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Supporting parents with young children in Ireland: context, policies and research-supported interventions

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ABSTRACT

Providing support to parents in the early years can enhance their engagement in children's lives. In Ireland, research on parenting support has been limited, highlighting the relevance of reviewing the interventions available. The objective of this study was to provide an overview of parent- and child-focused policies and research-supported parenting interventions for families with children up to six years old in Ireland. First, the Irish context is described in terms of comparative statistics, and parent- and child-focused policies and services. Second, research-supported parenting interventions are analysed in terms of characteristics and potential to support families at risk of poverty or social exclusion. The identified interventions included elements that have been considered to be effective in parenting support, such as a focus on prevention, addressing more than one area of need, easily accessible services, and continuity between universal and targeted provision. These elements are discussed in the context of Ireland.

KEYWORDS

Parents; children; parenting support; policy; Ireland

Introduction

Providing support to parents in the early years can enhance their engagement in children's lives, positively impacting developmental outcomes, and protecting against socio-economic disadvantage.¹ Parent- and child-focused supports have been increasingly included in countries' policies to combat poverty and inequalities, and promote child well-being.² However, many countries have faced challenges in delivering these policies.³ The COVID-19 pandemic and its associated containment and mitigation measures accentuated challenges for those already living in low-income households or at risk of poverty or social exclusion.⁴

In Ireland, the percentage of children under six years old at risk of poverty or social exclusion increased in 2019, and it was estimated at 19.6% in 2021, below the European Union (EU) average value of 23.5%.⁵ The experiences during early childhood are recognised to affect brain development, long-term cognitive, emotional, and social capacities, and physical and mental health.⁶ A socio-economically determined gap in academic achievement has been detected before primary school: children from less affluent families and whose parents have lower levels of formal education face a higher probability of

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performing more poorly than their better-off peers.⁷ Investments in children's early years in terms of policies and supports can yield high returns, particularly for children in disadvantaged contexts.⁸

Parent- and child-focused policies and supports can include parenting support, financial support, family-friendly work practices, educational and childcare supports, leave entitlements, respite care, healthcare, housing, and child-friendly cities and places, as referred by the Irish Department of Children, Equality, Disability, Integration and Youth (DCEDIY).⁹ In Ireland, emerging government interest in parenting support was recognised as a response to the increasing diversity of families, a growing emphasis on children's rights, and a policy shift towards prevention and early intervention.¹⁰ Parenting support can be described as the provision of information and services to strengthen parents' knowledge, confidence, and skills to help achieve the best outcomes for children and their families.¹¹ Parenting supports can include home visiting programmes, parenting courses, parent support groups, one-to-one support, and helplines.¹²

A survey of Irish households with children under 18 with 933 adult respondents (46% identified as having a higher socioeconomic status – ABC1 class) indicated that: 40% felt worried/stressed about parenting (more common in parents under 35 years old, women, and lower socioeconomic status [SES]); 58% were not aware of local parenting supports/services (more common in men, low SES, one parent households, and older parents); and 35% believed that parents receive no or low support.¹³ According to an Irish consultation with 66 parents (25% of whom relied primarily on social security/state benefits): most of them expressed a need for parenting support; and the lack of support and resources was a relevant concern among more vulnerable parents, such as those that were parenting alone, living in areas of high socioeconomic disadvantage, or managing addiction issues.¹⁴ An online public consultation on parenting support needs (access, priorities, awareness, and barriers) with 519 respondents, including parents and persons working with them, highlighted the need for: multiple services in multiple formats, for all the stages and contexts of parenting; and clear evidence showing that a parenting programme works for parents and improves children's outcomes in an Irish context.¹⁵

Further research on contextual factors, characteristics, and evidence of parenting support interventions can inform future policies and practices. Attending to the macro-social context within which interventions are developed, implemented, and evaluated is important, since there is mixed evidence of the effectiveness of widely known interventions.¹⁶ In Ireland, systematic research on parenting support has been limited, highlighting the relevance of reviewing the interventions available. Additional consideration of families experiencing disadvantage in research and policy-making has also been recognised as needed.¹⁷

The current study

The objective of the current study was to contextualise and analyse parent- and child-focused policies and research-supported parenting support interventions for families with children up to six years old in Ireland. First, an overview of the Irish context is described in terms of comparative statistics (related to poverty, parental leave, and Early Childhood Education and Care [ECEC]), and current parent- and child-focused policies and services. Second, research-supported parenting support interventions are analysed in terms of

characteristics and potential to support families at risk of poverty or social exclusion. The results presented were produced through a secondary analysis of data. This article focuses on supports oriented towards prevention. While recognising that policies and services aimed at supporting children with special or additional needs and their families are crucial, these types of support are beyond the scope of the present article.

