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Programmatic Interventions for Children, Young People and their Parents

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Under *A Programme for a Partnership Government*, the Department of Public Expenditure & Reform has established a Prevention and Early Intervention Unit (PEIU). The focus of the PEIU's work is on prevention and early interventions that can improve the life outcomes of children as well as the quality of life of older people dealing with long term conditions such as chronic illness; which the PEIU is locating within the context of population health.

These types of interventions have a strong common-sense appeal; most people are familiar with the idiom that "prevention is better than cure". However, effective prevention and early interventions rely on both knowing what to do (scientific understanding of cause and effect) and being in a position to act (the capacity of the government to intervene).

The PEIU is undertaking a series of Focussed Policy Assessments on key prevention and early interventions supported by public resources. The approach is to describe each intervention by following a common structure:

- *Rationale* for the intervention;
- *Public resources* provided to support the delivery of the intervention;
- *Outputs and services* provided; and
- *Achievements* of the intervention relative to its stated goal.

As a whole, this series of descriptive reports will provide the evidential base for a thematic consideration of prevention and early interventions in Ireland.

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Introduction¹

There is an increasing focus on developing public policy in ways that support and improve the well-being of children. How a child develops is influenced by a broad multiplicity of factors both within and outside of their families.

The importance of the parenting role is recognised in Ireland's national policy framework for children and young people, *Better Outcomes, Brighter Futures* (2014: 26) which states that:

Effective parenting can provide a loving, secure home; encourage learning and healthy living; promote the child's development of social networks; and support young people in taking steps towards greater independence and engagement in the world around them.

Furthermore, one of the national outcomes identified in *Better Outcomes, Brighter Futures* is that children and young people achieve their full potential in all areas of learning and development. This national outcome recognises that learning starts from birth and goes beyond formal schooling to embrace the broad range of life experiences and learning processes that should enable children and young people to live full and satisfying lives within society. The aims associated with this national outcome are not just about ensuring that they engage and achieve in formal education but that they get the best foundation in learning and development from birth and this includes their social and emotional well-being.

Under the whole-of-government strategy for babies, young children and their families, *First 5* (2018: 42), one of the objectives is that parents, families and communities are supported to provide a nurturing and stimulating environment for children's early learning starting from birth. This objective recognises that parents and families are the single biggest influence on children's early learning. A stimulating home learning environment is one that supports children's learning and skill development through both adult-led and self-directed play (e.g. playing games, singing songs) and other educational interactions and activities (e.g. shared reading and visiting playgrounds, libraries and museums).

In terms of developing policy interventions that can deliver on these policy goals and objectives, there is a wide range of evidenced-based universal and targeted services for children, young people and their families focused on supporting parenting, child behaviour and children's learning. Over the course of the last two decades in Ireland, significant effort has gone into examining the effectiveness of such programmes and related innovations in an Irish context.

In 2004, Atlantic Philanthropies commenced their *Prevention and Early Intervention Initiative* (2004-2013) which sought to change the course of children's lives and alter the approach to working with some of the most vulnerable children and young people living in Ireland. As part of its work, Atlantic Philanthropies funded existing organisations² to provide a range of prevention and early intervention services to build a track record of effective prevention and early intervention services and demonstrate the way of working that it was advocating.

In order to ensure the sustainability of both the overall approach and the various services, Atlantic Philanthropies sought to develop co-funding arrangements with the Irish Government.

¹ The author is grateful to colleagues in the Department of Children & Youth Affairs for their valuable comments and insights. The author is also grateful to Dr. Claire Hickey of the Centre for Effective Services for her comments and insights.

² These were mainly community and voluntary organisations but also included some public sector bodies (e.g. HSE in the Midlands).

During 2008-2013, a number of evidence based programmes and practices were trialled in Irish contexts. In particular, the *Prevention and Early Intervention Programme for Children* (PEIP) was jointly funded by the Department of Children & Youth Affairs and Atlantic Philanthropies. This programme was implemented to establish new projects: Childhood Development Initiative (Tallaght West), Preparing for Life (Belcamp, Darndale and Moatview) and Youngballymun (Ballymun).

While the PEII and PEIP were two different programmes of investment, their purpose was the same in terms of examining and evaluating innovative methods of improving outcomes for children in an integrated way with a focus on mainstreaming evidence-based programmes. The focus on prevention and early intervention was predicated on an understanding that intervening early in a child's life, or early in the onset of a difficulty supports the achievement of more positive outcomes for children and their families.³

A condition of funding under these programmes was the undertaking of rigorous evaluation of interventions.⁴ Evaluation was important because, at the start of this process, there was uncertainty as to whether or not manualised, evidence-based interventions (that had been shown to work in other jurisdictions) would work in an Irish context. Furthermore, other interventions were developed in Ireland, or drew to a greater or lesser extent on existing interventions developed outside of Ireland, and, as such, needed to be tested to establish whether or not they could deliver in practice. This process was also important in terms of ensuring that policy-makers and those who design, deliver and fund services for children could benefit from their experience and put it to work for other communities.

Between 2013 and 2017, the Irish Government and Atlantic Philanthropies co-funded the Area Based Childhood (ABC) Programme. Since 2018 the Department of Children & Youth Affairs has been the sole funder of the programme. The aim of the programme was to test and evaluate innovative prevention and early intervention approaches to improve outcomes for children and families at risk of poverty. It was informed by the learning emerging from the earlier evaluations. The three former PEIP sites transitioned into *ABC Programme* 'areas' and 10 new areas were selected (including Cork, Limerick, Louth, the Midlands and Bray as well as five other areas of social disadvantage in Dublin).

The Department of Children & Youth Affairs has launched its *What Works* initiative which takes a coordinated approach to enhancing capacity, knowledge and quality in prevention and early intervention for children, young people and their families. The initiative is aimed at ensuring that key groups working with children, young people and their families know what works, how it works and will provide an evidence supported approach to applying this work. This initiative also offers opportunities for connections and learning across policy areas

³ Guerin and Hickey, 2018: 5.

⁴ All services funded under the *PEII / PEIP* were required to evaluate rigorously the effectiveness of their services in improving outcomes for children. These evaluations included randomised controlled trials (RCTs), quasi-experimental studies and qualitative work. The randomised controlled trial (RCT) design is generally considered to provide the most valid and reliable evidence. The design of an RCT minimises the risk of variables other than the intervention influencing the results as one group of children or parents is randomly allocated to participate in the programme and another is allocated to act as a control (often a 'waiting list control', who receive the service later once comparisons with the original participants have been made). This is not to say that evidence from other study types is not relevant. While RCTs provide evidence about whether an intervention worked to improve outcomes among children, they do not set out how or why it worked. Other research methods and designs, including qualitative research, may be better placed to answer these types of questions. Many of the RCTs conducted as part of the PEII also included qualitative process evaluations to provide additional information on implementation of the programme and how it was experienced by staff and services users alike.

relating to the *Better Outcomes, Brighter Futures* National Outcomes for children, young people and their families.

Furthermore, as part of *First 5*, the Department of Children & Youth Affairs has established a Parenting Support Policy Unit. The purpose of this Unit is to provide cross government co-ordination of policy direction and activity relating to parenting support for parents of children aged between 0 and 18 years. In carrying out its work, the Parenting Support Policy Unit will work closely with Tusla, the HSE and other stakeholders to develop a national model of parenting services.

The purpose of this paper is to provide a brief overview of this body of work.⁵ Given the significant volume of evidence that has been produced and published, this report draws on the work of the Centre for Effective Services, in particular, the *On the Right Track* project⁶ and *National Evaluation of the Area Based Childhood Programme*⁷. As with the other papers in this series, the basic structure of this paper is one that examines the rationale for public policy intervention, the public resources provided, the services delivered and the results achieved. This paper begins by looking at the rationale for policy interventions that are aimed at supporting children, young people and their parents. In particular, it focuses on outcomes related to parenting, child behaviour and children's learning. The paper then provides a brief overview of Exchequer expenditure to provide services in this policy area. The paper then outlines the main programmes that were supported by *PEII / PEIP*. Finally, the paper provides a summary outline of the statistically significant impacts of these programmes. This paper is one of a series of descriptive reports that taken together will inform a thematic consideration of prevention and early interventions in Ireland.⁸

Rationale

There is an increasing focus on developing public policy in ways that support and improve the well-being of children. How a child develops is influenced by a broad multiplicity of factors both within and outside of their families.

Parenting

The family unit is a fundamental building block for society.⁹ Family living is the single greatest influence on an individual's life. Families have deep and enduring effects on the well-being of

⁵ It is also worth noting that this work is within a broader context of international evidence of the effectiveness of programmatic interventions of this nature. For instance, see *Cochrane Database of Systematic Reviews* and the *Early Intervention Foundation*.

⁶ The *On the Right Track* project has involved a process of synthesising the collective learning from many of the projects in the Prevention and Early Intervention Initiative, collating data and information from multiple sources and perspectives, and distilling overarching messages about 'what works'.

⁷ Hickey, O'Riordan, Huggins and Beatty, 2018.

⁸ In drafting this report, the author only considered publically available information and did not have access to any considerations that might be underway as to how the programmes considered could be developed. As noted this report is part of a series of reports that taken together will inform a thematic consideration of prevention and early interventions in Ireland. As such, within this overall approach the individual reports are not evaluations of the programmes considered and do not seek to arrive at any conclusions or make any recommendations.

⁹ There is a diversity of family life in Ireland. While most children in Ireland live in families based on marriage there is a wide range of *de facto* families. Other types of families include children whose parents are cohabiting or whose parents are living without a partner. As such then, family may be

individuals and society. In family relationships, continuity and stability help families meet basic emotional needs for security, belongingness, support and intimacy; these are especially important for children.¹⁰

Parenting is a complex and important task. Parents are the primary carers of children and young people. They can have a significant influence on their children, particularly in the early years of a child's life, and can provide the foundation for good child outcomes through their relationships and interactions with their children. The quality of interaction between a child and their parent is an important predictor of a child's normal healthy development. Children have better outcomes when parenting is sensitive, responsive, attentive and cognitively stimulating.¹¹ This relationship exists within a lattice of other external factors in their local community and wider society such as the availability and quality of key services, economic opportunities and socio-cultural influences that impact on people's decisions and behaviours. The relationship between a child and their parents changes over time as both child and parent age and encounter life in all of its variations.

