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The authors of this report are Dr Helga Sneddon and Dr Stella Owens, Centre for Effective Services, Dublin.

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Centre for Effective Services, 9 Harcourt Street, Dublin 2, Ireland.

The Centre for Effective Services  
9 Harcourt Street  
Dublin 2, Ireland  
Tel: +353 (0) 1 4160500  
Email: [office@effectiveservices.org](mailto:office@effectiveservices.org)  
[www.effectiveservices.org](http://www.effectiveservices.org)

and  
65-67 Chichester Street  
Belfast BT1 4JD  
Northern Ireland  
Tel: +44 (0) 28 90 438 433  
Email: [nioffice@effectiveservices.org](mailto:nioffice@effectiveservices.org)

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## Executive Summary

For more than a decade, The Atlantic Philanthropies, sometimes in conjunction with Government and other organisations, has invested over €96m in agencies and community groups running 52 Prevention and Early Intervention programmes throughout the island of Ireland. This initiative includes a funding partnership between the Irish Government and The Atlantic Philanthropies to support three large-scale model prevention and early intervention projects in disadvantaged areas of Dublin (Childhood Development Initiative in Tallaght West, youngballymun and Preparing for Life in North Dublin). The initiative supports services using a diverse range of approaches and working in a wide range of areas, such as parenting, children's learning, child health, behaviour and social inclusivity.

All services funded under the Prevention and Early Intervention Initiative were required to rigorously evaluate the effectiveness of their services in improving outcomes for children. These evaluations include randomised controlled trials, quasi-experimental studies and qualitative work. The goal was to help the communities in which they operate, but also to share their learning so that policy-makers and those who design, deliver and fund services for children can benefit from their experience and put it to work for other communities.

This report synthesises the learning that is currently available from 10 programmes delivered as part of the Prevention and Early Intervention Initiative in Ireland and Northern Ireland to influence parenting behaviour. The programmes and interventions have demonstrated that they were able to replicate evidence-based programmes with fidelity and show positive outcomes consistent with those produced in other regions and jurisdictions internationally. It was also possible to successfully develop new programmes and services that are underpinned by a sound and robust theoretical evidence base and that are showing positive results. The programmes and interventions reviewed in this report have demonstrated their capacity to improve parental well-being and child behavioural difficulties in a relatively short period of time.

This is the first in a series of reports on parenting and subsequent reports will be issued as more evaluations are completed between 2013 and 2015.

## Summary of key learning

### *The Importance of Supporting Parents*

Parents play a critical role in influencing their children's lives, both before and after birth. There is increasing Government interest in promoting parent-based initiatives to improve the well-being of children. The assumption underlying this is that there is a direct link between the two-improving parenting will lead to improvements in children's well-being.

Parenting has been shown to influence children's social and emotional development, as well as their behaviour, education and physical health. We know that it is what parents do with their children rather than who they are that is crucial. The parent-child relationship is more important for children's development than the family income or structure. Factors such as a parent's personality, mental health, values, social support and cultural influences are important, as well as characteristics of the child themselves.

Parenting is complex, influenced by many factors and changes over time. Children need different things from their parents as they grow up. Working out how best to support and intervene with families is complicated but using quality evidence about what are effective approaches to supporting parents with different needs is crucial. Effective support that is offered when it is needed will help parents to enjoy their families, to have children who are happy and healthy now, as well as increase the chances of this generation growing up to be healthy, socially and economically engaged adults.

### ***Choosing an Approach to Supporting Parents***

There is no 'one size fits all' approach to supporting parents during the various stages of their child's development. Existing evidence shows that the most successful approach to supporting parents is to tailor the approach to their particular needs (where to locate the service and how to deliver are key decisions that must be informed by what is most likely to engage the families required). Learning from the Prevention and Early Intervention Initiative showed that time had to be invested to understand the needs and experiences of the potential participant group. A wide range of approaches were used including population approaches, universal provision targeted in specific areas of social disadvantage, or available across a wider geographical area. Programmes varied according to eligibility requirements – for some there had to be a certain severity of problems, for others they were available to all parents with a child of a particular age. There were also differences in terms of the way the programme was delivered according to whether an individual or group-based approach was most likely to work with that group of parents.

### ***Locating the Service and Engaging Families***

Parenting programmes, particularly those aimed at families with multiple difficulties, report relatively low participation and high drop-out rates. Research has shown that as many as half of all parents referred to behavioural parent training programmes may drop out prematurely.

Learning from the Prevention and Early Intervention Initiative showed that it was important to locate the service where it was accessible to parents, either by choosing settings that were convenient for parents to go to (in their local community), seemed like a legitimate setting for the work being done (e.g. holding sessions to help parents support their children's learning in pre-school or primary schools), or to deliver the service at home. The length of the sessions was also considered and they were arranged at a variety of times to suit parents. These factors influence attendance at services.

Parents and practitioners often spoke of the importance of building relationships. High levels of trust were needed particularly in home visiting services, and strategies to support this included negotiating with parents about the timing and frequency of visits, and the practitioner being supportive and non-judgemental. In group settings, the skill of the facilitator was seen to be key in managing the group and making sure all parents felt involved throughout the duration of the programme. Organisations sometimes found that extensive training and support was required to equip staff to engage with families particularly if delivering the programme was more structured compared to how they delivered programmes previously.

### ***Integrated Planning***

During the planning phase each site carried out a needs assessment, engaged in consultation with a wide range of stakeholders (including local residents) and identified at an early stage the desired

outcomes in each site. This in-depth, multi-stakeholder strategy enabled the exploration of how existing resources and systems could realign their delivery, consider value for money factors, and develop an approach to improving outcomes. Interagency partnership and collaboration in service delivery may reduce duplication of services at local level, increase the potential of engagement and buy-in from all of the key stakeholders, including service users, in the local community and increase the likelihood of successful implementation of programmes and services.

### ***Supporting Parenting Stress***

Parental mental health issues and parenting stress can negatively impact on how parents relate to their children. Parenting stress over time can leave a parent less able to cope with problematic child behaviour, which may make the problems even worse. Learning from the Prevention and Early Intervention Initiative found that parenting programmes can decrease parental stress and improve parents' ability to cope.

### ***Evidence of What Works***

Research studies, such as the evaluations reported in the Initiative and the large-scale national cohort studies currently underway (e.g. the *Millennium Cohort* study in the UK (including Northern Ireland) and the *Growing Up in Ireland* study), provide a useful insight into parental well-being and its impact on children's outcomes. The parental well-being indicators included in the large-scale national cohort studies, combined with the already well-developed child well-being indicator set in the bi-annual *State of the Nation's Children* reports, creates the potential for both jurisdictions to build a more comprehensive understanding and picture of how our children and their parents are doing and how their identified needs can best be met.

### ***Importance of Evaluation***

In times of constrained public finances it is increasingly important to ensure that we spend our money on activities that provide the greatest possible social and economic return. Basing approaches on reliable and robust evidence and undertaking quality evaluations of local initiatives are vital to this. The risk of not doing this is that we do not know if approaches are ineffective or, worse still, result in overall adverse outcomes or costly investments. Any study undertaken should automatically incorporate a cost-effective element. This should include the true costs for setting up and delivering the service including training, resources and the costs of ongoing delivery.

Learning from the Prevention and Early Intervention Initiative showed that it is possible to set up, implement and evaluate a parenting service in between two to four years. This will require identifying short, medium and long-term outcomes and evaluating them accordingly.

A briefing paper on *Prevention & Early Intervention in Children & Young People's Services: Parenting* that includes recommendations for those who design, deliver and fund services for children is available to download from [www.effectiveservices.org/prevention/parenting](http://www.effectiveservices.org/prevention/parenting)

## Section 1: Overview of the report

### Introduction to Capturing the Learning

For more than a decade, The Atlantic Philanthropies (AP) has been funding an initiative to promote prevention and early intervention for children and youth in Ireland and Northern Ireland. This has involved investing, sometimes jointly with Government, in a cluster of organisations that have developed and delivered services based on evidence of what works. The Atlantic Philanthropies has invested some €96m in agencies and community groups running 52 Prevention and Early Intervention programmes in Ireland and Northern Ireland. This initiative includes a funding partnership between the Irish Government and The Atlantic Philanthropies to support three large-scale model prevention and early intervention projects in disadvantaged areas of Dublin (Childhood Development Initiative in Tallaght West, youngballymun and Preparing for Life in North Dublin). The initiative supports services using a diverse range of approaches and working in a wide range of areas, such as parenting, children's learning, child health, behaviour and social inclusivity.

A condition of funding required the organisations to rigorously evaluate the effectiveness of their services in improving outcomes for children. The goal was to help the communities in which they operate, but also to share their learning so that policy-makers and those who design, deliver and fund services for children can benefit from their experience and put it to work for other communities.

The Capturing the Learning project, led by the Centre for Effective Services (CES), involves a process of synthesising the collective learning from many of the projects in the initiative: collating data and information from multiple sources and perspectives, and distilling out overarching messages about what works. A website for the project can be found at [www.effectiveservices.org/prevention/early-intervention](http://www.effectiveservices.org/prevention/early-intervention), which gives further details on each of the innovations, planning reports, implementation reports, evaluation reports and other useful resources.

The present report is the first in a series of reports synthesising what we have learned from the Prevention and Early Intervention Initiative so far about influencing parenting. Other synthesis reports will be issued between now and 2015 as more evaluations on parenting become available from the initiative.

Other reports from Capturing the Learning focus on what we have learned from the initiative about influencing children's learning; child behaviour; social inclusivity; and children's health and development. A report is also available examining what the organisations learned about choosing, developing and implementing innovations and evaluating their outcomes<sup>1</sup>.

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<sup>1</sup> Sneddon *et al.*, 2012



## Structure of report

Following this Overview, the report is structured as follows:

**Section 2** contains an overview of the policy context for implementing strategies to improve outcomes for children. An outline is provided of the rationale for why prevention and early intervention work with parents is important now and in the future, and the evidence base for effective strategies/programmes to influence parenting and parent–child relationships is reviewed.

In **Section 3**, a brief description is given of the 10 programmes that currently have evaluation findings available. The approach of each is outlined, the key components of the programme are described and the main evaluation findings currently available are summarised.

There are 5 programmes that work directly with parents as their main focus:

- **Triple P** is a population-based parent training programme, aiming to support children’s social and emotional development. Longford Westmeath Parenting Partnership delivers this in the counties of Longford and Westmeath.
- **Incredible Years BASIC Parenting Programme** aims to train parents in supporting children’s social, emotional and pro-social development. Archways delivers this in a number of sites in Dublin and Kildare.
- **Preparing for Life** works with prenatal parents and parents with children from birth to age 5 to improve parenting skills, leading to improved school readiness and child development. It is delivered in North Dublin by Northside Partnership.
- **Growing Child Parenting Programme** is a parent-directed child-centred learning programme on child development delivered to parents of children aged from birth to five years of age. It is a structured month-by-month curriculum of information, knowledge and practical learning activity for parents consisting of age-specific information on child development supported by art, story, music and movement resources tailored to suit each individual child and family. The programme is delivered by trained family visitors in the parent’s own home. Lifestart delivers this service in numerous sites throughout Ireland and Northern Ireland.
- **Parenting UR Teen** aims to support parents of teenagers in developing problem-solving, communication, boundaries and self-esteem. It is delivered by Parenting NI in 14 locations across Northern Ireland.

Evaluations have been completed for the Incredible Years and Parenting UR Teen programmes. The Preparing for Life, Triple P and Growing Child Parenting programmes are still ongoing and thus the results presented in this report for these three programmes only represent the outcomes from the early stages and not their full impact on completion of the programme.

Section 3 also provides a brief description of 5 other programmes that have an additional parental component as part of their overall programme objective:

- **Doodle Den, CDI Early Years** and **Mate Tricks**, all of which are services of the Childhood Development Initiative (CDI) in West Tallaght in Dublin.
- **Eager and Able to Learn**, and **Media Initiative for Children: Respecting Difference**, both programmes of Early Years, Northern Ireland.

In **Section 4**, a synthesis and discussion of the findings are presented, drawing out the commonalities and differences in the approaches and the effects of these. This is followed by the key learning gained from the evaluations of these Prevention and Early Intervention programmes, designed to improve outcomes for children.

The report concludes with a list of **References** that informed the report. Finally, the **Appendix** presents examples of other parenting programmes used in Ireland and Northern Ireland.

This is the first report from CES in relation to the Parenting outcome. Future reports in this parenting series will be issued between 2013 and 2015 as evaluations become available and will include further learning from **Triple P**, (LWPP), **Preparing for Life** (Northside Partnership), **Growing Child Parenting Programme** (Lifestart), **Ready Steady Grow** (youngballymun), **Ready to Learn** (Barnardos, NI) and **Partnership with Parents** (Barnardos, ROI).

## Section 2: Parenting from a prevention and early intervention perspective

### Introduction

This section provides a summary of international and national evidence relating to supporting parents to improve outcomes for their children. It is not an exhaustive review of the literature, but rather focuses on approaches to parenting that have proven to be effective and that are similar to those delivered as part of the Prevention and Early Intervention Initiative in Ireland and Northern Ireland. Some examples are also provided of interventions that are being delivered in both jurisdictions and that are either evidence-based proven programmes or innovative and internationally recognised approaches, which have a rapidly developing evidence base in Ireland and are being subjected to various forms of evaluation.

### Policy contexts

#### *International policy context*

The last 15 years has seen an unprecedented increase in the quantity of children and family support services internationally, aimed at intervening effectively and improving the lives of children and families. International trends have seen a focus on specific higher order outcomes to be achieved for children through strengthening universal services (i.e. services to all children and families) and then targeting services at those most vulnerable<sup>2</sup>. This ‘outcomes-focused’ approach to children’s services aims to encourage service providers and delivery agents to focus their service planning and delivery around how their interventions can improve outcomes for children<sup>3</sup>.

Policy directives to achieve outcomes have resulted in a focus on prevention and early intervention – concepts that translate in practice as providing services and supports for parents and children aimed at intervening early in children’s lives to prevent situations escalating, and also intervening early in the development of a psychological or social problem<sup>4</sup>. A framework for understanding the different ‘levels of need’ of families and how services can be planned to meet these needs has been developed by Hardiker *et al*<sup>5</sup> and is illustrated in Figure 1. The model has been adopted and adapted by governments in Ireland and Northern Ireland<sup>6</sup>. It is a planning framework that assists in understanding different levels of need within a population of children and facilitates partnership working with statutory, voluntary and community services, by providing clarity about which services are needed for children at each level and how each agency can contribute to providing these services<sup>7</sup>.

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<sup>2</sup> OMCYA, 2007; Parton, 2006; Hardiker *et al.*, 1991 and 2002

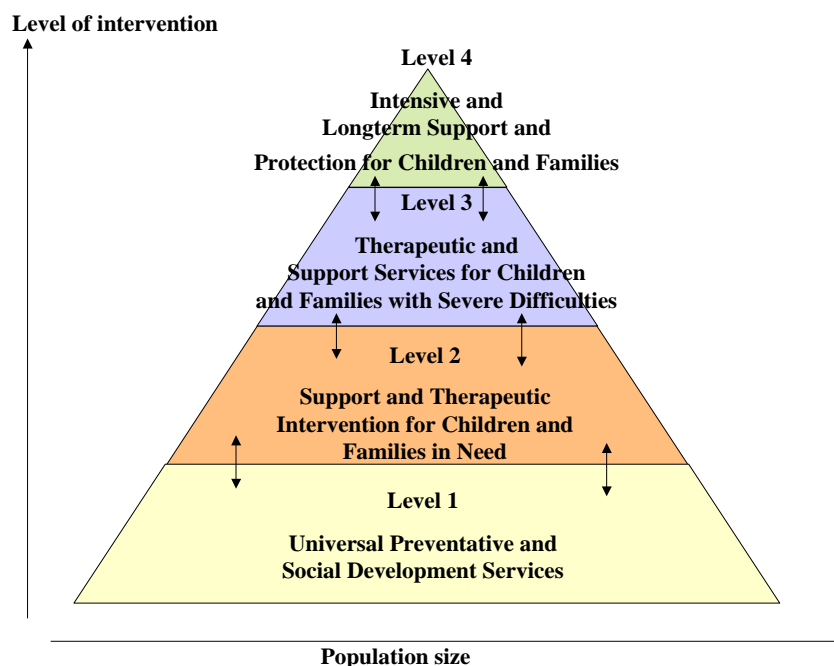
<sup>3</sup> Barlow and Scott, 2010; OMCYA, 2007

<sup>4</sup> Fernandez, 2004; Allen, 2010

<sup>5</sup> Hardiker *et al*, 1991

<sup>6</sup> OMCYA, 2007; DHSSPS, 2006

<sup>7</sup> Hardiker, 2002

**Figure 1: Hardiker Model**

Government policies internationally have been directed at promoting research that can provide evidence for effective early interventions and prevention programmes to improve child and family well-being. Many of these interventions and models have been directed at supporting parents: it is widely recognised that parents are crucial to their child's well-being and supporting parents plays a significant role in achieving good outcomes for children and young people. The United Nations Convention on the Rights of the Child<sup>8</sup> places particular emphasis on supporting the family in carrying out its caring and protective functions, and Articles 3, 5, 18 and 27 relate specifically to parental responsibilities. The Convention identifies parents as central to realising children's rights within the context of the family, with the State giving sufficient support to families generally<sup>9</sup>. An influx of universal and targeted parenting programmes and programmes developed and designed to promote children's development, improve well-being and support parents has emerged, with parenting support featuring prominently in most family support services.

### ***Northern Ireland policy context***

Policy directives and initiatives in Northern Ireland tend to be located in the wider government policies of the UK. The last decade has seen a substantial change in how services are provided to children and increased investment in publically funded services in the four nations of the UK. The reform of children's services has consisted of a broadening of focus – from the provision of specialist services for children in need to strengthening the universally provided services of health and education – and targeting those children and families who may be at risk of exclusion, disadvantage and other difficulties, thus shifting the focus from dealing with consequences to preventing things going wrong in the first place<sup>10</sup>.

<sup>8</sup> UN, 1989

<sup>9</sup> Henricson and Bainham, 2005; Pecnik, 2007

<sup>10</sup> Parton, 2006; Cabinet Office, 2007

The launch of the Green Paper 'Every Child Matters' for England and Wales in 2003 assisted in understanding and conceptualising the reform of children's services based on universal, targeted and specialist services for children in need, based on five outcomes. Strategies to help achieve these outcomes focused on family support initiatives aimed at providing better support to parents and carers, earlier intervention, the pursuit of strategies for effective protection and improvement in outcomes for all children and young people, including the most disadvantaged<sup>11</sup>. In Northern Ireland specifically, *Our Children and Young People – Our Pledge*<sup>12</sup>, with its six outcomes, is a 10-year strategy for children and young people. The overall pledge of the strategy is to deliver on a shared vision for all children and young people over the 10 years between 2006 and 2016. Other recent policy documents include *Family Matters: Supporting Families in Northern Ireland*<sup>13</sup> and *Healthy Child, Healthy Future*<sup>14</sup>. This latter document adopts a 'whole child model' for improving outcomes for children through more integrated planning of services. It's underpinned by a progressive universalism model, but most importantly places great emphasis on parenting support and the promotion of positive parenting.

As part of the reforms to Health and Social Care in Northern Ireland, the Public Health Agency (PHA) was established in 2009 as an agency of the Department of Health and Social Services and Public Safety (DHSSPS) and with a remit for health protection and health and social well-being improvement. The PHA is developing strategies to increase the use of evidence-based early intervention programmes and services. The establishment and development in 2011 of the Children's and Young People's Strategic Partnerships (CYPSPs) is also an important policy initiative. CYPSPs have responsibility, through outcomes groups located in each of the five Health and Social Care Trusts, to bring together all of the key agencies with responsibility for children (including the community and voluntary sector) to plan and deliver services. A key component of these partnerships is the development of family support hubs providing early access to intervention and preventative services in the community.

In September 2012, the Minister for Health in Northern Ireland launched the new Safeguarding Board for Northern Ireland (SBNI), which includes membership from health and social care bodies, criminal justice agencies and Education and Library Boards. Five Local Safeguarding Panels located in each of the Trusts will be reporting to the Board on their progress in working together to protect and promote the welfare of children. The Department of Education, in an extension of the initiative in the UK, has established 32 Sure Start projects across Northern Ireland. Sure Start Local Programmes (SSLPs) or children's centres were set up as community-based multiagency projects in designated areas of severe deprivation and disadvantage. The aim of this early intervention and prevention initiative is to improve well-being, attainments and life chances of all children aged 0-4 years in the designated area and to support their families. Sure Start Local Programmes, therefore, provide both universal and targeted services.

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<sup>11</sup> Scott and Barlow, 2010; Parton, 2006

<sup>12</sup> OFMDFM, 2006

<sup>13</sup> DHSSPS, 2007

<sup>14</sup> OFMDFM, 2010

***Ireland policy context***

The policy environment in Ireland has altered substantially in the years since the final report of the Commission on the Family, *Strengthening Families for Life*<sup>15</sup>, made substantive recommendations for supporting parents in Ireland. The National Children's Strategy<sup>16</sup>, has been the most significant and substantial framework document, and set out a 10-year strategic plan for children in Ireland within the context of a 'whole child' perspective. The central tenet was the belief that a coherent and inclusive view of childhood was crucial to the success of the strategy. It not only provides a means of identifying a range of children's needs, but also has helped to identify how best to meet those needs by empowering families and communities and improving the quality of children's lives through integrated delivery of services in partnership with children, young people, their families and their communities. The strategy sought to establish this 'whole child' perspective, based on the ecological model, at the centre of policy development and service delivery.

