, and promote inclusive, high-quality and needs-led parenting supports. Under this model, supports are organised across a continuum of need, from universal to targeted



provision, taking account of parents and children in diverse contexts and parenting relationships.

- (*Roadmap for Social Inclusion 2020 – 2025: Ambition, Goals, Commitments*) (Government of Ireland, 2020) is the national strategy for poverty reduction and improved social inclusion. It includes the goal of reducing child poverty in Ireland and ensuring that all families have the opportunity to participate fully in society.

In Ireland, support for children and their families is considered a whole-of-government effort (including healthcare, education, housing provision, employment law, and social protection), and involves public service agencies and community and voluntary organisations (Kennedy, 2019a). While the role of the State in supporting parents has increased, community and voluntary organisations have played an important role in service provision at a national and local level. These organisations may be fully or part-funded by Tusla, other organisations (e.g., Pobal), donations and fundraising, or a combination of these (Connolly et al., 2017). Private organisations also provide supports for parents.

There has also been a move towards evidence-informed prevention and early intervention services for children, young people and their families. The *What Works* initiative, launched by the Department of Children & Youth Affairs (DCYA) in 2019 aims to share evidence about what works to improve children and young people's lives.

### **Family support services focused on prevention and early intervention**

In 2004, the Atlantic Philanthropies launched their *Prevention and Early Intervention Initiative* (PEII; 2004-2013), within which organisations were funded to provide prevention and early intervention services. In 2006, the *Prevention and Early Intervention Programme* (PEIP) commenced, jointly funded by the Department of Children & Youth Affairs and the Atlantic Philanthropies, aiming to improve the outcomes of children, young people and families in disadvantaged contexts. Both the PEII and PEIP aimed to examine innovative methods for improving outcomes for children, focusing on mainstreaming evidence-based programmes (Kennedy, 2019).

Currently, Tusla, the Child and Family Agency<sup>5</sup>, is the State agency dedicated to improving children's well-being and outcomes across the spectrum of need. In a continuum of help, service provision can range from universal support, top-up support for parents with additional needs, supervised parenting, child protection, and alternative care. Tusla's services include child protection and welfare services; alternative care and adoption services; Family Support, Early Years Inspectorate and School Age Services; Education Support Services; and domestic,

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<sup>5</sup> Tusla became an independent legal entity in 2014, and operates under the Child and Family Agency Act 2013.

sexual and gender-based violence services. Tusla provides services at a statutory level and also funds non-statutory services. Family support services are publicly subsidised by national funds provided to service providers with Tusla being the main funder of family support services (OECD, 2021a). Services can also be funded by charitable organisations or privately (Connolly et al., 2017).

Tusla's PPFS programme promotes area-based approaches including County-Level Children and Young People's Services Committees (CYPSCs)<sup>6</sup> and localised Children and Family Support Networks (CFSNs)<sup>7</sup> working to ensure that all families in a locality receive easily accessible support. CYPSCs are a Government structure to improve outcomes for children and young people through local and national interagency working, and the realisation of the national outcomes set out in *Better Outcomes, Brighter Futures*. CFSNs are a frontline operational structure that aims to ensure integrated service delivery. They should consist of all services that play a role in the lives of children and families in a given area, including local statutory child and family service providers (e.g. public health nurses, social workers) and local voluntary and community children and families services (e.g., Family Resource Centres and other funded organisations).

If a family presents to one service within the CFSN and that service is not equipped to meet their needs, the family can be redirected to the network member(s) most appropriate to their needs. Although all CFSNs share a common purpose of coordinating support to children and families, the nature of a CFSN may vary depending on what works best for a particular area. Some CFSNs have a particular service at the centre (such as a FRC or Family Support project [internal or external to Tusla]) to give a very visible, local presence to the CFSN. Training together as an inter-agency group is considered a key method of developing the CFSN as a unified, cohesive and integrated support system.

The CFSNs also promote the use of Meitheal<sup>8</sup>, the Tusla-led early intervention national practice model for families with additional needs, who require multi-agency intervention but who do not meet the threshold for referral to the Social Work Department. The Meitheal Model has been designed to balance national standardisation and local responsiveness to need (Tusla, 2018).

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<sup>6</sup> CYPSCs have been established since 2007 on a phased basis, with 27 CYPSC areas currently established across Ireland. Tusla provides national operational leadership of the CYPSCs.

<sup>7</sup> Tusla established 115 CFSNs.

<sup>8</sup> Its development was influenced by the Limerick Assessment of Needs System and the Identification of Need Project, which, in turn, were influenced by the Common Assessment Framework in England and Wales, and the My World Triangle and National Practice Model as part of Getting it Right for Every Child in Scotland (Tusla, 2018).