The current study builds on previous research from Cadima et al. (2017), which indicated that parent- and family-focused support in England, Germany, the Netherlands, and Norway were characterised by an emphasis on prevention and early intervention.¹⁸ Since an increasing reference to prevention and early intervention can be recognised in Irish parent- and child-focused policies and supports,¹⁹ the current study focused on comparing the Irish context to these four countries.

The Irish context

Regarding the development and implementation of family and parenting support policies, there has been a movement in Ireland towards more integrated work at both the national/state and local levels, and across different sectors. Parenting support and parental participation activities fall within the remit of Tusla (the State Child and Family Agency), while the DCEDIY, Department of Education, and Department of Health also hold some responsibility in relation to supporting parents.²⁰ However, while a number of government departments are responsible for delivering an array of supports at the national level, the delivery of services has varied across areas at the local level.²¹

According to Cadima et al. (2017), in England, Germany, the Netherlands, and Norway, parenting support has been part of a strategic framework that integrates a broad range of early intervention and prevention services for families. There has been a trend towards more integrated approaches at the local level, and services have appeared to favour a continuum of care, incorporating parenting support in various services and actions involving different sectors (social/welfare, health and education).²²

Social indicators

National statistics can contribute to understanding the available parent- and child-focused supports, including parenting support. Table 1 shows statistics related to poverty, parental leaves, and use of ECEC in Ireland, Germany, the Netherlands, Norway, the United Kingdom (UK; data were not available specifically for England), and the EU average.

As shown in Table 1, Ireland had a lower percentage of children at risk of poverty or social exclusion than the UK, and higher than the other three countries. The gap between the average income of the population's 20% richest and 20% poorest in Ireland was lower than in Germany and the UK, and higher than in the Netherlands and Norway. In Ireland, the national strategy for poverty reduction and improved social inclusion for 2020–2025 included additional paid parental leave, the implementation of a new scheme that provides financial support to help parents to meet the costs of childcare (National Childcare Scheme [NCS]), and additional supports to ECEC settings where there are high proportions of children who are at risk of poverty.²³

In 2021, among the five countries, Ireland had the lowest full-rate equivalent paid leave available to mothers, and the second-lowest full-rate equivalent paid leave reserved for

Table 1. Countries' statistics on poverty, parental leaves, and use of formal childcare.

Indicator	Ireland	Germany	Netherlands	Norway	UK	EU
Children under 6 at risk of poverty/social exclusion (%)^a	18.8	17.4	12.0	16.5	28.1	22.7
Income gap (ratio)^b	4.23	5.07	4.05	3.71	5.63	5.12
Paid parental leave (weeks)^c						
For mothers: Length	31.0	58.0	16.0	86.0	39.0	64.4
For mothers: Paid leave	7.8	42.6	15.7	38.4	11.3	–
For fathers: Length	7.0	8.7	6.0	15.0	2.0	7.9
For fathers: Paid leave	0.5	5.7	4.5	13.8	0.4	–
ECEC participation (%)^d						
3 years and over	95.1	89.4	84.7	88.4	69.6	86.8
Under age 3	37.7	31.4	56.8	55.6	38.6	35.1
Weekly hours in ECEC^e						
3 years and over	25.5	31.0	21.6	35.0	21.0	29.5
Under age 3	22.6	32.0	16.7	33.6	16.5	27.4

^aSource: Eurostat (code *ilc_peps01n*); For the year 2018 (latest data from the UK).

^bSource: EU-SILC survey – Income quintile share ratio S80/S20 for disposable income (code *ilc_di11*); For the year 2018 (latest data from the UK).

^cSource: OECD Family Database – Parental leave systems; The paid leave (i.e. full-rate equivalent paid leave) corresponds to the duration of leave in weeks times the payment rate; For the year 2021.

^dSource: EU-SILC survey (code *ilc_caindformal*); For the year 2018 (latest data from the UK).

^eSource: European Commission/EACEA/Eurydice (2019). For the year 2017.

fathers (slightly higher than the UK).²⁴ Loss of income may be one reason why there is low uptake of leave by parents in Ireland.²⁵ Data from 2018 indicated that 45% of fathers entitled to paternity benefit did not take it.²⁶ From July 2022, parent's leave increased from five weeks to seven weeks for each parent, if they have paid a certain number of social welfare contributions.²⁷

In 2018, among the countries under focus, Ireland had the highest percentage of children between three years old and compulsory school age attending formal childcare or education compared to the other countries under focus. The attendance rate for children under three in Ireland was similar to the one in the UK, higher compared to Germany, and markedly lower compared to the Netherlands and Norway. For both age groups, in 2017, Ireland had a higher average of hours spent in ECEC than the UK and the Netherlands, and lower than Germany and Norway.²⁸

Early childhood education and care

In Ireland, ECEC has been almost exclusively provided by private entities (99%), although it is mainly financed by public sources (97%).²⁹ Among OECD countries, Ireland was identified as one with the highest childcare costs for parents, given the market-driven nature of the sector.³⁰ However, the development of a new funding model for ECEC³¹ and workforce plan for ECEC and School-Age Childcare³² marks the move from a predominantly private model towards a new hybrid model, increasingly publicly funded and managed.³³

The Early Childhood Care and Education (ECCE) Scheme, funded by the DCEDIY, provides ECEC for children of preschool age, from two years and eight months of age

until they transfer to primary school. The State pays participating playschools and daycare services a set amount per child to offer the service free of charge for a specific set of hours (generally three a day) over the school year. The more recent NCS, overseen by the DCEDIY, offers two subsidy types for children over six months of age: a universal subsidy for children under three, which is also available to children over three who have not yet qualified for ECCE; and an income-assessed subsidy for children up to 15 years of age.