For the most part, parents find raising children a positive and fulfilling experience and children identify a close bond with their parents and are happy in their families.¹² In terms of developing public policy, there is an increasing interest in promoting and developing parenting in order to support and improve the well-being of children (i.e. children's socio-emotional development and learning). While some might regard parenting as something that people might prepare for in advance of the birth of their first child, and as something that people "learn on the job", the reality is that parenting can be challenging and sometimes parents need support and advice.

One of the transformational goals set out in *Better Outcomes, Brighter Futures* (2014: 26-28) is to "support parents" such that they feel more confident, informed and able to parent. The Department of Children & Youth Affairs have stated that parenting and family support is:

...recognised as both a style of work and a set of activities that reinforce positive informal social networks through integrated programmes. These programmes combine statutory, voluntary, community and private services and are generally provided to families within their own homes and communities. The primary focus of these services is on early intervention aiming to promote and protect the health, wellbeing and rights of all children, young people and their families. At the same time particular attention is given to those who are vulnerable or at risk.¹³

Under the whole-of-government strategy for babies, young children and their families, *First 5* (2018: 42), one of the objectives is that:

Parents will benefit from high-quality, evidence-based information and services on various aspects of parenting to support child development and positive family relationships along a continuum of need.

seen in terms of the set of close personal relationships which link people together, especially but not exclusively the relationship between parents and their children. These relationships are created socially and biologically and may or may not have a formal legal status. The members of a family may or may not be living in the same household.

¹⁰ Family Support Agency, 2013: 10-11; Commission on the Family, 1996.

¹¹ *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, NIH, DHHS, 2006: 23

¹² Merriman, Greene, Doyle and McDaid, 2013; Harris, Doyle and Greene, 2011.

¹³ Department of Children and Youth Affairs, 2015: 17.

In a way, the importance of parenting behaviour only becomes obvious when it falters.¹⁴ The problems most commonly associated with the occurrence of child abuse and neglect, and identified in families involved with child protection services are parental alcohol and other drug use; domestic violence; and parental mental health problems.¹⁵ Research on the impact of adverse childhood experiences raises awareness of the potential for such experiences to reverberate throughout the whole of a person's life.¹⁶

The ability of children to “do well” despite having encountered adverse experiences is usually related to having had at least one stable committed relationship with a supportive parent, caregiver or other adult. This relationship with a significant adult is seen in terms of helping buffer the child from development disruption and building skills such as the ability to monitor and regulate behaviour and adapt to changing circumstances.¹⁷ An important foundation for resilience in children is having had a responsive relationship with a parent or caregiver early in life (i.e., the adult responding with eye contact, words or hugs to an infant or young child's babbles or gestures).

Child Behaviour

As children grow they become better able to control their feelings and behaviour.¹⁸ Social development includes skills that support a child in their social interactions (e.g. pro-social skills such as co-operation and empathy). How a child interacts with others and behaves is strongly tied to their emotional development. A crucial aspect of emotional self-regulation is ‘effortful control’ which ‘involves the child's ability to inhibit a powerful behavioural response and to respond with a more appropriate behaviour’.¹⁹ While older children are better able to control their feelings and behaviour (for instance, children over the age of three years compared with younger children), some may experience difficulties and these may be expressed in a child's outward behaviour (disruptive, hyperactive and aggressive behaviours) or internalised behaviour (withdrawn, anxious and depressed behaviours).²⁰ As Sammons et al. (2012: 1) have observed:

The social-behavioural development of young people is important in its own right because it contributes to well-being, but also because it can influence current and future academic achievement, and shape developmental pathways.²¹

While the evidence suggests that children's socio-emotional development is influenced by factors associated with the home (e.g. maternal characteristics, family type and size, and the level of mother-child conflict),²² external factors can also influence socio-emotional

¹⁴ Burke, 2003; O'Connor and Scott, 2007; Cornish, McMahon and Ungerer, 2008; Scott, O'Connor and Futh, 2006; Miller, Maguire and Macdonald, 2011; Velleman and Templeton, 2007.

¹⁵ There is a large body of research showing significant associations between alcohol use disorders in parents and problems in family life. These family-related problems include, but are not limited to, marital and intimate partner relationship problems, family dysfunction, co-morbid substance use and mental health disorders in parents, disruptions in parenting, and a range of negative outcomes in the health and wellbeing of children. (Commonwealth of Australia, 2009; Hutchinson, Mattick, Braunstein, Maloney and Wilson, 2014.)

¹⁶ Science and Technology Committee, 2018.

¹⁷ National Scientific Council on the Developing Child, 2015; Center on the Developing Child, 2017: 3-4; Ainsworth, Blehar, Waters and Wall, 1978.

¹⁸ Hinshaw, 2008.

¹⁹ Greene, Morgan, McCrory and McNally, 2014.

²⁰ Greene, Morgan, McCrory and McNally, 2014; Gialamas, Mittinty, Sawyer et al., 2015.

²¹ Sammons, Sylva, Melhuish et al., 2012.

²² Fahey, Keilthy and Polek, 2012.; McAuley and Layte, 2012; Pratschke, Haase and McKeown, 2011; Hennessy and Donnelly, 2005.

development. The *quality* of early learning and childcare has been shown to be directly related to social and behavioural development and that beneficial outcomes can persist to age 14 years.²³ However, the *quantity* of non-parental care can have a negative impact as evidence suggests that young children who have spent long hours in centre-based early learning and childcare settings are more likely to exhibit behavioural problems (though not to clinical levels) than those who have spent fewer hours, and that these problems can persist through to adolescence (e.g. greater risk taking, impulsivity).²⁴

Based on parental and teacher completions of the Strengths and Difficulties Questionnaire, the *Growing Up in Ireland* study found that 15% of children were within the thresholds for either 'abnormal' or 'borderline' behaviour on the Total Difficulties scale.²⁵ Behavioural and emotional problems encountered in childhood can have a disabling impact on a child's day-to-day interactions with parents, peers and teachers. They can also contribute to the emergence of difficulties in later life. 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 antisocial behaviour.²⁶ Disadvantage is a key risk factor for children's emotional and behavioural well-being. Behavioural difficulties and emotional problems tend to be found at a higher rate among children living in more disadvantaged circumstances. The prevalence rates of mental disorders were greater among children living in poverty.²⁷

Children's Learning

Education is an important factor in understanding differences in adult outcomes. Poor educational attainment is associated with a range of poor outcomes in adult life that can have a negative impact on the subsequent generation.²⁸ The family environment and early childcare settings are critical in that what and how children learn is shaped by the quality and nature of their relationships with their parents and caregivers as well as the variety of the experiences they encounter and how they are encouraged to interact and learn about the world around them. These factors are evident in the objectives set out in *First 5* to support parents, families and communities in providing a nurturing and stimulating environment for children's learning (starting from birth) and access for babies and young children to safe, high quality, developmentally appropriate integrated early learning and childcare. Both *Better Outcomes, Brighter Futures* and *First 5* exemplify how policy in this area has been moving toward a more integrated and holistic understanding of early learning and childcare.

²³ Sylva et al., 2004 and 2012.

²⁴ Byrne and O'Toole, 2015; Vandell et al., 2010; Belsky et al., 2007; NICHD Early Child Care Research Network, 2002; Harrison, 2008; NICHD Early Child Care Research Network, 2003.

²⁵ Nixon, 2012: 15. The Strengths and Difficulties Questionnaire (SDQ) is used to assess whether there have been changes in children's behavioural outcomes. The SDQ is a widely used scale that can be completed by parents, teachers or children themselves. It has separate subscales for conduct problems, hyperactivity, emotional symptoms, peer relationship problems and positive (pro-social) behaviour. It is particularly useful in providing population norms, so that children can be categorised as having a 'normal', 'borderline' or 'abnormal' SDQ score. Programmes tend to judge their success either by increasing children's scores on the positive subscale and reducing them on the negative ones, or by moving children out of the 'borderline' or 'abnormal' categories into the 'normal' range.

²⁶ O'Connor and Scott, 2007; Fantuzzo, McWayne and Perry, 2004; Christian, Morrison and Bryant, 1998; Sénéchal and LeFevre, 2002; Royal Children's Hospital, 2010; Nixon, 2012; Henry, Capsi, Moffitt and Silva, 1996; Rees, Stein, Hicks and Gorin, 2011; Barlow and Schrader McMillan, 2010.

²⁷ Hyland, Mháille, Lodge and McGilloway, 2013; Banks, Shevlin and McCoy, 2012.

²⁸ Weir and Archer, 2005; Slavin, Lake, Chambers, Cheung and Davis, 2005; Eivers, Shiel, Perkins and Cosgrove, 2005; Department of Education & Science, 2005.

From the birth of a child, parents can have a critical role in terms of supporting their child's learning and achieving positive educational outcomes.²⁹ While school is often the focus of children's education, the children who benefit most from school are those who have been supported in learning and engaging with the world around them from birth. This can involve a parent taking part in child-centred activities (e.g. play) that allow children to use their creativity while developing imagination, dexterity, and physical, cognitive and emotional strength.³⁰ A child's language and literacy development can be supported by a parent who reads with their child, talks to their child about what they did in school (as well as engaging with their child's school and teacher) and provides opportunities both inside and outside the home for educational activities or learning experiences. By engaging in these types of activities, a parent can enhance their child's chances of succeeding in school as they support and encourage their children's motivation to learn, their vocabulary and their ability to pay attention and persist at tasks.³¹

While parents are the primary educators of their children, and parent-child interaction is the most important protective factor for a child's longer term development, participation in high quality early learning and childcare has the potential to make a considerable difference to children's futures. The introduction of the Early Childhood Care & Education (ECCE) Programme has been regarded as transforming policy in that it has contributed to increased participation rates and has shifted the focus from the provision of places to the impact of early learning and childcare experience on children.

