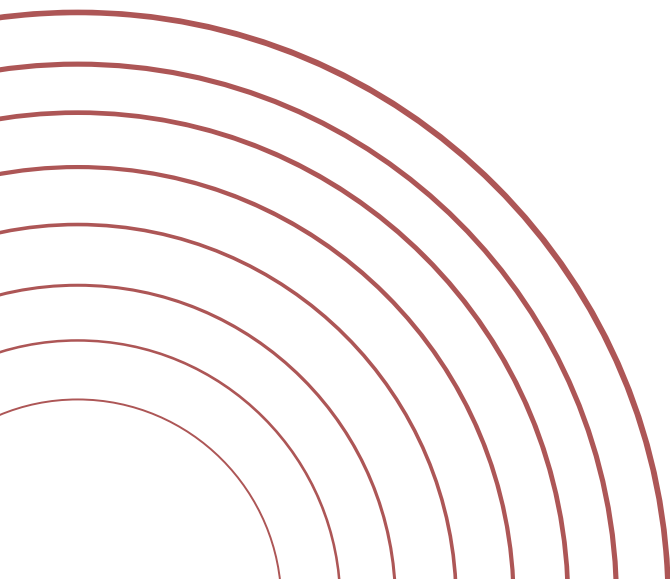


# **Evaluating the impact of universal early parenting support *ENRICHing families' lives***



# Evaluating the impact of universal early parenting support

***ENRICHing families' lives***



***Summary Report 1***

# Authors

**Professor Sinead McGilloway**, Principal Investigator and Founder/Director, *Centre for Mental Health and Community Research*,

**Dr Grainne Hickey**, Research Programme Manager

**Yvonne Leckey**, Fieldwork Co-Ordinator and Senior Researcher

**Shane Leavy**, Data Manager

**Siobhan O'Connor**, Doctoral student

**Dr Ann Stokes**, Post-doctoral researcher

*Centre for Mental Health and Community Research,  
Maynooth University Department of Psychology and Social Sciences Institute*

**Professor Tracey Bywater**, Co-investigator

*Health Sciences, University of York*

**Dr Chris Cardwell**, Co-investigator

**Professor Michael Donnelly**, Co-investigator

*Health Services Research Group, Centre for Public Health,  
School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast*



Centre for Mental Health  
& Community Research



Maynooth  
University  
National University  
of Ireland Maynooth



UNIVERSITY  
of York



QUEEN'S  
UNIVERSITY  
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# Key messages

## **Early childhood is the foundation for later health and wellbeing**

Early childhood is a crucial period of development. Positive parenting and parent-infant relationships during this period are vital for the future wellbeing of children. The delivery of effective and timely supports in the earliest stages of a child's life, can play an important role in strengthening parenting and enhancing mental health and developmental outcomes for children in the longer term.

## **Universal early parenting support can strengthen and sustain parental confidence and satisfaction in the parenting role during the first two years of a child's life.**

Attitudes toward parenting and perceptions of the challenges which parents face in their parenting role, are hugely important and can help to shape parenting behaviour from early infancy onwards. This research demonstrates that a novel, universal early parenting support programme can result in sustained improvements in parenting confidence and satisfaction in parenthood. Parents who have a greater sense of efficacy in parenting tend to experience more positive mental health and use more sensitive and responsive parenting strategies. Greater parenting self-efficacy has also been associated with positive socioemotional wellbeing in children.

## **Promoting participation in universal early parenting support is a challenge. More strategies are needed to maximise the uptake of community-based early intervention and prevention services.**

Engaging parents in early parenting programmes, particularly those with a preventative focus, is a major challenge. Low rates of parental participation can impact the effectiveness of preventative parenting interventions, highlighting the importance of addressing barriers to engagement in the provision of early parenting supports.

# Background

## Introduction

**ENRICH** (**E**valuation **N** of **w**raparound in **I**reland for **C**hildren and families) is a five-year multi-component research programme, funded by the Health Research Board and designed to help promote child health and family well-being in the earliest years, through the development, implementation and evaluation of 'wraparound-inspired' models of service delivery.

The **ENRICH research programme** was established to: (1) build a greater understanding of how we can best address the health, mental health and social care needs of young families; and (2) to contribute to the development, implementation and evaluation of two new wraparound-inspired services for children and families living in Ireland.