The Early Start Programme is a one-year preventative intervention scheme that targets children aged three to four in disadvantaged areas, and is funded and overseen by the Department of Education. Although the Department of Education is not recognised as having a major role in parenting support, the national early childhood curriculum framework,³⁴ and quality framework for early childhood education,³⁵ which address the age range between birth and six years old, reinforce the relevance of parents-service partnerships.

The home-based childcare sector for children under three is largely unregulated in Ireland.³⁶ A national plan for childminding for 2021–2028 extends State support and regulation to childminding, with access to subsidies for childminders through the NCS.³⁷

Family support services focused on prevention and early intervention

Department of children, equality, disability, integration and youth

The DCEDIY (formerly Department of Children and Youth Affairs [DCYA]) has led efforts to improve outcomes for children and young people in Ireland. The national policy framework for children and young people 2014–2020, Better Outcomes, Brighter Futures, included commitments to guide the provision of universal evidence-informed parenting supports, and planning and coordination of parenting supports at the local level.³⁸ The High-Level Policy Statement on Supporting Parents and Families highlighted the importance of prevention, inter-agency work, method of support delivery, and targeted support to those who are vulnerable or at risk.³⁹

The current whole-of-Government strategy for babies, young children and their families 2019–2028, First 5, includes commitments regarding the provision of high-quality, research-supported information and services on various aspects of parenting, along a continuum of need.⁴⁰ First 5 also addresses the development of the new national model of parenting support services, Supporting Parents.⁴¹ This model is a cross-government approach aiming to promote accessible, inclusive, high-quality and needs-led parenting supports, and increase awareness of them. Under this model, supports are organised across a continuum of need, taking account of diverse contexts and parenting relationships.

Tusla

Tusla is the dedicated State agency responsible for improving children’s well-being and outcomes, and represents a comprehensive reform of child protection, and early intervention and family support services. Tusla is responsible for the provision of consistent universal and targeted services across the country. Its first Parenting Support Strategy (2013) commits to a system-wide approach to enhancing existing provision and working with parents, applying a progressive universalist approach.⁴² The Parenting Support Strategy for 2022–2027 is aligned with the national model of parenting support services

under the DCEDIY.⁴³ The goals set in this strategy include to: provide a range of tailored parenting support services; raise public awareness of the supports; ensure that relevant agencies and sectors work together with parents; ensure that practitioners and services are supported to learn and develop knowledge and skills; and use the best evidence and information available to improve services.

Tusla provides statutory services, and funds a range of not-for-profit family support services.⁴⁴ Services can also be funded by charitable organisations or privately.⁴⁵

Tusla's Prevention, Partnership and Family Support (PPFS) Programme aims to prevent risks to children and young people arising or escalating through early intervention and family support.⁴⁶ The PPFS Programme supports statutory, community, and voluntary services at local, regional and national levels. It includes an area-based approach to prevention and early intervention across a continuum of need.

Tusla provides national operational leadership of County-Level Children and Young People's Services Committees (CYPSCs) and localised Children and Family Support Networks (CFSNs). CYPSCs are a Government structure working to improve outcomes for children and young people through local and national inter-agency work. CFSNs are a frontline operational structure working to ensure integrated service delivery, including local statutory service providers (e.g. public health nurses, social workers) and local voluntary and community services (e.g. Family Resource Centres [FRCs] or other organisations). The CFSNs promote Meitheal, the Tusla-led Early Intervention Practice Model, designed to support children with unmet additional and/or complex needs, and their families.⁴⁷ It is an early intervention and multi-agency (when necessary) response tailored to the needs of an individual child. The Meitheal Model has been designed to balance national standardisation and responsiveness to local needs.

