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Promoting family wellbeing through parenting support in ECEC services: parents' views on a model implemented in Ireland

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Introduction: Providing support to parents during the children's early years can positively impact children's development and families' wellbeing. An innovative parenting support model within ECEC services, called Powerful Parenting, has been implemented in Ireland. This model involves placing one dedicated Facilitator in each ECEC service to support parents based on their families' needs. The current study aimed to explore parents' views about this model.

Methods: Twenty-seven parents were interviewed. Content analysis was used to identify the activities in which parents participated. Thematic analysis was used to explore their views on the model or Facilitators' work.

Results: The activities organised by the Facilitators in which parents participated included one-to-one meetings, group work, and coordination with other services for children and families. Valued aspects included Facilitators showing high interest in their work, being approachable and responsive to parents' needs, and constituting a central point of contact, bridging the home and the ECEC service. Perceived outcomes for parents included a better understanding of their children's needs, facilitated access to services for families, and socio-emotional benefits.

Discussion: A parenting support model involving a new professional role, that of the Facilitator, in ECEC services can potentiate accessible and tailored support according to families' needs.

KEYWORDS

families, parents, parenting support, early childhood education and care, preschool, intervention, ECEC professionals

1 Introduction

Children's development can be positively impacted from an early age by supporting parents (a term that herein includes other primary caregivers/guardians) and families (Britto et al., 2017; WHO, 2022). Recent policy orientations worldwide have focused on supporting parents as part of formal children and family services (Devaney and Crosse, 2023). A wide range of parenting support interventions, which can be defined as services or activities to enhance how parents approach and execute their parenting role, have been implemented globally (Daly et al., 2015). A common goal has been to promote better outcomes for children or families as a whole (Devaney and Crosse, 2023), which can include a focus on improving parent-child interaction, the nurturing care a child receives, and parents' and families' wellbeing (WHO, 2022). Positive outcomes associated with parenting interventions during

early childhood have been found regarding children's cognitive, social, emotional and behavioural outcomes, and caregivers' parenting practices and knowledge, and psychosocial health (Barlow et al., 2002, 2016; Jeong et al., 2021; Ahun et al., 2024).

Parenting support can refer to information about parenting and child-rearing, training, counselling and intensive work around parenting practices, and networks and services oriented to reduce social isolation (Daly, 2015). The support can focus on specific or multiple areas (e.g., the home learning environment, parent-child interaction), be universal or target particular groups of parents or families, and include one-to-one or group work, and centre-based, home-based and remote (telephone and web-based) delivery (Cadima et al., 2017; Bernedo et al., 2024).

Identified aspects considered relevant for the effectiveness of parenting support interventions have included a focus on more than one area of need, easy access to support, continuity between universal and targeted provision, and coordination with other services for children and families (Moran et al., 2004; Molinuevo, 2013; Cadima et al., 2017; Geraghty, 2021). Parenting support interventions combining activities in the centre/service and home can be more effective in positively impacting children's developmental outcomes than implementing only one of these delivery modes, although this may depend on the dosage and activities included (Blok et al., 2005; Grindal et al., 2016). Aspects identified as important for high outreach have included tailoring support to adapt to parents' and families' characteristics and building trusting relationships with parents (Anders et al., 2019).

Needs-led, relationship-based and strengths-based approaches (in opposition to those deficit-oriented) have been recognised as relevant in working with families (Division for Early Childhood, 2014; Devaney et al., 2021; WHO, 2022). In line with a family social systems intervention model, in which the family can be viewed as a social unit embedded within informal and formal social support networks (Dunst and Trivette, 2009), capacity-building practices can facilitate family member identification of unmet needs, strengths, resources, and supports (Dunst, 2023).

Following Bronfenbrenner's bio-ecological theory of human development (Bronfenbrenner, 1986, 2005; Bronfenbrenner and Ceci, 1994; Bronfenbrenner and Morris, 2006), multiple levels of the surrounding environment affect a person's development. The microsystem is the immediate environment, such as the home and school, and the mesosystem represents the connexion between microsystems. At a broader level, the exosystem includes environmental elements that indirectly influence a person's development by affecting someone or something close to the person, the macrosystem is the larger culture, and the chronosystem contains the environmental events and transitions throughout a person's life.