Best Health for Children, a HSE-lead initiative, produced a strategy document entitled *Investing in Parenthood*<sup>17</sup>, which focused on identifying a strategic approach to support parents to achieve best health for their children. It called for both universal and targeted supports for parents, and multiagency and cross-departmental working. It advocated the use of people-centred and community development approaches, and emphasized the promotion of children's rights. Although the objectives of the *Investing in Parenthood* strategy were not delivered on, the strategy document did have an influence on a major policy document produced some years later. This was *The Agenda for Children's Services: A Policy Handbook*, published in 2007 by the Office of the Minister for Children and Youth Affairs<sup>18</sup>. *The Agenda* sets out the strategic direction and key goals of public policy in relation to children's health and social services in Ireland and, following international trends which are focusing on specified outcomes as goals to improving children's lives and well-being, identified seven national outcomes for children in Ireland. This policy handbook promotes a lifecycle approach to delivering children services and a collaborative, cross-sectoral way of working.

The prospects of succeeding in implementing the new policy directives of (1) early intervention and prevention, (2) services across the lifecycle and (3) the promotion and delivery of more integrated collaborative services for children and families, has been bolstered significantly by the appointment in 2010 of the first Cabinet-level Minister of Children and Youth Affairs, and Government department, the Department of Children and Youth Affairs (DCYA). The DCYA has continued to support the Prevention and Early Intervention Programme, and on foot of a number of recent damning reports into the care and protection of children in Ireland, has sought to establish a new Child and Family Support Agency, due to become operational in early 2013. Recommendations to Government on the development of the Agency include a child-centred service delivery model based on the national outcomes, strengthened universal services and emphasis on the provision of community-based early intervention services delivered through an integrated service delivery model and to families at all levels along a continuum. The current development of a new national children's strategy, now called the National Children and Young People's Policy Framework, is well underway, with the first of three strands, the Early Years Strategy, due for publication in 2013.

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<sup>15</sup> Commission on the Family, 1998

<sup>16</sup> Department of Health, 2000

<sup>17</sup> Best Health for Children, 2002

<sup>18</sup> OMCYA, 2007

Interestingly, while there has been substantial progress across both jurisdictions in reforming children's services and efforts increased in providing services to improve outcomes for children, there is still the absence of an explicit policy directly related to supporting parents and parenting.

### **Why is parenting an important area to invest in?**

Many of the problems which adults experience and which are the focus of a range of social policies have their origins in early childhood. It is no coincidence that the health services, particularly mental health, criminal justice systems and social welfare systems, are largely populated by people who have experienced multiple problems and disadvantage stemming from their early experiences. Prevention and early intervention policies and initiatives aim to 'nip in the bud' the early indicators of these problems and to support more positive outcomes, particularly for those in areas of social and economic disadvantage. Prevention and early intervention initiatives support today's children to become healthy, socially and economically engaged adults in the future. The interventions, programmes and practices employed today by schools, parents and community services can have far-reaching effects throughout the life course, which are beneficial not only to those children and families but also to their communities and the wider societal and political systems in which we live.

Parents play a critical role in influencing their children's lives, both before and after birth. There is increasing Government interest in promoting parent-based initiatives to improve the well-being of children. The assumption underlying this movement is that there is a causal link between the two – improving parenting will lead to improvements in children's well-being. Parenting is a complex role influenced by many factors and working out how best to support and intervene with families is complicated by a diverse evidence base that is predominantly based on associative evidence, rather than direct causal links. We know what factors or characteristics tend to be associated with particular outcomes, but not necessarily whether they directly cause the outcomes themselves or whether the effect is due to another factor. It is important not to look at single factors in isolation, but rather to take a holistic approach with effective parenting and family support that can meet a diverse range of needs at its core.

Parental influences on childhood outcomes begin even before a child is conceived. For example, maternal diet before and during pregnancy can influence the risk of congenital defects, pre-term delivery, low infant birth weight, and pre-eclampsia. Heavy drinking during pregnancy appears to be associated with behavioural problems and cognitive deficits in offspring at age 3 years<sup>19</sup>. Smoking during pregnancy may increase the risk of both diabetes and obesity to the child after birth<sup>20</sup>, as well as the risk of ADHD<sup>21</sup>. After birth, parenting has been shown to influence children's behavioural and emotional outcomes, as well as multiple aspects of psychological, social, educational, intellectual and physical health. It is what parents do with their children rather than who they are that is crucial<sup>22</sup>. The quality of the parent-child relationship is more important for children's development than the family income or structure. Parenting is more than something simply 'done' to children, but it is also influenced by the behaviour of the child and their contribution to the relationship. Children, to some degree, influence the parenting they receive and this may be as important as the effect that parents have on children's behaviour. Key child characteristics that influence parent-child

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<sup>19</sup> Kelly *et al.*, 2008

<sup>20</sup> Montgomery and Ekblom, 2002

<sup>21</sup> Thapar *et al.*, 2003

<sup>22</sup> Allen, 2011; Nixon, 2012

interaction include gender, age, temperament and presence of physical or intellectual or behavioural disability<sup>23</sup>. It is also important to note that parenting and the parent–child relationship does not occur in a vacuum. Both the child and parent interact with, influence and are influenced by many other factors, such as the family environment, community, school and wider society.

Variations in parent–child relationships have been associated with several outcomes during childhood and into later life<sup>24</sup> such as:

- *Educational outcomes:* Parenting engagement in their child’s learning and education is a key predictor of successful learning and later positive outcomes, such as employment. What and how children learn depends on the quality and nature of the relationships they have with their parents and caregivers. Having a parent who reads with their child, provides a place in the home for educational activities, talks to their child about what they do in school and provides complementary learning experiences (such as trips to the zoo, library visits, sporting activities) can change the influence of poverty on children’s readiness to learn and engagement with the world around them<sup>25</sup>.
- *Children’s social success, both during childhood and in later life:* A warm, loving and reciprocal family relationship with fewer life stresses in the home can facilitate children’s social behaviour and how they interact with others. A parent who responds sensitively to their child and who actively plays with them will positively influence their social and emotional development.<sup>26</sup> The relationship between a child and parent during the first few years of life later predicts how successfully children will get along with their peers<sup>27</sup>.
- *Child health:* such as serious injuries, accidents and burns in younger children. This is associated with the home environment and parental monitoring and supervision. Parenting is also associated with high-risk health behaviours in older children, such as smoking, illicit drug use, alcohol use and sexually risky behaviours<sup>28</sup>. The reasons for this are not clear – it may be due to children copying their parents’ inappropriate behaviour or a result of children becoming more susceptible to substance misuse because of psychological reasons.
- *Aggressive behaviour and delinquency:* In the Dunedin Health and Development study<sup>29</sup>, for example, poor parenting in early life was associated with a two-fold increase in delinquent behaviour and was an especially important predictor of delinquent behaviour among children judged to have an irritable temperament.
- *Later depression, anxiety and social withdrawal:* The evidence from large scale studies links the quality of the parent-child relationship with depression, anxiety and other internalising problems<sup>30</sup>.
- *Resilience:* There is also considerable evidence that children can sometimes grow up in all sorts of difficult circumstances without developing significant problems and an increasing research

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<sup>23</sup> O’Connor and Scott, 2007

<sup>24</sup> O’Connor and Scott, 2007

<sup>25</sup> Fantuzzo *et al.*, 2004; Christian *et al.*, 1998; Sénéchal and LeFevre, 2002; RCH, 2010

<sup>26</sup> Nixon, 2012

<sup>27</sup> O’Connor and Scott, 2007

<sup>28</sup> O’Connor and Scott, 2007

<sup>29</sup> Henry *et al.*, 1996

<sup>30</sup> O’Connor and Scott, 2007



base is trying to understand factors that support children's resilience to thrive in the face of adversity<sup>31</sup>.

## **Are all parents the same?**

Parenting behaviour is determined by a range of factors, including personality, mental health, values, social support, child characteristics and socio-cultural influences. It has also been suggested that an individual's style of child-rearing is influenced by the style of parenting that they themselves experienced as children<sup>32</sup>. Much of the research looking at risk factors for difficulties in parenting has focused on risks, such as economic adversity, marital strain, family stress and mental health problems. Life-course and intergenerational risks for poor parenting have also been identified<sup>33</sup>.

### ***Parental mental health***

Poor parental mental health is associated with poorer children's outcomes. Children of depressed mothers are more likely to show poorer social, psychological and cognitive outcomes and are at increased risk of depression themselves and other problems such as conduct disorder<sup>34</sup>. Emerging studies of paternal depression are also showing similar effects<sup>35</sup>. Poor parental mental health and parenting stress can negatively impact on how attuned the parent is to their infant. The chronicity of any mental health problems seems to be important. Depression lasting more than the first 12 months after birth is significantly associated with poorer later outcomes in the child<sup>36</sup>. Parental mental well-being also affects older children. A review of longitudinal studies found that by the age of 20, children of affectively ill parents have a 40% chance of experiencing an episode of major depression and are more likely to exhibit general difficulties in functioning, including increased guilt and interpersonal difficulties, such as problems with attachment<sup>37</sup>. With factors such as parental stress, the associative relationship between issues may be complex and cyclical. For example, parenting stress may be a result of having a child with behavioural problems, and therefore a symptom resulting from these problems rather than the original causal factor of the problem. However, over time, the parenting stress may leave a parent less able to cope with the problematic behaviour, which may exacerbate the problems further.

### ***Parents living in poverty***

Several factors are more prevalent in poor areas and make the task of parenting more difficult. Children raised in poverty do less well than children raised in more favourable circumstances on a range of measures of attainment and quality of life, although some will succeed even in these more adverse circumstances<sup>38</sup>. Children who grow up in poverty are more likely to be exposed to cumulative multiple stressors and are consequently at increased risk of adverse outcomes. Their housing is more likely to be noisy, overcrowded and of poor quality; they are at higher risk of experiencing more family turmoil and higher levels of violence than children who are not socially

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<sup>31</sup> Gilligan, 2000; Velleman and Templeton, 2007

<sup>32</sup> Iwaniec and Sneddon, 2002; Allen, 2011

<sup>33</sup> O'Connor and Scott, 2007

<sup>34</sup> Burke, 2003

<sup>35</sup> O'Connor and Scott, 2007

<sup>36</sup> Cornish, 2008

<sup>37</sup> Beardslee, 1998

<sup>38</sup> Scott *et al.*, 2006

disadvantaged, and are also less likely to be exposed to developmentally enriching materials and opportunities. Parents living in poverty are at increased risk of mental health problems and their parenting behaviours tend to be less consistent, less stimulating and more punitive than those of parents not living in poverty<sup>39</sup>.

### ***Young parents***

Although there is some recognition that having children during the teenage years can be a positive experience, younger parents often face a range of challenges. They are often from deprived backgrounds; they can experience a range of mental health problems and a lack of social support; they often lack knowledge about child development and effective parenting skills, and they have developmental needs of their own. Possibly for these reasons, the children of teenage parents often have poor outcomes<sup>40</sup>.

### ***Substance-misusing parents***

Living with parental substance misuse (whether related to alcohol or drugs) is associated with higher levels of violence, experiencing or witnessing neglect or abuse (physical, verbal or sexual), poor and/or neglectful parenting, inconsistency from one or both parents, having to adopt responsible or parenting roles at an early age, feeling negative emotions (such as shame, guilt, fear, anger and embarrassment) and possible neuro-developmental consequences of substance misuse in pregnancy (e.g. foetal alcohol syndrome) which may contribute to developmental delays or intellectual disability<sup>41</sup>. This can lead to children who exhibit higher levels of behavioural disturbance; anti-social behaviour (conduct disorders); unsafe sex and unplanned and/or early pregnancy; emotional difficulties; behavioural problems and under-achievement at school; social isolation; and a more difficult transition from childhood to adolescence. There is mixed evidence as to whether this leads to an increased chance of substance misuse in adulthood.

## **How does the parenting role differ as children get older?**

The parenting role changes over time, with substantial changes from infancy to late adolescence, many of which are allied closely with physical and emotional changes in children as they get older<sup>42</sup>. Most children and young people are part of happy and healthy families. Although poor parenting practices can potentially have a detrimental effect on children of all ages, children are most vulnerable when their brains are being formed before birth and during the first 2 years of life. This is the stage when the part of the brain governing emotional development is forming. The antenatal period is as important as infancy to the health and well-being of a child because maternal behaviour has such strong impacts on the developing foetus<sup>43</sup>. The parent–child relationship changes when young children begin to negotiate with their parents and show a capacity to understand and empathise.

While the first 3 years are crucially important, the impact of poor quality parenting is also potentially damaging at all stages of childhood, including the teenage years. Parent–child relationships are re-

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<sup>39</sup> Miller *et al.*, 2011; Scott *et al.*, 2006

<sup>40</sup> Barlow *et al.*, 2011

<sup>41</sup> Velleman and Templeton, 2007

<sup>42</sup> O'Connor and Scott, 2007

<sup>43</sup> Allen, 2011

organised around puberty when young people move towards greater autonomy<sup>44</sup>. By adolescence, the negative effects of parenting are associated with poorer physical and mental health, risky health behaviours, risks to safety (including running away, poorer conduct and achievement at school) and negative behaviours, such as offending and anti-social behaviour<sup>45</sup>.

## What do we currently know about parents in Ireland and the UK?

There are currently longitudinal cohort studies underway in Ireland and the United Kingdom examining the lives of children, parents and families over time. These give us a good insight into what it is like for children and families growing up at the moment, their strengths and some of the challenges they are facing. A brief outline is provided in Box 1 of the findings from the *Growing Up in Ireland* study, focusing on the parenting processes and their impact on children's social and emotional outcomes<sup>46</sup>. Key statistics on children and families in Ireland are given in Box 2. Some of the findings from the Millennium Cohort Study in the UK (which includes a Northern Ireland sample) relating to parenting are given in Box 3.

### **Box 1: How families matter for social and emotional outcomes of 9-year-old children in Ireland (*Growing Up in Ireland*, Nixon, 2012)**

This report is based on data collected from 8,568 children aged 9 years, their parents and teachers.

#### **Key findings**

- Parenting styles, particularly authoritarian and neglectful, were associated with social and emotional difficulties in children.
- High levels of mother–child and father–child conflict were associated with social and emotional difficulty.
- Maternal depression impacts on the mother–child relationship and is associated with increased conflict with children.
- The mother's marital satisfaction was associated with more presenting difficulties with their children and also impacted on the mother–child relationship.
- Children living in one-parent households displayed more difficulties than those in two-parent households.

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<sup>44</sup> O'Connor and Scott, 2007

<sup>45</sup> Rees *et al.*, 2011; Barlow and Schrader McMillan, 2010

<sup>46</sup> Nixon, 2012

### Box 2: Key statistics on children and families in Ireland

1. In 2011, the number of children aged 0-6 in Ireland was 486,242, which represented 11% of the population. This represents a 16% increase of this population group since 2006 (CSO, 2012).
2. 17% of children aged 0-4 and 18% of children aged 5-9 live in lone-parent families (OMCYA, 2010).
3. Almost 1 in 5 children aged 0-17 (19.5%) were at risk of poverty in 2010 and 8% were in consistent poverty (CSO, 2011).
4. In the *Growing Up in Ireland* (GUI) study, 57% of mothers of infants aged 9 months and 91% of fathers were employed outside the home. The proportion of parents working outside the home has reduced over time. At 3 years of age, 53% of mothers were working outside the home and there was an increase in unemployment among fathers from 6% to 14% (GUI, 2011).
5. 38% of infants aged 9 months in the GUI study were in some form of regular non-parental childcare, which rose to 50% at 3 years of age (GUI, 2011).
6. Ireland now has a significant range of ethnicities among its early years population and their parents. 4,676 of 0-4 year-olds (2%) are Irish Travellers according to the 2011 Census; 28,303 (10%) are from 'any other White background'; 9,439 (3%) are 'Black or Black Irish'; 9,960 (3%) are 'Asian or Asian Irish'; and 5,710 (2%) are 'Other including mixed background' (CSO, 2012). In the GUI infant cohort, 81% of mothers and 82% of fathers were citizens of Ireland (GUI, 2011).

### Box 3: Parent relationships and child well-being findings from the UK Millennium Cohort Study (Centre for Longitudinal Studies, 2010)

This briefing is based on data collected from an ongoing UK nationwide cohort study of almost 15,500 children from 9 months. The data collection for 12-year-olds happened in 2012.

#### Key findings

- The 'traditional' family, headed by married parents, has become less common in the UK in recent decades. Rising rates of lone motherhood, co-habitation and parental separation have resulted in more diverse and transient family groupings, which can create or exacerbate inequalities in early childhood.
- 41% of Millennium Cohort children were born to unmarried parents, 25% to co-habiting parents and 16% to lone mothers.
- 75% were still living with both natural parents at age 5.
- 88% of married parents were still living together when their child was 5.
- 67% of parents co-habiting at the child's birth were still living together 5 years later.
- At age 5, 30% of the Millennium Cohort children were estimated to be in income poverty. Those who had lived with both natural parents (either continuously married or initially co-habiting but then married) were far less likely to be in poverty than other children. Lone motherhood raised the chances of being in poverty.
- One in 7 mothers (14%) was showing high levels of psychological distress.

- Children in stable married families had fewer externalising problems at age 5 than virtually all other family histories. However, there were no significant differences between children in different family groups after taking into account family income level and whether the mother had depressive symptoms.
- Mothers living with the Cohort child's father tend to have better mental health than those living with another partner.
- Lone mothers are the most likely to have poor mental health, which is associated with less engaged parenting. This, in turn, can affect their children's psychological/emotional well-being.
- Children from co-habiting families that had broken down had relatively high levels of behaviour problems, as were those born to solo mothers who subsequently co-habited with the birth father or re-partnered. This may be due to the stress that arises as families adjust to new relationships.

## Evidence-based strategies to support parenting

Many believe that the most effective way of dealing with chronic long-term disadvantage and the intergenerational cycles of social problems is through early childhood intervention and, in particular, policies and programmes aimed at supporting the family in early childhood development<sup>47</sup>. There is emerging consensus from research conducted in recent decades that:

- Supporting parents to develop positive parenting skills promotes healthy child adjustment and reduces the effects of risk factors, such as genetic susceptibility and social disadvantage<sup>48</sup>.
- Parenting programmes have been shown to have an impact on children's emotional reactions and ability to cope, and to reduce the likelihood of the early occurrence of child behavioural and emotional problems<sup>49</sup>.
- Behavioural parent training is effective in reducing childhood behaviour problems and can lead to a 60%-70% improvement in children<sup>50</sup>.
- 'Authoritative parenting', characterised by the use of warm, firm control and rational discipline, has been shown to be particularly effective with adolescents<sup>51</sup>.

Research on parenting interventions that ask 'Does it work?' is increasingly common, but some studies now go further, by asking important questions such as 'For whom does the intervention work?' and 'By what mechanisms?'. Interest in this latter question follows directly from the consistent observation that, even for the most 'evidence-based' interventions, there is wide variation in response among those who participate<sup>52</sup>. This is particularly true of parenting interventions and there is great diversity in approaches for different needs in different client groups.

Approaches to supporting parents to improve outcomes for children tend to be based on assessed need, using a tiered approach and according to frameworks such as the Hardiker Model mentioned

<sup>47</sup> Munro, 2011; Allen, 2010

<sup>48</sup> Shaw and Winslow, 1997

<sup>49</sup> Barlow *et al.*, 2012

<sup>50</sup> Behan and Carr, 2000; Brestan and Eyberg, 1998; Coren *et al.*, 2002; Kazdin, 2007; Nock, 2003

<sup>51</sup> Chu, 2012; Maccoby and Martin, 1983

<sup>52</sup> O'Connor and Scott, 2007

above, with services at universal level that are provided to all children and families, as well as services to families with additional needs up to and including more intensive and specialist intervention with children and parents experiencing multiple difficulties. These evidence-based and evidence-informed approaches to parenting range from population health approaches, which are universal and target the entire population and specific children and parents within that population, to individual home visiting programmes, which tend to target young mothers, parents with young children and those identified to be 'at risk'. Group-based parenting programmes can be offered to parents at universal services level and also provided to parents experiencing particular difficulties as parents themselves (e.g. substance abuse, mental illness) or with their children (e.g. emotional and behavioural difficulties). Intensive individual approaches have also been developed in order to support parents deemed hard-to-reach or who are less likely to benefit from participating in a group.

Such services and interventions are often provided using a variety of methods, by different practice professionals, at varying levels of formality, and they can take place in a variety of settings, including community-based clinics or family centres, schools and in the family home.

Some services and interventions are directed solely at addressing the parenting process and the parent-child relationship, developing techniques and approaches for bringing up children (particularly parenting programmes). Other initiatives indirectly support parenting by providing parents with skills to promote and foster child development and well-being in specific areas, such as literacy or transition to secondary school. Supporting parents is as important in the early developmental years as it is in early adulthood and hence the need to intervene in a timely and effective manner at each developmental stage from antenatal to early years, toddlers and pre-school children (aged 0-5), to the middle years, primary school, pre-pubescent children (aged 6-11) and finally to adolescence and young people in early adulthood (aged 12 onwards).

Parent support can be offered at a range of levels, from family information and advice services to parenting programmes or family intervention projects. Some of the key characteristics and impacts of some of these approaches are described below.