The PPFS Programme supports parents through parenting interventions around the country often in collaboration with FRCs. FRCs deliver universal and targeted services to families in disadvantaged areas according to their needs, offering a range of group-based and one-to-one parenting supports. FRCs act as a focal point for onward referrals to mainstream service providers. They receive funding from Tusla, and operate autonomously, working with individuals, families, communities, and statutory and non-statutory agencies. FRCs seem to share commonalities with England's Children Centres, Germany's Family Centres (Familienzentren), Netherlands' Centres for Youth and Family, and Norway's Health Clinics. As referred to by Cadima et al. (2017), these centres provide a broad range of activities to parents and children (e.g. ECEC, health care, different forms of parenting support), and highly accessible low-threshold services, ranging from preventive and open access services to more structured and specialised support.⁴⁸

The Area Based Childhood (ABC) Programme is funded through Tusla's PPFS in areas of disadvantage across the country. Each area is supported by a consortium-like structure of local organisations working together to deliver services. The national evaluation of the ABC Programme indicated that participating parents reported improved relationships with their children, improved children's social and emotional well-being, reduced levels of stress, and increased capacity to manage discipline and boundary setting.⁴⁹

The parenting component of PPFS includes: Parenting 24 Seven, an online resource providing information on what works best for children and families at different stages of childhood and in different situations; the Parental Participation Project, which includes a Toolkit for Parental Participation and seed funding projects; the Parenting Support

Champions Project, a national initiative to develop system-wide approaches and practices to working with parents, and the Parenting Support Matters newsletters; and Parenting Conferences featuring parenting projects, presentations, and workshops.

Additionally, Tusla created a National Parenting Commissioning Framework aimed at reducing gaps in parenting support services at the local level by taking a good practice approach to ensure that the resources available are applied to meet local needs.⁵⁰

Health sector

In the health sector, the Health Service Executive (HSE) developed the National Healthy Childhood Programme, which has a universal nature, and is provided from the antenatal stage to the first year in second-level school.⁵¹ Antenatal classes are offered free of charge, and pregnant women are entitled to maternity care. There is free family doctor (GP) care for all children under six years old. A Public Health Nurse (PHN) visits the mother and baby at home free of charge during the first six weeks after birth. PHNs and Community Health Doctors deliver child health screening and developmental surveillance, which is generally the first service to see the baby in the home environment, playing a relevant role in linking with other related child services. Together with Tusla, HSE funds a number of family support services (e.g. the Teen Parents Support Programme).

Research-supported interventions

This study had the objective of analysing research-supported parenting support interventions for parents with children up to six years old in Ireland.

Methodology

The methodology to select research-supported parenting support interventions was adapted from the protocol used by Cadima et al. (2017).⁵² Research-supported interventions referred to those subjected to randomised controlled trials (RCTs) or quasi-experimental studies, including matched comparison group designs, single-case designs, and regression discontinuity designs.

Eligibility criteria and search protocol

The framework Population, Intervention, Comparison, Outcome, and Study (PICOS) was used to define the eligibility criteria.⁵³

- Population: Interventions needed to focus on parents, from the antenatal stage to when the children are six years old. The interventions could be universal or targeted. Interventions focusing exclusively on children and not on parents, and/or targeting based on signs or symptoms of children's development disorders or health problems, or family problems (e.g. neglect; abuse) were not selected.
- Intervention: There needed to be a direct work with the parents, and a focus on parenting support (e.g. to strengthen parents' knowledge, confidence, or skills to help promote positive outcomes for children). The interventions could be ongoing or implemented during the last 10 years. Interventions whose focus was not primarily

on parenting support (e.g. adults' physical health, post-natal depression, and access to employment or education) were not selected.

- Comparison group: In the studies of the interventions, the comparison group could correspond to having no treatment, or being treated as usual (reference treatment). The requirement to include a comparison group did not apply to single-case designs.
- Outcomes: The interventions should focus on one or more outcomes fitting the definition of parenting support (e.g. child's development and learning; parent-child relationship; the quality of the home learning environment).
- Study design: RCTs and quasi-experimental studies (including matched comparison group designs, single-case designs, and regression discontinuity designs).

The search protocol involved consulting with experts, and searching in the following sources: university and national databases (e.g. Centre for Effective Services; scientific journals; governmental and non-governmental websites (e.g. Barnardos); the European Platform for Investing in Children; publications (e.g. Brocklesby 2019; Connolly, Devaney, and Crosse 2017, Kennedy, 2019⁵⁴; SPEAK 2019); and general online search engines.

Analysis procedures

The selected interventions were analysed by applying a predefined coding scheme based on previous literature on parenting support interventions (Brocklesby 2019; Cadima et al. 2017; Connolly, Devaney, and Crosse 2017; Nata and Cadima 2019). This scheme included: target population; main aims; delivery mode; if universal or targeted, implementation level/area; evaluation design, country, and outcome evidence; potential to reach families at risk of poverty or social exclusion; and implementation in the other four countries under focus (England, Germany, the Netherlands, and Norway).

Results

Table 2 shows the target population and main aims of the 10 research-supported interventions identified in Ireland following the methodology described. These interventions corresponded to: Community Mothers Programme/Community Families (more recently); Home Start; Incredible Years for Parents (IYP); Lifestart Growing Child; ParentChild+ (former Parent Child Home Programme); Parents Plus Early Years Programme; Peep – Learning together programme; CDI Parental Support in Early Years (from which the current Powerful Parenting was developed); Preparing for Life; and Triple P Positive Parenting. The interventions' main aims often focused on more than one dimension (e.g. child development and behaviour and parents' well-being).