Language and non-verbal reasoning are core elements of cognitive development in children and are important for their future educational achievements and subsequent life outcomes (e.g. employment, income and health).³² Cognitive ability is held to be more adaptable early in the life cycle.³³ The evidence suggests being able to access high quality early learning and childcare services is important in terms of achieving better cognitive and language development amongst young children aged three years and older and that doing so will have a positive impact on their ability to acquire skills later in life.³⁴ The evidence suggests that while the benefits from high quality early learning and care provision are broadly universal, disadvantaged and vulnerable children benefit most, particularly those who have experienced a poor home learning environment in the early years, and that these gains are most likely in settings with a diverse mix of young children.³⁵ Furthermore, there is also evidence that suggests that these cognitive gains can persist into early adolescence and that such effects are again more notable for those from disadvantaged backgrounds.³⁶

Children's fine and gross motor skills develop during infancy and early childhood. Fine motor skills are important for a range of school related tasks (e.g., turning pages of a book and holding a pencil) and self-care tasks (e.g., buttoning a coat). Children's academic progress is supported by how well children acquire and become proficient in these skills. The development of gross motor skills (e.g. walking, running, throwing, kicking) are important for

²⁹ Sylva, Melhuish, Sammons, Siraj-Blatchford and Taggart, 2010.

³⁰ Ginsburg, 2007.

³¹ Sénéchal, and LeFevre, 2002; Fantuzzo et al., 2004; Christian et al., 1998; Melhuish, Quinn, Hanna, Sylva et al., 2006; Desforges, and Abouchaar, 2003.

³² McGinnity, Russell and Murray, 2015.

³³ It has been noted that while many early learning interventions occur relatively early in the life of a child, such interventions are not early with respect to brain development. (Shonkoff, 2011.)

³⁴ Doyle, 2012; Heckman, 2008.

³⁵ Gambaro, Stewart and Waldfogel, 2014; Sylva, Stein, Leach et al., 2011; Sylva, Melhuish, Sammons et al., 2004.

³⁶ Sylva et al., 2004; Sylva, Melhuish, Sammons et al., 2012; Vandell, Belsky, Burchinal et al., 2010; Belsky, Vandell, Burchinal et al., 2007; Melhuish, Taggart, Quinn et al., 2004; Melhuish, 2003; NICHD Early Child Care Research Network, 2002.

their social and physical progress.³⁷ The development of fine and gross motor skills is in part associated with genetics, in particular, the development of brain and body capacities. However, environmental factors can also contribute to the development of motor skills. The quality of the early learning and childcare environment can influence the development of these skills in particular the provision of structured pedagogical activities, access to and manipulation of a wide range of materials and plenty of space for play and structured physical activities.³⁸

The developments in early learning and childcare reflect a recognition of the critical importance of high quality early learning and childcare.³⁹ The OECD (2012: 9) has noted that:

Expanding access to services without attention to quality will not deliver good outcomes for children or the long-term productivity benefits for society. Furthermore, research has shown that if quality is low, it can have long-lasting detrimental effects on child development, instead of bringing positive effects.⁴⁰

McKeown et al. (2015: 246) have observed that the beneficial and lasting effects on children of pre-school age are only produced when it is of high quality.⁴¹ Pianta et al. (2009: 49-50) have concluded that 'there is no evidence whatsoever that the average preschool program produces benefits in line with what the best programs produce'.⁴² Similarly, the European Commission (2011) has highlighted that policy in this area is not simply about providing places as the most successful systems also provided high-quality early learning and care. Quality of such services was based on effective curricular frameworks, competent staff and governance and funding arrangements that were necessary to delivering them.

The issue of quality early learning and childcare care is complex. While there is no internationally agreed concept of quality in these services, work commissioned by the European Commission (2014) has highlighted that high-quality services are associated with *structural quality* (how the early learning and childcare system is designed and organised and are often aspects that can be regulated); *process quality* (practice within an early learning and childcare setting and consists of what children actually experience); and *outcome quality* (the benefits for children, families, communities and society).⁴³ In addition it is also important to have in place a robust quality assurance regime to ensure the structural quality, process quality and outcome quality are being achieved.

³⁷ Doherty and Hughes, 2009.

³⁸ Venetsanou and Kambas, 2010; Berk, 2008; Giagazoglou, Karagianni, Sidiropoulou and Salonkidis, 2008; Waelvelde, Peersman, Lenoir et al., 2008; Barros, Fragoso, Oliveria and Cabral-Filho, 2003; Rule and Stewart, 2002.

³⁹ Sylya et al., 2004 and 2012; Vandell et al., 2010; Harrison, 2008; Belsky et al., 2007; NICHD Early Child Care Research Network, 2002.

⁴⁰ OECD, 2012.

⁴¹ McKeown, Haase and Pratschke, 2015.

⁴² Pianta, Barnett, Burchinal and Thornburg, 2009.

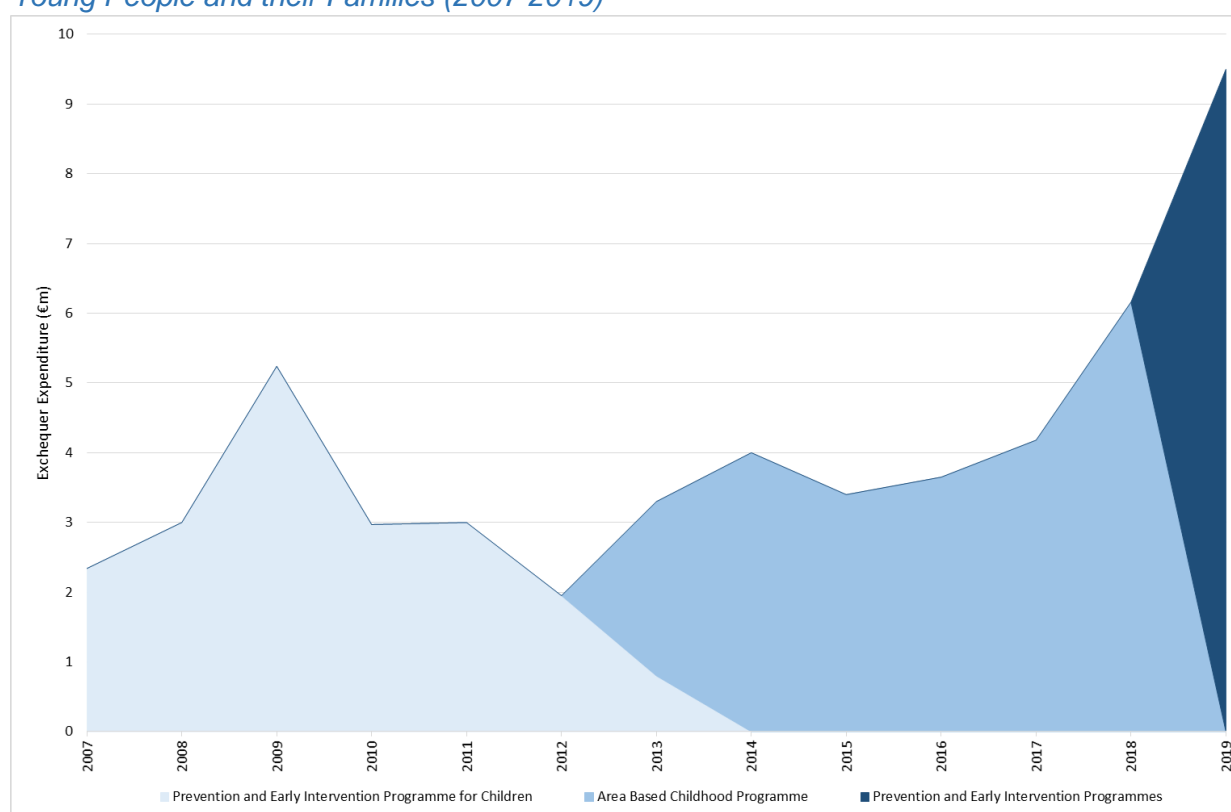
⁴³ Working Group on Early Childhood Education and Care (WGECEC) under the auspices of the European Commission, 2014.

Resources

Over the last decade or so, the Irish Government has spent some €52.7m supporting prevention and early interventions under the *Prevention and Early Intervention Programme for Children* (€19.3m), the *Area Based Childhood Programme* (€23.9m) and the *Prevention and Early Intervention Programmes* (formerly the *ABC Programme*).

Figure 1 sets out the trend in expenditure across these three programmes over the period 2007-2019. In the years around the time of the economic and financial crisis, annual expenditure in this policy area averaged some €3.1m a year. Since then, average annual expenditure has increased to some €4.9m a year. It is worth noting that the allocation for 2019 is almost five times expenditure in 2012.

Figure 1 – Trends in Exchequer Expenditure on Programmatic Interventions for Children, Young People and their Families (2007-2019)



Source: (a) 2007-2010 – Appropriation Accounts for the Office of the Minister for Children & Youth Affairs (b) 2011-2019 – Department of Children & Youth Affairs.

Guerin and Hickey (2018) have examined the *Prevention and Early Intervention Programme for Children* and have noted that some €36m was invested between 2006-2012 (divided evenly between the Department of Children & Youth Affairs and The Atlantic Philanthropies) and that this supported 39 organisations and some 4,000 professionals in delivering services that benefited some 90,000 children and 24,000 parents or caregivers throughout the island of Ireland.⁴⁴ The Department of Children & Youth Affairs and The Atlantic Philanthropies invested some €30.7m in the *ABC Programme* between 2013 and 2017.⁴⁵

⁴⁴ Guerin and Hickey, 2018: 5.

⁴⁵ Hickey, O’Riordan, Huggins and Beatty, 2018: ix.