The Area Based Childhood (ABC) Programme is a national Prevention and Early Intervention (PEI) Programme funded by the Department of Children, Equality, Disability, Integration and Youth (DCDEIY)<sup>9</sup>, and delivered through Tusla's PPFS<sup>10</sup> in 12 areas of disadvantage across the country. Each area is supported by a consortium (or consortium-like structure) of local organisations working together to deliver services. The national evaluation of the ABC Programme indicated that participating parents reported improved relationships with their children, improved children's social and emotional well-being, reduced levels of stress, and increased capacity to manage discipline and boundary setting (Hickey et al., 2018).

The PPFS Programme also includes a Toolkit for Parental Participation (practice models regarding the engagement of parents, particularly 'seldom heard' parents<sup>11</sup> and Parenting 24 Seven (an online resource providing evidence-informed messages on what works best for children and families at different ages and stages)<sup>12</sup>).

The PPFS Programme supports parents through parenting programmes around the country often in collaboration with Family Resource Centres (FRC)<sup>13</sup>. FRCs deliver universal and targeted services to families in disadvantaged areas across the country based on a life-cycle approach, offering a range of group-based and one-to-one parenting support services. FRCs receive funding from Tusla, and operate autonomously, working with individuals, families, communities, and statutory and non-statutory agencies.

Tusla also supports Parentline, a national, confidential helpline that offers parents support, information and guidance on all aspects of being a parent. The HSE also funds/co-funds with Tusla a number of family support services (Kennedy, 2019a) for instance, the Teen Parents Support Programme, a targeted community-based support service for teen parents.

## **Health sector**

In the health sector, antenatal classes are offered free of charge by many maternity hospitals and health centres. Pregnant women ordinarily resident in Ireland are entitled to maternity care under the Maternity and Infant Scheme, which offers an agreed programme provided by a family doctor (GP) and a hospital obstetrician. There is free GP care for all children under six years old. A Public Health Nurse (PHN) will visit the mother and baby at home free of charge during the first six weeks after birth, and for specified subsequent developmental checks.

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<sup>9</sup> Between 2013 and 2017, the Irish Government and The Atlantic Philanthropies co-funded the Area Based Childhood (ABC) Programme.

<sup>10</sup> The DCYA and The Atlantic Philanthropies originally funded the ABC Programme between 2013 and 2017.

<sup>11</sup> The toolkit reflects the government's commitment to support parenting as set out in Better Outcomes, Brighter Futures (DCYA, 2014). <https://www.tusla.ie/parenting-24-seven/>

<sup>12</sup> [https://www.tusla.ie/uploads/content/Parental\\_Participation\\_Toolkit\\_Dec\\_2015.pdf](https://www.tusla.ie/uploads/content/Parental_Participation_Toolkit_Dec_2015.pdf)

<sup>13</sup> The FRC Programme was launched in 1994. Currently, there are 109 FRCs.

The *Framework for Improved Health and Wellbeing 2013-2025*, Healthy Ireland (Department of Health, 2013), acknowledges that before birth and early childhood are the most effective times to reduce inequalities and improve health and wellbeing. This framework also includes the strategies and initiatives that aim to enhance the capacity of parents, carers and families to support healthier choices for their children and themselves.

The *National Healthy Childhood Programme* acknowledges the benefits of a child health programme based on a model of progressive universalism (help for all and more help for those who need it); the impact of the antenatal period on the foetus' development; the importance of maternal mental health and infant mental health and development; the pivotal role of the parents in child development, and early intervention. The *Nurture Programme for Infant Health & Wellbeing* aims to improve the information and professional support provided to parents during pregnancy and the first three years of the child's life. The *National Women and Infants Health Programme* (HSE, n.d.) leads the management, organisation and delivery of maternity, gynaecology and neonatal services.

Public Health Nurses and GP's deliver child health screening, developmental surveillance, key health messages and support to parents in addition to vaccinations to children from birth to the first year in second-level school. As the community-based screening and surveillance service is generally the first service to see the baby in the home environment, it plays a vital role in linking with other related child services to ensure the needs of the child and family are met. PHNs are available at local health centres and will continue to see the child and the parent over the next three and a half years.

The HSE's website MyChild.ie<sup>14</sup> (created in 2018) has expert information for parents from pregnancy through to their child's first three years.

The HSE's Early Intervention Team aims to support children from birth to five years old who have complex developmental needs and their families. These teams are typically multi-disciplinary.

### **Early childhood education and care**

Early childhood education and care is almost exclusively provided by private providers (99%), although it is mainly financed by public sources (97%; OECD, 2019).

The Early Childhood Care and Education (ECCE) Scheme provides early childhood care and education for children of pre-school age (from two years and eight months of age until they

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<sup>14</sup> <https://www2.hse.ie/my-child/>

transfer to primary school). The State pays participating playschools and daycare services a set amount per child to offer the ECCE service. In return, participating centres and playschools provide a pre-school service free of charge to all children within the qualifying age range. The scheme covers a specific set of hours over a period of weeks. The DCEDIY sets the age eligibility and funds the scheme.