One of the central aims of the research was to understand the effectiveness, implementation and cost-effectiveness of a new wraparound-inspired early parenting support programme for young families. This new service model - called the **UpTo2/Parent and Baby programme** - offers a range of developmentally tailored services and supports for parents and their young children from birth until two years of age.

In the ENRICH programme, we examined some of the **key issues which are important to new parents** as they transition into their parenting role and subsequently during the first two years of their child's life. We explored, in particular, parents' understanding of, and confidence in, their parenting role, parent wellbeing and their perceptions of their child's development. We also assessed the role of early parenting support programmes in enhancing outcomes for parents and young children during this important developmental stage.

This summary research report - the first of two - outlines how participating families were faring when their child was approximately two years of age.



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# The importance of early parenting supports

Parents play a crucial role in shaping child development, particularly in the 'first 1000' days. Responsive, proactive and positive parenting coupled with secure parent-infant attachments are widely acknowledged to be important protective factors in child development.

Positive experiences of parenting in the early years can help to bolster parent confidence and encourage parents to develop more effective parenting skills. This, in turn, can support parental mental health and wellbeing and help to establish a strong foundation for positive parent-child interactions and relationships, thereby providing a sound basis for healthy child development into the future.



There has been a growing commitment, both nationally and internationally, to investing in high quality child and family services (e.g. DCYA, 2013). Policy initiatives in Ireland, such as Better Outcomes, Brighter Futures (2014) and the Prevention, Partnership and Family Support Programme (PPFS; 2015) highlight the huge importance of delivering evidence-informed, evidence-based and co-ordinated early intervention and prevention services for families within the community.

There is considerable evidence that high quality early intervention and prevention programmes can positively influence parenting and child developmental outcomes. Research also suggests that these supports can contribute to better outcomes later in life, including higher educational achievement, better occupational status, reduced reliance on social welfare and better mental and physical health outcomes (Lindsay & Totsika, 2017).

# ENRICHing families' lives

## A universal approach to supporting parents and young children

Universal parenting interventions aim to support the needs of all families. However, most evidence-based parenting support programmes have been developed for, and tested with, parents and children who present with higher levels of need, or who are deemed to be 'at risk'. However, parenting is a challenging and demanding job for *all* parents, particularly in the early years. The transition to parenthood can be a time of vulnerability and can be associated with an increased risk of stress, anxiety and depression. Universal early parenting supports aim to meet the needs of families regardless of background and in a non-stigmatising way, thereby reducing the likelihood of families falling through the gaps in service provision.

### *Examining the benefits of universal early parenting supports*

In the ENRICH research programme, we conducted **a long-term follow-up** of almost 200 parent and baby dyads who participated in a non-randomised controlled trial/impact evaluation of the **UpTo2/Parent and Baby programme**. This is **a new universal early parenting support programme** designed to address multiple parenting issues, improve parent competency and wellbeing, strengthen parent-child relationships and enhance child developmental outcomes through the delivery of collaborative, multidisciplinary and cross-sectoral educational and social supports. This report presents a summary of the long-term (and final) findings to emerge from this impact evaluation.

#### **Key research questions**

- How do parents experience their parenting role over the first two years of their child's life?
- What is the impact of the *UpTo2/Parent and Baby programme* on parent outcomes including parenting sense of competence, parent wellbeing, parent and child relationships and the home environment?
- What is the impact of the programme on infant outcomes, specifically child developmental outcomes including personal and social development, communication and gross motor skills?
- Are there subgroups of parents who benefit more from the programme?
- What were the patterns of engagement with the programme?