Outputs and Services

Policies and programmes that intervene early in childhood in order to support families and early childhood development, or early in the onset of an issue or difficulty, are seen as important ways of addressing the problems associated with long-term disadvantage and intergenerational social problems.⁴⁶

There is a wide range of manualised, evidence-based early interventions available. While some of these might be categorised in terms of focusing on one of parenting, child learning and child behaviour, the nature of these programmes is that they often support positive results across more than one outcome domain. The approach that is adopted to how interventions should be delivered tends to be in line with a progressive universal approach across the continuum of need or the tiered approach outlined in the Hardiker Model.⁴⁷

The information presented here draws to a large degree from the *On the Right Track* reports published by the Centre for Effective Services.⁴⁸ The purpose of the *On the Right Track* reports was to synthesise the learning available from the individual evaluations conducted as part of the *PEII / PEIP*. As such, the way in which the programmatic interventions are described are based on the period of these programmes of investment and do not capture any subsequent developments or refinements.

Table 2 provides a brief overview of those interventions that were shown to have statistically significant positive impacts on parenting, child behaviour and child learning. It is evident that Preparing for Life had statistically significant impacts across the three outcome domains. Of the other programmes, six had statistically significant impacts on parent outcomes with three of these also having statistically significant impacts on child behaviour. This overlap in terms of impacting on both parenting and child behaviour outcomes is in part due to the important influence that parents have on child behaviour and the overlap that occurs within programmes. Four programmes had statistically significant impacts on children's learning.

It is also important to remember that these programmes differ from each other in a number of ways. While these differences have been outlined in the reports published by the Centre for Effective Services, it is worth noting at this point that some programmes are:

- universally available (e.g. Triple P Parenting Programme and Life Start) while others are by referral only (e.g. Functional Family Therapy);
- home-visiting programmes (e.g. Life Start and Preparing for Life) while others are group-based programmes (e.g. Incredible Years, Odyssey, Triple P);
- multi annual programmes (e.g. Preparing for Life is a five-year programme) while others are of much short duration (e.g. Incredible Years' programmes vary from 12-18 weeks); and
- focused on babies and very young children (e.g. Preparing for Life focuses on families with children from aged 0-5 years), young children (e.g. Doodle Den is for children

⁴⁶ Munro, 2011; Allen, 2011.

⁴⁷ Some services are provided at a universal level to all children and families with other services provided on the basis of assessed need to families with additional needs up to and including children and parents who are experiencing multiple difficulties and require more intensive and specialist interventions.

⁴⁸ Statham, 2013; Sneddon and Harris, 2013; Sneddon and Owens, 2012.

aged 5-6 years) and older children (e.g. Odyssey – Parenting Your Teen is for parents of children aged 11-18 years).

Table 1 – Summary Table of Programmes with Statistically Significant Positive Impacts on Specific Outcome Domains

Programme (Organisation)	Parenting	Child Behaviour	Child Learning
Preparing for Life (Northside Partnership)	√	√	√
Triple P Parenting Programme (Midlands Area Parenting Partnership)*	√	√**	
Functional Family Therapy (Archways)	√	√	
Incredible Years – Parent Training Programme (Archways)	√	√	
Incredible Years – Children with ADHD and their parents (Archways)	√		
Lifestart – Growing Child Parenting Programme (Lifestart)	√		
Odyssey – Parenting Your Teen (Parenting NI)	√		
Doodle Den (Childhood Development Initiative)			√
Wizards of Words (Barnardos)			√
Incredible Years – Teacher Classroom Management (Archways)			√
Time to Read (Business in the Community (NI))			√

Notes: * QES rather than RCT; ** Levels 3 and 4.

Preparing for Life (PFL)

The Preparing for Life (PFL) home visiting programme was developed by a group of 28 local agencies and community groups between 2003 and 2008 and was operated by the Northside Partnership.

The programme was designed to intervene early with pregnant mothers and to continue working with families until their child started school.

The aim of the programme was to improve the school readiness of children living in several designated disadvantaged areas of North Dublin.

The programme was an intensive, 5-year, manualised, home-visiting programme delivered by trained, paid mentors. The families participating in the programme were divided into two groups: a high-support group and a low-support group.

Both the high- and low-support groups received facilitated access to enhanced pre-school, public health information, access to a support worker and €100 worth of child developmental materials annually.

In addition to this, the high-support group received mentoring by means of regular home visits. During these visits they were provided with high-quality information about parenting and child development. The frequency of the visits depended on the needs of the families (generally fortnightly, some monthly, of between 30 minutes and two hours). The mentors focused on five general areas related to child development:

- Pre-birth;
- Nutrition;
- Rest and routine;
- Cognitive and social development; and
- Mother and her supports.

When children were aged 36 months, participants in the high-support group were also offered the Triple P – Positive Parenting Programme.

The progress of both groups was compared with a matched comparison group from a different community who received no intervention.

Both the high- and low-support groups were encouraged to attend two public health workshops or programmes that were already available in the community – the *Stress Control Programme* (6 one-hour weekly sessions) and the *Healthy Food Made Easy programme* (6 two-hour sessions).

Triple P Positive Parenting Programme (Triple P)

The Longford & Westmeath Parenting Partnership was formed to coordinate an evidence-based approach to address preventable difficulties that families were experiencing. In 2013, this organisation expanded to include Laois and Offaly and form the Midlands Area Parenting Partnership. This partnership was responsible for the implementation and delivery of the Triple P Positive Parenting Programme (Triple P).

The Triple P Positive Parenting Programme was a population-based multi-level parenting and family support strategy for families with children from birth to 7 years of age.

The programme aimed to promote children's social, emotional and pro-social development by enhancing the knowledge, skills and confidence of their parents. There were five levels of intervention:

Level 1 – Universal Triple P - a social marketing campaign to promote positive parenting and increase receptivity to parenting programmes.

Level 2 – Seminar Triple P - a series of three 90-minute open seminar presentations promoted among the whole community.

Level 3 – Discussion groups Triple P - a choice of four two-hour standalone workshops, offered as a deeper engagement and including practice skills.

Level 4 – Group Triple P - an eight-week programme, including five two-hour group meetings and three tailored telephone support calls.

Level 5 – Enhanced Triple P - is offered to vulnerable families whose parenting is complicated by factors such as partner conflict, stress or mental health issues.

Functional Family Therapy (FFT)

In Clondalkin, the Archways Families First Functional Family Therapy service was established to provide a service for families of adolescents with behavioural problems who were at risk of involvement in the juvenile justice system.⁴⁹

The programme provided a family-based, intensive therapy programme for families of young people aged 11-18 years who had been referred to the programme due to relationship issues, emotional and behavioural problems, conduct disorder, substance misuse and delinquency.

The programme was manual based and involved trained therapists meeting regularly (once a week for three or four months i.e. 16-22 sessions) with adolescents and their families in conjoint sessions (up to 26 – 30 sessions for cases with more complex issues).

Functional Family Therapy had three phases that:

- Motivated the family towards change;
- Taught the family how to change a specific critical problem identified in the first phase; and
- Helped the family to generalise their problem-solving skills.

⁴⁹ This programme was originally developed in the United States, and is an evidence-based approach to family therapy for adolescent behavioural problems, conduct disorder, substance abuse and delinquency.

Incredible Years BASIC Parenting Programme

The Incredible Years BASIC Parenting Programme was a programme operated by Archways in Clondalkin.⁵⁰

The programme was designed for parents of children aged 3-7 years of age and aimed to teach parents how to support their children's social and emotional development and address emotional and behavioural difficulties.

It was a group-based programme consisting of 12–14 weekly sessions of 2–2½ hours duration. The programme:

- Encouraged parents to use praise and incentives to reinforce positive child behaviour;
- Encouraged parents to use non-aversive parenting strategies to cope with problem behaviour;
- Promoted child-directed play in order to improve parent-child relationships; and
- Used videos, role play, modelling and group discussions to help parents rehearse and adopt positive parenting strategies.

Incredible Years Parent and Children training for children with ADHD

The Incredible Years Parent and Children training for children with attention deficit hyperactivity disorder (ADHD) was operated by Archways in Clondalkin.

This programme was designed for children aged 3-7 years with ADHD symptoms and their parents. Families were offered the Incredible Years DINA in addition to the Incredible Years BASIC Parenting Programme.

Incredible Years DINA was an evidence-based child social skills training programme delivered to children to improve child emotional regulation, prosocial behaviour, problem-solving and friendship skills.

It was a small-group programme that comprised 18 weekly sessions of two hours duration. The focus of the programme was on:

- building friendship skills;
- teaching problem-solving strategies;
- enhancing emotional literacy and anger management; and
- enhancing school performance.

In addition to the group sessions provided to the children, their parents received weekly letters and phone calls.

⁵⁰ This programme was supported by research undertaken in North America and Europe that suggested it significantly improved parent-child interactions and child behaviour outcomes.

Lifestart - Growing Child Parenting Programme

The Growing Child Parenting Programme was operated by Lifestart at numerous sites throughout Ireland and Northern Ireland.

The programme was a parent-directed, child-centred learning programme on child development that aimed to help parents support their child's physical, intellectual, emotional and social development and promote school readiness.

As a universal programme, it was offered to parents of children from birth to 5 years of age in the relevant catchment area (regardless of social, economic or other circumstances). The programme was delivered over 5 years and had a structured month-by-month curriculum of information, knowledge and practical learning activity for parents and was delivered by trained family visitors in the parent's home (30–60-minutes). In particular, the programme provided age-specific information on what parents can do with their child and what developmentally appropriate materials they might use. The home visit also provided an opportunity to discuss progress made during the previous month and to focus attention according to the family's needs.

Odyssey – Parenting Your Teen

The Odyssey – Parenting Your Teen was delivered by Parenting NI in 14 locations across Northern Ireland. This programme was developed by Parenting NI in response to a lack of programmes specifically targeted at parents of adolescents. It was underpinned by an authoritative parenting style.⁵¹

The programme aimed to support parents of teenagers (aged 11-18 years) by improving family functioning and developing problem-solving, communication, boundaries and self-esteem.