### ***Population approaches***

Taking a population approach to supporting parents involves making specific information or support available to parents within a geographical area. These may include legislative changes (such as the physical chastisement ban in Sweden<sup>53</sup>), mass media public education programmes and universally accessible parenting programmes (such as Triple P<sup>54</sup>). One example of a population approach to supporting parents in Northern Ireland is Sure Start which offers an *area based* service, with *all* children aged four or less and their families living in a prescribed area serving as the "targets" of intervention (described in the Appendix).

The advantages of a population-based approach to parenting may be that:

- it can reach parents who may not currently receive or participate in services;
- it is a non-stigmatising way to provide help;

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<sup>53</sup> Durrant, 1999

<sup>54</sup> Prinz *et al.*, 2009

- it may be more likely to reach families early and prevent escalation of problems and parenting stress associated with these;
- it may increase the likelihood of reaching those children whose needs or developing problems tend to pass unnoticed;
- it may lead to advantages in quality of service provision of an evidence-based approach.

Given the diversity of parents within a population, understanding their needs and barriers to engagement is seen as key to the success of any population-based approach to supporting parenting<sup>55</sup>. Process issues are important, including:

- building relationships with client groups and getting their input into the relevance and acceptability of interventions;
- understanding what the enablers and barriers are for getting parents to engage and what influences whether they complete a programme or drop out of it;
- engagement of stakeholders, including service deliverers;
- consideration of organisational factors and recruitment of practitioners;
- use of media and communication strategies.

### ***Individual and group parenting programmes***

Standard parenting programmes are often focused on short-term interventions aimed at helping parents improve their functioning as a parent and their relationship with their child, and at preventing or treating a range of child emotional and behavioural problems by increasing their knowledge, skills and understanding. Parenting programmes can be delivered individually or in groups. They may involve the use of a manualised and standardised programme or curriculum, and can be underpinned by a number of theoretical approaches, including Behavioural, Family Systems, Adlerian and Psychodynamic<sup>56</sup>. They can involve the use of a range of techniques in their delivery, including discussion, role play, watching video vignettes and homework. They can be delivered in a range of settings, including hospital/social work clinics and community-based settings (e.g. GP surgeries, schools and churches).

### ***Group-based parenting programmes***

Providing support to parents is recognised as a significant factor in improving children's lives and there is a growing emphasis on structured parenting programmes, often delivered in a group format, that aim to improve parenting and family relationships by providing advice, support and sometimes an opportunity to develop/practise skills. Working with groups of parents together offers advantages in being able to reach larger number of parents during a session (compared to individual work) and the interaction between the parents who attend is also seen to be advantageous. It is important to locate these services where the target parents are most likely to use them and good facilitation is necessary to ensure parents engage in the group and do not feel judged or excluded.

Gaining new skills and understanding, together with peer support from other parents in the group are thought to lead to parents feeling more in control and better able to cope. Parents feel less

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<sup>55</sup> Prinz and Sanders, 2007; Sanders and Kirby, 2012

<sup>56</sup> Barlow *et al.*, 2012

guilty and socially isolated, and show increased empathy with their children and greater confidence in dealing with their behaviour<sup>57</sup>.

Structured parenting programmes delivered in group settings have been shown:

- to reduce parental anxiety, stress and depression, and improve parenting skills in the short term As maternal mental health has been shown to affect the parent–child relationship, which in turn can have both short- and long-term consequences for the psychological health of the child, any programme that improves the mental health of parents may also improve child outcomes<sup>58</sup>;
- to improve relationships with spouse, but have little effect on maternal social support<sup>59</sup>;
- to be about twice as effective as individual therapy in reducing child behaviour problems<sup>60</sup>;
- to improve behaviour outcomes for children under the age of 3<sup>61</sup>;
- to be successful in improving behavioural problems in 3-10 year-old children<sup>62</sup>. From the 16 programmes under review, Barlow and Stewart Brown (2000) found that the programmes were effective in creating positive changes in both parental perceptions and objective measures of children's behaviour and that these changes were maintained over time;
- to achieve good results at a cost of approximately \$2,500 (£1,712 or €2,217) per family<sup>63</sup>. These costs are modest when compared with the long-term social, educational and legal costs associated with childhood conduct problems, although the long-term effects of the programmes are not well understood;
- to show positive outcomes for up to 4 years post-intervention. There is a lack of studies examining the longer term effectiveness of these programmes; however, the few studies in this area have found ambiguous results<sup>64</sup>.

Many large-scale international group-parenting programmes have evolved, including the Incredible Years Programme<sup>65</sup> and the Triple P Positive Parenting programme<sup>66</sup>.

A particularly useful location for group parenting programmes may be the school or pre-school setting. This is often seen as a useful way to engage families at risk from multiple disadvantage and reach more children in need<sup>67</sup> and also a more diverse range of families<sup>68</sup>. (In the Irish context, CDI's programmes of Doodle Den, Early Years and Mate Tricks are delivered in both school and pre-school settings.) Such settings lend themselves particularly to parenting support that has an educational element and that aims to strengthen the link between home and school because it is seen as a

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<sup>57</sup> Kane, 2007

<sup>58</sup> Furlong *et al.*, 2012; Barlow and Parsons, 2003; Gross *et al.*, 2003

<sup>59</sup> Barlow *et al.*, 2006

<sup>60</sup> Mc Cart *et al.*, 2006

<sup>61</sup> Barlow and Parsons, 2003; Gross *et al.*, 1995

<sup>62</sup> Barlow and Stewart Brown, 2000

<sup>63</sup> Furlong *et al.*, 2012

<sup>64</sup> Spoth *et al.*, 1999 and 2000; Gross *et al.*, 2003

<sup>65</sup> Webster-Stratton, 1979)

<sup>66</sup> Sanders, 1998

<sup>67</sup> Webster-Stratton and Reid, 2010

<sup>68</sup> Cunningham *et al.*, 1995



legitimate location and may be non-stigmatising. Consistency between the home and pre-school setting is extremely important in order to provide a lasting change in children's behaviour as a result of a parenting intervention<sup>69</sup>.

### ***Individual parenting support***

Parenting programmes delivered on an individual basis can lead to a reduction in children's behaviour problems and parental stress/mental health difficulties<sup>70</sup>. These can be delivered in clinic settings or in the home, and may offer a useful way to reach families who need intensive support.

Home visiting is being employed increasingly as an approach in preventive interventions designed to intervene with families with young children, with support often starting at the antenatal stage and continuing for several years post-natally. In general, the goals of home-visiting programmes are to provide parents with information, emotional support, access to other community services and direct instruction on parenting practices<sup>71</sup>. They may include the provision of a standardised parenting programme that follows a specific curriculum or be based on a broader support approach tailored to each individual's needs and circumstances. Home-based child development programmes may directly target parents' knowledge and skills, seeking to enhance their ability to facilitate and encourage their child's development and to provide enriched learning opportunities<sup>72</sup>. The Family Visitor is the primary mechanism through which the programme is delivered to the parent and is an important element of programme delivery. Changes in parental attitudes and behaviour lead to changes in child outcomes.

Home-visiting programmes, expanded and sustained health visiting services and universal healthcare programmes for expectant mothers – all have the potential to improve parents' ability to parent and promote positive parenting behaviours<sup>73</sup>. Many home-visiting programmes target their service to socio-economically deprived, first-time, teenage parents. Such programmes allow service providers to more easily engage with hard-to-reach populations, thus removing challenges that might deter families from participating in centre-based forms of intervention<sup>74</sup>.

Reviews of home-visiting programmes have concluded that<sup>75</sup>:

- Early childhood home-visiting schemes can be effective in improving overall physical health, behavioural problems, cognitive development, social skills, mental/emotional health, parenting skills, parent–child relationship, child maltreatment, substance use and reproductive health. They may be particularly useful for influencing and improving the home-learning environment, which is positively associated with social, behavioural and cognitive development in children<sup>76</sup>.
- Some of these improvements have been found to last into the adolescent years.

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<sup>69</sup> Webster-Stratton and Reid, 2010

<sup>70</sup> Gould and Richardson, 2006; Barlow *et al.*, 2006; Sanders, 2010; Webster-Stratton and Hammond, 1997; Griffin *et al.*, 2010; 2005

<sup>71</sup> Howard and Brooks-Gunn, 2009

<sup>72</sup> Miller *et al.*, 2011

<sup>73</sup> Davies and Ward, 2012, Olds, 2002 and 1998

<sup>74</sup> Astuto and Allen, 2009; Sweet and Appelbaum, 2004

<sup>75</sup> Gomby, 2007; Kahn and Moore, 2010

<sup>76</sup> Melhuish, 2010; Melhuish *et al.*, 2001; Tizard and Hughes, 2002; Desforges and Abouchaar, 2003; Sylva *et al.*, 2004a

- Home-visiting programmes can be especially beneficial for families where either the need or the perceived need is greatest. Some studies suggest that the mothers categorised as high risk (e.g. low income, teen mothers, those with low IQ or those with mental health problems) may benefit most.
- Home-visiting schemes can demonstrate long-term cost-effectiveness.

There is a great variety in what a home-visiting scheme involves, how it is delivered and who provides the service. Home visiting is a general service strategy, not a specific intervention, and the following factors have been shown to influence the impact of the approach:

- Contextual factors may impact results, such as programme content, internal family factors and external factors in the community environment<sup>77</sup>.
- Programmes that offer home visiting in conjunction with centre-based programmes produce the largest and most long-lasting results, compared to programmes that offer home-visiting services alone. In particular, centre-based programmes with a parenting training component have been found to improve child vocabulary, reading and mathematical skills, as well as overall IQ.
- Effective programmes include high-intensity early childhood interventions that last for more than a year, with an average of 4 or more home visits per month, and programmes that utilise therapists/social workers to teach parenting skills.
- Parenting programmes that involve both parents and pre-school staff are more successful in addressing behavioural problems than programmes that involve only parents.
- Mixed findings have been reported on programmes that utilise trained non-professionals as home visitors, those that targeted teen mothers, those that started before birth and those that provided a combination of parenting support and referrals to other services<sup>78</sup>.

### ***Whole family support***

Most of the programmes or interventions identified above are either universal or targeted at particular populations, for example, young mothers, parents of young children, children presenting with emotional and behavioural difficulties. However, children growing up in families affected by parental substance abuse, inter-familial conflict and mental illness will require more focused intervention, which seeks to address both individual and family issues. Programmes designed to address adults' own experiences of poor parenting and/or the psychological consequences of abuse can make a valuable contribution. Parent–Child Interaction Therapy and Enhanced Triple P Positive Parenting Program<sup>79</sup> now include additional sessions on stress management and parental support. The Enhanced Triple P has been rigorously evaluated. Its core elements can be complemented by an enhanced programme that includes elements designed to reduce anger and misattribution in parents reported for (or at self-reported risk of) emotionally abusing their children. Training in communication and problem-solving has been found to help families deal with conflict and enhance social functioning.

The most effective programmes for addressing problems such as delinquency and substance abuse in adolescence aim to strengthen family relationships and improve parenting skills. Family-focused interventions concentrate on the interaction between all family members as well as the mental

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<sup>77</sup> Gomby, 2007

<sup>78</sup> Kahn and Moore, 2010

<sup>79</sup> Brinkmeyer and Eyberg, 2003; Sanders *et al.*, 2004

health of the individual. Evidence-based programmes specifically designed to address this include Multi-Systemic Therapy and Functional Family Therapy<sup>80</sup>.

### **Engaging families with the support most likely to work for them**

Permeating throughout the research literature is the acknowledged difficulty of intervening effectively and achieving good outcomes for families most marginalised and disadvantaged, and engaging them in services<sup>81</sup>.

Recruitment and engagement of families to parenting programmes or services is a key component to producing improved outcomes for their children. Figures for dropping out of child and family support services range from 20% to 50%<sup>82</sup>. Despite extensive efforts and a clear strengths-based approach to service delivery, the majority of families reached by prevention programmes are likely to leave before reaching their service goals or achieving the service levels articulated in a particular programme's model.

Parenting programmes, particularly those aimed at families presenting with multiple difficulties, tend to report relatively low participation and high drop-out rates<sup>83</sup>. Research where attrition data was collected finds that as many as half of all parents referred to behavioural parent training programmes may drop out prematurely. Socially isolated parents with mental health problems and high levels of poverty-related stress tend to benefit least from parent training. These parents may require longer term, multidimensional and coordinated intervention involving a combination of concrete and therapeutic services that target the particular issues in the family and include direct work with both children and parents. For many families, life circumstances dictate the use of multiple services, whether voluntarily sought out or recommended by others and in many cases where child health and education, mental health or substance abuse difficulties are experienced, parents are often referred simultaneously to a number of different service providers, where weekly attendance is required. Without appropriate sequencing of service referrals, parents may well become overwhelmed by the demands and expectations placed upon them, resulting in disengagement from any or all of the multiple services on offer. Whatever the approach, an empowering and empathic relationship between the worker and the parent must exist.

Even in the use of programmes whose effectiveness has been robustly evaluated, it has been reported that up to two-fifths of parents will continue to experience problems with their children<sup>84</sup>.

Research informs us that high attrition and low attendance and participation in services can lead to poor outcomes for children, with children who do not receive any form of intervention or service when identified as in need being more likely to engage in delinquent activities later in life (including

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<sup>80</sup> Swenson *et al.*, 2010; Functional Family Therapy is one of the programmes of the Prevention and Early Intervention Programme and has been delivered to over 100 families in an area of disadvantage in Dublin. This evaluation will be included in the CES 2013 parenting outcome report; Alexander and Parsons, 1982; Sexton, 2011

<sup>81</sup> Tanner and Turney, 2006; Smith, 2006; Stevenson, 2007 and 1998

<sup>82</sup> Staudt, 2003 and 2007; McKay *et al.*, 1996; Kazdin and Mazurick, 1994; Daro and Harding, 1999; Daro and Donnelly, 2002

<sup>83</sup> Spencer, 2003; Reyno and McGrath, 2006; Thoburn *et al.*, 2000; Staudt, 2007 and 2003

<sup>84</sup> Assemany and McIntosh, 2002

involvement in violent crime, school drop-out, drug and alcohol abuse, and unemployment) and to have mental health problems<sup>85</sup>.

Parents who voluntarily engage with support services tend to make more progress, while a more coercive approach by service providers can affect the relationship and block progress<sup>86</sup>. It is important that programmes and services aimed at parents develop strategies to increase the likelihood that parents will attend services, for example, by conducting outreach visits, making convenient and flexible appointments and session times, and providing transport assistance or other facilities to reduce potential barriers to engagement, such as crèche facilities.

## Summary

This overview of international and national evidence on the effectiveness of intervention to support parents and improve outcomes for their children has sought to outline the key messages emanating from research and evaluation over the past few decades. Difficulties encountered in engaging with families were highlighted, particularly where disadvantage and entrenched and intergenerational problems are exacerbating already existing struggles in parenting. This summary described and provided evidence for different approaches to supporting parents and children, which are both universal and targeted, aim to improve and promote developmental outcomes for children across a continuum of ages, can be provided in a variety of settings using a range of innovative techniques and which have distinctive outcome domains as their primary focus. Programmes and interventions included population approaches, home-visiting and home-learning services, group-based programmes for parents of children of different ages and highly specialised parenting programmes. Attention has been drawn to the breadth of effectiveness of rigorously evaluated evidence-based programmes and interventions, which are being used increasingly in both Ireland and Northern Ireland.

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<sup>85</sup> Nock and Photos, 2006; Fergusson and Lynskey, 1998

<sup>86</sup> Fauth *et al.*, 2010; Staudt, 2007

## **Section 3: The Programmes in the Prevention and Early Intervention Initiative**

In this section, a summary table is provided relating to each of the 10 programmes that have been evaluated as part of the Prevention and Early Intervention Initiative, combined with a summary of the main evaluation findings and any conclusions that can be drawn from these.

Prior to implementation, and in many instances a number of years before a child or family received a service, organisations engaged in a lengthy process involving the conducting of epidemiological studies, comprehensive needs analyses, literature and evidence reviews, preparation of logic models and programme exploration. All of the organisations engaged in extensive consultations with key stakeholders in the community. Two of the organisations selected evidence-based programmes, Triple P and Incredible Years, which they replicated with fidelity with only minor adaptations, primarily related to cultural context. The Parenting UR Teen Programme is an original programme developed by Parenting NI following identification of an existing gap in programme provision for parents of adolescents, and is underpinned by an authoritative parenting style. Preparing for Life is a new programme, which draws heavily on the principles and theoretical components of evidence-based home-visiting programmes. Similarly, the Growing Child Parenting Programme is an evidence-based programme developed originally in the USA, that has been adapted for use here with an additional home visitation component. The Doodle Den Literacy Programme, CDI Early Years, Mate Tricks, Eager and Able to Learn and Media Initiative for Children: Respecting Difference have all been developed in both jurisdictions to address specific issues in children's lives. The programmes to be discussed are both targeted and universal, mainly the latter. The main findings from the programmes are summarised in Table 2 and described in more detail below.

**Table 1 Overview of programmes in the report**

Organisation	Service/ Programme	Target group(s)	Duration/ intensity	Description
Longford Westmeath Parenting Partnership	<b>Triple P Parenting Programme</b> (Levels 1 – 5)	All parents in Longford and Westmeath of children aged 0-7	2 hour stand alone session (Level 3) or 8 weeks (Level 4)	A multi-level parenting programme focused on reducing childhood emotional and behavioural problems. Includes support for parenting in the general population but the focus here is on Levels 3 and 4 aimed at parents who are experiencing problems with their children.
Archways	<b>Incredible Years Parent Training Programme</b>	Parents of children aged 3-7	2-2.5 hours per week for 12-14 weeks	Trains parents to support their children's social and emotional development.
	<b>Incredible Years Teacher Classroom Management</b>	Teachers of children aged 4-7	1 day per month for 5 months	Trains and supports teachers in classroom management techniques.
Northside Partnership	<b>Preparing For Life</b>	Families of children aged 0-5	Fortnightly home visits and a range of other support for 5 years	An intensive home-based early intervention/prevention programme designed to support families from pregnancy until their child starts school.
Lifestart	<b>Growing Child Parenting Programme</b>	Parents of children aged 0-5	Monthly home visits of between 30-60 minutes for 5 years	To help parents to support their child's physical, intellectual, emotional and social development and to promote school readiness.
Parenting NI	<b>Parenting UR Teen</b>	Parents of young people aged 11-18	2 hrs per week for 8 weeks	A group training programme for parents of teenagers developed by Parenting NI. The overall aim is to improve family functioning. Parents refer themselves to the service.
Childhood Development Initiative (CDI)	<b>Doodle Den</b>	Children aged 5-6	1.5 hours per week for 36 weeks and 3 family & 6 parent sessions.	Doodle Den is an in-school and after school literacy programme including child, parent and family components. It aims to improve literacy, school attendance, parent involvement in and out of school time, and improve child relationships with their parents and peers.
	<b>CDI Early Years</b>	Children Aged 2½-3	Preschool and other types of support for 2 years	An early care and education programme designed to support all aspects of children's development including their social and emotional learning.
	<b>Mate-Tricks</b>	Children aged 9-10	1.5 hours twice a week for 1 year and 6 parent and 3 family sessions	An after-school mentoring programme focused on supporting pro-social behaviour, reducing anti-social behaviour and developing confidence. Delivered in youth settings or school.
Early Years	<b>Eager and Able to Learn</b>	Children aged 2-3	Delivered over 8-9 months to children and 3 home visits to parents	A comprehensive centre-based and home- based early care and education programme. It aims to motivate children to learn; to socially and emotionally be able to enter relationships with adults and other children so learning can be promoted; and cognitively to ensure children are able to take advantage of learning opportunities.
	<b>Media Initiative for Children: Respecting Difference</b>	Children aged 3-5, their parents and teachers	1 academic year and 5 one minute media messages for 3 weeks, 3 times per year	This programmes uses a combination of cartoon media messages around diversity with an Early Years programme. It aims to promote positive attitudes to physical, social and cultural differences among young children, practitioners and parents. The messages also address bullying behaviours.

## Triple P Positive Parenting Programme (Longford Westmeath Parenting Partnership)

The Longford Westmeath Parenting Partnership consists of 9 organisations, both statutory and voluntary, responsible for the implementation and delivery of the Triple P Positive Parenting Programme in the counties of Longford and Westmeath in the Republic of Ireland. The organisations include Athlone Community Services Council; Athlone and Carrick-on-Shannon Education Centres; the Health Service Executive; Longford Community Resources Limited; Longford Vocational Educational Committee; Longford and Westmeath County Childcare Committees; and Westmeath Community Development. The overarching goal of the Partnership is to improve outcomes for children at risk of developing emotional and behavioural difficulties by strengthening collaborative relationships and referral pathways for children and their families.

### *The programme*

The Triple P-Positive Parenting Programme (Triple P) is a population-based approach that has been rigorously and extensively evaluated<sup>87</sup>. Developed by Matt Sanders in Queensland Australia, this is a multi-level parenting and family support strategy that aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of their parents. The programme is based on a 'positive parenting' approach, which aims to promote children's development and manage children's behaviour in a constructive manner. The 5 levels of intervention are:

- *Level 1 – Universal Triple P* targets the entire population and uses health promotion and public awareness and media strategies.
- *Level 2 – Selected Triple P* targets sub-groups of parents deemed to be at greater risk than others. It involves three 90-minute presentations on specific child development and behaviour issues and provides information and materials to parents in the form of 'tip sheets'.
- *Level 3 – Discussion groups Triple P* targets all parents and consists of two hour sessions on different topics.
- *Level 4 – Group Triple P* is designed for parents of children with more severe behavioural difficulties and involves 8 to 10 sessions with individual parents or groups.
- *Level 5 – Enhanced Triple P* is a more intensive intervention programme aimed at parents experiencing conflict, depression or high levels of stress.