# The early parenting programme

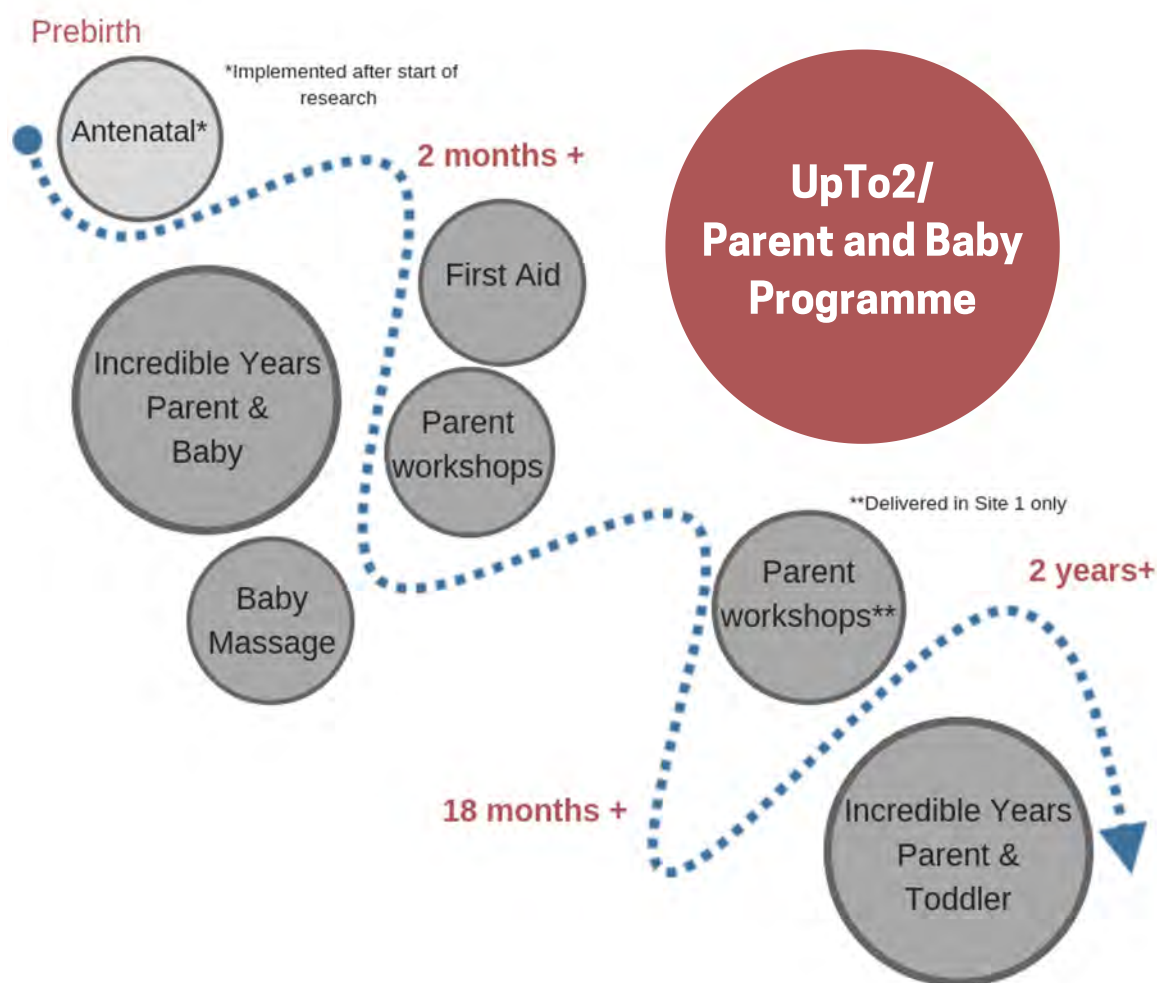
The *UpTo2/Parent and Baby* programme is a flexible model comprising a range of developmentally tailored supports for parents and young children (see Figure 1). These supports are delivered in two phases:

- **Phase 1** starts when the child is approximately 2 months old; and
- **Phase 2** is delivered from approximately 18 months onwards.

Programme delivery is coordinated and highly collaborative, involving local Public Health Nursing (PHN) services, family support and community-based services.

The programme is currently available in two sites:

- **Site 1** - Clondalkin, West Dublin (through the Blue Skies Initiative); and
- **Site 2** - Drogheda and Dundalk, Co. Louth (through the Genesis Programme).



**Figure 1: The UpTo2/Parent and Baby Programme**

*The programme was developed by Archways in collaboration with Public Health Nursing and community-based services. Delivery is funded through the Area-based Childhood Programme (DCYA, 2013).*

# The impact evaluation

An in-depth impact evaluation of the *UpTo2/Parent and Baby* programme was carried out between 2014 and 2018.