It was a group training programme that was delivered over eight weeks in 2 hour sessions. The programme used a variety of techniques including:

- presentations by programme facilitators;
- role play;
- problem-solving; and
- group discussions.
- Homework tasks were an additional element of the programme.

Doodle Den

The Childhood Development Initiative in Tallaght West operated Doodle Den.

Doodle Den was an after-school programme for groups of 15 children aged 5 - 6 years that aimed to improve children's literacy targeting key influencing factors:

- school attendance;

⁵¹ A style of parenting that sets high expectations for children while still maintaining a supportive environment for them to grow and thrive in. The child's schedule is structured and they understand and follow the household rules; including the consequences if rules are not followed.

- nutrition;
- the learning and home environments;
- the training and experience of teachers; and
- parental involvement in children's literacy.

The programme looked to:

- implement a literacy framework in schools, homes and community settings;
- contribute to more frequent school attendance;
- encourage more learning outside of school;
- increase parental involvement in out-of-school time education; and
- enhance children's relationships with their parents and peers.

The core components of the Doodle Den Programme included:

- literacy development;
- letter identification;
- writing skills;
- phonics awareness; and
- text comprehension.

The evidence-based curriculum featured a literacy framework with child, parent and family components:

- An intensive child programme under which children attended three 90-minute after-school sessions a week throughout the school year. These sessions involved the children participating in a range of activities aimed at enhancing their literacy skills (e.g. games, drama, music, art and physical activities). At each session, children were given a healthy snack; and
- Three family sessions and six parent sessions during which parents were encouraged to take part in activities such as sitting in on children's sessions and sharing reading activities with them.

Wizards of Words

Wizards of Words (WoW) was operated by Barnardos in nine schools in disadvantaged areas of Limerick and Dublin.⁵²

The programme was a targeted literacy intervention for children in first and second class in primary school and had three core objectives:

- to make improvements in children's reading, specifically in the areas of reading comprehension, reading fluency, vocabulary and phonemic awareness;
- to encourage and promote children's interest in, and enjoyment of, reading; and
- to improve children's confidence in their reading ability.

The programme had clear inclusion criteria which included the following:

- Children's reading level should be between 4-18 months (first class) and 4-24 months (second class) behind what is expected for their age group;
- Children should not meet requirements for formal learning supports (i.e., they must not have a diagnosis of general or specific learning disability or behavioural difficulties and they must not be in the Reading Recovery programme or availing of support from a Learning Support teacher); and
- Children should not have foreseeable extended absences from school.

The programme was delivered in schools by trained volunteers aged 55 years and older who worked with the children on a one-to-one basis. The programme involved three weekly sessions of about 30 minutes each. The sessions took place outside of the participating children's classroom and were divided into three distinct yet complementary parts:

- pre-reading (e.g. cueing children to upcoming new words);
- reading together; and
- follow-up activities to reinforce one or more key reading areas.

Incredible Years Teacher Classroom Management Programme

The Incredible Years Teacher Classroom Management Programme was a classroom-based intervention operated by Archways in Clondalkin.

It was a brief, group-based intervention designed to:

- strengthen teachers' classroom management strategies;
- promote the successful management of classroom environments; and
- improve children's pro-social behaviour.

⁵² This intervention had been adapted from the evidence-based programme developed by Experience Corps in the United States.

It consisted of five monthly facilitated sessions involving about 12 participating teachers and used techniques such as group discussion, videos, role play and modelling to help teachers adopt positive classroom management strategies.

Time to Read

Time to Read was operated by Business in the Community (NI).

Children with below-average reading ability were invited to participate, on the recommendation of their teacher and with their parents' permission.

The overall aim of the programme was to improve reading outcomes for the children involved by making a positive impact on self-esteem, reading ability, aspirations and expectations for the future, and their enjoyment of education.

The intervention was an in-school volunteer mentoring programme for children at the primary school level. It involved two half-hour sessions every week during school time. The mentoring support was intended to complement the work of the teacher. The emphasis was on the children discovering the enjoyment of reading and improving their reading fluency. In particular, it focused on improving:

- core foundational skills of reading;
- decoding;
- reading rate;
- reading accuracy;
- reading fluency; and
- reading comprehension.

Goals and Achievements

This section focuses on findings that show statistically significant improvements in either parenting, child behaviour or children's learning outcomes. In setting out these findings it is important to note that there is an important difference between the evaluations of individual programmes funded under the *PEII / PEIP* and the evaluation at a national level of the *ABC Programme*.

Before doing so, it is worth noting that the Department of Children & Youth Affairs has introduced a number of initiatives that are intended to support the translation of the evidence from the evaluations into policy design and implementation. The Department of Children & Youth Affairs' *What Works* initiative takes a coordinated approach to enhancing capacity, knowledge and quality in prevention and early intervention for children, young people and their families. The Department of Children & Youth Affairs notes that while evaluations are important in terms of establishing what works in an Irish context, the *What Works* initiative seeks to ensure that those working in this area are supported in their professional development and that those working with children, young people and their families will know what works, how it works and apply an evidence informed approach to their work. Furthermore, as part of *First 5*, the Department of Children & Youth Affairs has established a Parenting Support Policy Unit. The purpose of this Unit is to provide cross government co-ordination of policy direction and activity relating to parenting support for parents of children aged between 0 and 18 years. In carrying out its work, the Parenting Support Policy Unit will work closely with Tusla, the HSE and other stakeholders to develop a national model of parenting services.

All services funded under the *PEII / PEIP* were required to evaluate rigorously the effectiveness of their programmes in improving outcomes for children. These evaluations included randomised controlled trials (RCTs), quasi-experimental studies and qualitative work. The randomised controlled trial (RCT) design is generally considered to provide the most valid and reliable evidence. The design of an RCT minimises the risk of variables other than the intervention influencing the results as one group of children or parents is randomly allocated to participate in the programme and another is allocated to act as a control (often a 'waiting list control', who receive the service later once comparisons with the original participants have been made).⁵³

In the main, this section provides a high-level summary of the results outlined in the Centre for Effective Services (CES) *On the Right Track* project. The *On the Right Track* project has involved a process of synthesising the collective learning from many of the evaluations of programmes funded under *PEII / PEIP*, collating data and information from multiple sources and perspectives, and distilling overarching messages about 'what works'.

The Centre for Effective Services also undertook a national-level evaluation of the *ABC Programme*. In this evaluation, a common measurement framework for the *ABC Programme* was agreed and the outcomes data were collected by area-based practitioners using standardised questionnaires. While the *ABC Programme* includes many of the specific programmes that were funded by *PEII / PEIP*, the evaluation of the *ABC Programme* was of the impact of the overall national programme (rather than of the individual programmes that were included within the *ABC Programme*). The methodology utilised in this national-level

⁵³ This is not to say that evidence from other study types is not relevant. While RCTs provide evidence about whether an intervention worked to improve outcomes among children, they do not set out how or why it worked. Other research methods and designs, including qualitative research, may be better placed to answer these types of questions. Many of the RCTs conducted as part of the *PEII* also included qualitative process evaluations to provide additional information on implementation of the programme and how it was experienced by staff and services users alike.

evaluation differed from that employed in the earlier programme-level evaluations in a number of important ways and there are limitations to assessing what has changed for children and parents:

- It was not possible to construct comparison groups against which to assess the changes observed in the pre- and post-programme data. This means that any changes observed cannot be attributed to *ABC Programme*-funded interventions. For instance, any changes relating to children's behaviour or learning may have been as a consequence of normal development rather than participation in a programme.
- Practitioners were encouraged to collect baseline and post-programme outcomes data as part of their routine practice in order to promote and embed the use of data at the local level for case management, operational, and strategic purposes. The outcomes data was not collected independently of the delivery of the programme and there is a risk that the data collection was exposed to practitioner bias of perceived positive change.
- In some cases, particularly for the 2015-16 cohort, the collection of baseline data began after the programme commenced.
- For some of the measures, there was a significant drop-off in the numbers of participants completing post-programme measures.

The Centre for Effective Services has noted that the outcomes data for the two periods were pooled following an examination of the data that determined that there were no statistically significant differences between the two years.

By way of providing some context, the Centre for Effective Services has referenced the findings of the *Growing Up in Ireland* study in order to locate the findings of the national-level evaluation of *ABC Programme* within the national population.⁵⁴

Parenting

Preparing for Life (PFL)

The impact of the Preparing for Life programme was assessed as part of a longitudinal randomised controlled trial.⁵⁵

⁵⁴ It should be noted that the data collected in *Growing Up in Ireland* was collected by researchers while data for the *ABC Programme* evaluation was collected by practitioners delivering the interventions.

⁵⁵ See: Doyle, O. and PFL Evaluation Team. 2012. *Assessing the Early Impact of Preparing for Life at Six Months*, Report to Preparing for Life Programme (The Atlantic Philanthropies and Office of the Minister for Children). Dublin: UCD Geary Institute; Doyle, O. and PFL Evaluation Team. 2013a. *Assessing the Impact of Preparing for Life at Twelve Months*, Report to Preparing for Life Programme (The Atlantic Philanthropies and Office of the Minister for Children). Dublin: UCD Geary Institute; Doyle, O. and the PFL Evaluation Team. 2013b. *Assessing the Impact of Preparing for Life at Eighteen Months*. Report to Preparing for Life Programme (The Atlantic Philanthropies and Department of Children and Youth Affairs). Dublin: UCD Geary Institute; Doyle, O. and the PFL Evaluation Team. 2013c. *Assessing the Impact of Preparing for Life at Twenty-Four Months*. Report to Preparing for Life Programme (The Atlantic Philanthropies and Department of Children and Youth Affairs). Dublin: UCD Geary Institute; Doyle, O. and the PFL Evaluation Team. 2014. *Assessing the Impact of Preparing for Life at Thirty-Six Months*. Report to Preparing for Life Programme (The Atlantic Philanthropies and Department of Children and Youth Affairs). Dublin: UCD Geary Institute; Doyle, O. and the PFL Evaluation Team. 2015. *Assessing the Impact of Preparing for Life at Forty-*

A summary of the key impacts of the programme on parenting outcomes is presented in Table 2.