Table 3 shows information on the delivery mode, universal/targeted approach, and implementation level/area of the same research-supported interventions. Concerning the mode of delivery, five interventions included home visiting, three centre-based activities, one both home visiting and centre-based delivery, and one had multiple delivery modes. Most of the interventions were universal, at least within a designated disadvantaged area, or included a progressive universalism approach, targeting the families with greater needs. Seven interventions were implemented in more than one county, and three in the county of Dublin. The geographical coverage of interventions seemed to differ across the national context.

Table 2. Population and aims of the identified research-supported parenting support interventions in Ireland.

Name	Population	Aims
Community Mothers Programme/ Community Families Home Start	Prebirth in some settings, up to 5 years Birth-5 years	Support parents in caring for their children and looking after their health and well-being Emotional and practical support to help prevent family crisis and breakdown
Incredible Years for Parents	Birth-12 years (multiple programmes adapted to age groups and populations)	Improve children's social and emotional functioning and reduce or prevent emotional and behavioural problems
Lifestart Growing Child	Birth-5 years	Support parents on how their child develops and grows
ParentChild+	1.5–4 years	Support parents' interaction with their children and improve the home learning environment
Parents Plus Early Years Programme	1–6 years	Support parents to maximise children's learning, language and social development, and reduce behaviour problems
Peep - Learning together programme	3–4 years	Improve parenting skills and the quality of the home learning environment
CDI Parental Support in Early Years	3–6 years (children in ELC services)	Support parents in ECEC services to promote the achievement of children's developmental milestones, and parents' well-being (the model can include Parent Plus)
Preparing for Life	Pregnancy to 5 years	Support parents regarding child development and parenting
Triple P Positive Parenting	Birth-11 years	Prevent severe emotional and behavioural disturbances in children

Table 3. Delivery mode, universal/targeted approach, and implementation level/area of the identified research-supported parenting support interventions in Ireland.

Name	Delivery	Universal, Targeted	Implementation
Community Mothers Programme/ Community Families	Home-visiting	Universal within catchment area. Progressive universalism currently	Multiple counties
Home Start	Home-visiting	Targeted through referral	Dublin
Incredible Years for Parents	Centre-based	Universal, targeted	Multiple counties
Lifestart Growing Child	Home-visiting	Universal to first-time parents	Multiple counties
ParentChild+	Home-visiting	Targeted	Multiple counties
Parents Plus Early Years Programme	Centre-based	Universal	Multiple counties
Peep - Learning together programme	Centre-based	It can vary	Multiple counties
CDI Parental Support in Early Years	Centre-based, home-visiting	Universal and targeted (progressive universalism)	Dublin
Preparing for Life	Home-visiting	Universal within area of disadvantage	Dublin
Triple P Positive Parenting	Multiple	It has five levels of increasing intensity and targeting	Multiple counties

Regarding the same research-supported interventions, [Table 4](#) describes the identified studies, the potential to reach families at risk of poverty or social exclusion, and implementation in the other four countries under focus (England, Germany, the Netherlands, and Norway). Eight of the identified interventions were evaluated via an RCT, and two via a quasi-experimental study. These studies occurred in Ireland for seven of the interventions. According to the studies found, significant positive outcomes were found for all the interventions: children's outcomes for eight interventions, and parents' outcomes for eight interventions (the Home Learning Environment – HLE – was counted as a parents' outcome). In terms of the potential

Table 4. Studies, potential to reach families at risk, and other implementation countries of the identified research-supported parenting support interventions in Ireland.

