



Summary Report 2







Exploring the experiences and implementation of universal early parenting support

ENRICHing families' lives



Authors

Professor Sinead McGilloway, Principal Investigator and Founder/Director, Centre for

Mental Health and Community Research

Dr Grainne Hickey, Research Progamme Manager

Yvonne Leckey, Fieldwork Co-Ordinator and Senior Researcher

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

Professor Michael Donnelly, Co-investigator

Health Services Research Group, Centre for Public Health,

School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast











Key messages

Universal early parenting supports are important

The findings highlight the importance of universal early parenting supports. Both parents and practitioners felt that the transition to parenthood was a time of particular vulnerability. Thus, the availability of accessible, group-based early parenting supports were seen as important in helping parents to cope with the challenges of parenting and reducing fear, anxiety and lack of confidence. This research demonstrates that universal early parenting supports can promote positive experiences in the transition to parenthood and strengthen parenting knowledge and skills. Group-based parenting provision offers an important source of emotional and moral support, creating a sense of community and helping parents to learn new skills.

Effective implementation is a vital ingredient of the success of early parenting programmes. The delivery of high-quality universal early parenting supports requires support for facilitators

The introduction of new programmes and practices into child and family service settings is a challenging undertaking and such changes can be daunting for practitioners. Facilitators and the skills which they possess, are crucial to the high quality delivery of early parenting supports, including the engagement of parents and parental satisfaction with delivery. Providing support for facilitators - particularly coaching, and cultivating leadership and buy-in from service managers - is paramount in enabling practitioner involvement and creating a solid foundation for programme sustainability.

Collaborative, evidence-based parenting programmes can help to build capacity in child and family services

Interventions which support parents in the earliest years, while promoting optimal child development by enhancing routine services, are vital. This research demonstrates that the introduction of a collaborative, universal early parenting intervention had helped to strengthen practitioner capacity and focused attention on infant mental health and parenting needs. Additionally, links across services were strengthened and were perceived to have reduced gaps in service delivery whilst improving access to services for families.

Background

Introduction

ENRICH (EvaluatioN of wRaparound in Ireland for CHildren 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 wellbeing 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 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 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 first 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. The key findings from the impact evaluation of the UpTo2/Parent and Baby programme - based on a community-based non-randomised controlled trial - are reported in Summary Report 1.

However, we also conducted in parallel, a substantial process evaluation to explore, in detail, the experiences and perceptions of the UpTo2/Parent and Baby programme, not only amongst parents, but also amongst other key stakeholders who were involved in implementing and delivering the programme. We examined, in particular, facilitators and barriers to successful implementation. Some of the key findings are presented here.



Understanding 'what works' in early parenting supports

Childhood development programmes which focus on strengthening parenting in the earliest years, are increasingly a feature of policies and initiatives which aim to tackle intergenerational disadvantage and inequality. Considerable evidence suggests that parent-focused prevention and early intervention programmes can help to promote positive parenting and child development outcomes (Leijten et al., 2017).

However, prevention and early intervention programmes are often complex and multifaceted and their success or failure is frequently dependent on they way in which they are delivered and the contexts in which they are implemented. Indeed, the successful implementation of these kinds of programmes is vitally important for ensuring their positive impact on health and wellbeing outcomes and optimising the return on public health and community care expenditure.

Despite the growing emphasis on evidencebased parenting supports for all families, significant challenges there are embedding programmes of this nature in primary care and community-based early years service settings. There remains a lack of research exploring how implementation components, and the processes contexts of early parenting interventions, particularly group-based programmes, influence outcomes for parents and infants.



- Process evaluations aim to understand how evidence-based programmes are designed, developed and implemented in 'real-world' community-based settings. They provide important information on the 'how and why' of programme implementation and help to shed light on the mechanisms that are important to shaping positive outcomes for service users.
- Process evaluation data can be collected from a number of sources including relevant documentation, reports, surveys and interviews with key stakeholders.

Exploring the implementation of universal early parenting supports

The **detailed process evaluation** described here, was undertaken to explore the successes and challenges of implementing a complex, universal early parenting intervention – **the UpTo2/Parent and Baby programme.**

This process evaluation was conducted in conjunction with the impact evaluation described in Summary Report 1. It allowed us to explore key stakeholder experiences of the programme, as well as the practices and resources involved in programme delivery. It captured three full cycles of the *UpTo2/Parent and Baby programme* delivery which were initiated in September 2014 and completed in late 2017. This core element of the research involved **monitoring and appraising the implementation** of all components of the complex early parenting programme and exploring how the programme **developed over time**.