The *National Childcare Scheme* (NCS) provides financial support to help parents to meet the costs of childcare<sup>15</sup>. The NCS offers two subsidy types for children over six months of age: a) A universal subsidy for children under three, which is also available to children over three who have not yet qualified for the ECCE. b) An income-assessed subsidy for children up to 15 years of age, which is means-tested. DCEDIY is responsible for NCS policy, legislation and oversight.

The *Early Start Programme*<sup>16</sup> is a one-year preventative intervention scheme that targets children aged three to four in disadvantaged areas. The programme is managed, funded and evaluated by the Department of Education.

Although the Department of Education is not seen as having a major role in parenting support, the *Early Childhood Curriculum Framework, Aistear* (National Council for Curriculum and Assessment, 2009) reinforces the relevance of parent - service partnerships.

## **1.2. Inventory of evidence-based parenting support interventions for parents with young children**

This review had the objective of mapping evidence-based parenting support interventions for parents with children from birth up to six years old in Ireland.

### **1.2.1. Methodology**

The methodology to search and select evidence-based parenting support interventions in Ireland was adapted from the protocol used by Cadima and colleagues (2017). Evidence-based interventions refer to those subjected to randomised controlled trials (RCTs) or quasi-experimental studies (including matched comparison group designs, single-case designs, and regression discontinuity designs). The description of the interventions presented in the Results section includes an indication of whether the RCT or quasi-experimental studies were conducted in Ireland or outside the country<sup>17</sup>.

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<sup>15</sup> Parents can still apply for subsidised hours from the NCS if the child is in the ECCE programme.

<sup>16</sup> Children may either be enrolled in Early Start or in the Early Childhood Care and Education (ECCE) Scheme (not both at the same time).

<sup>17</sup> Cadima and colleagues (2017) classified a programme/service as Promising when “there are high quality studies (that establish their effectiveness) conducted in a different country than the one where it is being implemented” (p. 96). The authors also included more criteria for an intervention being considered promising.

## **PICOS**

We followed the framework Population, Intervention, Comparison, Outcome, and Study design (PICOS; O'Connor et al., 2008) to define the Inclusion and Exclusion Criteria for selecting the interventions.

### **Population:**

- Inclusion criteria:
  - Interventions that focus on parents with children between birth and six years of age. The interventions can be universal (available to the general population) or targeted.
- Exclusion criteria:
  - Interventions that focus exclusively on children and not on parents
  - Interventions that only focus on parents of children aged above six years old
  - Interventions that target based on signs or symptoms of children's development problems, disorders or health problems, or family problems (e.g., neglect; abuse).

### **Intervention:**

- Inclusion criteria:
  - Interventions that work directly with parents, focusing primarily on parenting support (e.g. aiming to strengthen parents' knowledge, confidence, or skills to help achieve the best outcomes for children)
  - Ongoing interventions or implemented during the last 10 years.
- Exclusion criteria:
  - Interventions that do not work directly with parents or the primary focus is not parenting support (e.g. adults' physical health, post-natal depression, access to employment or education)
  - Interventions that have not been implemented during the last 10 years.

### **Comparison:**

- Studies on interventions that included a comparison group (no treatment or a reference treatment).

### **Outcomes:**

- Inclusion criteria:
  - One or more outcomes that fit the definition of a parenting support programme (e.g. child's development and learning; parent-child relationship; the quality of the home learning environment)
- Exclusion criteria: Outcomes not related to parenting support.

### **Study design:**

- Inclusion criteria:
  - RCTs and Quasi-experimental studies (including matched comparison group designs, single-case designs, and regression discontinuity designs)
- Exclusion criteria:

- Studies that are not RCTs or Quasi-experimental.

### **Search protocol**

The search protocol involved searching in university and national databases (e.g. CES; NUI Galway; TCD); scientific journals; governmental, non-governmental (e.g. Barnardos) and EC websites or platforms (e.g. EPIC); publications (e.g., Brocklesby, 2019; Connolly et al., 2017; Kennedy, 2019b; SPEAK, 2019); general search engines (e.g., Google); and consulting with experts.

### **Analysis**

We described the interventions in terms of their aims, target group, if universal or targeted, level of implementation, delivery mode, and the potential to reach families at risk of poverty or social exclusion. We also indicated whether or not the interventions were being implemented in England, Germany, Netherlands, and Norway (according to the information we found).