Name	Outcome evidence	Potential to reach families at risk of poverty/social exclusion	Other countries
Community Mothers Programme/Community Families	RCT of the original model, ⁵⁵ Ireland: Improved children's immunisation, children's and mothers' diet, child stimulation, and mothers' self-esteem and feelings ⁵⁶	Implemented in disadvantaged areas. The study mentioned was conducted in one of these areas. ⁵⁷ A study with traveller mothers (Ireland) indicated improved child's and mother's diet, child stimulation, and mothers' self-esteem and feelings ⁵⁸	England (adapted)
Home Start	Quasiexperimental, the Netherlands: Improved parenting competence, consistency, and sensitivity ⁵⁹	No information found	England, Norway, Netherlands
Incredible Years for Parents	RCT, Ireland: Improved child's behaviour, parenting competencies and well-being. ⁶⁰ These benefits were found to be retained in the longer-term ⁶¹	The study mentioned was conducted in disadvantaged areas. ⁶² A focus group (Ireland) with parents living in a disadvantaged area indicated personal benefits and improved relationships with their child ⁶³	England, Netherlands, Norway
Lifestart Growing Child	RCT, Ireland and Northern Ireland: Improved parenting stress, knowledge of child development, parenting confidence ⁶⁴	No clear evidence that the programme works differently for different groups of families	–
ParentChild+	RCT, USA: Improved child language. ⁶⁵ RCT, USA: Changes in maternal interaction styles ⁶⁶	Implemented in designated areas of disadvantage. A study with one-group pre and posttest design (Ireland), with children living in a disadvantaged area indicated mixed findings regarding benefits for children ⁶⁷	England
Parents Plus Early Years Programme	RCT, Ireland: Improved HLE with higher attendance. ⁶⁸ Quasi-experimental, Ireland: Improved children's behavioural difficulties ⁶⁹	Engagement of families in disadvantaged situations or areas. ⁷⁰ The study mentioned was conducted in a disadvantaged area ⁷¹	England
Peep - Learning together programme	RCT, England: Improved early literacy development, parental self-acceptance, parents' confidence in their own parenting knowledge and learning ⁷²	Implemented in designated disadvantaged areas. The study mentioned was conducted in settings within disadvantaged areas ⁷³	England
CDI Parental Support in Early Years	RCT, Ireland: Improved children's behaviour (trend), and higher HLE with higher attendance of Parent Plus ⁷⁴	Implemented in a designated disadvantaged area. The study mentioned was conducted in this area ⁷⁵	–
Preparing for Life	RCT, Ireland: Improved children's cognitive development, verbal ability, hyperactivity and inattentive behaviours, social competencies, autonomy, motor skills and physical independence ⁷⁶	Implemented in a designated disadvantaged area. The study mentioned was conducted in one of these areas ⁷⁷	–
Triple P Positive Parenting	Quasi-experimental, Ireland: Improved child behavioural and emotional problems, parent strategies, experiences and opinions ⁷⁸	Offered within Preparing for Life in a designated disadvantaged area in Ireland, which was evaluated ⁷⁹	England, Germany, Netherlands

to reach families at risk of poverty or social exclusion, most of the interventions included families in designated disadvantaged areas. Seven of the interventions were also implemented in at least one of the other countries under focus: seven in England, one in Germany, three in the Netherlands, and two in Norway.

Discussion

The current study aimed to provide an overview of Irish parent- and child-focused policies with a focus on families with children up to six years old. In Ireland, support for children and their families is considered a whole-of-government effort (including healthcare, education, housing provision, employment law, and social protection), and involves public service agencies and community and voluntary organisations.⁸⁰ While the role of the State in supporting parents has increased, community and voluntary organisations have played an important role in service provision at a national and local level. These organisations may be fully or part-funded by Tusla, other organisations (e.g. Pobal), donations and fundraising, or a combination of these.⁸¹ Private organisations have also provided supports for parents. There has also been a move towards evidence-informed prevention and early intervention services for children, young people and their families. The What Works initiative, launched by the DCYA in 2019 aims to share evidence about what works to improve children and young people's lives.

This study also aimed to analyse research-supported parenting support interventions in Ireland. Ten interventions were selected, following the eligibility criteria set. In terms of results, the identified interventions included elements that have been considered effective in parenting support: a focus on more than one area of need (e.g. child development and behaviour and parents' well-being); easily accessible services, with most being located in areas designated as disadvantage or including home visits; and continuity between universal and targeted provision.⁸²

Most interventions were universal, at least within a geographical area (instead of having a threshold based on families' characteristics), or included a progressive universalism approach. This aligns with current Irish parent and child-focused policies, which have focused on the importance of providing a continuum of support, from universal to targeted.⁸³ Preventative and universal interventions have been recognised as having positive impacts, and perceived by service providers and parents as effective.⁸⁴ Easily accessible interventions can contribute to the successful engagement of diverse families and positive outcomes, while avoiding stigmatisation. Services that allow multiple routes for families (i.e. a variety of entry or referral routes) have also been identified as characteristics of effective interventions.⁸⁵

In terms of the potential to reach families at risk of poverty or social exclusion, most interventions were available to families in designated disadvantaged areas, or families considered to be most in need. A number of FRCs across the country have provided some of the identified interventions (e.g. Community Mothers, Incredible Years, Parents Plus, and Triple P). Locating the services where they are accessible to parents has been found as an important factor to promote families' engagement in Ireland.⁸⁶ However, the effects of the interventions on families with greater needs were not always examined in the studies conducted. This would enable a better understanding of the impact of research-supported interventions being implemented and how they benefit those who need them most.

The identified interventions have been developed and implemented by voluntary, community or private organisations, all of which have played an important role in service provision at a national and local level in the country. Irish policies recognise the importance of offering support to parents and families which balances standardisation and

responsiveness to local needs.⁸⁷ The identified interventions seem to reflect a bottom-up approach in terms of policy implementation, which can contribute to attending to local priorities and contextual factors.