The research captured six cycles of programme delivery – three each in Clondalkin and in Drogheda and Dundalk respectively. These cycles were initiated between September 2014 and September 2016 and their implementation continued through to April 2018.

- In **Clondalkin** - phase 1 of the intervention was delivered to 9 parent groups (three groups per cycle) while phase 2 of the intervention was delivered to 2 parent groups (one group of parents from cycles 1 and 3 combined and a second group of parents from cycle 3 together with parents from a subsequent cycle).
- In **Drogheda and Dundalk** – phase 1 of the intervention was delivered to 3 parent groups (one group per cycle); phase 2 of the intervention was delivered to two parent and child groups, but these parents had not participated in the earlier first phase of the intervention.

## Study design

This study involved a naturalistic controlled before-and-after trial to evaluate the effectiveness - **or impact** - of the *UpTo2/Parent and Baby* programme using 'services as usual' as a benchmark for comparison.

Two groups of parents were recruited to the study.

All parents who took part in the study were free to take part in any additional available community-based services and supports, in the community, such as breastfeeding groups or mother and baby/toddler groups.



### **Group 1: Parents who received the UpTo2/Parent and Baby programme (n = 106)**

Parents living in the target areas were offered the *UpTo2/Parent and Baby* programme.

Groups were delivered in community-based settings (e.g. Family Resource Centres, health centres)

### **Group 2: Parents who received services as usual (n = 84)**

Usual services involve:

- A home visit from a PHN after birth;
- A 2-week and 6-week check-up with GP/hospital service; and
- Regular developmental check-ups with PHN services and free vaccinations.

# Conducting the evaluation

## Data collection

All participants were recruited through Public Health Nursing Services. Parents in the 'usual services' group were recruited from locations where (or at times when) the *UpTo2/Parent and Baby programme* was not available.

Data were collected from parents at several time points:

- **Baseline** - when infants were approximately 2 months old
- **Follow-up 1** - when infants were approximately 8 months old
- **Follow-up 2** - when infants were approximately 16 months old
- **Follow-up 3** - when infants were approximately 24 months old.

The findings outlined here are from the final follow-up. **After follow-up 3**, parents had received Phase 1 of the programme and some additional workshops - but had not yet received the Incredible Years Parent and Toddler Programme. This component was offered at a later date.

This design allowed us to capture whether there were any **sustained changes** (when children had reached approximately 2 years of age) in parent and child outcomes after participating in the *UpTo2/Parent and Baby programme*.

A range of assessments was carried out to gather information on how parents and their children were faring. These are described in brief below.

- A **Profile Questionnaire (PQ)** was used to elicit information on family background and health and wellbeing.
- The **Parenting Sense of Competence (PSOC)** scale examined parents' belief in their abilities as parents and their confidence and satisfaction in their parenting role.
- Maternal depressive symptoms were assessed using the **Patient Health Questionnaire-9 (PHQ-9)**.
- Perceptions of the parent-infant bond were examined using a subscale of the **Maternal Postnatal Attachment Scale (MPAS)**.
- The **Home Environment Infant and Toddler Home Observation for Measurement of the Environment - Short Form (HOME)** was used to provide an assessment of the home environment and of parent-child interactions within the home.
- Parents' perceptions of their child's temperament and development were gathered using the **Infant Characteristics Questionnaire (ICQ)**, as well as **the Ages and Stages Questionnaire-3 (ASQ-3)**, the **ASQ - Social and Emotional (ASQ: SE)** and the **Strengths and Difficulties Questionnaire (SDQ)**.

# Baseline findings

## Participant characteristics

In total, **190 parent and baby dyads (N=380)** were recruited to the study; 106 parents were recruited to the *UpTo2/Parent and Baby* programme and 84 received services as usual (see Table 1).

- Parent participants were all mothers
- Children were fairly equally divided by gender (48% boys; 52% girls).

**Table 1: Overview of Participant Characteristics at Baseline**  
(Figures are numbers (%) unless otherwise stated.)

	UpTo2/Parent and Baby programme group	Services as Usual group
Lone parent	23 (24)	16 (20)
Ethnic minority	17 (18)	18 (22)
First-time mother	67 (70)	31 (39)
Mean age of mother in years (SD)	31.6 (6)	31.9 (5)
Mean age of child in months (SD)	1.8 (1)	2.1 (1)
No (%) of boys	53 (55)	39 (48)
Low family income	33 (35)	24 (30)

At baseline, parent participants in the *UpTo2/Parent and Baby* programme group were significantly more likely to be first-time mothers.