This evaluation was conducted in real world, community-based settings. The findings are critical to **understanding the processes of innovation and change** that are important, not only in achieving positive outcomes for parents and young children, but also in informing the effective delivery and embedding of a complex, multi-component and multi-stakeholder, universal, early intervention and prevention programme within community-based services in Ireland.

Key research questions

- How did implementation of the *UpTo2/Parent* and *Baby* programme progress over time?
- How consistent was the delivery of the UpTo2/Parent and Baby programme?
- How did key stakeholders experience and respond to the intervention?
- How satisfied were parents with the *UpTo2/Parent* and *Baby programme?*
- What influenced key stakeholders' responses to the intervention?
- What were the key facilitators of implementation success?
- What were the challenges to programme implementation and what factors are likely to influence its longer term sustainability?

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 involves coordinated, collaborative delivery between 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).

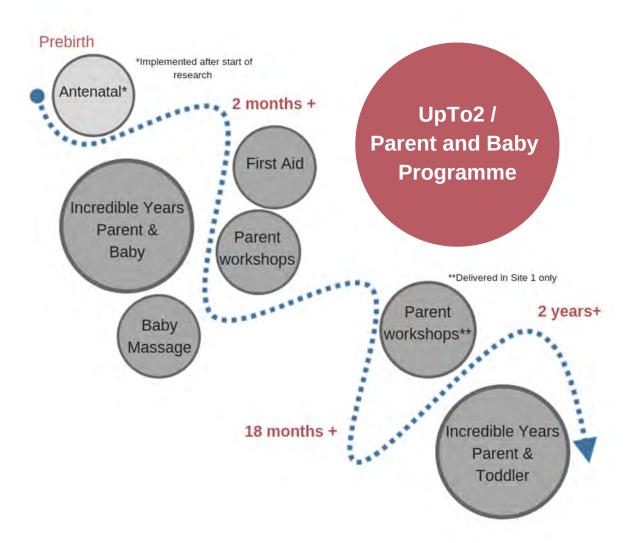


Figure 1: The UpTo2/Parent and Baby Programme

The process evaluation

Data collection

The process evaluation involved the use of mixed-methods approaches to gather information from a wide range of different sources. Qualitative and quantitative data were collected from individuals involved in the programme including:

- Parents
- Programme developers
- Programme implementers/facilitators.

Qualitative data:

- A series of in-depth one-to-one interviews was conducted with parents (n=22) and programme implementers (n=22).
- Several focus groups involving 18 programme providers, were undertaken to explore parents' and facilitators' responses to the intervention.
- A further focus group with 6 parent participants who took part in the second phase of the intervention, was also conducted to explore the delivery of phase 2 (the Incredible Years Parent and Toddler Programme; IYPTP) of the intervention (which could not be captured in the impact evaluation).





Quantitative data:

- · Fidelity checklists
- Attendance checklists
- Participant feedback forms

The above were analysed to assess the consistency of programme delivery, participant engagement, and satisfaction with the programme.

Key findings

Parents' experiences of the programme

Parent satisfaction

• 95% to 100% of parents reported that they were 'satisfied' or 'highly satisfied' with the UpTo2/Parent and Baby programme and its various components.

The transition to parenthood and programme benefits

Despite the findings from the impact evaluation indicating that mothers were generally functioning well in the transition to parenthood (please see **Summary Report 1**), the results from our qualitative interviews revealed that many felt ill-prepared for parenting. Feelings of inadequacy, doubt, anxiety and worry, as well as exhaustion and isolation, were common. In this context, participating mothers reported significant benefits from the programme, not least of which included a sense of community and support during the earliest stages of motherhood. Some other reported benefits included:

- Developing parenting knowledge and skills
- Recognising child needs
- Encouraging and supporting child learning and behavioural development.

An interesting finding emerged in terms of parents' understanding of the importance of increased interaction and communication with their infants. After participating in the Incredible Years Parent and Baby Programme (IYPBP), many mothers felt more aware of the value and importance of ongoing communication with their child in terms of supporting both language and cognitive skill development early in life. Indeed, a number of mothers initially believed that their baby could not understand, or benefit, from interaction at such a young age, but on the advice of the facilitators, they began to read and play more with their infants.

Keep talking to my baby as playing; faceto-face is very important.

I am aware... before it was like why are they crying? I will just try everything. And then I got the facial cues and the tongue and stuff like that so I was able to do things before she'd start crying.