Table 2 – Summary of Key Impacts of Preparing for Life on Parenting Outcomes

<i>Social support</i>	Mothers more likely to be socially connected with the community / friends and more likely to report receiving a lot of support from their parents.
<i>Health and stress</i>	Improvement in mothers' levels of clinically significant stress. Mothers more likely to report being in good health.
<i>Parenting styles and behaviour</i>	Mothers more likely to regard own baby more favourably compared with other babies of same age. Mothers more engaged in more activities more often with the children. Mothers less likely to engage in behaviours associated with (a) permissive parenting; (b) authoritarian parenting; (c) punitive or hostile parenting tactics. Mothers reported feeling more competent as parents.
<i>Safety in the home</i>	Children had a safer home environment, a higher-quality home environment and more appropriate learning materials and childcare. Children had greater access to appropriate play materials. Mothers more likely to use electrical socket covers. Children less likely to be exposed to cigarette smoke. Children have more regularity and predictability in their families' schedule, their physical environment and their families' use of community services.
<i>Parental health risk behaviours</i>	Parents less likely to report consuming more than 14 units of alcohol in the past week. Mothers less likely to report that they had a social worker working with the family.

Triple P Positive Parenting Programme (Triple P)

The evaluation of the Triple P programme included:

- Population study – using a quasi-experimental (non-randomised between groups) design with treatment and comparison counties, and analysing the impact of Triple P at population level; and

Eight Months. Report to Preparing for Life Programme (The Atlantic Philanthropies and Department of Children and Youth Affairs). Dublin: UCD Geary Institute.

- Parenting study - using a quasi-experimental (pre-test – post-test within groups) design and evaluating child and parent outcomes associated with participation in Triple P workshops and groups with a 12 month follow-up of a subsample of parents.⁵⁶

The evaluation found that:

- At the population level:-
 - There were statistically significant reductions in parental psychological distress in the intervention area (with stability over time in the comparison area)
- For parents:-
 - *Seminars* - attendance at seminars delivered through schools to parents of junior infants when starting school impacted significantly on parental help-seeking behaviour;
 - *Workshops* - Participants in the stand alone two-hour session on ‘Dealing with Disobedience’ workshops indicated that post-programme there had been a reduction in the intensity of problems and parents were less likely to experience the behaviours as problematic; and
 - *Groups* - parents who participated on the eight-week programme indicated that post-programme there had been a:
 - reduction in the intensity of problems and parents were less likely to experience the behaviours as problematic;
 - improvement in parents’ style of discipline with parents exhibiting less permissive, less over-reactive and reprimanding responses to their child’s behaviour;
 - improvement in parents’ self-efficacy - 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; and
 - reduction of inter-parental conflict and an improvement in the quality of the relationship between parents.

Functional Family Therapy (FFT)

The evaluation of the programme included a prospective randomised controlled trial covering the period 2012–2014.⁵⁷

⁵⁶ See: Fives, A., L. Pursell, C. Heary et al. 2014. *Parenting support for every parent: A population-level evaluation of Triple P in Longford Westmeath. Final Report*. Athlone: Longford Westmeath Parenting Partnership (LWPP).

⁵⁷ See: Carr, A., D. Hartnett, T. Sexton and C. Graham. 2014. *Putting Families First: The outcomes of functional family therapy in an Irish context. Final Report*. Dublin: Archways.

The results showed that the programme was implemented with a high degree of fidelity by all therapists and there was a low dropout rate (7%).⁵⁸

The RCT showed that the programme was effective in reducing adolescent behaviour problems and improving family adjustment:

- Participating families reported significantly greater improvement in adolescent conduct problems and family adjustment when compared with the comparison group; and
- Improvements shown immediately after treatment were sustained at three months follow-up.

Incredible Years BASIC Parenting Programme

Evaluations were conducted at both 6 and 12 months post-programme to assess the impact of the programme in improving parental competency and well-being.⁵⁹

At 6 months post-programme:

- *Parents* were less likely to be depressed than their waiting list control counterparts;
- *Parents'* perceptions of their children's behaviour were less severe than their perceptions six months previously; and
- Home based observations showed that *parents* were less critical of their children.

At 12 months post-programme:

- Maintained positive impacts on *parents* - reported lower levels of stress and psychological distress; and
- Home based observations showed a sustained impact on parenting skills - *parents* using more positive parenting strategies with their child and less negative or critical parenting strategies.

Incredible Years – Children with ADHD and their parents

A randomised controlled trial for the Incredible Years – Children with ADHD and their parents⁶⁰ showed for the *children* in the parent training group, statistically significant:

⁵⁸ A challenge for these types of programmes is recruiting and retaining parents and their families. A sizeable proportion of families (between a quarter and a half) “drop out” of the programme before achieving its benefits. In addition, issues around recruitment and retention are particularly acute for parenting programmes that focus on families presenting with multiple difficulties. For instance see: Katz, La Placa and Hunter, 2007; Staudt, 2003; Thoburn, Wilding and Watson, 2000.

⁵⁹ See: McGilloway, S., T. Bywater, G. Ni Mhaille et al. 2009. *Proving the power of positive parenting: A randomised controlled trial to investigate the effectiveness of the Incredible Years BASIC Parenting Training Programme in an Irish context (short term outcomes)*. Dublin: Archways; McGilloway, S., G. Ni Mhaille, M. Furlong et al. 2012. *The Incredible Years Ireland Study: 12 month follow-up*. Dublin: Archways.

⁶⁰ See: McGilloway, S., T. Bywater, G. Ni Mhaille et al. 2009. *Proving the power of positive parenting: A randomised controlled trial to investigate the effectiveness of the Incredible Years BASIC Parenting Training Programme in an Irish context (short term outcomes)*. Dublin: Archways;

- Reductions in levels of hyperactivity and inattentiveness; and
- Higher levels of pro-social behaviour post intervention

and

- *Parents* in the parent training group used fewer forms of harsh discipline and improved parental instruction.

Lifestart - Growing Child Parenting Programme

The programme was evaluated using a multisite randomised controlled trial that sought to measure differences in outcomes between the intervention group and a control group over the five-year course of programme delivery. The progress of these children was assessed at three years (before pre-school or formal education) and at five years (following completion of the programme).⁶¹

The evaluation showed statistically significant results for parents in the intervention group as they:

- Reported less stress, greater parenting confidence and greater parenting knowledge;
- Scored higher on the mood, attachment and role restriction sub-scales; and
- Scored higher on the discipline and boundaries sub-scale.

Odyssey – Parenting Your Teen

An impact assessment with a randomised controlled trial was used to evaluate the Odyssey – Parenting Your Teen intervention.⁶² The evaluation found statistically significant improvements in relation to:

- Parental stress (including feelings of social alienation, and incompetence and guilt surrounding parenting);
- Stress in relation to parent-teenager relationship;
- Conflict regarding teenager eating patterns and school;
- Family cohesion, communication and problem-solving;
- Parents' interpretation of teenager behaviour as malicious or likely to have disastrous consequences; and
- Parents having a more realistic view about how their teenager should behave.

McGilloway, S., G. Ni Mhaille, M. Furlong et al. 2012. *The Incredible Years Ireland Study: 12 month follow-up*. Dublin: Archways.

⁶¹ See: 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*.

⁶² See: Higgins, K., G. MacDonald, K. McLaughlin et al. 2012. *Parenting UR Teen: A Randomised Trial of Implementation and Effectiveness*. Belfast: Parenting NI.

Box 1 - Area Based Childhood Programme and Parenting

The Centre for Effective Services (2018: 38) has noted that while the national-level evaluation did not cover all programmes aimed at improving parent outcomes, it did include a wide variety of approaches. Of the approaches included, the earlier programme-level evaluations had shown that two interventions had significant impacts on parenting outcomes (Triple P Positive Parenting Programme and Incredible Years (in particular, the BASIC Parent Training Programme and the intervention for children with ADHD). The other two interventions highlighted in the Main Report of the *ABC Programme* evaluation were Strengthening Families Programme⁶³ and Parents Plus⁶⁴.

The focus of these parenting programmes was on improving various aspects of parenting, including:

- Strengthening parent-child interactions and relationships;
- Maximising children's learning, language, and social development; and
- Preventing or reducing behaviour problems.

The programmes also included a small number of home-based interventions that provided individual supports to children and families.

Child Parent Relationships

Parents of children aged 3 years or older were asked to complete the Child-Parent Relationship Scale. The purpose of this scale is to measure changes in child-parent relationships. In particular, the scale has two sub-scales:

- Closeness - the degree to which a parent feels that their relationship with their child is characterised by warmth, affection, and open communication; and
- Conflict - the extent to which a parent feels that their relationship with their child is characterised by negativity.

⁶³ The Strengthening Families Program (SFP) is a 14-session family skills training programme for high-risk 12–16-year-old children, and their parents. It is designed to increase resilience and reduce the risk factors for substance misuse, depression, violence and aggression, involvement in crime and school failure. A Cochrane Systematic Review has demonstrated that the programme is robust and effective in increasing protective factors by improving family relationships, parenting skills and improving young people's social skills and life skills. The Strengthening Families Program was one of two pro-social behaviour programmes combined in the bespoke Mate-Tricks intervention. Mate-Tricks is an after school programme designed to promote prosocial behaviour of children aged 9–10 years. The overall conclusion from the RCT of the Mate-Tricks Programme conducted as part of PEII was that it was not successful in improving prosocial behaviour and decreasing antisocial behaviour.