Infants in the services as usual group were, on average, older than those who received the intervention.

- Overall, at baseline, mothers generally reported good health for themselves and their infants, and were functioning well. The findings indicated high levels, on average, of parenting confidence, low levels of depression and positive parent-infant relationships. Parents also reported that their infants were developing well.
- Between baseline and the final follow-up (when infants were 24 months old), 28 participants (15%) had dropped out of the study. Of the remaining 162 parents and their infants, 85 participated in the intervention, whilst 77 received services as usual.



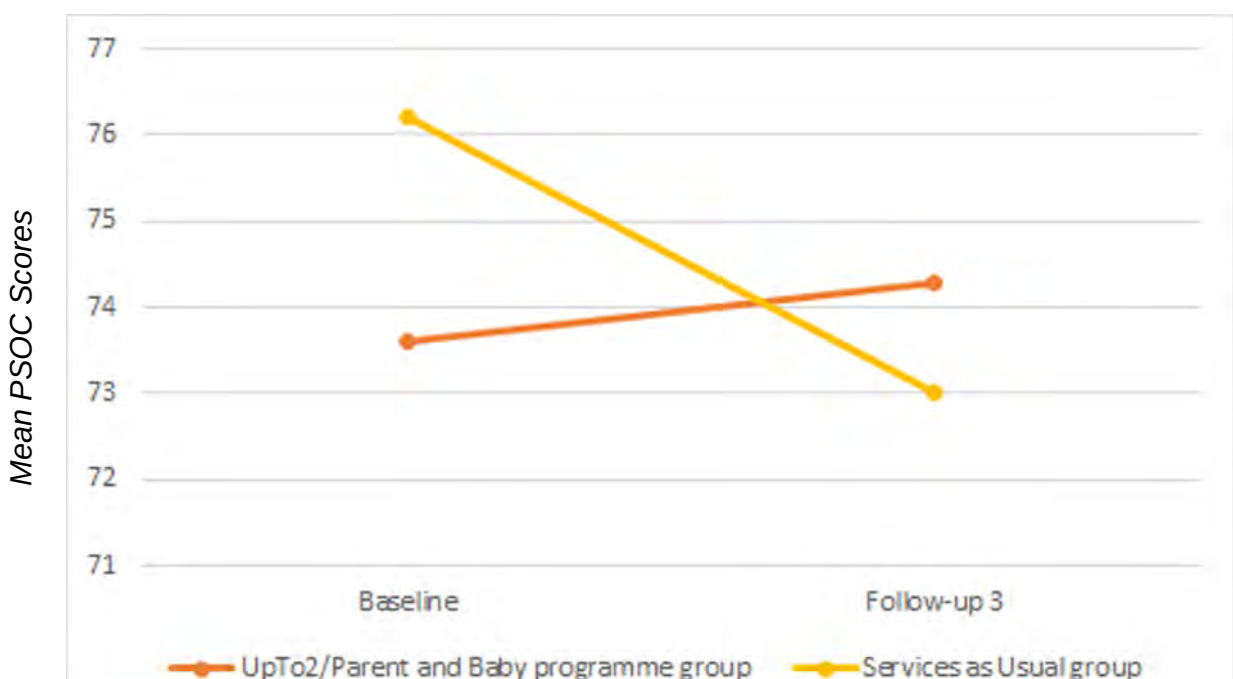


# Key findings

## Differences between the groups

Statistical analyses were conducted to examine if there were any significant (meaningful) differences between those who participated in the *UpTo2/Parent and Baby programme* (n = 85) and those who received services as usual (n = 77). This analysis compared how the two groups were faring when children were approximately two years old (Follow-up 3), controlling for important factors like baseline scores, maternal parity and infant age.