Some of the interventions listed have been implemented in other countries. Standardised programmes have been popular in many European countries, including Ireland.⁸⁸ Some aspects can be noticed by comparing the identified research-supported interventions in Ireland with those inventoried by Cadima et al. (2017). In general, the interventions in the different countries included a focus on promoting positive parenting practices and children's development and behaviour, including the home learning environment. The interventions often aimed to support families at risk or in vulnerable situations, including poverty and social exclusion. Some of the interventions were implemented in more than one country.

Particularly regarding the findings about each country, in England, 11 research-supported interventions were identified (six offering universal provision), of which six were being implemented nationally.⁸⁹ This differs from the level of implementation identified in the Irish context, which is characterised by local or regional provision. In Germany, seven research-supported interventions were identified, with four of them being implemented locally, and four offering targeted provision.⁹⁰ In the Netherlands, six research-supported interventions were listed, which were all implemented nationally, and most of them were targeted, which also differs from the Irish context.⁹¹ In Norway, two interventions were recognised, with both being implemented nationally (differing from the Irish scenario) and universal in nature.⁹²

Among the countries considered, parenting support provision in Ireland seems to share more commonalities with England, followed by Germany. The provision in these countries can be characterised as being more diverse at the local level, with greater involvement of community and voluntary organisations. The use of international standardised parenting support programmes also seems to be more popular in the United Kingdom and less so in Germany.⁹³ Ireland has been characterised as being more similar to English-speaking countries regarding parenting support compared to other European countries. However, the level of support provided in Ireland until the first half of the 1990s was generally lower compared with other countries.⁹⁴ Also, the voluntary sector has played a prominent role in parenting support provision in Ireland, with less participation of the local state agencies, while the provision in England seems to have been more centralised and involves local statutory providers. Norway and the Netherlands seem to differ more markedly from Ireland regarding parenting support provision. In these two countries, the state's participation in parenting support provision seems more prominent, with the interventions being generally implemented at the national level.⁹⁵

In terms of limitations, this study only focused on research-supported interventions subjected to RCTs or quasi-experimental studies, including matched comparison group designs, single-case designs, and regression discontinuity designs. Other criteria or classification options could be considered.⁹⁶ Although evaluating interventions in the context where they are implemented is relevant to understanding the implementation processes and outcomes, the current study included interventions evaluated in Ireland or in other countries. Also, it is possible that there are parenting support interventions subjected to RCT or high-quality quasi-experimental studies in Ireland which were not captured in this study.

It is possible (even likely) that interventions currently being delivered in Ireland but which did not meet the criteria for inclusion in this review are nevertheless providing valuable support to parents. Conducting RCTs or quasi-experimental studies requires resources that may not be accessible to all organisations. Qualitative evaluations can be valuable in informing the context of what works in the delivery of interventions.⁹⁷ Also, individual support can be particularly effective when facing complex needs or when parents are not able to work in a group. Peer support groups have also been implemented in the country.⁹⁸ Parenting support can take many forms. Research-supported parenting interventions can be complemented by local-level family supports and one-to-one initiatives.⁹⁹

In terms of contributions of the current study, inventorying research-supported interventions can inform the implementation of the national model Supporting Parents, which aims to review available parenting support services, and identify gaps in national and local provision.¹⁰⁰ This study can contribute to identify models of best practice, and promote public awareness of available supports. It can also reinforce that the provision of parenting support should be considered within its context, attending to the target population, and national policies and services. Additional consideration of families in vulnerable situations in research and policy-making can contribute to ensure that interventions meet their needs. Setting measurable concrete objectives and research interventions can improve outcomes for children and parents, including those at risk of poverty and social exclusion.

Notes

1. European Commission, *Investing in Children*, 5; and European Commission, *Parenting Support Policy Brief*, 8.
2. Daly et al., *Family and Parenting Support*, 8–10.
3. UNICEF, *Ending Child Poverty*, 4.
4. European Commission, *European Semester Country Report*, 47.
5. Eurostat, *Poverty or Social Exclusion*, 1.
6. National Scientific Council on the Developing Child, *Early childhood development*, 1–2.
7. Passaretta and Skopek, *Achievement Gaps*, 3.
8. Heckman and Mosso, *Economics of Human Development*, 689.
9. DCEDIY, *Developing a National Model*, 1.
10. Connolly and Devaney, *Policy and Practice*, 15–28.
11. See note 9 above.
12. *Ibid.*
13. DCEDIY, *Survey of Households*, 2–6.
14. Hickey and Leckey, *Irish Parents' Experiences*, 6–15.
15. DCEDIY, *Public Consultation*, 1, 6.
16. Nata and Cadima, "Support in Portugal," 269.
17. Connolly, Devaney, and Crosse, *Mapping Parenting Support*, 22.
18. Cadima et al., *Parent Family Support Programs*, 9.
19. DCYA, *High-Level Policy Statement*, 14–16; and DCYA, *First 5*, 68.
20. See note 10 above.
21. Connolly, Devaney, and Crosse, *Mapping Parenting Support*, 12.
22. See note 18 above.
23. Government of Ireland, *Roadmap for Social Inclusion*, 53.
24. OECD, *Parental Leave Systems*, 2–12.