### **1.2.2. Results**

Table 1 shows the evidence-based interventions identified in Ireland following the methodology described. A total of 10 interventions were identified. The following aspects were found:

- The interventions' main aims often focused on more than one dimension (e.g. child development and behaviour and parents' well-being)
- In terms of the mode of delivery, six interventions included home visiting, four centre-based activities, and one had multiple delivery modes
- Most of the interventions were universal, at least within a designated disadvantaged area, or included a progressive universalist approach, targeting the families with more needs
- Seven interventions are implemented in more than one county, and three are implemented in Dublin. The geographical coverage of interventions seems to differ among areas in the national context
- Most of the identified interventions were evaluated via an RCT. Three of the interventions were not evaluated via a RCT or a quasi-experimental study (including matched comparison group designs, single-case designs, and regression discontinuity designs) in Ireland
- According to the studies consulted, significant positive outcomes were found for all the interventions with positive change seen in children's outcomes for eight interventions and parents' outcomes for eight interventions (the Home Learning Environment – HLE – is counted here as a parents' outcome)
- In terms of the potential to reach families at risk of poverty or social exclusion, most of the interventions included families in designated disadvantaged areas

- Five of the interventions were also implemented in at least one of the other countries under focus: five in England, one in Germany, three in the Netherlands, and two in Norway.



Table 1. Evidence-based parenting support interventions in Ireland

| Name                               | Target population  | Main aims  | Delivery mode | Universal, Targeted   | Implementation level            | Evaluation design, country, and outcome evidence  | Potential to reach families at risk of poverty/social exclusion  | Implementation in the other four countries |
|------------------------------------|--|--|---------------|---|---------------------------------|---|--|--|
| Community Mothers Programme        | Pre-birth in some settings, up to 5 years <sup>18</sup>                    | Support parents in caring for their children and looking after their health and well-being                   | Home-visiting | Universal within catchment area. Progressive universalism currently | Multiple counties <sup>19</sup> | RCT of the original model <sup>20</sup> , Ireland: Improved children's immunisation, children's and mothers' diet, child stimulation, and mothers' self-esteem and feelings (Johnson et al., 1993) <sup>21</sup> . Seven-year follow-up study: parenting skills and self-esteem sustained; benefits extended to subsequent children (Johnson et al., 2000 cit. in Brocklesby, 2019) | Implemented in designated disadvantaged areas. The study mentioned (Johnson et al., 1993) was conducted in one of these areas. A study with traveller mothers (Ireland) compared results with the previous RCT (Johnson et al., 1993), and indicated improved child's and mother's diet, child stimulation, and mothers' self-esteem and feelings (Fitzpatrick et al., 1997)   | England (adapted)                          |
| Home Start                         | Birth-5 years  | Emotional and practical support to help prevent family crisis and breakdown                                  | Home-visiting | Targeted through referral   | Dublin                          | Quasi-experimental, the Netherlands: Improved parenting competence, consistency, and sensitivity (Asscher et al., 2008) <sup>22</sup>   | No information found   | England, Norway, Netherlands               |
| Incredible Years for Parents (IYP) | 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   | Multiple counties <sup>23</sup> | RCT, Ireland: Improved child's behaviour, parenting competencies and well-being (McGilloway et al., 2009) <sup>24</sup> . These benefits were found to be retained in the longer-term (McGilloway et al., 2012)   | The study mentioned (McGilloway et al., 2009) was conducted in disadvantaged areas. An implementation study (Ireland) within disadvantaged settings indicated benefits from participating whilst extra supports may be required to enhance outcomes for the most vulnerable families (Furlong, 2013). A focus group (Ireland) with parents living in a disadvantaged area indicated personal benefits and improved relationships with their child (Clondalkin Partnership, 2006) <sup>25</sup> | England, Netherlands, Norway               |
| Lifestart Growing Child            | Birth-5 years  | Support for parents on how their child develops and grows  | Home-visiting | Universal to first-time parents                                     | Multiple counties               | RCT, Ireland and Northern Ireland: Improved parenting stress, knowledge of child development, parenting confidence (Miller et al., 2015) <sup>26</sup>  | No clear evidence that the programme works differently for different groups of families  | ---  |

<sup>18</sup> The original model targeted first time mothers (currently this criterion is not strict), with children from birth-2 years. The differences between the original and current models are described by Brocklesby (2019).

<sup>19</sup> Dublin, Kerry, Laois/Offaly, Longford/Westmeath, Limerick, Tipperary.<sup>20</sup> First time mothers with children aged up to 1 year.

<sup>20</sup> First time mothers with children aged up to 1 year.

<sup>21</sup> However, as referenced by Brocklesby (2019), the questionnaires used in the previous study were not standardised with tests of reliability and validity.

<sup>22</sup> Mothers and children between 1.5-3.5 years old.

<sup>23</sup> Dublin, Louth, Clare, Limerick, Galway.

<sup>24</sup> Parents and children between 3-7 years old with emotional and behavioural difficulties.

<sup>25</sup> Parents of children between 3-10 years old.