- There was a statistically significant difference between the groups on the PSOC scale - which we had identified before the study began, as the outcome of most importance and interest. This indicated that parents who received the *UpTo2/Parent and Baby programme* reported a greater sense of parenting efficacy when compared to those who received services as usual. This effect was sustained over the first two years of the child's life, illustrating that the group-based early parenting intervention can strengthen parenting confidence and enhance satisfaction with parenthood in the longer-term. These findings suggest positive long-run changes in parents' belief in their ability to cope with the demands of parenthood (see Figure 2).
- There were no other differences between the groups with regard to parent wellbeing or child outcomes. Our earlier findings (when infants were around 8-months old) indicated that the *UpTo2/Parent and Baby programme* had positively impacted the emotional support and cognitive stimulation provided to babies in the home, but this effect was not seen at the final follow-up time point.



**Figure 2: PSOC Scores at Baseline and Follow-up 3 for the UpTo2/Parent and Baby programme group and the Services as Usual group**



# Sub-group analyses

Additional analyses were conducted on sub-groups to examine whether some families derived more benefit than others, from the *UpTo2/Parent and Baby* programme. This analysis was based on a number of adversities or disadvantages that parents experienced at entry to the study (i.e. at baseline) including: single parenthood, teenage parenthood, family poverty, parental history of depression, substance abuse, criminality, stressful life events and low social support.

- More vulnerable ('high risk') parents were identified as those who, at baseline, reported two or more of the above risk factors (n = 73; 39 in the *UpTo2/Parent and Baby* group).
- 'Low risk' parents had fewer than two risk factors (n = 90; 47 in the *UpTo2/Parent and Baby* group).

- Low risk parents who attended the *UpTo2/Parent and Baby* programme were significantly more confident in their role as parents than their counterparts in the comparison group.

- Low-risk children in the intervention group were perceived by their parents to have an easier temperament (see Figure 3).

- There was also a significant difference with regard to their problem solving (ASQ 3 subscale) abilities, which favoured low-risk children in the intervention group (see Figure 4). This was because scores for those in the 'services as usual' group fell over time.

- High-risk families in the *UpTo2/Parent and Baby* programme group did not differ from those in the 'services as usual' group on any parent or child outcome measures - suggesting that there were no intervention benefits for this sub-group.

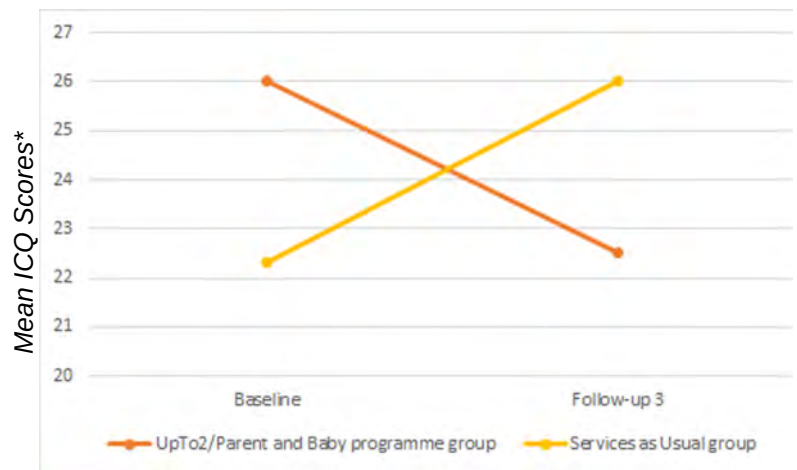


Figure 3: ICQ Scores for Low-risk Children in the *UpTo2/Parent and Baby* group and the *Services as Usual* group (\*Higher scores = More 'fussy/difficult' temperament)

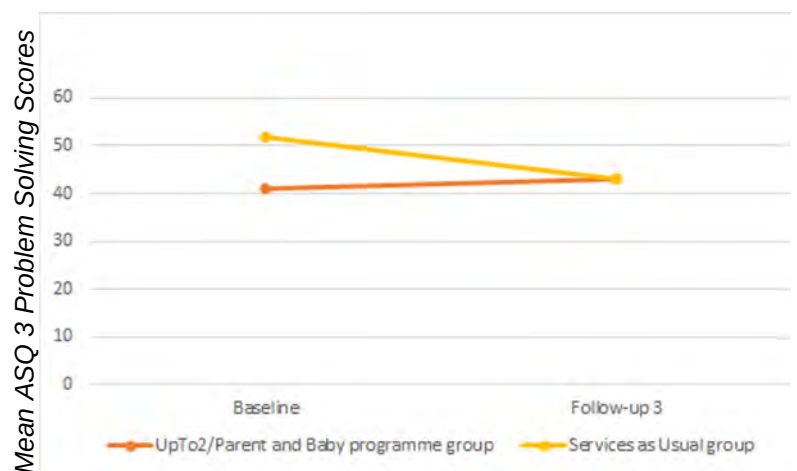


Figure 4: ASQ 3 Problem Solving Scores for Low-risk Children in the *UpTo2/Parent and Baby* group and the *Services as Usual* group