I now understand my daughter more, knowing when she's stressed and what to do to calm her. Parents also reported high levels of satisfaction with the Incredible Years Parent and Toddler Programme (IYPTP), although the numbers participating here were much lower. The IYPTP was perceived as helping parents to cope with developmental changes occurring in early toddlerhood and strengthening parenting confidence and skills in managing child behaviour.

The importance of peer-led learning and group support

Overall, parents found their participation in the *UpTo2/Parent* and *Baby* programme to be enjoyable and beneficial. The experience of interacting with other mothers and babies was highlighted by interviewees to be hugely beneficial and a significant source of knowledge and skill development as well as support and friendship.

- The process of peer-led learning reportedly helped to strengthen parenting confidence and empower parents to develop their own solutions to parenting challenges.
- The groups were seen as providing a source of informal knowledge and emotional and moral support, where mothers could openly exchange advice on parenting needs and express their frustration or anxiety in an informal setting.
- The groups became an important source of companionship and support, both within and beyond actual programme delivery. Parents reported using social media to support each other, as well as staying in touch and meeting outside of group time.

You just feel like you're more plugged into a network, plugged into a community and on a very practical level, you can chat to other mums and say 'does your baby do this?'...
You feel less alone and isolated.

Meeting new mums and getting information that you don't know as a first-time mother... you think you're the only one so it's good to be able to be able to talk to people.

Suggested improvements to the programme and challenges to programme attendance

- Parents' reservations about the programme primarily related to what they considered to be the outdated nature of the vignettes and the lack of an Irish perspective in the video materials used as part of the Incredible Years programmes.
- A number of parents also commented on their inability to attend the IYPTP programme, as toddlers could not attend and childcare costs were prohibitive for some.
- Furthermore, many mothers had returned to work with the result that IYPTP uptake was low.
- Arguably, some parents also did not see the need to attend the IYPTP as they were not experiencing any parenting challenges at that point in time.

Implementation progress

Programme adoption and fidelity

Between 2014 and 2018 (during the course of this evaluation):

- A total of 37 practitioners/facilitators were involved in delivering the *UpTo2/Parent and Baby programme* components (26 in Site 1 and 11 in Site 2), most of whom whad delivered the IYPBP (n = 28); 5 were involved in the delivery of the IYPTP, 3 of whom had also delivered the IYPBP. Five practitioners were involved in delivering the 'wraparound' components exclusively.
- The professional backgrounds of personnel involved in *UpTo2/Parent and Baby programme* delivery included: 19 PHNs, 8 Family Support Workers (FSW), 8 other community-based practitioners and 2 volunteers.
- Analyses of stakeholder feedback forms showed that 96% of the Incredible Years programme material was delivered indicating that these evidence-based components of the *UpTo2/Parent* and *Baby* programme were **delivered** with fidelity.
- Feedback from parent participants indicated very high levels of satisfaction with facilitators, whilst parent assessments of programme material and content were also consistently positive.



Practitioners' experiences of the programme

There was a very feel good factor...

There is a great buzz about delivering a group when you are involved with it.

Enthusiasm for the UpTo2/Parent and Baby programme was a strong and recurring feature of the interviews with the stakeholders who were involved in programme delivery. PHNs and other facilitators indicated that they had enjoyed delivering the programme and derived both had personal and professional benefits from their involvement in implementation.

Perceived benefits for parents

- Facilitators felt that the programme was beneficial for parents, regardless of background or circumstances.
- Programme participation was reported to have increased social support and reduced stress and anxiety for mothers during a critical period of vulnerability.

Whether the mother is a 16 year-old firsttime mum or she is a 35 year-old, she had two already... the way they just change their attitudes.... they are on the floor, automatically, they sit down on the floor and talk [with their babies]."

- Overall, those involved in delivery felt that the programme resulted in increased parental confidence and selfesteem, as well as greater positive interaction and communication between parents and infants. They also noted a greater awareness and knowledge amongst mothers, of the psychological wellbeing of their infants.
- The PHNs felt that parental capacity development was evident when participating mothers presented for developmental checkups; they also observed stronger mother-infant bonds and more positive, expressive communication by mothers towards their infants. Consequently, clinic visits were perceived as shorter, more focused and more efficient.

Perceived benefits for practice

- The peer-led nature of the programme was widely praised by facilitators who adopted a partnership approach to working with parents. This approach required a shift in practice from telling mothers what to do, to asking them what they would do to resolve problems or difficulties. Parents were, therefore, supported in their parenting role rather than being told how to parent.
- There was broad agreement that this collaborative or partnership approach to learning, empowered mothers to understand, and feel, that they were better able to appropriately manage and meet their infants' needs.