### *Evaluation and findings to date*

The evaluation is being conducted by the National University of Ireland, Galway and the findings discussed here are based on an interim report of data collected during the first period of the evaluation of the programme delivered to parents of children aged 0-7 years in 2010 and 2011<sup>88</sup>. The final report will be completed in 2013.

### *Findings*

- The population survey identified a need for parenting support in the intervention counties, i.e. the counties where Triple P is being delivered.

<sup>87</sup> Prinz *et al.*, 2009; Sanders, 2008; Chu, 2012

<sup>88</sup> Canavan *et al.*, 2012

- Evaluation of the Longford Westmeath Parenting Partnership demonstrated an effectively functioning and committed partnership, which had embraced the evidence-based programme being implemented.
- Different levels of involvement from partner organisations were noted, with HSE personnel most intensively involved in service delivery. Implications in the coming years of further budgetary constraints and the development of the new Child and Family Support Agency, with proposed disaggregation of children's services from the broader HSE, were voiced by partnership members.
- Reported success in the coordination of programme delivery and training of practitioners was counteracted by the project's failure to reach its delivery targets in Year 1 and, as mentioned above, the heavy reliance on HSE practitioners from two departments to deliver the programme.

Programme effectiveness is based on analysis of the findings from three individual levels – seminars, workshops and groups.

- *Seminars*: Parents expressed overall satisfaction with the seminars.
- *Workshops*: Participants in the workshops indicated that there had been a reduction in the number and frequency of child problem behaviours and parents were less likely to experience the behaviours as problematic. Parents had a more positive view of parenting as rewarding and fulfilling, and less stressful when parents were asked again after attending the workshop.
- *Groups*: Findings from parents who attended groups showed significant improvements in children's behaviour over time. The frequency of child behaviour problems and number of perceived problems by parents reduced. Parents' style of discipline improved, with parents showing more permissive, less over-reactive and reprimanding responses to their child's behaviour. Parents' self-efficacy improved, meaning they were less anxious about their capacity and competence to parent effectively, and there was a reduction in feelings of depression, anxiety and stress after the intervention. Inter-parental conflict lessened and the quality of the relationship between parents and their children showed improvement. Finally, there was a significant change in the number of children classified as having problems in the borderline/abnormal category before and after their parents' participation in the Triple P Programme.

### **Conclusions**

The implementation of a population approach, using the evidence-based programme Triple P, is showing positive effects in this interim report, with demonstrable improvements for both children and parents, and the implementation process, applying a partnership approach, seems to be working effectively. If this positive trajectory is maintained, it is likely that there will be significant differences evident between the intervention and comparison counties. Widespread changes in the service delivery model in both the HSE and the new Child and Family Support Agency in early 2013, combined with anticipated associated financial constraints, will present significant challenges to the Partnership and test commitment to both the implementation and delivery processes.



## Preparing for Life (Northside Partnership)

### *The programme*

The Preparing for Life (PFL) Programme is a prevention and early intervention home-visiting programme that aims to improve levels of school readiness of young children living in several designated disadvantaged areas of North Dublin, by intervening early with pregnant mothers and continuing to work with families until their children start school. The programme was developed over a 5-year period between 2003 and 2008 by a group involving 28 local agencies and community groups, and is operated by Northside Partnership. The programme is multi-dimensional, providing a range of quality supports to families, and focuses on changing parental attitudes to facilitate stronger attachment between the parent and child.

The principal intervention of the programme is a home-visiting mentor support service in which each family is assigned a mentor who visits the family home for between 30 minutes and 2 hours at a frequency decided by parents based on their needs, and which starts from pregnancy and continues until the child begins school. The majority of families are receiving fortnightly visits and some monthly. The home visits are designed to support parents with key parenting issues, using a set of 'tip sheets'. Mentors focus on 5 main areas of child development: pre-birth, nutrition, rest and routine, cognitive and social development, and the mother and her supports.

### *Evaluation and findings to date*

The evaluation of the Preparing for Life (PFL) Programme includes a longitudinal randomised controlled trial design and an assessment of the implementation process. Randomisation involves allocation of parents to a high treatment group (who receive the interventions outlined above) or a low treatment group. Both groups receive facilitated access to pre-school, public health workshops and developmental toys, and have access to a support worker. The two groups are also being compared to a comparison group who do not participate in the PFL Programme<sup>89</sup>.

### *Findings*

The findings reported here are based on the 6-month and 12 month reports, which aimed to determine if the programme had an impact on parent and child outcomes at these junctures. Subsequent 6-monthly reports assessing the impact of the programme will continue until the children of parents recruited to the programme reach 48 months old.

- **Impact of PFL programme at 6 months**

The results compared the 6-monthly outcomes for the high and low treatment groups across 8 areas: child development; child health; parenting; home environment and safety; maternal health and pregnancy; social support; child care and service use; and household factors and socio-economic status. As to be expected at this stage in the programme, after 6 months there were limited significant differences observed between the high and low treatment groups. However, many of the outcomes were in the anticipated direction, with the high treatment group reporting somewhat better outcomes than the low treatment group. The most positive effects were achieved in the areas of social support, and in the context of this parenting outcomes report, home environment and safety and parenting, with the quality of parent and child interactions being better in the high treatment group than among their low treatment counterparts. Children in the high treatment group were exposed to less parental hostility, were

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<sup>89</sup> Doyle *et al.*, 2011a, b, 2012

living in a safer home environment and had more appropriate learning materials and childcare, whilst mothers had improved maternal physical health and had reduced parental stress. Mothers were more likely to be socially connected within their community. Those benefitting most from the programme appear to be mothers operating with higher cognitive functioning (the intellectual processes of perception, thinking, reasoning, remembering etc), mothers who have multiple children and families who have been exposed to and experienced risk in their families.

- **Impact of PFL programme at 12 months**

At 12 months there were no significant effects in the domains of parenting, the home environment and household factors/SSE. The domains with the most positive effect were child health, social support and child development. Specifically children in the high treatment group compared to those in the low treatment group displayed a higher level of fine motor skills and were less likely to be at risk for social and emotional difficulties. Additionally they had more appropriate eating patterns and had a higher level of immunisation rates. Furthermore mothers in the high treatment group were most likely to regularly meet their friends. These findings differ from the results at six months in which significant findings were found in the domains of parenting and the quality of the home environment. While less significant findings were reported at 12 months compared to 6 months the researchers suggest this may be due to differences in the measures included at each time point, thus indicating that PFL may be effective in specific domains. For instance, in the home environment domain, at six months the home environment measures focused on aspects of the physical environment and appropriateness of toys and activities. At 12 months home environment measures focused on aspects of the family relationship.

- **PFL implementation analysis**

Parents are reporting high satisfaction with the programme and how it is being delivered, with reported greater satisfaction from the high treatment group compared to the low treatment group. Focus groups conducted with parents and PFL staff members revealed that all agreed the programme was benefitting families in the community, with contributory factors to this including the relationships developed between parents and mentors, respect for and flexibility around parents' time, and the quality of the information materials. An exploration of the degree to which information was being shared between high and low treatment groups indicated that there was a high level of general contact and sharing of materials among both groups, but this did not translate into parents in the low treatment group improving their parenting knowledge.

### **Conclusions**

Cognisant that PFL is a longitudinal study, the 6-month report showed that the programme had limited impact on improved outcomes for children and parents (although many showed positive directionality), but there were encouraging findings on the three domains of parenting (knowledge and skills, reduced stress, parental well-being), the quality of the home environment and social support. At 12 months the programme showed slightly different positive effects but these may partially reflect the use of different measures.

## **Incredible Years BASIC Parenting Programme (Archways)**

### ***The programme***

The Incredible Years BASIC Pre-school/Early School Years Parent Training (IYP) Programme is a brief group-based intervention guided by the principles of behavioural and social learning theory<sup>90</sup>. It consists of 12-14 weekly sessions, each of which lasts for 2 to 2.5 hours. The programme uses videos, role play, modelling and group discussions to help parents rehearse and adopt positive parenting strategies. Parents are encouraged to use praise and incentives to reinforce positive child behaviour and to cope with problem behaviour with non-aversive parenting strategies. Improvements in parent–child relationships are also targeted through the promotion of child-directed play.

The IYP programme is one of the few ‘model’ programmes designed to directly tackle the issue of emotional and behavioural difficulties in children. Model programmes are those that have been subject to independent rigorous evaluation, which has produced scientific evidence of their long-term effectiveness. Considerable research has been undertaken in North America and Europe to assess the Incredible Years BASIC Parenting Programme and the evidence suggests that it significantly improves parent–child interactions and child behaviour outcomes<sup>91</sup>.

### ***Evaluation***

The evaluation was conducted by the Department of Psychology at the National University of Ireland, Maynooth, who assessed the impact of the programme in reducing emotional and behavioural difficulties in childhood and improving parental competency and well-being<sup>92</sup>. Evaluations were conducted at both 6 and 12 months post intervention.

### ***Findings***

The findings reported here are based on the 6-month and 12 month reports, which aimed to determine if the programme had an impact on parent and child outcomes at these junctures.

### ***Impact of Incredible Years BASIC Parenting programme at 6 months***

Parents who participated in the Incredible Years Programme were still doing better 6 months later than those parents who were on a waiting list to attend the programme. Parents were less likely to be depressed than their waiting list control counterparts and their children were less likely to display behaviours such as non-compliance, temper tantrums, negative physical behaviour, over-activity and hyperactivity. Parents’ perceptions of their children’s behaviour were less severe than their perceptions 6 months previously. Improvements in children’s pro-social behaviour and in their interaction and communications with each other were evident. There were also some improvements in children’s relationships with their peers when compared to children in the waiting list control group. Observation in the home showed that parents were less critical of their children and there was a reduction in child problem behaviour.

These findings were supported by the qualitative study, which showed that parents appreciated and valued the role of the Incredible Years facilitators and how the programme was delivered to them.

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<sup>90</sup> Webster-Stratton, 1979

<sup>91</sup> Furlong, 2012; Gardner *et al.*, 2006; Hutchings *et al.*, 2007; Larsson *et al.*, 2009; Webster-Stratton, 1989; Webster-Stratton and Hancock, 1998; Reid and Webster-Stratton, 2001; Reid *et al.*, 2004; Gross *et al.*, 2003; Scott *et al.*, 2001

<sup>92</sup> McGilloway *et al.*, 2009, 2010, 2012a, b

They had positive experiences of participating in the group process and benefitted from the collaborative learning and acquisition of increased understanding, knowledge and skills. The inclusion of supports to facilitate parental attendance at the group (e.g. crèche facilities) was greatly appreciated.

***Impact of Incredible Years BASIC Parenting programme at 12 months***

The 12 month follow up involved a quantitative study of parents and children in the intervention group who had participated in the RCT, and interviews with a subsample of the intervention group parents to explore their experiences after the programme. Positive impacts on parents observed at 6 months were maintained at 12 months post intervention. Parents reported lower levels of stress and psychological distress. Observations of parent-child interactions in the home showed the programme was having a sustained impact on parenting skills, with parents using more positive parenting strategies with their child and less negative or critical parenting strategies. In addition, parents reported that the programme had a positive impact on marital adjustment, indicating less conflict with their spouse regarding disciplinary matters, or in the presence of their child. Improvements in child behaviour were also sustained at 12 months, with reductions in problematic and hyperactive-type behaviours and improvements in pro-social behaviour evident. Improvements in children's relationships with their peers were also maintained at 12 months post intervention. There was also a reduction in problematic sibling behaviour that was not evident at 6 months post intervention, suggesting longer term accumulative positive effects for sibling behaviour.

As reported previously, these findings were supported by the qualitative study with parents reporting closer parent-child relationships, improved sibling behaviour, family functioning and increased capacity to deal with parental stress. Many parents reported successful incorporation of these new parenting skills into their daily routine, whereas other parents reported this still required conscious effort. All parents said they would like to attend the Incredible Years Advance Parenting Course, and had recommended the BASIC training programme to others. Eighteen month follow up interviews with a smaller number of intervention group parents showed the programme continued to have positive outcomes for parents, children and siblings. Parents reported greater ease in the implementation of skills, and also knowing which skills to use in which situation.

Some difficulties and challenges were also reported during interviews with parents at 6 and 12 months, such as parents struggling with the concept of positive attention (i.e. praising their children when they are behaving well), and some parents continued to face behavioural challenges presented by their children after the programme ended. When relapses in problematic child behaviour occurred, they were associated with not using parenting skills in stressful times, and the negative influence of an unsupportive parent, school or anti-social neighbourhood. The experiences of parents who dropped out of the programme were also examined (although this was a small number). Aside from the practical barriers posed by attendance at the programme, some parents felt that the programme did not meet with their expectations and, as mentioned previously, were less favourable to the notion of positive attention. Certain elements of the programme were less conducive to attendance (e.g. vignettes or stories). Other parents in this drop-out group felt judged or isolated by some parents in their group.

The estimated cost of delivering the programme was €1,463 per parent/child. Further analysis indicated that, overall, it would cost €2,304 to bring the average child in the study to below the clinical cut-off point for serious behavioural problems. The results showed that parents in the

intervention group were using fewer services at 6 and 12 months post intervention, with a decline in primary care services and contact with social workers in particular. If this effect on service use continues for 10 years, the evaluation team calculated a saving of €4824-€4021 per child during that period.

### ***Conclusions***

The overall findings demonstrate the effectiveness and cost-effectiveness of the Incredible Years BASIC Preschool/Early School Years Parent Training Programme as an intervention to reduce the early onset of conduct problems among young children in community-based settings and significantly in improving parenting skills, competencies and the well-being of family members.

## **Growing Child Parenting Programme (Lifestart)**

### ***The Programme***

The Growing Child Parenting Programme is a parent-directed and child-centred programme on child development which targets parents of children aged 0-5 years of age. The programme aims to help parents support their child's physical, intellectual, emotional and social development and to promote school readiness. The programme is a structured month-by-month curriculum of information, knowledge and practical learning activities for parents. It provides parents with information on child development that is in an integrated sequence and appropriate to the child as they grow and learn. The programme is delivered by trained family visitors in the parent's own home. It is offered to parents regardless of social, economic or other circumstances.

Each parent who takes part in the programme receives a monthly visit (30-60 minutes duration) throughout the first five years of their child's life. They also receive a monthly issue based on the Growing Child Curriculum. Together, the home visits and Growing Child issues provide parents with developmentally appropriate information on what they can do with their child and what materials they might use, and also how to focus attention according to the family's needs. The curriculum also involves half-yearly/yearly developmental checklists, which help parents keep track of their child's learning and development.

### ***Evaluation***

The evaluation is being jointly conducted by the Institute of Child Care Research and the Centre for Effective Education, both in Queens University Belfast. It consists of two components: a randomised controlled trial and a qualitative investigation into parents' and practitioners' experiences of the programme and the evaluation process. The findings reported here represent early stage, interim findings after ten months participation in the programme. Further assessments of parent and child outcomes will be conducted when children are three and five years old. The evaluation is due to be completed in December 2014.

### ***Findings***

Interim results from the Growing Child Parenting Programme report encouraging results for both parents and children, after receiving 10 out of a potential 60 home visitations on average. Positive trends were observed in seven out of the nine outcome areas investigated. Parents who were in the intervention group reported greater parental efficacy than control group parents, with this result approaching statistical significance. Similarly, the programme had a positive effect on parental stress and parents' reports of social support. These findings are consistent with the Lifestart logic model for the programme, which predicts the initial impact will be on parent outcomes, which will in turn

influence child outcomes. As anticipated for such an early stage in the programme, there were no statistically significant effects on child outcomes. However, there were consistently positive effects on child cognitive development, fine motor development, language development and socio-emotional development.

These findings were supported by the qualitative data from interviews with parents and focus groups with Lifestart co-ordinators and the family visitors. Parents reported the main benefit of the programme was the increase in their parenting knowledge, which helped change their attitude to parenting and support their child's development. Improvements in parenting behaviours were reported by both home visitors and the parents themselves, and included communication and patience with the child, taking their child's perspective and positive behaviour reinforcement. Parents also reported positive effects on their stress levels, general wellbeing and confidence in their role. Parents valued the flexibility of the home visitors with regard to time and duration of visits, and also their friendly, supportive and reassuring approach. Both focus groups and interviews indicate that the rapport developed by the home visitors and the Growing Child monthly issues were crucial programme components.

### ***Conclusions***

Interim impact evaluation findings for the Growing Child Parenting Programme show promising results for both parents and children, which is supported by qualitative findings from interviews and focus groups. Positive trends were observed for parents in relation to self-efficacy, stress and social support. Positive trends were observed for children in cognitive development, fine motor development, language development and socio-emotional development. The completed evaluation will show how these trends develop with continued participation in the programme.

## **Parenting UR Teen (Parenting NI)**

### ***The Programme***

Parenting NI, an organisation in existence for over 30 years, has a regional remit in Northern Ireland to promote positive parenting through the provision of training, support and information on family issues. The Parenting UR Teen Programme was developed by Parenting NI in response to the lack of programmes specifically targeted at parents of adolescents. The programme is a group-based intervention delivered over 8 weeks in 20-hour sessions, using a variety of techniques including presentations by programme facilitators, role plays, problem-solving and group discussions. Homework tasks are an additional element of the programme.

### ***Evaluation***

The evaluation was conducted by the Institute of Child Care Research at Queens University Belfast and had two components – an impact assessment with a randomised controlled trial using a wait list control and an implementation evaluation. The programme was delivered 28 times in 14 locations across Northern Ireland. Data was collected from both parents and adolescents<sup>93</sup>.

### ***Findings***

- **Impact evaluation**

The programme had a positive effect on parental mental health, resulting in parents reporting

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<sup>93</sup> Higgins et al., 2012

reduced levels of stress, feelings of social alienation and guilt and incompetence in fulfilling the parenting role. Attendance at the programme resulted in reduced conflict between parents and their children in relation to school, meals and eating. Similarly, there were improvements in communication, problem-solving and family cohesion, and significantly lower levels of stress related to the parent–teen relationship. A further positive improvement was in the area of parents’ attitudes and beliefs about their adolescents’ behaviour, with parents less likely to perceive behaviour as malicious or likely to have disastrous consequences. Parents were more likely to have realistic views about how their teenager should behave. There was no reduction in adolescent motivation in school or feelings of isolation. Teenagers showed an overall reduction in levels of distress and also conflict with their mothers over school after attending the programme.

- **Implementation evaluation**

Parents acknowledged and greatly appreciated the skills and expertise of the facilitators of the programme. They enjoyed the content and format of the programme, proceeding as it did from general issues to more specific aspects, and challenges of parenting adolescents. Parents were conscious of individual learning that had occurred for them and the increased knowledge and understanding they acquired about themselves (as both parents and formerly teenagers) and also about aspects of adolescent development. The group process helped parents to normalise their teenager’s behaviour and to understand that being challenged by behaviour and struggling to cope with it did not imply that they were bad parents. Parents reported developing an understanding of how their approach and communication style can often contribute to potentially conflictual situations, and improved communication with their teenagers was a positive change for them.

Many parents alluded to the stigma attached to attending a parenting programme, but once there they found the process very supportive, albeit often struggling to put the learning attained in the group into practice at home. Others felt the programme did not meet their needs or expectations in terms of either content and format, or the capacity of the programme to address individual issues presenting for parents. The involvement of both mothers and fathers and teenagers themselves were among the suggested improvements to the programme, with a specific recommendation to develop strategies to encourage greater engagement with fathers.

### ***Conclusions***

Parenting UR Teen has provided strong evidence for an effective parenting programme for adolescents. The programme has had a positive effect on the mental health and well-being of parents, has enhanced the relationship between parents and their teenage children, and has reduced distress through lessening of conflictual situations. Parents have developed a better understanding of their teenager’s behaviour and have realistic expectations with regard to this. Parents had a positive experience of participation in the group process and acquired new knowledge and understanding.

### **CDI Early Years**

The Childhood Development Initiative (CDI) in Tallaght West is a 10-year strategy based in an area of Dublin identified as socially and economically disadvantaged and with high levels of unemployment.

#### ***The programme***

The CDI Early Years programme is one of 6 programmes developed as part of the overall CDI initiative and is targeted at children and their families.

The following components constitute the parental component of the programme:

- Provision of quality childcare and activities for parents based on their specific needs as a means of ameliorating the effects of social stressors on parents. Assistance by home visits by designated parent/carer facilitators (PCF) with a role to liaise and develop a relationship with parents and provide information to them on topics like education, services or extra supports.
- Provision and delivery by the PCF of a 6-week parenting education programme, the Parents Plus Community Course, to support parents in positive parenting with a focus on enhancing children's early learning and development.

### **Evaluation**

The evaluation of the CDI Early Years programme was conducted by the Centre for Social and Educational Research at the Dublin Institute of Technology (DIT) and the Institute of Education at the University of London, and consists of both a randomised controlled trial (RCT) and an implementation process evaluation<sup>94</sup>.