<sup>26</sup> Data were collected when children were aged less than one year, at three years old and five years old.

|   |                                      |   |                             |  |                                 |  |  |                               |
|---|--------------------------------------|---|-----------------------------|--|---------------------------------|--|--|-------------------------------|
| ParentChild+ (former Parent Child Home Programme)   | 1.5-4 years                          | Support parents' interaction with their children and improve the home learning environment  | Home-visiting               | Targeted   | Multiple counties <sup>27</sup> | RCT, USA: Improved child language (Astuto & Allen, 2016). RCT, USA: Changes in maternal interaction styles (Madden et al., 1984) <sup>28</sup>   | Implemented in designated areas of disadvantage. The Coordinators work with Public Health Nurses and other statutory agencies to identify families most in need. A study with one-group pre and posttest design (Ireland), with two cohorts of children living in a designated disadvantaged area, indicated mixed findings regarding benefits for children (Share et al., 2011) | England                       |
| Parents Plus Early Years Programme  | 1-6 years                            | Support parents to maximise children's learning, language and social development, and reduce behaviour problems   | Centre-based                | Universal  | Multiple counties               | RCT, Ireland: Improved HLE with higher attendance (Hayes et al., 2013) <sup>29</sup> . Quasi-experimental, Ireland: Improved children's behavioural difficulties (Griffin et al., 2010) <sup>30</sup>  | Engagement of families in disadvantaged situations or areas (e.g. Gerber et al., 2016). The study mentioned (Hayes et al., 2013) was conducted in a disadvantaged area   | ---                           |
| Peep - Learning together programme  | 3-4 years                            | Improve parenting skills and the quality of the home learning environment   | Centre-based                | It can vary  | Multiple counties               | RCT, England: Improved early literacy development, parental self-acceptance, parents' confidence in their own parenting knowledge and learning (Miller et al., 2020) <sup>31</sup>   | Implemented in designated disadvantaged areas. The study mentioned (Miller et al., 2020) was conducted in settings within disadvantaged areas  | England                       |
| CDI Parental Support in Early Years (from which the current Powerful Parenting was developed) | 3-6 years (children in ELC services) | Support parents in ELC services to promote the achievement of children's developmental milestones, and parents' wellbeing (the model can include Parent Plus) | Centre-based, home-visiting | Universal and targeted (progressive universalism)        | Dublin                          | RCT, Ireland: Improved children's behaviour (trend), and higher HLE with higher attendance of Parents Plus (Hayes et al., 2013)  | Implemented in a designated disadvantaged area. The study mentioned (Hayes et al., 2013) was conducted in this area.   | ---                           |
| Preparing for Life  | Pregnancy to 5 years                 | Support parents regarding child development and parenting   | Home-visiting               | Universal within area of disadvantage                    | Dublin                          | RCT, Ireland: Improved children's cognitive development, verbal ability, hyperactivity and inattentive behaviours, social competencies, autonomy, motor skills and physical independence (Doyle & UCD Geary Institute PFL Evaluation Team, 2016) <sup>32</sup> | Implemented in a designated disadvantaged area. The study mentioned (Doyle & UCD Geary Institute PFL Evaluation Team, 2016) was conducted in this area.  | ---                           |
| Triple P Positive Parenting   | Birth-11 years                       | Prevent severe emotional and behavioural disturbances in children   | Multiple                    | It has five levels of increasing intensity and targeting | Multiple counties <sup>33</sup> | Quasi-experimental, Ireland: Improved 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 designated disadvantaged area in Ireland, which was evaluated (Doyle & UCD Geary Institute PFL Evaluation Team, 2016)  | England, Germany, Netherlands |

<sup>27</sup> Dublin, Galway, Limerick, Louth.

<sup>28</sup> Parents of children between 18-30 months (Astuto & Allen, 2016) and 21-33 months (Madden et al., 1984).

<sup>29</sup> This evaluation of Parents Plus was conducted within the study of CDI parental support in Early Years (Hayes et al., 2013), also included in this inventory.

<sup>30</sup> Parents of children aged 3-6 years old, with behavioural and/or developmental difficulties.

<sup>31</sup> Parents and children aged 3-4 years old.

<sup>32</sup> Pregnant women.

<sup>33</sup> Laois, Longford, Offaly, Westmeath.

### **1.2.3. Discussion**

The current review aims to contribute to the knowledge about what characteristics of parenting support interventions can result in positive outcomes for children and parents, particularly for families at risk of poverty or social exclusion. Based on this aim, we identified evidence-based parenting support interventions for parents with children from birth up to six years old in Ireland.

The identified interventions all included elements that have previously been considered as effective in parenting support. These included focusing on more than one area of need, easily accessible services, continuity between universal and targeted provision, and availability of a range of services (Molinuevo, 2013; Moran et al., 2004). Preventative and universal programmes have both been recognised as having positive impacts and are perceived by service providers and parents as effective (Coen et al., 2012; Fives et al., 2014 cit. in Connolly & Devaney, 2017). Effective interagency working and services that allow multiple routes for families (i.e., a variety of entry or referral routes) have also been identified as characteristics of effective interventions (Daly, 2012). Interventions which include both home visiting and centre-based approaches have also been identified as maximising positive outcomes (Love et al., 2005). As highlighted by Lechowicz and colleagues (2019), a one-size-fits-all approach is unlikely to meet the needs of all families.