⁶⁴ Parents Plus is an evidence-based parenting programme developed in Ireland to support and empower parents to manage and solve discipline problems, promote children's learning and develop satisfying and enjoyable family relationships. There are three programmes aimed at different age groups: an early years programme for children aged 1 – 6 years, a children's programme for children aged 6–11 years and an adolescent programme for children aged 11–16 years. Rigorous evaluations have shown that the Parents Plus programmes are effective in reducing behaviour problems in children, reducing parental stress and achieving high satisfaction from parents. As part of the PEII, the CDI Early Years programme included the Parents Plus Community Course as a six-week parenting education programme to support parents in positive parenting with a focus on enhancing children's early learning and development. The evaluation undertaken as part of PEII has found that, once parents were engaged, the Parents Plus Community Course was successful in improving the home learning environment.

The analysis conducted by the Centre for Effective Services has found that there was, on average, an increase in the scores for closeness and, on average, a decrease in scores for conflict. The changes were both desirable and statistically significant indicating that parent-child relationships had improved between pre- and post-assessment.

For context, the national-level evaluation of the *ABC Programme* has noted the findings of the *Growing Up in Ireland* study with regard to child-parent relationships. In terms of locating the cohort of parents receiving parenting interventions as part of the *ABC Programme* in a national context, the results have suggested that they had more challenging relationships with their children than average but that they did move closer to the national average post-programme.

Children's Social and Emotional Well-Being

The Strengths and Difficulties Questionnaire (SDQ) is used to assess the social and emotional well-being of children in terms of:

- Conduct problems;
- Hyperactivity;
- Emotional problems;
- Peer problems; and
- Prosocial behaviour.

These sub-scales of the SDQ are also aggregated to determine a 'total difficulties' scale.

Parents completed the appropriate SDQ based on the age of their child. The analysis conducted by the Centre for Effective Services has found statistically significant improvements in children's overall social and emotional well-being for both age groups (children aged 2-4 years and those aged 4 years and older). Furthermore, the analysis found statistically significant improvements in each of the sub-scales with the exception of the emotional problems sub-scale for children aged 2-4 years.

The SDQ also defines thresholds above which a child's social and emotional behaviour is considered to be either 'slightly raised' or 'problematic'. The analysis conducted by the Centre for Effective Services found a general and statistically significant trend for children to move towards the 'normal' range with relatively few children moving towards the 'problematic' range. That said, the analysis also illustrated that a substantial subset of children still had 'problematic' social and emotional difficulties after the *ABC Programme*. In both age groups, half of the children initially in the 'problematic' range remained there post-programme.

For context, the national-level evaluation of the *ABC Programme* has noted the findings of the *Growing Up in Ireland* study with regard to the social and emotional well-being of children. In terms of locating the children of parents receiving parenting interventions as part of the *ABC Programme* in a national context, the results have suggested that the children began with behavioural difficulties that were substantially higher than the national average and, while they moved closer to the national average post-programme, they still had more behavioural difficulties than average.

Parental Stress

Parents from seven ABC areas were asked to complete the Parental Stress Scale (PSS). This scale is constituted by positive (e.g. emotional benefits and self-enrichment) and negative (e.g. demands on resources and restrictions) components of parenthood.

The analysis conducted by the Centre for Effective Services has found, on average, a statistically significant improvement in self-reported parental stress during the *ABC Programme*-supported intervention.

For context, the national-level evaluation of the *ABC Programme* has noted the findings of the *Growing Up in Ireland* study with regard to parental stress. In terms of locating the parents receiving parenting interventions as part of the *ABC Programme* in a national context, the results have suggested that the parents reported initial stress levels higher than the national average and, while reporting improvements, they still had higher-than-average levels of stress post-programme.

Discipline and Boundary Setting

Parents from four ABC areas were asked to complete the discipline and boundary-setting sub-scale of the Tool to measure Parenting Self-Efficacy (TOPSE). This sub-scale is used to assess how parents feel about their ability to discipline and set boundaries for their children.

The analysis conducted by the Centre for Effective Services has found, on average, a statistically significant improvement in parents' self-reported ability to discipline and set boundaries for their children.

Child Behaviour

Preparing for Life

The impact of the Preparing for Life programme was assessed as part of a longitudinal randomised controlled trial.⁶⁵

A summary of the key impacts of the programme on child behaviour outcomes is presented in Table 3.

Table 3 – Summary of Key Impacts of Preparing for Life on Child Behaviour Outcomes (Children in the High Treatment Group)

Less likely to be at risk for social and emotional difficulties.

Less likely to exhibit somatic complaints, sleep problems, or aggressive behaviour.

Scored more favourably regarding externalising and internalising behaviour.

⁶⁵ See: Doyle et al., 2012, 2013a, 2013b, 2013c, 2014 and 2015.

Triple P Positive Parenting Programme (Levels 3-4)

The evaluation of the Triple P programme included:

- Population study – using a quasi-experimental (non-randomised between groups) design with treatment and comparison counties, and analysing the impact of Triple P at population level; and
- Parenting study - using a quasi-experimental (pre-test – post-test within groups) design and evaluating child and parent outcomes associated with participation in Triple P workshops and groups with a 12 month follow-up of a subsample of parents.⁶⁶

The evaluation found that:

- At the population level:-
 - There were statistically significant reductions in the prevalence of children with higher levels of need (borderline or abnormal scores on the SDQ) for total difficulties, emotional symptoms, conduct problems, peer problems and hyperactivity in the intervention area (prevalence increased in the comparison area).
- For children:-
 - Statistically significant reduction in child problem behaviours and improvement in all behaviour measures;
 - Statistically significant reduction in children categorised as borderline or abnormal according to scores on SDQ (Level 4) and the Eyberg Child Behaviour Inventory (ECBI) (Level 3 and Level 4); and
 - At the group 12-month follow-up, there were statistically significant improvements in child behaviour.

Functional Family Therapy

The evaluation of the programme included a prospective randomised controlled trial covering the period 2012–2014.⁶⁷

The RCT showed that the programme was effective in reducing adolescent behaviour problems and improving family adjustment:

- Clinical recovery rates were significantly higher in the Functional Family Therapy group than in the control group:
 - 50% of Functional Family Therapy cases were classified as clinically recovered after treatment, compared with 18.2% of cases from the waiting list control group.⁶⁸

⁶⁶ See: Fives et al., 2014.

⁶⁷ See: Carr et al., 2014.

⁶⁸ Clinical recovery was defined as obtaining a score below the clinical cut-off on the parent completed SDQ total difficulties scale at Time 2. (Carr et al., 2014: 26)

- Parents perceived a greater degree of improvement in a greater number of domains of adolescent behavioural problems (emotional difficulties, conduct problems, hyperactivity, prosocial behaviour and total difficulties) than their teenagers (conduct problems).⁶⁹

Incredible Years BASIC Parenting Programme

Evaluations were conducted at both 6 and 12 months post-programme to assess the impact of the programme in reducing emotional and behavioural difficulties in childhood.⁷⁰

At 6 months post-programme:

- *Children* less likely to display behaviours such as non-compliance, temper tantrums, negative physical behaviour, over-activity and hyperactivity;
- Improvements in *children's* prosocial behaviour and in their interaction and communications with each other; and
- Some improvements in *children's* relationships with their peers when compared with children in the waiting list control group.

At 12 months post-programme:

- Sustained improvements in *child* behaviour – evidence of reductions in problematic and hyperactive-type behaviours and improvements in prosocial behaviour;
- Maintained improvements in *children's* relationships with their peers; and
- A reduction in problematic *sibling* behaviour that was not evident at six months post-programme.

Relapses in problematic child behaviour were associated with not using parenting skills in stressful times and the negative influence of an unsupportive parent, school or antisocial neighbourhood.

⁶⁹ Carr et al., 2014: 23.

⁷⁰ See: McGilloway et al., 2009 and 2012.

Box 2 - Area Based Childhood Programme and Child Behaviour

The Centre for Effective Services (2018: 55) notes that while the evaluation did not cover all interventions aimed at improving children's health and development outcomes, it did include a wide variety of approaches. The interventions were group based and delivered in the classroom, mostly to primary school children, and included:

- Incredible Years: Teacher Classroom Management Programme⁷¹
- Incredible Years Dinosaur Programme (Classroom or Small Group)⁷²
- Roots of Empathy⁷³
- FRIENDS programme⁷⁴ and
- Lifeskills.⁷⁵

The focus of these programmes was on improving various aspects of children's social and emotional well-being, including:

- Enhancing classroom management strategies for teachers;
- Increasing children's empathy and prosocial behaviour; and
- Promoting youth mental health.

Children's Social and Emotional Well-Being

The core measure used to assess changes in children's social and emotional well-being was the age-appropriate SDQ. The relevant SDQ was completed by teachers delivering the interventions for children younger than 11 years of age. Children aged 11-17 years could complete their own version of the SDQ.

The analysis conducted by the Centre for Effective Services has found that, for children aged four years or older there have been statistically significant improvements for all teacher scored sub-scales of the SDQ (i.e., conduct problems, hyperactivity, emotional problems, peer problems, total difficulties and pro-social behaviour).

⁷¹ The Incredible Years Teacher Classroom Management programme trained and supported teachers in classroom management techniques. The earlier programme-level evaluation had found that there had been no significant change in the Total SDQ score but that there had been a significant improvement in the peer problems sub-scale.

⁷² The Incredible Years Classroom Dinosaur Curriculum was a teacher delivered prevention programme for an entire classroom of students.

⁷³ Roots of Empathy was an evidence-based programme delivered in primary school classrooms with the aim of reducing levels of aggression among school children by raising social-emotional competence and increasing empathy.

⁷⁴ The FRIENDS programme intended to help students to develop resilience by teaching them effective strategies to cope, problem solve and manage emotional distress, stress, change and anxiety. The programme can be run by teachers as a whole class or as a small group programme.

⁷⁵ LifeSkills sought to prevent risk taking behaviours in children and young people. It had three core components: self-management skills which help students with problem solving, decision making, critical thinking and how to regulate emotions; social competence which involves teaching students how to communicate clearly, make friends and develop healthy relationships; and resistance training to help young people develop strategies for resisting peer pressure.