### **Findings**

There was no reported difference in relation to parent stress between the intervention and control groups at the end phase of the programme. The more sessions that parents attended of the Parents Plus Community Course (PPCC), the more likelihood there was of improvements in the quality of the home environment. This finding shows that even two years after completing the course, the PPCC is a key component in improving the home-learning environment. Parent reports on participation in the PPCC were positive and all benefited from the learning achieved. They spoke of acquiring new skills and strategies for dealing with their children's behaviour and of a positive change in their relationship with their children.

Although the home visits by parent/carer facilitators in the parent support programme was generally well received by parents and staff alike, it did not have the same impact as the PPCC parenting programme. There was a general consensus that most parents became more involved with the early years service due to the relationship that was built up with the parent/carer facilitator through the PPCC, home visits and family trips in the summer programme. However, parents were often difficult to engage and reluctant to allow the parent/carer facilitator into their homes. The frequency of these visits annually was lower than expected and initially some parent/carer facilitators and early years practitioners seemed to be unclear about their role and purpose in the process.

### **Conclusions**

The Parents Plus Community Course appeared to be successful in improving the home-learning environment once parents were engaged.

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<sup>94</sup> Biggart *et al.*, 2012



## **Doodle Den Programme (CDI)**

Doodle Den is the second of the three CDI programmes described in this report.

### ***The programme***

Doodle Den is an evidence-based literacy programme delivered in 7 local schools in Tallaght West, each involving groups of fifteen five and six year old children. The overall aim of Doodle Den is to achieve moderate improvements in the children's literacy. The programme is intensive, with the children attending three after-school sessions a week, each lasting 1.5 hours, throughout the school year. In addition to these sessions, there are 3 family sessions and 6 parent sessions. In these sessions, parents are encouraged to take part in activities including sitting in on children's sessions and shared reading activities. The sessions are co-facilitated by a teacher and a youth worker or child care worker.

### ***Evaluation***

A randomised controlled trial (RCT) was conducted by the Centre for Effective Education at Queens University Belfast into the effects of the programme on child outcomes and a process evaluation considered the implementation of the initiative.

### ***Findings***

The RCT found strong evidence that Doodle Den achieved its stated aim of moderate improvements in children's literacy. Of particular relevance to the parental component of the programme, children also showed significant improvement in concentration, reading at home, family library activity and a reduction in problem behaviours at school. The cost of this programme was €1,656 per child, per annum.

### ***Conclusions***

Overall, the findings were very positive and the evaluation produced strong evidence that the Doodle Den Programme is effective in improving children's literacy in Tallaght.

## **Mate-Tricks Pro-Social Behaviour After-School Programme (CDI)**

Mate-Tricks is the third of CDI's programme described in this parenting report.

### ***The programme***

Mate-Tricks is an after-school programme designed to promote pro-social behaviour of children aged 9-10 years. It is a bespoke intervention that combines elements of two pro-social behaviour programmes – the Strengthening Families Program and the Coping Power Program. Mate-Tricks is a one-year, multi-session after-school programme comprising 59 children-only sessions, 6 parent-only sessions and 3 family sessions, with each session lasting 1.5 hours. In relation to the parental component, the programme specifically aims to improve parenting skills and parent-child interactions.

### ***Evaluation***

The evaluation was completed by the Centre for Effective Education at Queen's University Belfast and included a randomised controlled trial (RCT) designed to measure the programme's effects on child outcomes and a process evaluation investigating its implementation<sup>95</sup>.

### ***Findings***

There was an increase in anti-social behaviour as reported by children themselves and an increase in authoritarian and liberal styles of parenting. However, parents and teachers did not report these negative behaviours. Increased child and parent engagement with the programme was consistently associated with positive changes across most child outcomes. The more sessions attended by both children and parents, the greater the likelihood that this would lead to increased pro-social behaviour; a reduction in anti-social behaviour; an increase in school attendance; improved relationships with parents; improved parenting styles; and improvements in children's perception of their own emotional abilities.

The process evaluation revealed that facilitators had invested heavily and employed numerous strategies to encourage parental involvement. This research highlighted the well-researched and identified difficulties of engaging parents and children in communities of social disadvantage. The cost of programme delivery for one year was €1,029 per child.

### ***Conclusions***

Although the conclusion overall from the RCT was that the Mate-Tricks Programme was not successful in improving pro-social behaviour and decreasing anti-social behaviour, it did demonstrate that where parents engaged fully with the programme and attended the required number of sessions, this had a positive impact on the primary intended outcomes of the programme.

## **Eager and Able to Learn Programme (Early Years NI)**

Early Years, the Organisation for Young Children in Northern Ireland, is the largest organisation in Northern Ireland working for and with young children, 0-12 years. Eager and Able to Learn is the first of two Early Years NI programmes described in this report.

### ***The programme***

The Eager and Able to Learn (EAL) Programme was designed by Early Years and is targeted at 2-3 year-old children. It aims to improve young children's eagerness and ability to learn through improving the learning environment in the early years setting and enhancing the children's physical, social, emotional, linguistic and cognitive development. The programme has a setting-based element, which involves a series of 12 developmental movements and play experiences, and a home-based element, which encourages parents to explore play activities with their children. The home-based element requires practitioners, Early Years Specialists, to make supplementary visits to the child's home.

### ***Evaluation***

The Centre for Effective Education at Queen's University Belfast, in collaboration with the National Children's Bureau (NCB) Northern Ireland and Stranmillis University College, undertook the evaluation of the Eager and Able to Learn Programme<sup>96</sup>.

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<sup>95</sup> O'Hare *et al.*, 2012

### **Findings**

The Eager and Able to Learn Programme was successful in changing practitioner's attitudes towards working with parents and also how well parents and practitioners thought they were communicating with each other. The parents' workshop attendance and the experience of participating in the EAL Programme had a positive impact on the parents' beliefs, attitudes and behaviours. The implementation study highlighted the importance of engaging with parents and the parent-workshop, home learning manual and resource pack were all well received by parents and contributed to high levels of enjoyable and mutually beneficial play activities and interactions between parents and their children. The only component of the programme which proved more challenging than others was the home visiting which was adversely affected by low levels of practitioner confidence in engaging with parents, a lack of support from setting management and timing/logistical issues associated with undertaking the visits. In terms of child outcomes, the programme produced a surprising and unexpected pattern of results on the children's development with positive effects on social and emotional development and negative effects on cognitive and emergent literacy outcomes. This 'polarising' effect was more noticeable in those subgroups of children who were more developmentally advanced when they joined the programme.

### **Conclusions**

Eager and Able to Learn produced a positive effect on social and emotional development of children. Practitioners reported that they were interacting with children in a more positive way and parents appeared to learn more about the role of play in their children's development and to experiment with different types of play. The findings from this pilot evaluation are being used to guide the future development of the programme.

## **Media Initiative for Children: Respecting Difference (Early Years NI)**

Media Initiative for Children: Respecting Difference is the second of two Early Years NI programmes described in this report.

### **The programme**

Media Initiative for Children: Respecting Difference is a pre-school programme for 3-4 year-old children that aims to increase awareness of diversity and difference issues among children, early childhood practitioners and parents, and to promote more positive attitudes and behaviours towards those that are different. It was developed by Early Years Northern Ireland in partnership with the Peace Initiatives Institute in the USA.

### **Evaluation**

The Centre for Effective Education at Queen's University Belfast, in collaboration with the National Children's Bureau (NCB) Northern Ireland and Stranmillis University College, conducted a randomised controlled trial in total of 74 pre-school settings (54 settings in Northern Ireland and 20 in the Republic of Ireland)<sup>97</sup>.

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<sup>96</sup> Molyneaux *et al.*, 2012; McGuinness *et al.*, 2012a, b; Geraghty *et al.*, 2012

<sup>97</sup> Connolly *et al.*, 2010

**Findings**

The Media Initiative for Children: Respecting Difference programme had a positive impact in relation to all three of the socio-emotional development outcomes specified, i.e. socio-emotional development, awareness of cultural differences and inclusive behaviour. The findings showed that both parents and practitioners showed potential in relation to changing their attitudes towards and understanding the need to undertake diversity work with young children. Following the programme, parents had greater confidence in their own ability to address such issues with their children.

**Conclusions**

Overall, the research team concluded that the RCT found strong and robust evidence that the Media Initiative for Children: Respecting Difference programme is effective in improving outcomes in young children in relation to their socio-emotional development and awareness of and attitudes towards cultural differences. It was also found to have similar effects for all children, regardless of their gender, religion and/or socio-economic background.

**Overview of impact of the programmes**

The following two tables attempt to summarise the main outcomes in relation to Parenting. Table 2 presents the main findings derived from standardised measures and surveys used to investigate the impact the programmes have had on parenting and parent-child relationships. It is important to be cognisant of the fact that the findings from the Preparing for Life programme are interim results which represent the outcomes from early stages of the programme (6 months and 12 months). The Triple P programme was also still ongoing, but the findings presented here focus on the outcomes from completed work with 'targeted' parents who took part in courses at Triple P levels 3 and 4, rather than the population level work to improve parenting within the wider community which has yet to be reported. The Growing Child Parenting Programme results are also interim, and represent early stage findings after 10 months participation in the programme.

Table 3 attempts to summarise the overall impact on parenting of the interventions included in this report, categorised as 'significant improvement', 'positive trend', 'no difference' or 'negative impact'. Programmes were categorised as 'significant improvement' if they achieved a significant result on one or more parenting measures used. Programmes were categorised as 'Positive trend' if they achieved a significant result on subscales or items on a measure or survey, or if the results were non-significant but pointed in a positive direction. 'No difference' indicated that no discernible differences were observed on parenting measures, and 'Negative impact' indicated that a significant negative effect was observed on one or more parenting measures.

It is also important to remember that the evaluations listed below did not all use the same evaluation methods or measures to investigate parenting and parenting behaviours. Eight out of the ten programmes listed below used randomised control trials as part of their evaluation, and a variety of parenting measures were used across the evaluations. The tables below are an attempt to summarise the impact of the programmes on the measures used associated with parenting.

**Table 2 Impact of the programmes on measures of parenting experiences and competencies**

Programme	Impact on measures associated with parenting
Triple P (Levels 3 & 4)	Significant improvements: <ul style="list-style-type: none"> <li>• Parents were less likely to see their child's behaviour as problematic</li> <li>• Reduction in how depressing parents found parenting to be</li> <li>• Parenting practices (reduced laxness, over-reactivity and verbosity with their children)</li> <li>• How competent parents felt in their role</li> <li>• Parents reported being less depressed, anxious and stressed</li> <li>• Reduction in conflict between parents over child-rearing</li> <li>• Smaller improvement in the ratings of parental relationship quality</li> </ul>
Incredible Years	Significant improvements: <ul style="list-style-type: none"> <li>• Parents perceptions of their child's behavior improved i.e. perceptions were less severe than they had been 6 months previously</li> <li>• Reduced levels of depression in parents were maintained 12 months post intervention</li> <li>• Home observations showed that parents were less critical of their children and used less negative parenting strategies (maintained at 12 months)</li> <li>• Parental wellbeing and psychosocial functioning, with reduced parental stress and psychological distress (maintained 12 months)</li> <li>• Increase in the observed use of positive parenting strategies (maintained at 12 months)</li> </ul>
	Positive trend: <ul style="list-style-type: none"> <li>• Reduced conflict between parents regarding disciplinary matters, or in the presence of the child (maintained at 12 months)</li> </ul>
Preparing For Life	Significant improvements: <ul style="list-style-type: none"> <li>• Mothers were more likely to be socially connected with the community and their friends (6 &amp; 12 months respectively)</li> <li>• Significant improvement in levels of clinically significant stress in mothers (6 months)</li> </ul>
	Positive trend: <ul style="list-style-type: none"> <li>• Parental locus of control (how in control parents feel of events that affect them as a parent) (6 months)</li> <li>• Measures of parental stress with a significant improvement on a subscale indicating higher quality, less dysfunctional mother-child interactions (6 months)</li> <li>• Parental behaviours and attitudes, with significant improvements on a subscale showing parents were less hostile with their child (6 months)</li> <li>• Parenting and child-rearing attitudes (12 months)</li> </ul>
Growing Child Parenting Programme	Positive trend: <ul style="list-style-type: none"> <li>• Improved parental self-efficacy (belief in their own capabilities as a parent)</li> <li>• Reduced parental stress</li> <li>• Parents reported improved social support</li> </ul>
Parenting UR Teen	Significant improvements:

Programme	Impact on measures associated with parenting
	<ul style="list-style-type: none"> <li>In total parental stress scores (including feelings of social alienation, and incompetence and guilt surrounding parenting)</li> <li>Stress in relation to the parent-teen relationship</li> <li>Conflict regarding teen-eating patterns and school</li> <li>Family cohesion, communication and problem solving</li> <li>Parents interpretations of their teenager's behavior as malicious or likely to have disastrous consequences</li> <li>Parents having more realistic views about how their teenager should behave</li> </ul>
Doodle Den	Significant improvements: <ul style="list-style-type: none"> <li>Family library activity and parental reports of their child reading at home</li> </ul>
	Positive trend: <ul style="list-style-type: none"> <li>Parental reading attitudes and reported child literacy activity</li> </ul>
Early Years	Positive trend: <ul style="list-style-type: none"> <li>On total parental stress score</li> <li>Increased participation with the Parent's Plus Community Course led to greater improvements in quality of the home environment</li> </ul>
Mate-Tricks	Negative impact: <ul style="list-style-type: none"> <li>Use of negative parenting styles as reported by children i.e. authoritarian and liberal styles</li> </ul>
Eager and Able to Learn	Significant results were observed on a number of survey items indicating: <ul style="list-style-type: none"> <li>Parents engaged in different types of play with their child</li> <li>Parents had increased awareness of the importance of play in child development and learning</li> <li>Parents felt they were better at communicating with Early Education practitioners</li> </ul>
Media Initiative for Children: Respecting Difference	Positive trends were observed on a number of survey items indicating: <ul style="list-style-type: none"> <li>Parents had increased awareness of the need to undertake diversity/inclusion work with children</li> <li>Parents had increased confidence in addressing the issue of diversity/inclusion with their children</li> </ul>

Some measures used: Parenting Stress Index (PSI), Parenting Problem Checklist, Condon Maternal Attachment Scale (CMAS), General Health Questionnaire (GHQ), Statin & Kerr Parental Monitoring, Parent Adolescent Relationship Questionnaire (PARQ), Beck Depression Inventory (BDI)

**Table 3 Summary of programme impact on parenting**

Significant Improvement (significant result on one or more measures used)	Positive Trend (significant result on a sub scale of a measure/survey item or a non-significant result which points in a positive direction)	No Difference (no significant difference observed on any measures used)	Negative Impact (significant result which points in a negative direction on one or more measures used)
Triple P (Levels 3 & 4)	Early years		Mate Tricks
Incredible Years	Preparing for Life		
Parent Programme	Growing Child Parenting Programme		
Parenting UR Teen	Eager and Able to Learn		
	Doodle Den		

	Media Initiative for Children: Respecting Difference		
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## Section 4: Conclusions

### Discussion

There is a growing international and local evidence base in Ireland and Northern Ireland for programmes and interventions aiming to support parents and improve outcomes for their children.

In Ireland and Northern Ireland, there are a number of approaches and programmes being used to support parents and improve child outcomes. This report has examined the evaluation findings from programmes funded under the Prevention and Early Intervention Initiative. Five of these programmes worked with parents as their primary focus (Triple P, Preparing for Life, Growing Child Parenting Programme, Parenting UR Teen and Incredible Years [which also has standalone programmes with children and teachers, but only the parenting programme was included in this report]) and five programmes worked with parents to supplement the work they were doing with the children (CDI Early Years, Doodle Den, Mate-Tricks, Eager and Able to Learn, and Media Initiative for Children: Respecting Difference).

Few programmes claim to be able to support parents from birth through the teenage years because such a diverse range of support is needed for the different stages of child development. As noted in Section 2, the parenting role changes as children get older and many programmes vary in their approach and focus according to children's developmental stage. This was the case in the Prevention and Early Intervention Initiative. Some were delivered in the first 5 years of a child's life (Preparing for Life, Growing Child Parenting Programme, CDI Early Years, Media Initiative for Children: Respecting Difference, and Eager and Able to Learn). Some focused on children who had recently started school (Doodle Den, Mate-Tricks). Incredible Years straddled these two age ranges by working with parents of children aged 3-7 and Triple P worked with parents of 4-8 year-olds. Parenting UR Teen focuses on the parents of teenagers.

There are also several different levels of service provision characterising how parents who might benefit from additional support are identified and how support is provided. The Hardiker Model (see Section 2) differentiates between mainstream services that are available to all families, either nationally or within particular communities (e.g. with high levels of disadvantage); services to children who have some additional needs (characterised by referral and full parental consent and negotiation); support to families or individual children and young people where there are chronic or serious problems (often a complex mix of services that usually need to work together well in order to provide the best support); and support for families and individual children or young people where the young person may no longer be at home. In the Prevention and Early Intervention Initiative, the level of need and the way in which services were targeted varied. Some programmes were delivered on a universal basis in both socially advantaged and disadvantaged areas (Parenting UR Teen, Growing Child Parenting Programme, Media Initiative for Children: Respecting Difference, Eager and Able to Learn). Some were delivered on a locality basis, where the catchment area was decided on the basis of levels of disadvantage (Preparing for Life in North Dublin; CDI Early Years, Doodle Den and Mate-Tricks in Tallaght West, Dublin; Triple P in Longford and Westmeath; Incredible Years in Dublin and Kildare).

Entrance criteria to the services also varied. In some services, parents were encouraged to attend based on their self-identified need or interest in the service (Parenting UR Teen, Growing Child



Parenting Programme, Media Initiative for Children: Respecting Difference, Eager and Able to Learn, Preparing for Life, CDI Early Years, Doodle Den, Mate-Tricks). In other services, parents were referred because their child had met the threshold for a particular problem, for example, the level of severity of behavioural problems (Incredible Years). Triple P is different to these other approaches because within the programme there are a number of different levels of support offered, ranging from universal through to targeted intensive intervention.

There was a diversity of approaches used, including one-to-one work (Preparing for Life, Growing Child Parenting Programme, CDI Early Years, Eager and Able to Learn) and group work (Incredible Years, Parenting UR Teen, Doodle Den, Mate-Tricks, Media Initiative for Children: Respecting Difference). Triple P uses both individual and group work depending on the level of support needed.

The work with the parents was delivered in a range of settings, including the home (Preparing for Life, Growing Child Parenting Programme, CDI Early Years, Eager and Able to Learn ); day-care, pre-school or primary school settings (Media Initiative for Children: Respecting Difference, Mate-Tricks, Doodle Den); and community settings (Parenting UR Teen, Triple P, Incredible Years). Six of these programmes were delivered in Ireland (Preparing for Life, CDI Early Years, Mate-Tricks, Doodle Den, Triple P and Incredible Years) and two in Northern Ireland (Eager and Able to Learn, Parenting UR teen). The Media Initiative for Children: Respecting Difference and Growing Child Parenting Programmes were delivered in both Ireland and Northern Ireland.

Some services provided their programmes directly using their own staff (Preparing for Life, CDI Early Years, Mate-Tricks, Doodle Den, Parenting UR Teen, Triple P, Growing Child Parenting Programme, Incredible Years). Others were indirect service providers who trained other professionals to deliver the programme on their behalf (Eager and Able to Learn and Media Initiative for Children: Respecting Difference).

There were evidence-based programmes developed elsewhere and delivered locally with fidelity to the original programme (Triple P, Incredible Years, the parenting component of the CDI Early Years programme). The Prevention and Early Intervention Initiative has shown that it is possible to replicate evidence-based programmes in Ireland that have been developed elsewhere and achieve successful results. Results were consistent with those found in other countries or regions where these programmes have been extensively used. It was not as simple as just taking programmes shown to be effective elsewhere 'off the shelf' and rolling them out; it took time and effort to recruit and train staff and there were issues of organisational readiness that had to be addressed even after the programme had been selected. This appears to have been facilitated by active consultation with communities and key stakeholders, paying close attention to organisational readiness for implementation, recruiting, training and supporting staff and monitoring service delivery<sup>98</sup>.

Other providers either developed programmes 'from scratch' (Eager and Able to Learn, Media Initiative for Children: Respecting Difference, Doodle Den and Parenting UR Teen) or heavily adapted existing evidence-based programmes (Preparing for Life, Mate-Tricks and Growing Child Parenting Programme). Organisations used innovative methods to develop home-grown programmes and services based on assessed need and identified gaps, but importantly underpinned

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<sup>98</sup> these factors are discussed in more detail in Sneddon *et al.*, 2012

by a robust evidence base. These programmes based the design of their new programmes on a clear understanding of local need and what the existing evidence base suggested would be effective with these particular client groups. Engagement with users and other stakeholders was important to ensure the programme's approach would be feasible and appropriate for the local context. It also took time to develop the appropriate administration, to develop manuals for the programmes detailing the approach and to train staff. The early experiences of delivering these newly developed programmes was important for further design of the approach being used and the information from the evaluations has been crucial in helping the organisations decide how best to develop these programmes further and scale them up. These organisations have shown that it is possible to develop, run and evaluate a new evidence-informed programme within 4 years. This is in keeping with the research into effective implementation, which suggests it takes between 2-4 years to fully establish an evidence-informed programme in a community<sup>99</sup>. Parenting UR teen, Media Initiative for Children: Respecting Difference, Eager and Able to Learn, and Doodle Den will be building on the successful outcomes from these pilot projects to develop their approach further. In many of the studies, the findings from RCTs to examine how much outcomes changed were made more powerful by the addition of the qualitative information about how clients viewed and experienced the services. Looking at the quantitative and qualitative information together has provided rich information for the service providers about how the programmes can be improved in the future.