The home-school mesosystem can constitute a compelling path for promoting positive outcomes for children (Sheridan et al., 2019; Sim et al., 2021). Supporting both children and their families has been recognised as part of high-quality early childhood education and care (ECEC; European Commission, 2014), which can promote sustainable development through its multiplier effects on children, communities and society (Bruckauf and Hayes, 2017). Parenting interventions within or in combination with education services during early childhood were found to be positively associated

with children's cognitive outcomes (Sheridan et al., 2011; Smith et al., 2024), children's social, emotional and behavioural outcomes (Sheridan et al., 2019; Luo et al., 2020; Smith et al., 2020), and parents' awareness about early development and of their role in supporting child development (Koshyk et al., 2020).

However, further research on aspects affecting parents' participation in parenting support interventions, including those implemented in ECEC services, and related outcomes has been identified as needed (Kobulsky et al., 2020; Sim et al., 2021; Britto et al., 2022). Additionally, research on parents' experiences of interventions tailored to their needs was identified as scarce (Osman et al., 2019). The current study aimed to contribute to this body of research by exploring parents' views about a parenting support model implemented in ECEC services, called Powerful Parenting. In line with previous research findings on relevant aspects of parenting support effectiveness and outreach, it includes support available for all parents accessing the ECEC services, tailored provision, collaboration with other services, a focus on more than one area of need, and centre- and home-based delivery.

2 A parenting support model in ECEC services

Powerful Parenting is a parenting support model implemented in ECEC services in the Dublin area, Ireland. It was developed by a non-governmental organisation, which has been coordinating it in consultation with the ECEC services. The model has received state funding dedicated to promoting families' access to support in areas where it could be more limited. All the ECEC services implementing it are community services located in an area identified as economically disadvantaged (Central Statistics Office, 2022).

Powerful Parenting involves placing one Parent-Carer Facilitator in each ECEC service to support parents. Creating specialist roles to support outreach work with parents and the community has been a recommended measure to promote parental involvement in ECEC (European Commission, 2021). A practitioner available in "real-time" can be relevant for families (Dolan et al., 2020), particularly considering a needs-led and relationship-based approach.

The model aims to promote positive outcomes for children and families, and positive interactions with the immediate environments (microsystem) in which they are embedded, such as the family and the ECEC service, and between these environments (mesosystem), in line with Bronfenbrenner's bio-ecological theory of human development (Bronfenbrenner, 1986, 2005; Bronfenbrenner and Ceci, 1994; Bronfenbrenner and Morris, 2006). The support is accessible to all parents whose children attend the ECEC services. Families' needs inform the implemented activities, which can vary across services. For this reason, Powerful Parenting is considered a model of support rather than a standardised, curriculum-based programme.

The Facilitators' responsibilities are to work with parents to identify their needs and those of their children and collaboratively identify appropriate responses using a strengths-based approach; offer support to parents to address any issues and promote

the achievement of children's developmental milestones; and collaborate with education, health, and social services to support parents and their families to access them. The identification of needs can be initiated through conversations with parents (e.g., during morning drop-off, when the Facilitators meet with parents, or during group sessions); the ECEC practitioners can also link with Facilitators to follow up with parents in complement to the work conducted with children. Facilitators can offer support through various modalities, including one-to-one and group work, with parents and children together, or parents only. One-to-one support can be offered within the ECEC service or via home visits, and be informational (e.g., sharing of information on children's learning and parent-child interaction), emotional (listening to parents and promoting the mobilisation of supports or resources for building parenting confidence and coping skills), practical (e.g., assistance in contacting or applying to other services), and instrumental (e.g., delivery of resources such as food packs). Group work with parents includes informational support, which can be dynamised by the Facilitators or involve the invitation of professionals of a specific area. Group work can also include activities with parents and children (e.g., story reading), which can be organised by the Facilitators and the ECEC practitioners.