The analysis conducted by the Centre for Effective Services has found that there was a general and statistically significant trend towards the 'normal' range but that a substantial subset of children still had 'problematic' social and emotional difficulties after the *ABC Programme* interventions.

For context, the national-level evaluation of the *ABC Programme* has noted the findings of the *Growing Up in Ireland* study with regard to children's social and emotional well-being as reported by teachers using the same SDQ (children aged 5 years and 9 years). In terms of locating the children receiving the health and development interventions as part of the *ABC Programme* in a national context, the results have suggested that the children began with behavioural difficulties somewhat greater than the national average and, while reporting improvements, they still had slightly greater social difficulties than average post-programme.

Children's Learning

Preparing for Life (PFL)

The impact of the Preparing for Life programme was assessed as part of a longitudinal randomised controlled trial.⁷⁶

A summary of the key impacts of the programme on children's learning outcomes and environment is presented in Table 4.

Table 4 – Summary of Key Impacts of Preparing for Life on Learning Outcomes and Environment (Children in the High Treatment Group)

<i>Cognitive functioning</i>	More advanced cognitive development.
<i>Fine motor skills</i>	More likely to have developmentally appropriate skills.
<i>Gross motor skills</i>	Show better skills and at less risk of developmental delay.
<i>Problem solving</i>	More likely to show developmentally appropriate skills and at less risk of developmental delay.
<i>Social and emotional development</i>	Less likely to display emotional developmental problems and less risk of developmental delay.
<i>Learning environment</i>	More likely to have appropriate learning materials available.
	Mother more interaction, more responsive and more concerned about language development.
	Spend less time watching TV alone.
	Parents more likely to be involved in children's learning and development.

⁷⁶ See: Doyle et al., 2012, 2013a, 2013b, 2013c, 2014 and 2015.

Doodle Den⁷⁷

The evaluation of Doodle Den found evidence of significant improvements in children's literacy.⁷⁸

- Comprehension items (word choice, sentence structure and word recognition);
- Concentration (there appeared to be some additional benefits for boys in relation to improved concentration);
- Reading at home;
- Family library activity; and
- A reduction in problem behaviours in school (there appeared to be some additional benefits for boys in relation to improved behaviour in school).

A follow-up evaluation of Doodle Den was conducted at two and three years after the cessation of the programme when the children participating in the evaluation were aged between eight and 11 years. While the follow-up evaluation found that:

- Some of the positive impacts in relation to overall children's literacy and two subscales (vocabulary and comprehension) were sustained after two to three years, they were no longer statistically significant; and
- Statistically significant results observed in the initial evaluation on teacher-reported measures of concentration and behaviour in class and literacy ability were not sustained.

Furthermore, there was notable attrition (drop-out of participants) in the follow-up period and caution is advised in interpreting these findings.⁷⁹

Wizards of Words

The evaluation involved the collection of data on children's literacy outcomes at three time points in the study – pre-programme, an eight-month follow-up, and a 12- or 16-month follow-up. The evaluation provided evidence that the programme was effective in improving some aspects of children's literacy.⁸⁰

Children participating in the Wizards of Words programme, relative to the control group, showed statistically significant improvements in word recognition and phonemic awareness (i.e. being able to break words down into the smallest units of sound).

⁷⁷ Doodle Den has been recognised by the *Early Intervention Foundation* as having evidence of a short-term positive impact on child outcomes from at least one rigorous evaluation (Evidence rating: 3 (indicates evidence of efficacy). <https://guidebook.eif.org.uk/programme/doodle-den>

⁷⁸ See: Biggart, A., K. Kerr, L. O'Hare and P. Connolly. 2012. *Evaluation of the Effectiveness of the Childhood Development Initiative's Doodle Den Literacy Programme*. Dublin: Childhood Development Initiative (CDI); Biggart, A., S. Sloan and L. O'Hare. 2014. *A Longitudinal Follow-up Study of the Doodle Den After-school Programme*. Dublin: Childhood Development Initiative.

⁷⁹ Sneddon and Harris, 2013: 52.

⁸⁰ See: Fives, A., N. Kearns, C. Devaney et al. 2013. *Evaluation of the Effectiveness of the Barnardos' Wizards of Words Reading Programme*. Dublin: Barnardos.

It was also reported that children with ‘below average’ reading levels who participated in the programme made greater improvements than children with ‘average’ reading levels, particularly boys, and that younger children (first class) showed greater improvements in some reading sub-skills than older children (second class).

Incredible Years Teacher Classroom Management Programme

An evaluation of the Incredible Years Teacher Classroom Management Programme after six months showed benefits in teacher practices and reduced behavioural difficulties among young children.⁸¹

A longer-term follow-up was undertaken at 12 months. This included a quantitative follow-up with the intervention group teachers who had participated in the RCT. The longer-term outcomes at 12 months showed positive effects maintained over time for both children and teachers.

It was found that teachers were using more positive classroom management strategies and fewer negative classroom management strategies. Teachers reported that they were able to easily transfer the skills learned to a new class and that they were more confident in their ability to manage their classrooms effectively and deal with disruptive behaviour. They described their classes as being calmer, more pleasant places in which to work and learn.

Time to Read

The evaluation of the Time to Read Programme⁸² has shown:⁸³

- Strong evidence of improved reading outcomes for children, particularly with core foundational reading skills of decoding, reading rate and fluency; and
- Increased participation led to greater improvements (children who received more mentoring sessions reported greater enjoyment of reading and better reading fluency than those who received fewer mentoring sessions).

⁸¹ See: McGilloway, S., L. Hyland, G. Ni Mhaille et al. 2010. *Positive classrooms, positive children: A randomised controlled trial to investigate the effectiveness of the Incredible Years Teacher Classroom Management Programme in an Irish context*. Dublin: Archways.

⁸² Time to Read Programme has been subject to a series of evaluations since 2003 and these have shown that the programme has had a positive impact on the children in terms of their reading confidence, their enjoyment of reading, their skills in reading and their appreciation of the world of work.

⁸³ See: Miller, S., P. Connolly, O. Odena and B. Styles. 2009. *A Randomised Control Trial Evaluation of Business in the Community's Time to Read Programme*. Belfast: Centre for Effective Education, Queen's University Belfast; Miller, S., P. Connolly and L.K. Maguire. 2011. *A Follow-up Randomised Control Trial Evaluation of the Effects of Business in the Community's Time to Read Mentoring Programme*. Belfast: Centre for Effective Education, Queen's University Belfast.

Box 3 - Area Based Childhood Programme and Children's Learning

As part of the *ABC Programme*, nine areas provided programmes aimed at improving children's learning outcomes. These included a range of professional development supports for early years practitioners that focussed on providing training, coaching and mentoring support to practitioners in the implementation of the national *Síolta* and *Aistear* frameworks, while others targeted pre-school children directly, such as:

- Zoom Ahead with Books⁸⁴
- Incredible Years Early Years Classroom Dinosaur programme⁸⁵
- ABC Early Numeracy Project⁸⁶

The most common outcomes that were the focus of the programmes were:

- Improved school readiness
- Improved literacy and numeracy
- Improved oral language development.

The core measure used to assess changes in children's school readiness was the Santa Barbara School Readiness Scale (SBSRS), which was completed by practitioners.

ABC areas also had the option of asking practitioners to complete the SDQs for children aged two to four years and for children aged four years or older. In some ABC areas, parents also completed these SDQs.

In a small number of ABC areas, practitioners also completed the Home Learning Environment Measure (HLEM).

Children's School Readiness

In nine ABC areas, early years practitioners completed the Santa Barbara School Readiness Scale (SBSRS). The analysis conducted by the Centre for Effective Services has found statistically significant improvement in children's school readiness. The analysis also found statistically significant improvements on each of the sub-scales (i.e., social and emotional development, language development and approaches towards learning).

⁸⁴ Zoom Ahead with Books is designed to encourage parental involvement and promote children's enjoyment and motivation to read for pleasure.

⁸⁵ The Incredible Years Classroom Dinosaur Curriculum is a teacher delivered prevention programme for an entire classroom of students.

⁸⁶ ABC Early Numeracy supports early childhood care and education settings and schools to plan and support children's mathematical learning through play based activities while linking this to *Aistear* and *Síolta*. It also promotes and supports parental involvement in their child's development, learning and education by providing a variety of home based activities for parents.

Social and Emotional Well-Being

Children aged 2-4 years

In the analysis of practitioner completed SDQs for children aged 2-4 years, the Centre for Effective Services found there were statistically significant improvements in terms of the Total Difficulties score as well as the sub-scales relating to conduct, hyperactivity, peer and pro-social behaviour but not for the sub-scale for emotional problems.

The analysis by the Centre for Effective Services also found a general and statistically significant trend for children to move towards the 'normal' range. Again, it has been noted that a substantial subset of children still had 'problematic' social and emotional difficulties after the *ABC Programme*.

In a small number of ABC areas, parents completed SDQs for their children aged two to four years. The analysis of this data by the Centre for Effective Services has found statistically significant improvements with regard to sub-scales relating to conduct problems, hyperactivity, emotional problems and prosocial behaviours.

For context, the national-level evaluation of the *ABC Programme* has noted the findings of the *Growing Up in Ireland* study with regard to the social and emotional well-being of children receiving school readiness interventions, or whose early years practitioners were receiving professional development supports supported by the *ABC Programme*, as reported by their parents using the same SDQ (children aged 3 years). In terms of locating these children in a national context, the results have suggested that the children initially had higher levels of behavioural difficulties than the national average but post-programme these children were reported to have lower levels of social difficulties than average.

Children aged 4 years or older

In the analysis of practitioner completed SDQs for children aged 4 years and older, the Centre for Effective Services found there were statistically significant improvements in terms of the Total Difficulties score as well as with regard to the sub-scales relating to hyperactivity, emotional problems, peer problems and prosocial.

Home Learning Environment

A small number of ABC areas collected data about the home learning environment.

In the analysis of the Home Learning Environment Measure (HLEM) conducted by the Centre for Effective Services, the evidence suggests that there was a statistically significant improvement.

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