# Attendance and engagement

Attendance figures for the two sites where the *UpTo2/Parent and Baby* programme was delivered, are shown in Table 2.

**Table 2: Average number of UpTo2/Parent and Baby sessions attendance**

Figures are Mean (SD) unless otherwise specified

	Total sessions	Incredible Years Parent and Baby Programme (8 sessions)	Incredible Years Parent and Toddler Programme* (12 sessions)	'Wraparound' sessions	Attended 7 or more sessions No (%)
Site 1 (n = 88)	10.56 (8.6)	4.85 (2.96)	1.08 (4)	3.9 (3.4)	54 (61.4)
Site 2 (n = 18)	10.1 (4.3)	5.9 (2.1)	--	4.8 (2.3)	14 (78)

\* *Incredible Years Parent and Toddler Programme* = Attended by 16 parents participating in the trial; Mean number of sessions attended 9.9 (2.67); 15 mothers attended 6 or more sessions

Approximately two-thirds (67%) of participants attended 7 or more sessions of the *UpTo2/Parent and Baby* programme

The mean number of Incredible Years Parent and Baby Programme (IYPBP) sessions attended was 4.9 (SD = 2.8); three out of four (75%) participants attended three or more sessions.

- **In Site 1**, participants on average attended 3.9 'wraparound' sessions (SD = 3.4); 62% attended 3 or more (out of a possible 12).
- **In Site 2**, participants attended, on average, 4.9 of the 'wraparound' sessions (SD = 2.3); 83% attended 3 or more (out of a possible 7).

Maintaining parent engagement over the entire programme cycle was a considerable challenge. Participation in Phase 2 of the programme was markedly lower than during Phase 1.

- Low-risk parents were significantly more likely to attend sessions than their more vulnerable counterparts. On average, lower risk families attended three to four more sessions than those who were in the higher risk group.

Parent engagement with the programme was analysed in order to gain further insight into patterns of attendance. The findings showed that:

- Mothers' age was the strongest predictor of attendance - older mothers were 1.16 times more likely to attend than their younger counterparts;
- Lone parents were 0.26 times less likely to attend;
- Family income, parity and family size did not predict attendance.

# Summary and conclusion

The findings presented here, outline the longer-term outcomes from an in-depth evaluation of a group-based, early parenting support programme delivered on a universal basis to parents and their young children in Ireland. The programme was delivered routinely in community-based settings through collaborative, inter-agency processes and practices. This is one of a small number of studies internationally to report on the universal effectiveness of a group-based parenting intervention in the earliest years .

The collective findings suggest that the *UpTo2/Parent and Baby* programme has the potential to improve parenting attitudes and sense of parenting efficacy. Importantly, these effects were sustained over the first two years of a child's life. Low risk parents also reported a decrease in perceived difficulty with their child's temperament, suggesting that benefits for child outcomes may accrue over time for some families.

Overall, these findings suggest positive longer-term changes in parents' belief in their ability to cope with the challenges of parenthood. Lower levels of parents' sense of efficacy and perceived temperamental difficulty are associated with harsher parenting which, if maintained over time, may increase the risks of negative developmental outcomes later in life (Masten & Cicchetti, 2010). On the other hand, positive parenting attitudes are associated with more sensitive and responsive parenting behaviours, as well as better developmental outcomes in both parents and children (Gross & Marcussen, 2017). Indeed, children in the low-risk group fared better than their counterparts in respect of problem-solving ability. Previous research has demonstrated that sensitive and responsive parenting is associated with better problem-solving skills in children (Fogler et al., 2018), while early parenting intervention has been linked to improvements in child cognitive development (Doyle et al., 2018).