It has hugely enriched my working with my parents, even the ones who are not doing the groups....
I would bring the same sort of ideas around managing different things and working out different things.

 Facilitators, particularly PHNs, also described how their involvement enhanced their own capacity and professional expertise. For instance, they reported integrating the principles of peer-led learning into their own clinical practice which, in turn, was seen as enriching their work practices and improving their interactions with parents more generally.

Implementation facilitators and barriers

The findings highlight a number of key **facilitators and barriers** to the implementation of the *UpTo2/Parent and Baby programme* in a community-based context. These may be categorised as follows:

- 1. **Programme factors** (the characteristics of the programme)
- 2. Individual factors (the attitudes, skills and capabilities of parent and facilitators)
- 3. **Organisational and systems factors** (the characteristics of the environment where delivery takes place) (Figure 2).



Figure 2: Facilitators and barriers to UpTo2/Parent and Baby programme implementation

Programme factors

Key facilitators of programme adoption

Programme advantages

• Stakeholders held very positive perceptions of the programme which they believed to be beneficial to both parents and their children, as well as conferring professional and personal benefits for practitioners. In this way, the *UpTo2/Parent* and *Baby* programme was seen as enhancing local child and family services; this was important in promoting early practitioner adoption of the programme. Additionally, the collaborative and multidisciplinary nature of the programme was considered to provide added value for local child and family services, whilst also helping to reduce gaps in service delivery and improving access and resources available for families.

Programme resources

 Sufficient funding and the availability of operational and administrative support for delivery (e.g. Implementation Teams, programme coordinator) were identified as crucial implementation facilitators. These were seen as enhancing programme feasibility and sustainability, particularly during the earlier stages of implementation. Importantly, administrative support for programme delivery helped to build a strong sense of commitment to programme delivery amongst practitioners, as this reportedly helped to alleviate the burden associated with new learning and change in practices.

Ongoing capacity development for practitioners

• Despite enthusiasm for the programme, the prospect of practice change was daunting for practitioners. Training and coaching (which included on-the-job support from experienced practitioners and supervised peer learning networks) were identified as vital to establishing capacity for implementation, as well as securing buy-in and commitment amongst practitioners. Notably, practitioners identified a need for both practical support - in terms of helping them to upskill - and emotional or 'moral' support, which they indicated had helped to build their confidence. This capacity building was important in addressing any early fears felt by practitioners when hosting a group-based programme and any attendant changes in practice, thereby facilitating involvement and continued participation.

Individual factors

Facilitators and barriers to parental engagement and effective delivery

Parent preferences and attitudes

• The qualitative findings suggest that parents need to be motivated and interested in attending these kinds of programmes. However, stigma and negative attitudes surrounding parenting programmes more generally and/or discomfort attending a group-based programme, were identified as potential barriers to engagement. Furthermore, 'hard to reach' parents or those from socioeconomically disadvantaged backgrounds, were also reportedly not engaging as readily with the *UpTo2/Parent and Baby programme*. Practical issues, such as work committments, transport and lack of childcare (including for older children), were identified as barriers to attendance.

Practitioner skills

Practitioner skills, including a warm, non-judgemental approach and ability to establish strong supportive relationships with parents, were identified as a crucial ingredient in programme success – particularly in terms of ensuring fidelity in delivery and facilitating participant engagement and satisfaction with the *UpTo2/Parent and Baby programme*. Establishing a strong relationship with mothers prior to programme commencement, was also felt to be vital in maintaining engagement and reducing drop-out, particularly amongst the more vulnerable parents. Practitioner commitment and buy-in were further seen as providing a strong basis for sustained implementation.

Time versus competing demands

• Programme facilitators identified time and practice to be important factors in the 'bedding down' of the programme in local service settings; this was considered to be a necessary prerequisite for practitioners in terms of acquiring and consolidating the skills needed for high quality delivery. However, a balance between involvement in the delivery of the *UpTo2/Parent and Baby programme* and practitioners' other work commitments and responsibilities, was also required. In this context, support for programme delivery from managers was necessary to promote practitioner buy-in and programme adoption.