25. Geraghty, *National Model Literature Review*, 16.
26. Central Statistics Office, *Maternity and Paternity Benefits*, 1.
27. Citizens Information, *Parent's Leave*, 1.
28. European Commission/EACEA/Eurydice, *Key Data on ECEC*, 69.
29. OECD, *Family Support Services*, 1–2.
30. OECD 2021, *Strengthening ECEC in Ireland*, 9–10.
31. DCEDIY, *Public Good*, 9–20.
32. DCEDIY, *Workforce Plan*, 1.
33. European Commission, *European Semester Country Report*, 49.
34. National Council for Curriculum and Assessment, *Aistear*, 6.
35. Centre for Early Childhood Development and Education, *Siolta*, 6, 32–34.
36. See note 33 above.
37. DCEDIY, *Action Plan for Childminding*, 8.
38. DCYA, *Better Outcomes Brighter Futures*, 28.
39. DCYA, *High-Level Policy Statement*, 2.
40. DCYA, *First 5*, 12.
41. DCEDIY, *Supporting Parents*, 1.
42. Tusla, *Investing in Families*, 5–8.
43. Tusla, *Parenting Support Strategy 2022–2027*, 15.
44. See note 29 above.
45. See note 21 above.
46. Tusla, *Prevention, Partnership and Family Support*, 5–7.
47. Tusla, *Meitheal Toolkit*, 16.
48. Cadima et al., *Parent Family Support Programs*, 91.
49. Hickey et al., *Area Based Childhood Programme*, 38.
50. Tusla, *National Parenting Commissioning Framework*, 3–4.
51. HSE, *National Healthy Childhood Programme*, 10–11.
52. Cadima et al., *Parent Family Support Programs*, 95–99.
53. O'Connor et al., "Criteria for Including Studies," 81–94.
54. Kennedy, *Programmatic Interventions*, 12–20.
55. Brocklesby, *Community Mothers Programme*, 35–36 (see for more information on the programme).
56. Johnson, Howell, and Molloy, "Community Mothers' Programme", 1449.
57. Ibid.
58. Fitzpatrick, Molloy, and Johnson, "Community Mothers' Programme", 299.
59. Asscher, Hermanns, and Deković, "Home-Start Parenting Support Program," 95.
60. McGilloway et al., *Power of Positive Parenting*, 6–7.
61. McGilloway et al., *The Incredible Years*, 18–20.
62. See note 60 above.
63. Clondalkin Partnership, *Incredible Years Initiative*, 14–26.
64. Miller, Dunne, and McClenaghan, *Lifestart Parenting Programme Evaluation*, 10.
65. Astuto and Allen, *Improving school readiness*, 1.
66. Madden, O'Hara, and Levenstein, "Home again," 636.
67. Share et al., *Parent Child Home Programme*, 106–107.
68. Hayes et al., *Evaluation Early Years Programme*, 32–40.
69. Griffin et al., "Early Intervention Parenting Programme," 279.
70. Gerber, Sharry, and Streek, "Parents Plus Early Years," 607–610.
71. See note 68 above.
72. Miller et al., *Peep Learning Together Programme*, 6.
73. Ibid.
74. See note 68 above.
75. Ibid.
76. Doyle and UCD Geary Institute PFL Evaluation Team, *Preparing for Life*, 81–87.
77. Ibid.

78. Fives et al., *Triple P*, 155–157.
79. See note 76 above.
80. Kennedy, *Family Services*, 5.
81. Connolly, Devaney, and Crosse, *Mapping Parenting Support*, 17.
82. Moran et al., *What Works*, 95–108; Molinuevo, *Parenting Support in Europe*, 37–47; and Cadima et al., *Parent Family Support Programs*, 91–92.
83. DCYA, *High-Level Policy Statement*, 2; and DCYA, *First 5*, 32.
84. See note 10 above.
85. Daly, *New Policy Domain*, 1–7.
86. Centre for Effective Services, *Prevention and Early Intervention*, 5.
87. Tusla, *Meitheal Toolkit*, 9 (as an example).
88. Molinuevo, *Parenting Support in Europe*, 37–47; and Cadima et al., *Parent Family Support Programs*, 91–92.
89. Cadima et al., *Parent Family Support Programs*, 100–102.
90. *Ibid.*
91. *Ibid.*
92. *Ibid.*
93. Molinuevo, *Parenting Support in Europe*, 37–47.
94. Daly and Clavero, *Contemporary Family Policy*, 7.
95. See note 89 above.
96. Tusla, *Investing in Families*, 5–8 (as an example).
97. Brocklesby, *Community Mothers Programme*, 35–36.
98. SPEAK, *Family Resource Centre Programme*, 13.
99. Connolly, Devaney, and Crosse, *Mapping Parenting Support*, 20.
100. See note 41 above.

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