Facilitators can also implement sessions of the Parents Plus Early Years Programme (Sharry et al., 2003, 2005), which aims to support parents in fostering positive interactions with their children, and maximising their development. The organisation coordinating the model selected this programme based on the aligned aims and delivery context. The Parents Plus Early Years Programme was previously delivered by ECEC practitioners in the Dublin area (e.g., Gerber et al., 2016). Positive outcomes associated with the programme have included improvements in parent reports of behaviour problems and parental stress (Griffin et al., 2010; Gerber et al., 2016). According to a randomised controlled trial for evaluating a previous support approach on which the current model was based, Parents Plus Community Course attendance was positively associated with the home-learning environment quality (Hayes et al., 2013).

The Facilitator role requires a third-level degree in Childcare, Social Work/Care, Psychology, or equivalent discipline, and at least 3 years of experience working with parents. The Facilitators' induction includes training on Restorative practices, the Parents Plus Programme, Quality Implementation, Monitoring and Evaluation, and Data Collection. The role comprises 25 hours of work per week. The organisation coordinating the model has organised monthly community of practise meetings with Facilitators, where each can share and reflect on their work. These meetings can also include training with other professionals and planning activities. The same organisation has also held an annual meeting with the managers of the same ECEC services to discuss the model's progress. The Facilitators and ECEC managers can work together to plan activities for families.

Powerful Parenting can be considered an innovative approach to parenting support in the Irish context, given the placement of a dedicated professional role to work with parents within ECEC services. Also, the model includes both centre- and home-based support, while many parenting support programmes and services in Europe and Ireland only use one of these support delivery modes (Cadima et al., 2017; Connolly and Devaney, 2017; DCYA and The Atlantic Philanthropies, 2019).

Among the programmes implemented both in Ireland and other European countries focusing on early childhood, examples of home-visiting programmes include the Community Mothers Programme¹ (which led to the creation of Community Families), Home Start², and ParentChild+³. Examples of programmes that are often centre-based include the Incredible Years Parenting Program⁴ (Webster-Stratton, 2001), Peep the Learning Together Programme⁵, and the previously referred Parents Plus Early Years Programme⁶. Additionally, the Triple P Positive Parenting Programme⁷ (Sanders, 2012) can involve multiple delivery modes, blending universal and targeted components. Although the mentioned centre-based programmes and Triple P Positive Parenting can be implemented in ECEC services, they generally offer a set of sessions/modules, not entailing an ongoing professional role to support parents as in Powerful Parenting.

Comprehensive programmes bringing together health, family support, and early education services have also been implemented, particularly in economically disadvantaged areas. An example is Sure Start⁸, a UK government initiative modelled to some extent on Head Start⁹ in the U.S., which aims to promote the development and wellbeing of young children, including by offering support to parents at home and in group-based settings. The services provided are organised in Sure Start projects located in different areas, differently from Powerful Parenting, implemented in community-based ECEC services.

Given the innovative dimension of the model under focus, its study can contribute to exploring which aspects can potentiate parents' participation in parenting support in ECEC services and related potential benefits. This study aimed to collect parents' views on Powerful Parenting by asking them about its utilisation, quality, and perceived outcomes.

3 Materials and methods

3.1 Context at the time of the study

In the academic year in which the current study took place (2020/2021), the model was being implemented in eight ECEC services, reaching the parents of 213 children aged between 3 and 6 years old. The number of children from this age group ranged between 10 and 68 across services (~27 children on average per service; $M = 26.63$; $SD = 20.28$). The child-to-staff ratio ranged between four and eight children to one staff member.

All the eight Facilitators delivering the model were female and had an average of almost 6 years of experience in their role, although the number of years varied widely across Facilitators ($M = 5.65$; $SD = 7.19$; $Min = 0.75$, $Max = 21.17$). Among the seven

1 <https://www.khf.ie/community-mothers-programme/>

2 <https://homestartblanchardstown.ie/>

3 <https://parentchildplus.org/>

4 <https://www.incredibleyears.com/early-intervention-programs/parents>

5 <https://www.peeple.org.uk/ltp>

6 <https://www.parentsplus.ie/parents-plus-programmes/the-early-years-programme-training-for-professionals/>

7 <https://www.triplep.net/>

8 <https://www.gov.uk/find-sure-start-childrens-centre>

9 <https://www.acf.hhs.gov/ohs/about/head-start>

managers of the same ECEC services with the model (one manager coordinated two services), six were female, and one was male. On average, managers had almost 17 years of experience ($M = 16.50$; $SD = 3.21$; $Min = 13$, $Max = 20$).