Organisational and systems factors

Facilitators and barriers to programme sustainability

Supportive dynamics

- Overall, buy-in at a systems level was highlighted as crucial for high quality and sustainable implementation. Supportive intra- and inter-organisational dynamics and interactions were identified as essential contextual factors that positively influenced programme delivery. This included support from facilitators' colleagues, as well as leadership and championship of the programme by key actors (particularly those in managerial positions).
- · Leadership from service managers was considered to be a key facilitating mechanism with regard to programme implementation. Support from managers (e.g. allowing facilitators protected time for preparation, delivery and coaching) was fundamental to building and maintaining readiness and buy-in for implementation. Conversely, unsupportive organisational environment - such as a lack of understanding of implementation requirements amongst managers and colleagues - was a barrier to sustainable delivery.



Organisational resources

 Resource limitations at an organisational level, most notably staff shortages and heavy workloads, were identified as an additional and significiant barrier to implementation. However, managerial support – or support for implementation at a 'systems' level – was seen as central to leveraging and ensuring sufficient resources for programme delivery.

Summary and conclusion

This report outlines some of the key findings from the process evaluation of the *UpTo2/Parent and Baby programme*. These highlight, in particular, the experiences and views of stakeholders who took part in the programme and the facilitators and barriers to the implementation of these kinds of supports for families in community-based settings.

Overall, **satisfaction with, and positive perceptions of,** the *UpTo2/Parent and Baby programme* were widespread amongst both parent and practitioner stakeholders. The programme was seen as helping to strengthen positive outcomes for mothers and their young children in the earliest years. Key perceived outcomes for mothers included better parental knowledge of child development, enhanced parenting skills and improvements in parenting confidence.

The transition to motherhood and the earliest stages of childhood are crucial for long-term family health and wellbeing, The process evaluation points to a **strong need for this type of group-based and universally available support for parents**. Although findings from the impact study showed that mothers, on average, reported good health and wellbeing the qualitative findings highlighted significant day-to-day stresses, exhaustion, uncertainty and isolation, underlining the transition to parenthood as a period of, often quite considerable, vulnerability. However, attendance at a group-based programme was reported as having led to reductions in parenting anxiety, as well as less isolation amongst mothers.

The **group interaction and peer-led learning** were highlighted as crucial mechanisms in the success of the *UpTo2/Parent and Baby programme*. Both parents and facilitators alluded to the value of group support and interaction for young families. Notably, the *UpTo2/Parent and Baby* groups became a vital source of **moral and emotional support** for parents, as well as facilitating the development of **positive parenting skills/strategies** and positive outcomes for parents.



Implementation success

Programme facilitators, particularly PHNs, highlighted the value of the programme for their work and job satisfaction. Our findings indicate that the programme was delivered with high levels of fidelity, and significant buy-in for programme implementation was evident. The results demonstrate considerable enjoyment of, and commitment to, the delivery of the *UpTo2/Parent and Baby programme*, whilst practitioners felt that their involvement in the programme had also helped to **strengthen their overall practice**.

PHNs reported that their experience of delivering the programme had **positively influenced the ways in which they interact with parents.** They had also become more aware of the importance of the social, emotional and developmental needs of young children and were more likely to address these issues with parents outside of programme delivery.

The multidisciplinary and collaborative nature of the programme was also seen as providing **significant added value** and helping to **build organisational capacity**. Thus, key child and family services, including local organisations and PHN services, were seen as more interlinked and as having a better mutual understanding. This was considered, in turn, to have helped practitioners provide better services for families, whilst also improving referral and service engagement processes for the wider community.

Implementation challenges

Challenges to implementation success also emerged, including barriers to parent engagement. Firstly, engaging more disadvantaged and vulnerable parents in the *UpTo2/Parent and Baby programme*, was seen as a significant challenge, while participation in the programme also waned over time. Whilst work commitments and childcare were a significant barrier for parents' attendance in phase 2, arguably, there were also low levels of perceived need for the IYPTP element of the programme amongst some parents. Overall, breaking down attitudinal barriers is important in engaging parents, whilst providing practical supports, such as transport, childcare and additional one-to-one support, can also promote attendance, particularly amongst harder to reach parents.

Additionally, **organisational and systems barriers** were identified as potential threats to implementation success including, in particular, stretched and overworked staff, staffing shortages and insufficient organisational/system funding for innovation. Despite a strong commitment to programme delivery at a local level, practitioners highlighted **pressures on their time and heavy workloads**. Indeed, they felt that the longer term sustainability of the programme would be undermined without ongoing support, such as coaching, administrative support and leadership from management for programme delivery

Notably, the skills and qualities of practitioners was identified as a crucial ingredient in supporting high quality and successful programme delivery. Thus, providing protected time for programme involvement and cultivating a **supportive work environment** for programme delivery and, more generally innovation, were important in building capacity for delivery and creating a firm basis for sustainability.