The identified interventions include initiatives of statutory voluntary, community and private organisations, all of which have played an important role in service provision at a national and local level in the country. Most of the included interventions were universal, at least within a designated disadvantaged area, or included a progressive universalist approach. This aligns with current Irish parent and child-focused policies, which have focused on the importance of providing a continuum of support, from universal to targeted (DCYA, 2015; 2018). Easily accessible interventions can contribute to the successful engagement of diverse families (avoiding stigmatisation) and positive outcomes.

In terms of the potential to reach families at risk of poverty or social exclusion, most of the interventions included families in designated disadvantaged areas, or families considered to be most in need. Learning from the PEII showed that it was important to locate the service where it was accessible to parents (Sneddon & Owens, 2012). For example, Family Resource Centres provide some of the identified interventions (e.g. Community Mothers, Incredible Years, Parents Plus, Triple P). However, the effects of the interventions on families with greater needs were not always examined in the studies conducted. This analysis would enable a better understanding of the impact of evidence-based interventions being implemented and how they benefit those who need them most.

Irish policies recognise the importance of offering supports to parents and families which balance standardisation and responsiveness to local needs (e.g., Tusla, 2018). Some of the identified interventions, which were subjected to high-quality studies, seem to have been developed from local initiatives (even if implemented in multiple sites), reflecting a bottom-up approach, which can contribute to responsiveness to local priorities and contextual factors.

Some of the interventions listed here have been implemented in other countries. Standardised programmes have been popular in many European countries, including Ireland (Molinuevo, 2013).

The current review, and particularly the mapping of evidence-based interventions can inform the implementation of the national model *Supporting Parents*, which aims to review available parenting support services, and identify gaps in national and local provision (DCEDIY 2022). This review can contribute to identifying models of best practice, and promote public awareness about available supports.

### **Limitations**

The current review restricted its examination to evidence-based interventions subjected to RCTs or quasi-experimental studies (including matched comparison group designs, single-case designs, and regression discontinuity designs). Other criteria or classification levels could be considered to extend the review (e.g. Tusla, 2013).

Although evaluating interventions in the context in which they are implemented is relevant to understanding the implementation processes and outcomes, we opted to include interventions evaluated in Ireland or in other countries. Also, it is possible that there are parenting support interventions subjected to RCT or high-quality quasi-experimental studies in Ireland which were not captured in this review.

It is of course possible (even likely) that interventions currently being delivered in Ireland but which did not meet the criteria for inclusion in this review, are nevertheless providing valuable support to parents. Conducting RCTs or quasi-experimental studies requires resources that may not be accessible to all organisations. Qualitative evaluations can be valuable in informing the context of what works in the delivery of interventions (Brocklesby, 2019).

Individual support can be particularly effective when facing complex needs or when parents are not able to work in a group. Peer support groups have also been implemented (SPEAK, 2019). Parenting support is more than a formal parent education programme, and can take many forms. Evidence-based parenting interventions can be complemented by local-level family supports and one-to-one initiatives (Connolly et al., 2017).

## 2. Comparison with other European countries

As noted, this review aimed to examine commonalities and differences between parent support services provided in Ireland and the following countries: England (or UK, according to the data available), Germany, Norway, and the Netherlands.

### 2.1. Countries' social indicators

Countries' social indicators can contribute to understanding the development of parenting supports, including population, income inequalities, child poverty, parental leave policies, and early childhood education and care (Cadima et al., 2017).

According to data from Eurostat<sup>34</sup> for 2019<sup>35</sup>, the percentage of children aged less than five years old in the Republic of Ireland was close to the percentages in the countries considered in this review (Table 2).

Table 2

*Total population and percentage of children aged less than five years old (2019)*

| Context             | Total population (N) | Children under five years old (%) |
|---------------------|----------------------|-----------------------------------|
| Ireland             | 4,904,240            | 6                                 |
| Germany             | 83,019,213           | 5                                 |
| Netherlands         | 17,282,163           | 5                                 |
| Norway              | 5,328,212            | 6                                 |
| United Kingdom (UK) | 66,647,112           | 6                                 |
| EU (28 countries)   | 518,817,137          | 5                                 |

Source: Eurostat

According to the EU-SILC survey<sup>36</sup> for 2018<sup>37</sup>, the gap between the average income of the population's 20% richest and 20% poorest (*income quintile share ratio*) in Ireland was lower than in Germany and the UK, and higher than in the Netherlands and Norway. Data from Eurostat<sup>38</sup> for 2018<sup>39</sup> showed that Ireland had a lower percentage of children at risk of poverty or social exclusion than the UK, and higher than Germany, the Netherlands and Norway. These values are shown in Table 3.

<sup>34</sup> Eurostat category: "Population on 1 January by age group, sex and country of birth[demo\_pjangroup]". The total number of population under five years old was divided by the total number of the country's population, and multiplied by 100.

<sup>35</sup> Latest data available from the UK. The data is not available for each country within the UK.