COVID-19-related containment and mitigation measures were in place during the academic year, which, in Ireland, included part of the pandemic's second wave (until November 2020) and the third wave (until June 2021; [HPSC, 2022](#)). For this reason, the activities organised within the model were adapted to incorporate social distancing measures (e.g., online group activities). Still, the implemented activities across the ECEC services included one-to-one support (sharing of information, and referrals), and group activities for parents (meetings on topics related to parenting), and for children and parents (e.g., storytelling). In some services, Facilitators delivered sessions of Parents Plus, and conducted home visits (e.g., delivering resources for family activities).

Every 3 months during the academic year, the Facilitators registered the number of referrals (the values shown next correspond to the sum of the quarterly reports; a referral indicated in different quarterly reports can be related to the same family). The Facilitators supported families in accessing services related to diverse needs, such as: financial support (e.g., social welfare, assistance with childcare costs; $n = 25$ referrals); assessment of the child's health needs ($n = 23$); access and inclusion supports focused on children's needs ($n = 41$); child protection ($n = 10$); speech and language development ($n = 32$); and early intervention to support children with unmet additional and/or complex needs ($n = 4$).

3.2 Participant description and recruitment

The inclusion criteria for participating in the current study were being a parent or caregiver of a child between three and compulsory primary school age (6 years old in Ireland), and attending one of the eight ECEC services with Powerful Parenting. Convenience sampling was used to recruit participants. A total of 76 parents from all eight ECEC services with the model were invited to participate. This was the number of parents who had previously participated in an online questionnaire within the research of the same parenting support model. The Facilitators were asked to share information on the research and the link to the questionnaire with all parents accessing the eight ECEC services from whom they had consent to contact. When completing this questionnaire, parents were invited to provide a contact if they consented to be contacted about other aspects of the research. All parents or caregivers who fit the inclusion criteria and provided their contact information could participate. Within this study, each element of the research team invited a set of parents by telephone or email (according to the contact provided by each parent). Since the study occurred while COVID-19 containment and mitigation measures were in place, the contact between the research team and parents was conducted remotely.

In total, 27 parents participated in this study. They were parents of children between 3 and 6 years old attending ECEC services with Powerful Parenting. Only one parent of each child participated (the sample size corresponded to $\sim 13\%$ of children between 3 and 6 years old in the eight services). At least one parent from each ECEC service with Powerful Parenting participated in this study.

Among the participants, 24 were mothers and three were fathers; 26 participants had English as their first language, and one participant had another first language. Other sociodemographic characteristics of the participants and their families were not collected. Although questions on these characteristics were initially planned (e.g., educational level, household constitution), changes in the methodology were made due to the COVID-19 pandemic. Since participants did not have the opportunity to meet the research team in the ECEC service, and the data were collected via telephone or email, questions on sociodemographics, which could correspond to more personal questions, were removed. The interviews were kept short (up to 10–15 min).

Regarding how much time the participants had known the Facilitator of their ECEC service, 15 indicated ~ 1 year or less, and 12 indicated more than 1 year.

3.3 Instruments

A semi-structured interview protocol was created based on previous studies of interventions for families with children up to 6 years old (e.g., [Hayes et al., 2013](#); [Barata et al., 2016](#)). The protocol had questions on model utilisation (time knowing the Facilitator, examples of activities attended, motivation to participate), quality (perception of having own needs/interests considered, positive and negative aspects, suggestions), and perceived outcomes (learnings, specific benefits). Open- and close-ended questions (entailing a rating from one = low to five = high) were included ([Table 1](#)).