The outcomes that the parenting programmes aimed to change were also diverse, including improving parenting knowledge and skills, reducing parenting stress and encouraging parents to support specific aspects of their children's development (such as literacy skills and attitudes towards diversity). The results from the evaluations showed improvements across a number of parent and child outcome areas.

Many of the programmes significantly improved parental attitudes, mental health and well-being:

- A range of approaches were shown to be effective in changing how parents perceived and dealt with the parenting challenges they were faced with. In the services working with parents as their main focus (Incredible Years, Triple P, Preparing for Life, Growing Child Parenting Programme and Parenting UR Teen) and CDI Early Years, parents showed significant reductions in stress and anxiety.
- Improvements were also evident in relation to parental self-efficacy; parents were less anxious about their capacity and competence to parent effectively.
- Parents had gained knowledge and skills about the tasks of parenting.
- Following attendance at programmes, parents had more realistic expectations of their children's behaviour, regardless of age. A number of programmes were shown to be effective in changing how parents perceived and dealt with parenting challenges (Parenting UR Teen, Triple P, Incredible Years).
- Programmes were effective in improving parent-child relationships. This included reduced parent-child conflict and more positive communication and interaction leading to better quality relationships between parent and child (Parenting UR Teen, Triple P, Incredible Years). Positive improvements in the quality of the parent-child relationship were also a key finding in Preparing for Life, CDI Early Years, and Mate-Tricks.

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<sup>99</sup> Fixsen, 2005

- Preparing for Life and Eager and Able to Learn demonstrated a positive improvement post-intervention in the home-learning environment, with parents engaging more frequently in learning and play activities with their children in the family home.
- In Preparing for Life, children in the high treatment group were exposed to less parental hostility and as a result of services provided through the mentor programme were living in a safer home environment.

Parenting programmes and/or interventions with a parental component were also shown to be effective in improving outcomes for children:

- Participation in parenting programmes resulted in significantly reduced emotional and behavioural problems in children (Triple P, Incredible Years).
- In services where parents engaged with the programme and showed consistent attendance at sessions, this often led to improved outcomes (CDI Early Years, Mate-Tricks).

Research studies, such as the evaluations funded under the Prevention and Early Intervention Initiative (as covered in this report) and the large-scale national cohort studies currently underway (e.g. the *Millennium Cohort* study in the UK (including Northern Ireland) and the *Growing Up in Ireland* study), provide a useful insight into parental well-being and its impact on children's outcomes. The parental well-being indicators included in the large-scale national cohort studies, combined with the already well-developed child well-being indicator set in the bi-annual *State of the Nation's Children* reports, creates the potential for both jurisdictions to build a more comprehensive understanding and picture of how our children and their parents are doing and how their identified needs can best be met. The projects in the Prevention and Early Intervention Initiative have shown that there are useful measures that can be used to capture meaningful aspects of parenting and child outcomes. They have been shown to be useable in the local population and to be robust. Validated measures used to assess parental well-being and coping included the Parenting Stress Index (PSI), Stress Index for Parents of Adolescents (SIPA), Parental Self-Efficacy Scale and the Home Learning Environment Scale. The Strengths and Difficulties Questionnaire (SDQ), the Eyberg Child Behaviour Inventory (ECBI) and the Child Behaviour Checklist (CBC) employed in the evaluations elicited valuable information on child behaviour. Given the importance of parenting for children's outcomes, it is perhaps surprising that we do not routinely collect information on parental well-being in either Ireland or Northern Ireland.

Organisers of the programmes worked hard both to recruit and to engage parents. It was important to locate the service where it was accessible to parents, either by choosing settings that were convenient and inviting for parents to go to (such as town halls) and/or had good face validity for the work being done (such as pre-school or primary schools), or deliver the service at home. The length of the sessions was also an important consideration, as well as when they were scheduled (some programmes held sessions during the day, others in the evenings or at weekends to facilitate working parents). Providing additional services, such as crèches, was also seen as an important enabler for some of the group programmes since parents did not have to arrange separate childcare in order to attend the programme. Some of the programmes working with parents to support work done directly with the children also held joint sessions (where parents and children attended together), as well as the parent-only and child-only sessions.

Programmes often undertook extensive recruitment drives, such as advertising in the media, word-of-mouth, meeting with other professionals to raise awareness of the service, distributing leaflets

and so on<sup>100</sup>. Once parents engaged with the programme, ongoing efforts were made to minimise drop-out. This was an ongoing challenge for many of the services and was done by trying to ensure the ethos of the services was non-judgemental and non-stigmatising, and staff were appropriately trained and supported. There was also flexibility within some of the programmes to either vary the pace of delivery according to the needs of the parents or to have discussions where the topics were partly led by the parents.

A wide variety of creative techniques were used within the programmes themselves to increase parental knowledge and to change behaviour. These included the use of printed tip sheets (which the parents collected over time and which they found helpful to refer to), one-to-one and group discussions, presentations by facilitators, video clips and practical resources (e.g. providing safety equipment for younger children).

The relationship between the parent and the practitioner delivering the programme was commented on in the qualitative studies as a key ingredient for engagement and success. This was considered particularly important with respect to programmes delivered in group settings alongside the social dynamic with the other parents in the group. The group discussion format was seen to help with learning new skills and the collaborative nature of the groups provided valuable supportive opportunities. A key component of the success of the group sessions was the background, training and experience of the facilitators. Facilitators who were seen as skilled, knowledgeable and non-judgemental were valued. A lack of experience and knowledge of working with children of different age groups and working with adults/parents was seen to impact negatively on the ability of facilitators and staff members to engage effectively and develop relationships with parents and families. There is a need to accurately match staff to particular programmes targeted at particular age groups and to skills sets required for the specific programme purposes.

Organisations sometimes found that extensive training was required to equip staff to engage with and deal effectively with factors and influences outside of the programme content, particularly in services where there is a substantial home-visiting component (e.g. families at risk living in areas of social disadvantage) and for professionals to have sufficient knowledge and training on appropriate support services, referral pathways and options available to families.

It is important that programme developers give accurate information about the true costs of delivering their programmes and that these are also taken into account in any evaluations that are undertaken. These should include the costs for setting up and delivering the service such as training, cost of resources and the cost to deliver.

Given the diversity in parents and the variation in the parental role at different stages of their children's development, a range of evidence-based approaches are needed. Government departments and agencies, service commissioners and providers need to develop a feasible and practical menu of evidence-based and evidence-informed practice resources and programmes designed to address the needs of children, parents and their families along a continuum, from universal level through to intensive specialist services for those with additional needs. Services and programmes should be flexible and capable of being adapted to suit the changing needs and circumstances of children and families in their communities. Support that is tailored to the parent's

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<sup>100</sup> Sneddon *et al.*, 2012

need and to the child's stage of development may be beneficial from pregnancy, early years, middle childhood and into the teenage years as the children grow and the parenting role evolves and changes.

Within the Prevention and Early Intervention Initiative, cross-agency and collaborative partnerships were important to the development and delivery of several programmes (e.g. Triple P, Preparing for Life, CDI Early Years, Mate Tricks, Doodle Den and Incredible Years), as well as in other parenting programmes (e.g. Strengthening Families and Marte Meo). These interagency and partnership approaches to implementing and delivering services to parents encourage buy-in and commitment from the key stakeholding agencies delivering services across the primary sectors of child and family, health, education and justice. The aim is to reduce duplication, streamline services in communities and increase effectiveness of service delivery. In both jurisdictions, this fits with the general functions of the Children and Young People's Strategic Partnership and their outcome groups in Northern Ireland and the Children's Services Committees structure in Ireland.

The evaluations of the programmes in the Prevention and Early Intervention Initiative have largely measured their impact on outcomes either at the end of parents' participation in the programme or up to one year later. There is a need to examine whether these positive changes are sustained over time and what factors influence this. Other available research which follows programmes such as these over time suggests that there may be a need for possible refresher courses to reinforce and build on the parenting knowledge, skills and strategies acquired during the interventions.

All of the services in the Prevention and Early Intervention Initiative undertook to use evidence at every stage in their project development. Some had access to various forms of support, such as funded exploration stages, training in logic modelling and manual development, access to individuals with expertise in research, practice and policy, and funding to employ independent evaluation teams. As organisations, they have acquired a huge amount of knowledge about how to choose which approach is most likely to be effective in the local context, how to implement it either as a new service or by changing existing practice, and how to gather quality information about how well it is working. In the first stage, decisions had to be made regarding which approach to use and whether to use an evidence-based programme shown to be effective elsewhere (and adapt it to the local context) or develop a new programme. Implementing these programmes often required a fundamental shift in how organisations conducted their business and delivered their services. Considerable time and effort was involved in recruiting and training staff, recruiting participants for evaluation, ensuring fidelity to the programme was maintained and that the programme was succeeding in achieving outcomes as identified from the outset. They all managed external evaluations and have held their work up to be examined. Undertaking evaluations was challenging alongside the need to deliver the services. For those whose evaluations are now complete, they are integrating the learning from these into future service development. For those whose evaluations are still ongoing, they await the next evaluation results. The learning from the initiative about factors which supported and were challenging in this process of using evidence in practice are described in Sneddon *et al.* (2012).

## Key learning

- The evidence base in Ireland and Northern Ireland of programmes and interventions designed to improve outcomes for children is increasing. We are learning more about what approaches work best for which parents in Ireland and also how to implement these effectively so that the best outcomes can be achieved.
- Inclusion of parental well-being indicators to the already existing set of child well-being indicators in major studies and reports is facilitating the development of a more comprehensive understanding and picture of the lives of children and their parents.
- The programmes and interventions delivered as part of the Prevention and Early Intervention Initiative in Ireland and Northern Ireland have demonstrated that they were able to replicate evidence-based programmes with fidelity and show positive outcomes consistent with those produced in other regions and jurisdictions internationally.
- It was also possible to successfully develop new programmes and services that are underpinned by a sound and robust theoretical evidence base and that are showing positive results.
- There is no one approach that will meet the needs of all parents. Programmes and services need to be selected not only on the basis of impact, but also taking account of the fit with services users' needs, the most appropriate mode of delivery and children's developmental stage. The decision should be informed by what is already known to be effective, the nature of the problem, the fit of the proposed approach to local needs and the ability to resource and sustain the initiative. This will go a long way to ensuring that families receive the support they need, when they need it, and through interventions that are effective and known to work to improve outcomes for children.
- Programmes are being delivered in a broad range of settings and contexts, to children at different developmental stages and to families presenting with a variety of different problems and difficulties. Easily accessible referral routes to services, combined with interventions that are being delivered to a broad section of children (e.g. in school settings), have the potential to improve outcomes for the harder-to-reach cohorts of children.
- Programmes have been designed to address the changing needs and circumstances of children and families, and are both universal and targeted. But there is a need to provide services to children across the lifecycle and particularly to children at each of the critical developmental stages.
- Interagency partnership and collaboration in service delivery may reduce duplication of services at local level, increase the potential of engagement and buy-in from all of the key stakeholders, including service users, in the local community and increase the likelihood of successful implementation of programmes and services.
- Engaging parents to start a programme and to stick with it is a key consideration and one which needs attention paid to it throughout the parent's contact with the service, not just at the start when parents are being referred or recruited. Designing, locating and delivering programmes to parents should keep focused on their needs and what will best engage them. Services should examine who is taking part in the programmes, as well as who is dropping out before completion. They should also examine who from their target group is not taking part in the programme and undertake active outreach to these groups.
- The skill of the practitioner in working with parents and his or her ability to build a relationship and engage with the family are key ingredients for success. Training is required to increase the capacity and skills of professionals to engage effectively with parents and to develop positive working relationships with children, parents and their families, most notably

with hard-to-reach groups and where factors such as mental health, substance abuse and family violence are impacting on parenting capacity and family functioning.

- The programmes and interventions reviewed in this report have demonstrated their capacity to improve parental well-being and child behavioural difficulties in a relatively short period of time. More information is needed to show that these improvements and changes in well-being can be maintained over time and therefore future evaluation studies should include longer term follow-up with children, parents and families using services.
- Any study undertaken should automatically incorporate a cost-effective element
- The evidence base now exists (from the proliferation of programmes and interventions to support parents being introduced and delivered in both jurisdictions) to prompt decision-makers and service commissioners to develop and approve a menu of child-focused, parent-focused and family-based interventions and practices to be delivered across the statutory and voluntary sectors. The learning from the Prevention and Early Intervention Initiative provides useful knowledge about the effectiveness of different evidence-informed approaches to changing parental outcomes in Ireland and how best to implement these services effectively.

## Appendix - Examples of other parenting support and programmes outside the Prevention and Early Intervention Initiative

The following are examples of other evidence based programmes being delivered in Ireland and Northern Ireland which have been shown to lead to positive outcomes in relation to parenting and parent child relationships.

### Sure Start

Sure Start is a UK service targeted at parents and children under the age of four living in disadvantaged areas. It is open to all families living in specific deprived areas and provides services in response to the social, emotional, physical and educational development of children and families. The Sure Start services are delivered through a holistic approach with health, education and parenting support services provided in a co-ordinated way. There are currently 35 Sure Start projects in Northern Ireland providing services to approximately 34,000 children aged 0-4 and their families within the designated areas (the top 20% most disadvantaged wards in Northern Ireland). The plan is to expand Sure Start provision to the 25% most disadvantaged wards in Northern Ireland<sup>101</sup>. The Sure Start provision also includes a Developmental programme for 2-3 year olds which aims to enhance the child's social and emotional development, build on their communication and language skills and encourage their imagination through play.

The National Evaluation of Sure Start (NESS) in England has been following families recruited from 150 Sure Start areas, and comparing their children and families' functioning with that found in similarly disadvantaged areas where there is no Sure Start provision. The recent follow-up study of over five thousand 7-year-old children and their families (NESS<sup>102</sup>, 2012) provided some support for the view that the UK government efforts to support children/families via the original area-based approach to Sure Start paid off to some degree with parent outcomes, but not necessarily with regard to child outcomes. When Sure Start programmes provided high quality pre-school childcare, child language development did improve, and other research shows that improvements can be long-lasting and extend to educational and social outcomes (Melhuish et al., 2010<sup>103</sup>). The Sure Start service evolved considerably in its first few years of implementation partly in response to early evaluation findings and both internal and external feedback. In particular, policy developments clarified guidelines and worked to strengthen service delivery. Children's centres were found to be immensely popular with parents and, the national evaluation showed that they were successful in reaching the parents who are likely to be the most disadvantaged. The evaluation concluded that the success of Sure Start centres in engaging and supporting the poorest families without stigma means they provide an infrastructure that is well placed to engage the most vulnerable groups and support them effectively. Also the evaluation of the 7 year olds showed that the beneficial effects for parents persisted at least two years after

<sup>101</sup> Dept. Of Education, 2012: Learning to Learn

<sup>102</sup> NESS (2012). *The impact of Sure Start Local Programmes on seven year olds and their families*. DfE Research Report DFE-RR220 Accessed at <http://www.ness.bbk.ac.uk/impact/documents/DFE-RR220.pdf>

<sup>103</sup> Melhuish, E., Belsky, J., MacPherson, K., & Cullis, A. (2010). *The quality of group childcare settings used by 3-4 year old children in Sure Start local programme areas and the relationship with child outcomes*: Research report DFE-RR068. London: DfE.



their last contact with Sure Start programmes which is important because often social interventions do not have such a sustained impact. The evaluators concluded that Sure Start Children's Centres are well-placed to provide improved integrated services to help support the most disadvantaged children and families and potentially assist in narrowing the gap between the disadvantaged and the more advantaged. However, Sure Start should focus more directly on improvements to young children's daily experience, which is a primary engine of child development, if they are to improve child outcomes.

## Parents Plus Parenting Programmes

Parents Plus is an evidence-based parenting programme developed in Ireland by Professor Carol Fitzpatrick, Dr. John Sharry and other Irish professionals in the Mater Child and Adolescent Mental Health Service. The Parents Plus programmes are practical and positive evidence-based parenting courses, using video input to support and empower parents to manage and solve discipline problems, promote children's learning and develop satisfying and enjoyable family relationships. There are now 3 programmes aimed at different age groups: Parents Plus Early Years Programme (1-6 years), Parents Plus Children's Programme (6-11 years) and Parents Plus Adolescent Programme (11-16 years).

The Parents Plus programmes have been subject to 4 randomised controlled trials (RCTs) and 3 independent evaluations in Ireland and the UK. In all, the 10 studies have shown that the programmes are effective in reducing behaviour problems in children, reducing parental stress and achieving high satisfaction from parent<sup>104</sup>. The Parents Plus Adolescent Programme has been recently evaluated using a RCT within secondary schools in Kerry and Cork in Ireland. Results found that adolescents displayed significant reductions in total difficulties and conduct problems, decreased parental stress increased parental satisfaction and significant improvements in parent-defined problems and goals<sup>105</sup>.

## Marte Meo Programme

The Marte Meo Programme is a video-based communication approach to child development, which focuses on the quality of the interaction between child and caregiver. Marte Meo is most often conducted in the family home or residential setting, and can be used with children aged 0-18 years. Developed by Maria Aarts in the Netherlands, it is an evidence-informed approach to parenting being implemented in over 40 countries worldwide and has been delivered in Ireland through the Health Service Executive (HSE) since 1995. There are currently 180 accredited Marte Meo therapists from a range of professional backgrounds using this parent training method in all HSE regions. The Marte Meo programme is subject to evaluation in Ireland and Europe.

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<sup>104</sup> Beattie *et al.*, 2011; Nitsch *et al.*, 2011; Quinn *et al.*, 2006 and 2007; Coughlin *et al.*, 2007; Griffin *et al.*, 2006; Behan *et al.*, 2005 and 2001

<sup>105</sup> Nitsch, 2011

## Parent–Child Home Program

The Parent–Child Home Program (PCHP) is being implemented in the docklands area of Dublin by the Canal Communities Partnership (CCP). This US model has been in existence for over 40 years and its operation and effectiveness has been subject to longitudinal multi-site randomised controlled studies showing positive results<sup>106</sup>. The program developer, Dr. Phyllis Levenstein, focused on parents as the key to promoting school readiness and academic success. Her model aimed at strengthening the parent–child verbal interaction through reading and play activities in the home. This interaction would then create language and literacy-rich home environments and provide children with the language, early literacy and social-emotional skills they needed to enter school, ready to be successful students. The PCHP is a learning-through-play experience for parents and their pre-school children, aged 18 months to 2½ years, in their own home. It is designed to strengthen the bond between parent and child, and to encourage a love of learning, improve language and literacy skills and enhance social/emotional development. It employs a non-directive approach and encourages the parent as the child’s first and best teacher. The PCHP is being evaluated by the Child and Family Research Centre at Trinity College Dublin. Evaluation of the first two years of the programme indicated improved learning for children and quality experiences for parents.

## Nurse – Family Partnership

Nurse–Family Partnership has been a particularly successful early intervention home-visiting programme to improve outcomes for children and families. The programme is provided by nurses to low-income, first-time mothers, commencing during pregnancy and continuing. The aim is to improve pregnancy outcomes through better health-related behaviours and to improve parenting both in the short and long term by facilitating the development of better skills both in the care of the child, planning and economic self-sufficiency. The programme employs a model based on theories of human ecology, self-efficacy and attachment. Nurses develop trusting relationships with mothers and other family members to review their childhood experience of being parented, to help them decide how they themselves want to parent and to promote sensitive, empathetic care of their children.

The Nurse–Family Partnership was first developed in the USA<sup>107</sup>, where it has been shown to have lasting and wide-ranging impacts, including a reduction in children’s injuries and in adolescent anti-social behaviour. Rigorous evaluations have also shown that the programme reduces physical abuse and neglect, and associated adverse outcomes such as injuries to the children of first-time, disadvantaged mothers. In recent years, the Public Health Agency (PHA) in Northern Ireland has introduced the Family–Nurse Partnership into voluntary and statutory organisations.

## Parent –Child Interaction Therapy (PCIT)

Parent–Child Interaction Therapy (PCIT) is an evidence-based behavioural parent training developed in the 1970s by Dr. Sheila Eyberg for children aged 2-7 and their caregivers. It is used extensively in clinical services in Ireland and Northern Ireland. PCIT is aimed at young

<sup>106</sup> Raftery and Knickelbein, 2005; Levenstein *et al.*, 1998; Lazer and Darlington, 1982

<sup>107</sup> Old, 2004

children experiencing emotional and behavioural disorders, and places an emphasis on improving the quality of the parent–child relationship and changing parent–child interaction patterns. The development of PCIT was based on Baumrind’s (1967) authoritative parenting style. Her research showed that to promote optimal child outcomes, there must be a focus on promoting optimal parenting styles and parent–child interactions. PCIT draws on both attachment and social learning theories to achieve authoritative parenting. Research on PCIT’s outcomes has demonstrated statistically and clinically significant improvements in the behaviour problems of pre-school age children<sup>108</sup>, and also that it is effective with children with autism<sup>109</sup> and oppositional defiant disorder<sup>110</sup>, as well as with physically abusing parents<sup>111</sup>.

## Home-Start

Home-Start is one of the largest family support providers in the UK. Established over 30 years ago, there are now 330 Home-Start schemes in England, Scotland, Wales and Northern Ireland<sup>112</sup>. It offers volunteer home-visiting support to families under stress where there is at least one child under 5 years of age.