<sup>36</sup> EU-SILC survey available from Eurostat's database; category: "Income quintile share ratio S80/S20 for disposable income by sex and age group [ilc\_di11]".

<sup>37</sup> Latest data available from the UK.

<sup>38</sup> Eurostat category: "Persons at risk of poverty or social exclusion by age and sex [ILC\_PEPS01N]".

<sup>39</sup> Latest data available from the UK.

Table 3

*Income quintile share ratio (S80/S20) and percentage of children under six years old at risk of poverty or social exclusion (2018)*

| Context     | Income quintile share ratio <sup>a</sup> | Children under six at risk of poverty or social exclusion (%) <sup>b</sup> |
|-------------|--|--|
| Ireland     | 4.23                                     | 19   |
| Germany     | 5.07                                     | 18   |
| Netherlands | 4.05                                     | 12   |
| Norway      | 3.71                                     | 17   |
| UK          | 5.63                                     | 28   |
| EU          | 5.12                                     | 23   |

Sources: <sup>a</sup>EU-SILC survey; <sup>b</sup>Eurostat

According to data from the Family Database (OECD, 2021b) for 2020, Ireland had the lowest full-rate equivalent paid leave available to mothers; and the second-lowest full-rate equivalent paid leave reserved for fathers (slightly higher than the UK) than the other contexts under focus (Table 4).

Table 4

*Total paid leave available to mothers and reserved for fathers (2020)*

| Context     | Mothers        |                              | Fathers        |                              |
|-------------|----------------|------------------------------|----------------|------------------------------|
|             | Length (weeks) | Full-rate equivalent (weeks) | Length (weeks) | Full-rate equivalent (weeks) |
| Ireland     | 28.0           | 7.6                          | 4.0            | 0.5                          |
| Germany     | 58.0           | 42.6                         | 8.7            | 5.7                          |
| Netherlands | 16.0           | 15.9                         | 1.0            | 1.0                          |
| Norway      | 86.0           | 39.9                         | 15.0           | 14.3                         |
| UK          | 39.0           | 11.6                         | 2.0            | 0.4                          |
| EU          | 63.5           |                              | 7.1            |                              |

Source: OECD Family Database

Data from the EU-SILC survey on the percentage of children attending formal childcare or education <sup>40</sup>for the year 2018 <sup>41</sup>(Figure 1) indicated the following:

- The percentage of children under three years attending formal childcare and education in Ireland and the UK were very similar (very slightly lower in Ireland); these percentages were higher compared to Germany and markedly lower than those in the Netherlands and Norway.

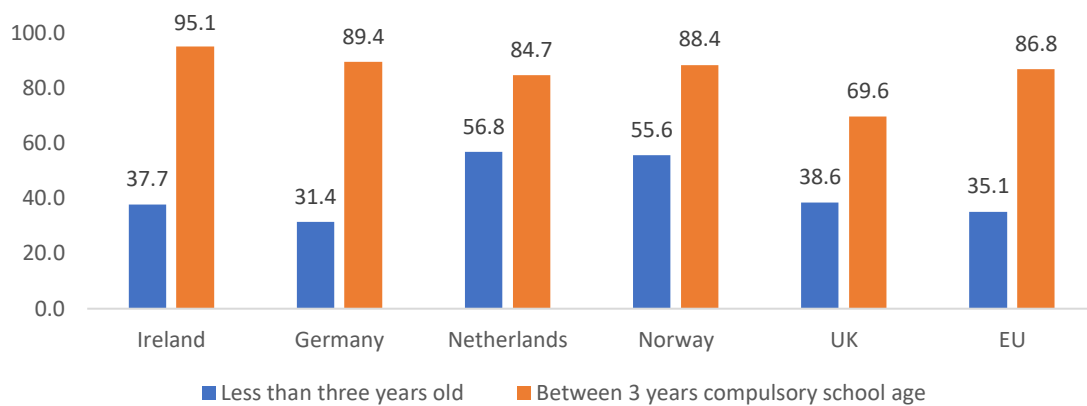
<sup>40</sup> EU-SILC survey available from Eurostat's database; category: "Children in formal childcare or education by age group and duration - % over the population of each age group [ilc\_caindformal]". Formal arrangements included education at pre-school, education at compulsory school, childcare at centre-based services outside school hours (before/after), and Childcare at day-care centre.

<sup>41</sup> Latest data available from the UK.

- Ireland had the highest percentage of children between three years old and compulsory school age attending formal childcare and education compared to the other contexts under focus.

Figure 1

*Percentage of children of each age group attending formal childcare of the total age population (2018)*



Source: EU-SILC survey

In summary, although Ireland's gap between the 20% richest and poorest fell in 2018, and was lower than those of the other countries, the percentage of children at risk of poverty and social exclusion was only lower than the UK. Ireland had the lowest full-rate equivalent paid leave available to mothers, and the second-lowest full-rate equivalent paid leave reserved for fathers. While Ireland had the highest percentage of children above three years old attending formal childcare and education, this percentage is the second-lowest for children under three years old.