Therefore, the findings suggest that participation in the programme has an enduring positive impact on parenting skills and capacity as well as potential benefits for child developmental outcomes.





It is important to note that, in both groups, developmental scores on the ASQ measures were high at baseline, while children in the comparison group were also, on average, older. It may be the case that parents became better able to assess their child development over time, whilst the differences with regard to child age at baseline may also have made it more difficult to detect intervention effects.

On average, high levels of emotional support and cognitive stimulation in the home were observed in both groups (by on-site researchers). Significant between-group differences were seen only at the 8-month follow-up with regard to the home environment, but these were not detected at the final follow-up time point. 'Ceiling effects' may have precluded the detection of any improvements as a result of the intervention. Moreover, these earlier effects may have faded over time, as parents respond to new challenges which emerge as their children age. Parents may also face other challenges as they return to work and/or subsequent children are added to the family unit. These factors were identified in our process evaluation as barriers to maintaining parent engagement in the full cycle of programme delivery (see **Summary Report 2**).



As with other early parenting interventions/programmes, parental attendance was a significant challenge. Younger mothers and lone parents were less likely to participate, whilst parents who experienced more adversity and disadvantage also attended fewer programme sessions. Families with the greatest needs are often the most difficult to engage in interventions of this kind, and prevention-focused programmes, in particular, can suffer from low uptake and engagement (Cullen et al., 2016).

Finally, it should be noted that the evaluation was conducted during a very early stage of programme implementation while the service model was still bedding down. Furthermore, some parents in the comparison group were accessing other services, including similar supports to those being offered as part of the *UpTo2/Parent and Baby programme*, thereby rendering it more difficult to detect intervention effects. Implementation progress over time - and the processes and factors which influence implementation and programme success - were carefully monitored as part of the process evaluation which was an integral part of this research (see **Summary Report 2**).



# Key lessons from the research

These findings provide important information for parents, practitioners and policy makers who seek to use, or promote the delivery of, holistic, multidisciplinary early parenting supports in usual care settings both in Ireland and elsewhere. The results also help to further our understanding of what works for parents during the all-important earliest weeks and years of a child's life.

- **Integrated and multidisciplinary supports which are delivered in community-based settings can result in sustained improvements in parenting self-efficacy.** Parents who have a greater sense of mastery and confidence tend to experience more positive mental health and use more positive parenting strategies. Greater parenting self-efficacy has also been associated with positive socioemotional wellbeing in children.
- Universal, group-based early parenting programme may have beneficial outcomes in terms of child temperament and problem-solving skills. However, these benefits accrued to higher functioning families and no intervention effects were observed for high-risk parents and their young children. **More research is needed to explore the kinds of adaptations and supports which are required to ensure that all families and children are supported to achieve their full potential.**
- Reducing barriers to engagement with early parenting supports is a significant priority, but we need to **better understand implementation strategies and approaches that promote optimal uptake of preventative services**, particularly for more vulnerable groups.

## Find out more

- A summary of the in-depth process evaluation which was conducted in parallel to the study described here, is provided in **Summary Report 2**. This explored the facilitating and inhibiting factors which influenced the implementation of the *UpTo2/Parent and Baby programme*.
- **Service utilisation data**, as well as the **costs of programme delivery and potential cost-benefits** are also being assessed.
- Further information/updates can be found at [cmhcr.eu/enrich-programme/](http://cmhcr.eu/enrich-programme/).



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## Community collaborators

Archways

Clondalkin Community Healthy Living Initiative

Deansrath Family Resource Centre

The Blue Skies Initiative

Public Health Nursing Services, Dublin West

Connect Family Resource Centre

The Genesis Programme



Centre for Mental Health  
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**The ENRICH (EvaluationN of wRaparound in Ireland for CHildren and families) research programme - funded by the Health Research Board - is a 5-year multi-component research programme designed to help promote child health and family wellbeing through the development, implementation and evaluation of 'wraparound-inspired' models of service delivery.**

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## **Contact us:**



@ENRICH\_Ireland



[cmhcr.eu/enrich-programme](http://cmhcr.eu/enrich-programme)



[Sinead.McGilloway@mu.ie](mailto:Sinead.McGilloway@mu.ie)



00353 1 708 4765



**Maynooth University**  
National University  
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