Home-Start’s volunteers visit the family’s home for a couple of hours every week. They tailor-make their support to the needs of the parents and children. Volunteers keep visiting until the youngest child turns 5 or starts school, or until the parents feel they can stand on their own two feet. Parents and volunteers often develop a trusting relationship, which can lead to change within the family. They also run family groups and social events for families. A large evaluation of Home-Start by McAuley *et al.* (2004) concluded that:

- At the start of the study, the majority of mothers from both groups were experiencing a high level of parenting stress and high levels of depressive symptoms. Problems with the social and emotional development of their children were also evident.
- The mothers appeared to have little social support, and for the families using Home-Start, this was often the only non-statutory service available.
- Mothers who received the support of a Home-Start volunteer valued the service and considered that it had made a positive difference to their lives.
- At the 11-month follow-up, the mothers in both groups had improved in well-being. This appeared to be due to changes over time and to experience.
- Although many families were not accessing the services they clearly needed, the costs of supporting young families experiencing stress are still quite high, with the costs spread across a number of agencies.

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<sup>108</sup> Eyberg *et al.*, 1995

<sup>109</sup> Masse *et al.*, 2007

<sup>110</sup> Zisser and Eyberg, 2009

<sup>111</sup> Chaffin and Silovsky, 2004

<sup>112</sup> Home-Start, 2003

## Strengthening Families Program

The Strengthening Families Program (SFP) is a 14-session family skills training programme designed to increase resilience and reduce the risk factors for substance misuse, depression, violence and aggression, involvement in crime and school failure in high-risk, 12-16 year-old children and their parents. Parents and children attend both separately and together. Positive results from over 15 independent research-replicated studies and a Cochrane Systematic Review have demonstrated that the programme is robust and effective in increasing protective factors by improving family relationships, parenting skills and improving young people's social and life skills<sup>113</sup>. The SFP is being delivered in Ireland through probation services and local drug and alcohol community groups in 52 sites covering all counties. The SFP is also delivered widely across the Western Health and Social Care Trust in Northern Ireland in collaboration with organisations including the PSNI, Social Services, Drugs and Alcohol Service; in the Northern Health and Social Care Trust area, it is being delivered in partnership with the Trust called Action for Children, the Northern Area Early Intervention Project, Barnardo's Family Connections and others. A similar partnership approach to delivery is in operation through Belfast City Council with the Department of Justice, Youth Justice Agency, Falls Community Council and Barnardos. Findings from a quasi-experimental study conducted with 250 high-risk youths and families in Ireland suggest that the SFP is effective in reducing behavioural health problems in Irish adolescents, improving family relationships and reducing substance abuse. In addition, the Irish interagency collaboration model is a viable solution to recruitment, retention and staffing in rural communities where finding sufficient skilled professionals to implement the SFP can be difficult<sup>114</sup>.

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<sup>113</sup> Kumpfer, 2010; Foxcroft *et al.*, 2003

<sup>114</sup> Kumpfer *et al.*, 2012

## References

- Alexander, J.F. and Parsons, B.V. (1982) *Functional family therapy: Principles and procedures*. Carmel, CA: Brooks and Cole.
- Allen, G. (2011) *Early Intervention: The Next Steps*. London: HM Government.
- Anda, R., Felitti, V., Walker, J., Whitfield, C., Bremner, J., Perry, B., Dube, S. and Giles, W. (2006) 'The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology', *European Archives of Psychiatry and Clinical Neuroscience*, Vol. 256, pp. 174-86.
- Armbruster, P. and Kazdin, A.E. (1994) 'Attrition in Child Psychotherapy'. In: T.H. Ollendick and R.J. Prinz (eds.), *Advances in clinical child psychology*. New York: Plenum, pp. 81-108.
- Assemany, A.E. and McIntosh, D.E. (2002) 'Negative treatment outcomes of behavioural parent training programs', *Psychology in the Schools*, Vol. 39, pp. 209-19.
- Astuto, J. and Allen, L. (2009) 'Home visitation and young children: An approach worth investing in?', *Social Policy Report: Publication of the Society for Research in Child Development*, Vol. 23, pp. 1-22.
- Barlow, J., Smailagic, N., Bennett, C., Huband, N., Jones, H. and Coren, E. (2011) 'Individual and group-based parenting programmes for improving psychosocial outcomes for teenage parents and their children', *Cochrane Database of Systematic Reviews 2011*, Issue 3, Art. No.: CD002964.
- Barlow, J. and Parsons, J. (2003) 'Group-based parent-training programmes for improving emotional and behavioural adjustment in 0-3 year old children', *Cochrane Database of Systematic Reviews 2003*, Issue 4.
- Barlow, J. and Stewart-Brown, S. (2001) 'Understanding parenting programmes: Parents' views', *Primary Health Care Research and Development*, Vol. 2, pp. 117-30.
- Barlow, J. and Schrader McMillan, A. (2010) *Safeguarding Children from Emotional Maltreatment: What Works*. London: Jessica Kingsley Publishers.
- Barlow, J. and Scott, J. (2010) *Safeguarding in the 21st Century – Where to now*. Dartington: Research in Practice.
- Barlow, J., Coren, E. and Stewart-Brown, S. (2002) 'Meta-analysis of the effectiveness of parenting programmes in improving maternal psychosocial health', *British Journal of General Practice*, Vol. 52, pp. 223-33.
- Barlow, J., Smailagic, N., Huband, N., Roloff, V. and Bennett, C. (2012) 'Group-based parent training programmes for improving parental psychosocial health', *Cochrane Database of Systematic Reviews 2003*, Vol. 13, No. 6, Art. No.: CD002020.
- Baumrind, D. (1968) 'Authoritarian vs authoritative parental control', *Adolescence*, Vol. 3, No. 11, pp. 255-72.
- Baumrind, D. (1978) 'Reciprocal Rights and Responsibilities in Parent/Child Relations', *Journal of Social Issues*. Spring. Vol.34, Issue 2, pp.179-196.
- Beardslee, W., Versage, E. and Gladstone, T. (1998) 'Children of affectively ill parents: A review of the past 10 years', *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 37, No. 11, pp.1134-1141.

- Beatie, D., Fitzpatrick, C., Guerin, S. and O' Donoghue, P. (2007) *Parent management training for adolescent mental health disorders – A controlled trial*. Dublin: University College Dublin.
- Behan, J. and Carr, A. (2000) 'Oppositional defiant disorder'. In: A. Carr (ed.), *What Works with Children And Adolescents? A critical review of psychological interventions with children, adolescents and their families*. London: Routledge, pp. 102-30.
- Best Health for Children (2002) *Investing in Parenthood to achieve best health for children: The Supporting Parents Strategy*. Dublin: Best Health for Children.
- Biggart, A., Kerr, K., O'Hare, L. and Connolly, P. (2012) *Evaluation of the Effectiveness of the Childhood Development Initiative's Doodle Den Literacy Programme*. Dublin: Childhood Development Initiative (CDI).
- Brestan, E.V. and Eyberg, S.M. (1998) 'Effective psychosocial treatments of conduct-disordered children and adolescents: 29 years, 82 studies and 5,272 kids', *Journal of Clinical Psychology*, Vol. 27, pp. 180-89.
- Brinkmeyer, M. and Eyberg, S.M. (2003) 'Parent-child interaction therapy for oppositional children'. In: A.E. Kazdin and J.R. Weisz (eds.), *Evidence-based psychotherapies for children and adolescents*. New York: Guilford, pp. 204-23.
- Burke, L. (2003) 'The impact of maternal depression on familial relationships', *International Review of Psychiatry*, Vol. 15, No. 3, pp. 243-55.
- Cabinet Office (2007) *Building on progress: Families*. London: Prime Minister's Strategy Unit.
- Canavan, J., Nic Gabhainn, S., Heary, C., Pursell, L., Fives, A., Callaghan, M., Keenaghan, C., Van Lente, E., Coen, L., Featherstone, B. (2012) *Triple P Evaluation: Interim Evaluation Report*. Final report due July 2013.
- Carneiro, P. and Heckman, J. (2003) 'Human Capital Policy'. In: J. Heckman and A. Krueger (eds.), *Inequality in America*. Cambridge, MA: MIT Press
- Centre for Longitudinal Studies (2010) *Millennium Cohort Study. Briefing 1: Parent relationships and child well-being*. London: Centre for Longitudinal Studies. Available at: [www.cls.ioe.ac.uk/Publications.aspx?sitesectionid=70&sitesectiontitle=Publications](http://www.cls.ioe.ac.uk/Publications.aspx?sitesectionid=70&sitesectiontitle=Publications)
- Chaffin, M. and Silovsky, J.F. (2004) 'Parent-Child Interaction Therapy with physically abusive parents: Efficacy for reducing future abuse reports', *Journal of Consulting Clinical Psychology*, Vol. 72, No. 4, pp. 500-10.
- Christian, K., Morrison, F.J. and Bryant, F.B. (1998) 'Predicting kindergarten academic skills: Interactions among child care, maternal education, and family literacy environments', *Early Childhood Research Quarterly*, Vol.13, No.3, pp. 501-21.
- Chu, J.T.W., Farrugia, S.P., Sanders, M.R. and Ralph, A. (2012) 'Towards a public health approach to parenting programmes for parents of adolescents', *Journal of Public Health*, Vol. 34 (Supplement 1), pp. 141-47.
- Clarke, J., Duffy, M., Corcoran, Y. and O'Donovan, C. (2011) *The Dynamics of sharing Professional Knowledge and Lay Knowledge: A study of parents' and professionals' experiences of childhood interventions within a Marte Meo framework* (emerging findings).
- Cleaver, H., Unell, I. and Aldgate, J. (2011) *Children's Needs – Parenting Capacity. The impact of parental mental illness, learning disability, problem alcohol and drug use and domestic violence on children's safety* (2nd edition). London: The Stationery Office.

- Commission on the Family (1998) *Strengthening Families for Life, Final Report*. Dublin: Government Publications.
- Connolly, P., Miller, S. and Eakin, A. (2010) *A Cluster Randomised Trial Evaluation of the Media Initiative for Children: Respecting Difference Programme*. Belfast: Centre for Effective Education, Queen's University Belfast.
- Coren, E., Barlow, J. and Stewart-Brown, S. (2002) 'Systematic review of the effectiveness of parenting programmes for teenage parents', *Journal of Adolescence*, Vol. 26, pp. 79-103.
- Cornish, A.M., McMahon, C. and Ungerer, J.A. (2008) 'Postnatal depression and the quality of mother-infant interactions during the second year of life', *Australian Journal of Psychology*, Vol. 60, No. 3, pp. 142-51.
- Coughlin, M., Sharry, J., Fitzpatrick, C., Guerin, S. and Drumm, M. (2009) A Controlled Clinical Evaluation of the Parents Plus Children's Programme: A Video-based Programme for Parents of Children aged 6 to 11 with Behavioural and Developmental Problems. *Clinical Child Psychology and Psychiatry*, Vol. 14, No. 4, pp. 541-58. Available at: <http://ccp.sagepub.com/content/14/4/541>
- Cunningham, C.E., Bremner, R B. and Boyle, M. (1995) 'Large group community-based parenting programs for families of preschoolers at risk for disruptive behaviour disorders: Utilization, cost effectiveness, and outcome', *Journal of Child Psychology and Psychiatry*, Vol. 36, pp. 1141-59.
- Daro, D. and Cohn-Donnelly, A. (2002) 'Charting the waves of prevention: Two steps forward, one step back', *Child Abuse and Neglect*, Vol. 26, pp. 731-42.
- Daro, D. and Harding, K.A. (1999) 'Healthy Families America: Using research to enhance practice', *Future of Children*, Vol. 9, pp. 152-76.
- Daro, D., McCurdy, K., Falconnier, L. and Stojanovic, D. (2003) 'Sustaining new parents in home visitation services: Key participant and program factors', *Child Abuse and Neglect*, Vol. 27, pp. 1101-25.
- DePanfilis, D. (2006) 'Therapeutic Interventions with Children who have Experienced Neglect and their Families in the US'. In: C. Mc Auley, P.J. Pecora and W. Rose, (eds.), *Enhancing the Well-being of Children and Families through Effective Interventions: International Evidence for Practice*. London: Jessica Kingsley Publishers, pp. 131-42.
- Department for Children, Schools and Families (2003) *Every Child Matters*. London: Department for Children, Schools and Families.
- Department for Children, Schools and Families (2010) *Promoting the Emotional Health of Children and Young People: Guidance for Children's Trust Partnerships, including how to deliver NI 50*. London: Department for Children, Schools and Families. Available at: [www.teachernet.gov.uk/publications](http://www.teachernet.gov.uk/publications)
- Department of Health and Children (2000) *Our Children— Their Lives. The National Children's Strategy*. Dublin: Government Publications.
- Department of Health, Social Services and Public Safety (2006) *Our children and young people – Our shared responsibility. Inspection of child protection services in Northern Ireland*. Belfast: Department of Health, Social Services and Public Safety.
- Department of Health, Social Services and Public Safety (2007) *Families Matter: Supporting Families in Northern Ireland. The Department of Health, Social Services and Public Safety's Proposals on a Regional Family and Parenting Strategy*.

- Department of Health, Social Services and Public Safety (2010) *Healthy Child, Healthy Future: A Framework for the Universal Child Health Promotion Programme in Northern Ireland*. Belfast: Department of Health, Social Services and Public Safety.
- Desforges, C. and Abouchaar, A. (2003) *The Impact of Parental Involvement, Parental Support and Family Education on Pupil Achievements and Adjustment: A Literature Review*, Research Report 433. London: Department for Education and Skills.
- Doyle, O. and PFL Evaluation Team (2012) *Assessing the Early Impact of Preparing for Life at Six Months*. Dublin: UCD Geary Institute. Report to Preparing for Life Programme (Atlantic Philanthropies & Office of the Minister for Children).
- Doyle, O. and PFL Evaluation Team (2013) *Assessing the Impact of Preparing for Life at Twelve Months*. Dublin: UCD Geary Institute. Report to Preparing for Life Programme (Atlantic Philanthropies & Office of the Minister for Children).
- Durrant, J.E. (1999) 'Evaluating the success of Sweden's corporal punishment ban', *Child Abuse and Neglect*, Vol. 23, No. 5, pp. 435-48.
- Edwards, R.T., Ó Céilleachair, A., Bywater, T., Hughes, D.A. and Hutchings, J. (2007) 'Parenting Programme for Parents of Children at Risk of Developing Conduct Disorder: Cost-Effective Analysis'. *British Medical Journal*, V334, no.682. doi:10.1136/bmj.39126.699421.55
- Evans, M. A., Shaw, D. and Bell, M. (2000) 'Home literacy activities and their influence on early literacy skills', *Canadian Journal of Experimental Psychology*, Vol. 54, pp. 65-75.
- Eyberg, S.M., Boggs, S. and Algina, J. (1995) 'Parent-child interaction therapy: A psychosocial model for the treatment of young children with conduct problem behavior and their families', *Psychopharmacology Bulletin*, Vol. 31, pp. 83-91.
- Fantuzzo, J., McWayne, C. and Perry, M. (2004) 'Multiple dimensions of family involvement and their relations to behavioral and learning competencies for urban, low-income children', *The School Psychology Review*, Vol. 33, No. 4, pp. 467-80.
- Fauth, R., Jeletic, H., Hart, D., Burton, S. and Shemmings, D. (2010) *Effective Practice to Protect Children Living in 'Highly Resistant' Families*. London: Centre for Excellence and Outcomes in Children and Young People's Services (C4EO).
- Fergusson, D. and Lynskey, M. (1998) 'Conduct problems in childhood and psychosocial outcomes in young adulthood: A prospective study', *Journal of Emotional and Behavioural Disorders*, Vol. 6, pp. 2-18.
- Fernandez, E. (2004) 'Supporting children and responding to their families: Capturing the evidence on family support', *Children and Youth Services Review*, Vol. 29, pp. 1368-94.
- Foxcroft, D., Ireland, D., Lister-Sharp, D., Lowe, G. and Breen, R. (2003) 'Longer term primary prevention for alcohol misuse in young people: A systematic review', *Addiction*, Vol. 98, No. 4, pp. 397-411.
- Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Smith, S.M. and Donnelly, M. (2012) 'Behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years', *Cochrane Database of Systematic Reviews* 2012, Issue 2. Art. No.: CD008225.
- Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Smith, S.M. and Donnelly, M. (2012) *Group parenting programmes for improving behavioural problems in children aged 3 to 12 years* (Review). The Cochrane Collaboration: Wiley.



- Gardner, F., Burton, J. and Klimes, I. (2006) 'Randomised controlled trial of a parenting intervention in the voluntary sector for reducing child conduct problems, outcomes and mechanisms of change', *Journal of Child Psychology and Psychiatry*, Vol. 47, pp. 1123-32.
- Geraghty, T., Molyneaux, F. and Dunne, C. (2012) *A Fidelity and Implementation Study of the Eager and Able to Learn Programme*. Belfast: National Children's Bureau.
- Gilligan, R. (2000) *Promoting Resilience: A Resource Guide on Working with Children in the Care System*. London: British Agencies for Adoption and Fostering.
- Girvin, H., DePanifilis, D. and Daining, C. (2007) 'Predicting program completion among families enrolled in a child neglect prevention intervention', *Research on Social Work Practice*, Vol. 17, No. 6, pp. 674-85.
- Gomby, D.S. (2007) 'The promise and limitations of home visiting: Implementing effective programs', *Child Abuse and Neglect*, Vol. 31, pp. 793-99.
- Gould, N. and Richardson, R. (2006) 'Parent-training/education programmes in the management of children with conduct disorders: Developing an integrated evidence-based perspective for health and social care', *Journal of Children's Services*, Vol. 1, No. 4, pp.47-60.
- Gregg, P. and Machin, S. (1999) 'Childhood disadvantage and success or failure in the labour market'. In: D. Blanchflower and R. Freeman (eds.), *Youth Employment and Joblessness in Advanced Countries*. Cambridge, MA: National Bureau of Economic Research.
- Griffin, C., Guerin, S., Sharry, J. and Drumm, M. (2010) 'A multi-centre controlled study of an early intervention parenting programme for young children with behavioural and developmental difficulties', *International Journal of Clinical and Health Psychology*, Vol. 10, No. 2, pp. 279-294.
- Griffin, C., Guerin, S., Sharry, J. and Drumm, M. (2005) *A multi-centre controlled study of an early intervention parenting programme for young children with behavioural and developmental difficulties*. Dublin: University College Dublin.
- Gross, D., Fogg, L. and Tucker, S. (1995) 'The efficacy of parent training for promoting positive parent-toddler relationships', *Research in Nursing and Health*, Vol. 18, pp. 489-99.
- Gross, D., Fogg, L., Webster-Stratton, C., Garvey, C., Julion, W. and Grady, J. (2003) 'Parent training of toddlers in day care in low-income urban communities', *Journal of Consulting and Clinical Psychology*, Vol. 71, No. 2, pp. 261-78.
- Hanafin, S. and Brooks, A. (2005) *Report on the Development of a National Set of Child Well-Being Indicators in Ireland*, Office of the Minister for Children. Dublin: Government Publications.
- Hardiker, P. (2002) 'A framework for conceptualising need and its application to planning and providing services'. In: H. Ward and W. Rose (eds.), *Approaches to needs assessment in children's services*. London: Jessica Kingsley Publishers, pp. 49-70.
- Hardiker, P., Exton, K. and Barker, M. (1991) *Policies and Practices in Preventative Child Care*. Aldershot Avebury.
- Harvard Family Research Project (2006), Research Brief No. 1. Spring 2006. Available at: <http://www.hfrp.org/publications-resources/browse-our-publications/family-involvement-in-early-childhood-education>

- Hayes, N., Siraj-Blatchford, I., Keegan, S. and Goulding, E. (2013) *Evaluation of the Early Years Programme of the Childhood Development Initiative*. Dublin: Childhood Development Initiative (CDI).
- Heckman, J. and Masterov, D. (2007) 'The productivity argument for investing in young children', *Review of Agricultural Economics*, Vol. 29, No. 3, pp. 446-93.
- Henricson, C. and Bainham, H. (2005) *The child and family policy divide: Tensions, convergences and rights*. York, UK. Joseph Rowntree Foundation
- Henry, B., Capsi, A., Moffitt, T. and Silva, P. (1996) 'Temperamental and familial predictors of violent and non-violent criminal convictions: Age 3 to age 18', *Developmental Psychology*, Vol. 32, pp. 614-23.
- Higgins, K., MacDonald, G., McLaughlin, K., O' Hara, L., McCann, M. and Moriarty, J. (2012) *Parenting UR Teen: A Randomised Trial of Implementation and Effectiveness*. Belfast: Parenting NI.
- Howard, K.S. and Brooks-Gunn, J. (2009) 'The role of home-visiting programs in preventing child abuse and neglect', *The Future of Children*, Vol. 19, pp. 119-46.
- Hutchings, J., Bywater, T., Daley, D., Gardner, F., Whitaker, C., Jones, K., Eames, C. and Edwards, R.T. (2007) 'Parenting intervention in Sure Start services for children at risk of developing conduct disorder: Pragmatic randomised controlled trial', *British Medical Journal*, Vol. 334, No. 678.
- Iwaniec, D. and Sneddon, H. (2002) 'The quality of parenting of individuals who had failed to thrive as children', *British Journal of Social Work*, Vol. 32, No. 3, pp. 283-98.
- Iwaniec, D. (2004) *Children Who Fail to Thrive: A Practice Guide*. Chichester: John Wiley & Sons.
- Kahn, J. and Moore, K.A. (2010) *What Works for Home Visiting Programmes: Lessons from Experimental Evaluations of Programmes and Interventions?* Washington DC: Child Trends.
- Kane, G.A., Wood, V.A. and Barlow, J. (2007) 'Parenting Programmes: A systematic review and synthesis of qualitative research', *Child: Care, Health and Development*, Vol. 33, No. 63, pp. 784-93.
- Kazdin, A. (2007) 'Psychosocial treatments for conduct disorder in children and adolescents'. In: P. Nathan and J. Gorman (eds.), *A Guide to Treatments that Work* (3rd edition). New York: Oxford University Press, pp. 71-104.
- Kazdin, A.E. and Mazurick, J.L. (1994) 'Dropping out of child psychotherapy: Distinguishing early and late dropouts over the course of treatment', *Journal of Consulting and Clinical Psychology*, Vol. 62, pp. 1069-74.
- Kelly, Y., Sacker, A., Gray, R., Kelly, J., Wolke, D. and Quigley, M.A. (2009) 'Light drinking in pregnancy, a risk for behavioural problems and cognitive deficits at 3 years of age?', *Journal of International Epidemiology*, Vol. 38, No. 1, pp. 129-40.
- KPMG Foundation (2006) *The long-term costs of literacy difficulties*. London: KPMG Foundation.
- Kumpfer, K., Whiteside, H., Greene, J. and Allen, K. (2010) 'Effectiveness outcomes of four age versions of the Strengthening Families Program in statewide field sites', *Group Dynamics: Theory, Research, and Practice*, Vol. 14, No. 3, pp. 211-29.