Conclusion

It is important to note that the *UpTo2/Parent and Baby programme* was still at an early stage of implementation while this process evaluation was being conducted. All the evidence suggests that innovations of this kind take time to 'bed into' the local setting and implementation challenges are, therefore, inevitable. However, the findings underscore the requirement for early parenting programmes and interventions to tackle **the needs of families from the earliest stages of the lifecycle**.

Satisfaction with the programme was very high and supporting the transition to parenthood by providing effective, and accessible, community-based services, can clearly benefit families by reducing stress, **building parenting confidence and enhancing parenting knowledge and skills.**

The PHN facilitators reported integrating their learning from programme delivery into their own routine practice, and tangible improvements were seen at developmental check-ups, whilst inter-agency working and more effective communication (e.g. with other community-based child and family services) were also reported. This has important implications for service quality and efficiency. These findings highlight the potential value of integrating group-based parenting programmes into primary health care settings, in terms of improvements to routine practice and enhanced professional development in child and family service settings.



Lessons from the research

This process evaluation provides critically important information on the delivery of an innovative, complex and universal early parenting intervention, as well as the mechanisms that influence implementation success.

- The findings highlight a considerable need for universal early parenting supports. Both
 parents and practitioners felt that the transition to parenthood was a time of particular
 vulnerability and the availability of accessible, group-based early parenting supports was
 seen as important in helping parents to cope with the challenges of parenting and
 reducing fear, anxiety and lack of confidence.
- Improvements in parent skills, particularly parent responsiveness and the parent-infant relationship, were widely reported by both parents and facilitators. Group-based early parenting intervention can also provide important practical and emotional support to foster parental confidence and improvements in parenting outcomes.
- Facilitators and the skills which they possess, were crucial to the high quality delivery of
 early parenting supports, including the engagement of parents and parental satisfaction
 with delivery. Innovation adoption amongst primary care and community-based
 practitioners who carry significant workloads and who often work in a context of limited
 resources can be associated with considerable stresses and challenges. Promoting a
 strong sense of personal and professional development as a result of involvement in
 programme implementation, may be particularly important.
- Training and 'on the job' coaching and support were also identified as important to building
 capacity for high quality implementation. A supportive environment is crucial. Facilitators
 need protected time, support and resources to prepare, deliver and engage in the kind of
 capacity building/development required for the implementation of innovative communitybased programmes.
- The UpTo2/Parent and Baby programme was reported to be beneficial for organisations and had helped to promote practitioner development and build organisational capacity. Involvement in programme delivery had helped to promote the incorporation of infant mental health principles into routine clinical practice whilst also enhancing the interaction between families and PHNs. More generally, programme implementation had reportedly helped to promote interagency collaboration, reduce gaps in service delivery and strengthen links between services and the local community.

Find out more

- A summary of findings from the impact evaluation of the *UpTo2/Parent and Baby programme* is provided in **Summary Report Number 1.** This explored the impact of the programme on parent and child outcomes.
- 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/.



Acknowledgments

This research was funded by the Health Research Board in Ireland through its 'Collaborative Applied Research Grants scheme in Population Health and Health Services Research 2012' which was awarded to Professor Sinead McGilloway as the Principal Investigator (CARG/2012/17). We acknowledge with thanks the funding and support provided for this study by the Health Research Board.

We extend our warmest thanks to the Public Health Nurses and the community organisations with whom we worked as part of this research, including: Archways and the Blue Skies Initiative; Deansrath Family Resource Centre; Clondalkin Community Healthy Living Initiative; and the Connect Family Resource Centre and the Genesis Programme in Dundalk/Drogheda. We gratefully acknowledge their help and support in identifying and referring parent participants for the research, collecting/providing servicerelated data and for taking time, when requested, to participate in interviews with the research team. Their hard work and dedication in delivering and implementing these new services, were exemplary.

We also acknowledge with thanks, the invaluable support and advice that we received from members of the Scientific Advisory Committee including Professor Vivette Glover (Imperial College London), Professor Judy Hutchings (Bangor University) and Professor Nina Biehal (University of York).

Lastly, we owe a significant debt of gratitude to all of the mothers (and their children) who kindly agreed to take part in this study.

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







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

This and other reports/outputs are available to download free at: cmhcr.eu/enrich-programme/

Contact us:



@ENRICH_Ireland



cmhcr.eu



Sinead.McGilloway@mu.ie



0035317086311