## 2.2. Parenting support in England, Germany, the Netherlands and Norway

According to Cadima and colleagues (2017), parenting support in England, Germany, Netherlands, and Norway have all included the following aspects: Parenting support as part of a strategic framework that integrates a broad range of early intervention and prevention services for families; a trend toward more integrated approaches at local level; and a continuum of care, incorporating parenting support in various services and actions involving different sectors (social/welfare, health and education).

In Ireland, family and parenting support policies have been increasingly focused on prevention and early intervention. There has also been a movement toward more integrated work at both the state and local levels, involving different sectors. Parenting support and parental participation activities fall within the remit of Tusla, while the Department of Health, DCEDIY

and Department of Education also hold some responsibility in relation to supporting parents (Connolly & Devaney, 2017). However, while a number of government departments are responsible for delivering an array of supports at national level, the delivery of services varies at local level (Connolly et al., 2017).

Also, as referred to by Cadima and colleagues (2017), England's *Children Centres*, Germany's *Family Centres (Familienzentren)*, Netherlands' *Centres for Youth and Family* and Norway's *Health Clinics* are centres providing a broad range of activities to parents and children (e.g. early childhood education and care, health care, different forms of parenting support). According to the authors, these centres provide highly accessible low-threshold services, ranging from preventive and open access services to more structured and specialised support. In Ireland, Family Resource Centres (FRCs) and Area Based Childhood (ABC) locations share commonalities with the centres mentioned. FRCs provide a range of universal and targeted services and development opportunities according to the needs of families, often across multiple generations, and act as a focal point for onward referrals to statutory service providers.

Comparing the evidence-based interventions in Ireland considered in the current review with those inventoried by Cadima and colleagues (2017), identified the following themes:

- In general, the interventions included a focus on promoting good parenting practices and children's development and behaviour, including the home learning environment.
- The interventions often included a focus on supporting families at risk or in vulnerable situations, including poverty and social exclusion.
- Some of the interventions were implemented in more than one country.
- In England, 11 evidence-based interventions were identified. Six of them offered universal provision, and six were being implemented nationally, which differs from the Irish context.
- In Germany, seven evidence-based interventions were identified, four of which were implemented locally. Four offered targeted provision.
- In the Netherlands, six evidence-based interventions were listed. All were implemented nationally, and most of them were targeted, which again differs from the Irish context.
- In Norway, two interventions were identified, both of which were implemented nationally (differing from the Irish scenario) and were universal in nature.

Among the countries considered, parenting support provision in Ireland seems to share more commonalities with England, followed by Germany. The provision in these countries can be characterised as being more diverse at the local level, with greater involvement of community and voluntary organisations. The use of international standardised parenting support programmes also seems to be more popular in the United Kingdom and less so in Germany



(Molinuevo, 2013). Ireland has been characterised as being more similar to English-speaking countries regarding parenting support compared to other European countries. However, the level of support provided in Ireland until the mid 1990s was generally lower than other countries (Daly & Clavero, 2002). Also, the voluntary sector has played a prominent role in parenting support provision in Ireland, with less participation of the state agencies, while the provision in England seems to have been more centralised and led by statutory providers.

Norway and the Netherlands seem to differ more markedly from Ireland regarding parenting support provision. In these two countries, the state's participation in parenting support provision is more prominent, with the interventions being generally implemented nationally (Cadima et al., 2017).

An increasing focus on interagency working between services for children and families can be seen in Ireland and other European countries. Also, the various interventions considered here seem to have focused on more than one area of need, which has been recognised as an element of effective parenting support practices (Molinuevo, 2013; Moran et al., 2004).

### **3. Recommendations**

Considering the work conducted, the following recommendations have been identified in relation to the development of parenting support interventions:

- To invest in preventive and early intervention parenting supports, and interagency working at national and local levels
- To adapt parenting support provision according to the context, population and target group and be cognisant of existing national policies and services
- To monitor parenting support provision across services at local, regional and national levels to ensure transversal quality
- To attend to multiple areas of need by:
  - Providing a wide range of services
  - Making interventions easily accessible, in a continuum between universal and targeted provision
  - Allowing multiple entry routes for families (variety of entry or referral routes)
  - Considering more than one method of delivery (e.g. centre-based and home visits).
- To promote positive parenting practices and children's development through a variety of evidence-informed approaches
- To consider the additional needs and available resources of families at risk of poverty, social exclusion, or other vulnerable situations, and ensure that service responses reflect this context

- To set measurable concrete objectives aligned to evidence-based models of intervention to improve outcomes for children and parents.

The following recommendations relate to research:

- To invest in high-quality studies to evaluate the impact and implementation of parenting support interventions and to invest in their dissemination and replication (when positive outcomes are found)
- To study the outcomes of interventions targeting families at risk or in vulnerable situations.

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