- Kumpfer, K.L., Xie, J. and O'Driscoll, R. (2012) 'Effectiveness of a culturally adapted Strengthening Families Programme: 12-16 years for high-risk Irish families', *Child and Youth Care Forum*, Vol. 41, No. 2, pp. 173-95.
- Larsson, B., Fossum, S., Clifford, G., Drugli, M., Handegård, B. and Mørch, W. (2009) 'Treatment of oppositional defiant and conduct problems in young Norwegian children', *European Child and Adolescent Psychiatry*, Vol. 18, pp. 42-52.
- Lazar, I. and Darlington, R. (1982) 'Lasting Effects of Early Education: A Report from the Consortium of Longitudinal Studies', *Monographs of the Society for Research in Child Development*, Serial No. 195, Vol. 47, No. 2/3.
- Levenstein, P., Levenstein, S., Shiminski, J.A. and Stolzberg, J.E. (1998) 'Long-term impact of a verbal interaction program for at-risk toddlers: An exploratory study of high school outcomes in a replication of the Mother-Child Home Program', *Journal of Applied Developmental Psychology*, Vol. 19, pp. 267-85.
- Lugo-Gil, J. and Tamis-LeMonda, C.S. (2008) 'Family Resources and Parenting Quality: Links to Children's Cognitive Development across the First 3 Years', *Child Development*, Vol. 79, No. 4, pp. 1065-85.
- Maccoby, E. and Martin, J. (1983) 'Socialization in the context of the family: Parent-child interaction'. In: E. Hetherington (ed.), *Handbook of Child Psychology. Volume 4: Socialization, personality, and social development*. New York: Wiley, pp. 1-104.
- Masse, J.J., Wagner, S.M., McNeil, C.B. and Chorney, D.B. (2007) 'Parent-Child Interaction Therapy and High Functioning Autism: A Conceptual Overview', *Journal of Early and Intensive Behavior Intervention*, Vol. 4, pp. 714-35.
- McAuley, C., Pecora, P.J. and Rose, W. (2006) *Enhancing the Well-being of Children and Families through Effective Interventions: International Evidence for Practice*. London: Jessica Kingsley Publishers.
- McAuley, C., Knapp, M., Beecham, J., McCurry, N. and Slead, M. (2004) The outcomes and costs of Home-Start support for young families under stress. York: Joseph Rowntree Foundation. Available at: [www.jrf.org.uk/publications/outcomes-and-costs-home-start-support-young-families-under-stress](http://www.jrf.org.uk/publications/outcomes-and-costs-home-start-support-young-families-under-stress)
- McCart, M.R., Priester, P. and Davies, W.H. and Azen, R. (2006) 'Differential effectiveness of cognitive-behavioural therapy and behavioural parent-training for antisocial youth: A meta-analysis', *Journal of Abnormal Child Psychology*, Vol. 34, No. 4, pp. 527-43.
- McGilloway, S., Bywater, T., Ní Mháille, G., Furlong, M., O' Neill, D., Comiskey, C., Leckey, Y., Kelly, P. and Donnelly, M. (2009) *Proving the Power of Positive Parenting: A Randomised Control Trial to Investigate the Effectiveness of the Incredible Years Parent Training Programme in an Irish Context (Short Term Outcomes)*. Dublin: Archways.
- McGilloway, S., Hyland, L., Ní Mháille, G., Lodge, A., O' Neill, D., Kelly, P., Leckey, Y., Bywater, T., Comiskey, C. and Donnelly, M. (2011) *Positive Classrooms, Positive Children: A Randomised Control Trial to Investigate the Effectiveness of the Incredible Years Teacher Classroom Management Programme in an Irish Context (Short Term Outcomes)*. Dublin: Archways.
- McGilloway, S., Ní Mháille, G., Bywater, T., Leckey, Y., Kelly, P., Furlong, M., Comiskey, C. and Donnelly, M. (2012a) 'A parenting intervention for childhood behavioural problems: A

randomised controlled trial in disadvantaged community-based settings', *Journal of Consulting and Clinical Psychology*, Vol. 80, No. 1, pp. 116-27.

McGilloway, S., Ni Mhaille, G., Furlong, M., Hyland, L., Leckey, Y., Kelly, P., Bywater, T., Comiskey, C., Lodge, A., O' Neill, D. and Donnelly, M. (2012b) *The Incredible Years Ireland Study: Parents, Teachers, and Early Childhood Intervention. Long-term Outcomes of the Incredible Years Parent and Teacher Classroom Management Training Programmes (Combined 12 month Report)*. Dublin: Archways.

McGuinness, C., Eakin, A. and Connolly, P. (2012) *An Evaluation of the Eager and Able to Learn Programme for 2-3 year olds in early years settings*. Belfast: Centre for Effective Education, Queen's University Belfast.

McKay, M.M., Mc Cadam, K. and Gonzales, J.J. (1996) 'Addressing the barriers to mental health services for inner city children and their caretakers', *Community Mental Health Journal*, Vol. 32, pp. 353-61.

Melhuish, E. (2010) 'England: Sure Start'. In: J. Oates (ed.), *Early Childhood in Focus: Supporting Parenting*. Milton Keynes: Open University.

Miller, S., Maguire, L.K. and Macdonald, G. (2011) 'Home-based child development interventions for preschool children from socially disadvantaged families', *Cochrane Database of Systematic Reviews 2011*, Issue 12. Art. No.: CD008131.

Miller, S., Sneddon, H., Dunne, L., Adams, H., Millen, S., and McLaughlin, A. (2010) *A Randomised Control Trial evaluation of the Lifestart Parenting Programme: Interim Report*. L'Derry: Lifestart.

Molyneaux, F., Walsh, G., McConnell, B. and McGuinness, C. (2012) *The Eager and Able to Learn Pilot Year: Lessons learned – implementation and evaluation of the pilot programme*. Belfast: National Children's Bureau.

Montgomery, S.M. and Ekblom, A. (2002) 'Smoking during pregnancy and diabetes mellitus in a British longitudinal birth cohort', *British Medical Journal*, Vol. 324, No. 7328.

Moore, G., Rothwell, H. and Segrott, J. (2010) 'An exploratory study of the relationship between parental attitudes and behavior and young people's consumption of alcohol', *Substance Abuse Treatment, Prevention, and Policy*, Vol. 5, No. 6, pp. 1-14.

Munro, E. (2010) *The Munro Review of Child Protection. Part 1: A Systems Analysis*. London: Department for Education.

Munro, E. (2011a) *The Munro Review of Child Protection. Interim Report: A Child's Journey*. London: Department for Education.

Munro, E. (2011b) *The Munro Review of Child Protection. Final Report: A Child-Centred System*. London: Department for Education.

Muntz, R., Hutchings, J., Edwards, R.T., Hounscome, B. and Ó Céilleachair, A. (2004) 'Economic Evaluation of Treatments for Children with Severe Behavioural Problems', *Journal for Mental Health Policy and Economics*, Vol. 7, pp. 177-89.

New South Wales Government (2009) *Keep Them Safe: A shared approach to child well-being*. Sydney, Australia: Department of Premier and Cabinet.

- Nitsch, E. (2011) *Positive Parenting: A Randomized Controlled Trial Evaluation of the Parents Plus Adolescent Programme in Schools*. Limerick: Department of Psychology, University of Limerick.
- Nixon, E. (2012) *Growing Up in Ireland. How families matter for social and emotional outcomes of 9 year old children*, Department of Children and Youth Affairs. Dublin: Government Publications.
- Nock, M.K. (2003) 'Progress review of the psychosocial treatment of child conduct problems', *Clinical Psychology: Science and Practice*, Vol. 10, pp. 1-28.
- Nock, M.K. and Photos, V. (2006) 'Parent Motivation to participate in Treatment: Assessment and prediction of subsequent participation', *Journal of Child and Family Studies*, Vol. 15, pp. 345-58.
- O'Connor, T.G. and Scott, S.B.C. (2007) *Parenting and outcomes for children*. York, UK: Joseph Rowntree Foundation.
- OFMDFM (2006) *Our children and young people – Our pledge: A ten-year strategy for children and young people in Northern Ireland, 2006–2016*. Belfast: Office of the First Minister and Deputy First Minister.
- OFMDFM () (2010) *Healthy Child, Healthy Future*. Belfast: Office of the First Minister and Deputy First Minister.
- O'Hare, L., Kerr, K., Biggart, A. and Connolly, P. (2012) *Evaluation of the Effectiveness of the Childhood Development Initiative's Mate-Tricks Pro-Social Behaviour After-School Programme*. Dublin: Childhood Development Initiative (CDI).
- Olds, D.L. (2002) 'Prenatal and infancy home visiting by nurses: From randomised trials to community replication', *Prevention Science*, Vol. 3, pp. 153-72.
- Olds, D.L. and Korfmacher, J. (1998) 'Maternal psychological characteristics as influences on home visitation contact', *Journal of Community Psychology*, Vol. 26, pp. 23-36.
- OMC (2006) *State of the Nation's Children: Ireland 2006*. Office of the Minister for Children. Dublin: Government Publications.
- OMC (2008) *State of the Nation's Children: Ireland 2008*. Office of the Minister for Children. Dublin: Government Publications.
- OMCYA (2007) *Growing Up in Ireland: National Longitudinal Study of Children*. Office of the Minister for Children and Youth Affairs. Dublin: Government Publications.
- Parton, N. (2006) '“Every Child Matters”: The shift to prevention whilst strengthening protection in children's services in England', *Children and Youth Services Review*, Vol. 28, pp. 976-92.
- Pecnik, N. (2007) 'Towards a vision of parenting in the best interests of the child'. In: M. Daly (ed.), *Parenting in contemporary Europe: A positive approach*. Strasbourg Cedex: Council of Europe Publishing, pp. 15-36.
- Pecora, P.J., McAuley, C. and Rose, W. (2006) 'Effectiveness of Child Welfare Interventions: Issues and Challenges'. In: C. McAuley, P.J. Pecora and W. Rose (eds.), *Enhancing the Well-being of Children and Families through Effective Interventions: International Evidence for Practice*. London: Jessica Kingsley Publishers, pp. 14-20.

- Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J. and Lutzker, J.R. (2009) 'Population-based prevention of child maltreatment: The US Triple P system population trial.' *Prevention Science*, Vol. 10, No. 1, pp. 1-12.
- Prinz, R.J. and Sanders, M.R. (2007) 'Adopting a population-level approach to parenting and family support interventions', *Clinical Psychology Review*, Vol. 27, No. 6, pp. 739-49.
- Quinn, M., Carr, A., Carroll, L. and O'Sullivan, D. (2007) 'Parents Plus Programme Evaluation of its effectiveness for Preschool Children with Developmental Disabilities and Behavioural Problems', *Journal of Applied Research in Intellectual Disabilities*, Vol. 20, pp. 345-59.
- Quinn, M., A. Carr, et al. (2006) 'An evaluation of the Parents Plus Programme for pre-school children with conduct problems: A comparison of those with and without developmental disabilities', *Irish Journal of Psychology*, Vol. 27, No. 3-4, pp. 168-82.
- Rafoth, M. and Knickelbein, B. (2005). *Cohort One, Final Report: Assessment Summary for the Parent-Child Home Program*, An evaluation of the Armstrong Indiana County Intermediate Unit PCHP program. Philadelphia, PA, USA: Center for Educational and Program Evaluation. University of Pennsylvania.
- RCH (2010) *Rethinking school readiness*, Policy Brief No. 10, The Royal Children's Hospital Melbourne. Victoria, Australia: Centre for Community Child Health. Available at: [www.rch.org.au/uploadedFiles/Main/Content/ccch/PB10\\_SchoolReadiness.pdf](http://www.rch.org.au/uploadedFiles/Main/Content/ccch/PB10_SchoolReadiness.pdf)
- Rees, G., Stein, M., Hicks, L. and Gorin, S. (2011) *Adolescent Neglect: Research, Policy and Practice*. London: Jessica Kingsley Publishers.
- Reid, M.J. and Webster-Stratton, C. (2001) 'The Incredible Years parent, teacher and child intervention: Targeting multiple areas of risk for a young child with pervasive conduct problems using a flexible manualized treatment programme', *Cognitive and Behaviour Practice*, Vol. 8, pp. 377-86.
- Reid, M.J., Webster-Stratton, C. and Hammond, M. (2003) 'Follow-up of children who received the Incredible Years intervention for Oppositional Defiance Disorder: Maintenance and prediction of 2 year outcome', *Behaviour Therapy*, Vol. 34, pp. 471-91.
- Reyno, S. and McGrath, P. (2006) 'Predictors of parent training efficacy for child externalizing behaviour problems – A meta-analytic review', *Journal of Child Psychology and Psychiatry*, Vol. 47, pp. 99-111.
- Sanders, M.R. and Kirby, J.N. (2012) 'Consumer engagement and the development, evaluation, and dissemination of evidence-based parenting programs', *Behavior Therapy*, Vol. 43, No. 2, pp. 236-50.
- Sanders, M.R. (2008) 'The Triple P-Positive Parenting Programme: A public health approach to parenting support.' *Journal of Family Psychology*, Vol. 22, pp. 506-17.
- Sanders, M.R. (2010) 'Adopting a public health approach to the delivery of evidence-based parenting interventions', *Canadian Psychology*, Vol. 51, No. 1, pp. 17-23.
- Sanders, M.R., Mazzucchelli, T.G. and Studman, L.J. (2004) 'Stepping Stones Triple P: The theoretical basis and development of an evidence-based positive parenting program for families with a child who has a disability', *Journal of Intellectual and Developmental Disability*, Vol. 29, No. 3, pp. 265-83.
- Scott, S., Knapp, M., Henderson, J. and Maughan, B. (2001) 'Financial cost of social exclusion: Follow-up study of anti-social children into adulthood', *British Medical Journal*, Vol. 323, No. 7306, pp. 191-194.

- Scott, S., O'Connor, T. and Futh, A. (2006) *What makes parenting programmes work in disadvantaged areas?* York, UK: Joseph Rowntree Foundation.
- Scott, S., Webster-Stratton, C., Spender, Q., Doolan, M., Jacobs, B. and Aspland, H. (2001) 'Multicentre controlled trial of parenting groups for childhood antisocial behaviour in clinical practice', *British Medical Journal*, Vol. 323, No. 7306, pp. 194-203.
- Scottish Government (2006) *Getting it Right for Every Child*. Edinburgh: Scottish Executive.
- Scottish Government (2012) *National Parenting Strategy – Making a positive difference to children and young people through parenting*. Edinburgh: The Scottish Government.
- Sénéchal, M. and LeFevre, J. (2002) 'Parental involvement in the development of children's reading skill: A 5-year longitudinal study', *Child Development*, Vol. 73, pp. 445-60.
- Sexton, T.L. (2011) *Functional family therapy in clinical practice*. New York: Routledge.
- Sexton, T.L. and Alexander, J.F. (1999) *Functional Family Therapy: Principles of Clinical Intervention, Assessment, and Implementation*. Henderson, NV: RCH Enterprises.
- Sharry J., Guerin, S., Griffin, C. and 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*, Vol. 10, pp. 3-6.
- Sharry, J. and Fitzpatrick, C. (1998) *Parents Plus Programme: A video-based guide to managing and solving discipline problems in children aged 4-11*. Dublin: Mater Child Guidance.
- Shaw, D.S. and Winslow, E.B. (1997) 'Precursors and correlates of antisocial behavior from infancy to preschool'. In: D. Stoff, J. Breiling and Jack D. Maser (eds.), *Handbook of Antisocial Behaviour*. New York: John Wiley & Sons, pp. 148-58.
- Sonnenschein, S. and Munsterman, K. (2002) 'The influence of home-based reading interactions on 5-year-olds' reading motivations and early literacy development', *Early Childhood Research Quarterly*, Vol. 17, pp. 318-37.
- Spencer, N. (2003) 'Parenting Programmes', *Archives of Disease in Childhood*, Vol. 88, pp. 99-100.
- Spoth, R., Redmond, C. and Shin, C. (2000) 'Reducing Adolescents' Aggressive and Hostile Behaviors: Randomized Trial Effects of a Brief Family Intervention 4 Years Past Baseline', *Archives of Pediatrics and Adolescent Medicine*, Vol. 154, No. 12, pp. 1248-57.
- Spoth, R., Redmond, C., Shin, C. and Lepper, H. (1999) 'Modelling long-term parent outcomes of two universal family-focused preventive interventions: One-year follow-up results', *Journal of Consulting and Clinical Psychology*, Vol. 6, No. 6, pp. 975-84.
- Staudt, M. (2003) 'Helping children access and use services: A Review', *Journal of Child and Family Studies*, Vol. 12, pp. 49-60.
- Staudt, M. (2007) 'Treatment Engagement with caregivers of At-Risk Children: Gaps in Research and Conceptualization', *Journal of Child and Family Studies*, Vol. 16, pp. 183-96.
- Stevenson, O. (1998) *Neglected Children: Issues and Dilemmas*. Oxford: Blackwell.
- Stevenson, O. (2007) *Neglected Children and their Families*. Oxford: Blackwell.

- Sylva, K., Melhuish, E.C., Sammons, P., Siraj-Blatchford, I. and Taggart, B. (2004) *The Effective Provision of Pre-School Education (EPPE) Project: Final Report*. London: Department for Business Innovation & Skills/Institute of Education, University of London.
- Tanner, K. and Turney, D. (2006) 'Therapeutic Interventions with Children who have Experienced Neglect and their Families in the UK'. In: C. McAuley, P.J. Pecora and W. Rose (eds.), *Enhancing the Well-being of Children and Families through Effective Interventions: International Evidence for Practice*. London: Jessica Kingsley Publishers, pp. 118-30.
- Thapar, A., Fowler, T., Rice, F., Scourfield, J., van den Bree, M., Thomas, H., Harold, H. and Dale Hay, D. (2003) 'Maternal Smoking during Pregnancy and Attention Deficit Hyperactivity Disorder Symptoms in Offspring', *American Journal of Psychiatry*, Vol. 160, pp. 1985-89.
- Thoburn, J., Wilding, J. and Watson, J. (2000) *Family Support in Cases of Maltreatment and Neglect*. London: The Stationery Office.
- Tizard, B. and Hughes, M. (2002) *Young Children Learning and Talking*. Oxford: Blackwell.
- UN (1989) *United Nations Convention on the Rights of the Child*. Geneva: Office of the United Nations High Commissioner for Human Rights.
- Velleman, R. and Templeton, L. (2007) 'Understanding and modifying the impact of parents' substance misuse on children', *Advances in Psychiatric Treatment*, Vol. 13, pp. 79-89.
- Webster-Stratton, C. (1998) 'Parent training with low-income families: Promoting parental engagement through a collaborative approach'. In: J.R. Lutsker (ed.), *Handbook of Child Abuse Research and Treatment*. New York: Plenum, pp. 183-211.
- Webster-Stratton, C. and Reid, J.M. (2003) 'The Incredible Years Parents, Teachers, and Children Training Series: A Multifaceted Treatment Approach for Young Children with Conduct Problems'. In: A.E. Kazdin and J.R. Weisz (eds.), *Evidenced-based psychotherapies for children and adolescents*. New York: Guilford Press, pp. 224-40.
- Webster-Stratton, C. and Hancock, L. (1998) 'Parent training: Content, methods and processes'. In: E. Schaefer (ed.), *Handbook of Parent Training* (2nd edition). New York: Wiley and Sons, pp. 98-152.
- Webster-Stratton, C. and Reid, M.J. (2010) 'The Incredible Years Parents, Teachers and Children Training Series'. In: J. Weisz and A. Kazdin (eds.), *Evidence-based psychotherapies for children and adolescents* (2nd edition). New York: Guilford Publications, pp. 194-211.
- Zisser, A. and Eyberg, S. (2009) *Parent-Child Interaction Therapy and the Treatment of Disruptive Behavior Disorders*. Gainesville, FL: University of Florida.