Four parents were recruited as Peer Researchers and reviewed the protocol collectively. Involving parents and families in defining questions to be addressed can promote the sharing and co-production of knowledge, which can contribute to developing research and supports that fit their needs, resources, and preferences ([Hackett, 2017](#)).

Facilitators' names were used when presenting the questions to the participants to identify better who the interviewer was mentioning.

3.4 Research team

The research team included a coordinating researcher (the first author of this article) and four Peer Researchers who were parents living in the same area as the participants. These four parents were recruited to collaborate in developing the interview protocol and conducting interviews with the parents accessing ECEC services with Powerful Parenting. The rationale for involving Peer Researchers in the study was to maximise the proximity between researchers and participants in terms of shared lived experiences, build rapport with the participants, and enhance understanding of the data collected ([Roche et al., 2010](#); [Yang and Dibb, 2020](#)).

The organisation coordinating Powerful Parenting shared an online recruitment advertisement for four Peer Researchers' posts, each involving a work contract for up to 26 remunerated hours. An eligibility criterion for the post was being a parent of a child or children all aged between 6 and 16 years to ensure the Peer Researchers were not accessing the same ECEC services as the

TABLE 1 Interview protocol.

Dimensions	Questions
Utilisation	How long has your child been attending the current early years service?
	Can you remember when you first met the Facilitator from the early years service? When was that?
	Can you give me examples of activities organised by the Facilitator in which you participated?
	From one (low) to five (high), how much do you feel motivated either to participate in activities organised by the Facilitator or to talk with the Facilitator?
Quality	From one (low) to five (high), to what extent do you feel your interests and needs are taken into account by the Facilitator?
	Can you think of any positive aspects of having a Facilitator in the early years service?
	Can you think of any negative aspects?
	Can you think of any suggestions to improve the work carried out by the Facilitator?
Perceived outcomes	Can you tell me one or two things you think you learned either from activities organised by the Facilitator or from talking to the Facilitator?
	From one (low) to five (high), how much do you think that having a Facilitator in the service helped you: To learn new ways of interacting with your child; To increase your knowledge about your child's development; To reduce your parental stress or anxiety; To improve your relationship with the Early Years service; To learn about services and events in the community?
	Is there any other benefit for you?
Other	Is there anything else you'd like to say about the Facilitator's work?

parents they would interview, aiming to enable the latter to feel more at ease sharing their opinions.

The recruited Peer Researchers were three mothers, and one was a father residing in the same area where Powerful Parenting was being implemented. A first Peer Researcher had experience in one-to-one consultations, and training in diversity, inclusion and equality issues. A second Peer Researcher had experience working with children and promoting personal and community development. A third Peer Researcher had experience providing support to parents in the community. A fourth Peer Researcher had experience working with children and providing support to their families. Although previous experience working with children and/or families was not a required criterion, it was considered during the selection process by the coordinating researcher that it could support the post's work, considering the time and resources available.

Prior to data collection, the recruited Peer Researchers received training from the coordinating researcher on ethics in research (and signed a code of conduct), recruitment of participants, and data collection and interviewing skills (for 2 h a day over 3 days). They were also required to complete online training on the protection and welfare of children (up to 1 h and a half). During the Peer Researchers' work period, there were check team meetings with the coordinating researcher to share queries and insights, and address potential biases that could arise (e.g., how the information on the study was being shared with the participants). The involvement of Peer Researchers and their views on their work were analysed in another study (Leitão et al., 2023).

3.5 Procedure and data analysis

The four Peer Researchers mentioned previously and the coordinating researcher carried out data collection. Each

participant was interviewed individually by one element of the research team, according to the participants' availability. Of the participants, 24 were interviewed via telephone, which took about 15 min in general. The interviews were audio-recorded with the participants' consent. Three participants replied to the interview questions by email. Data were collected with each participant at one time point near the end of the academic year, during May and June of 2021.

The coordinating researcher transcribed the participants' responses into Microsoft Word, removing potential personal identifiers (e.g., Facilitators' names were substituted by "Facilitator;" children's names by "child/children"). Data analysis included the procedures described next. The results were not shared with parents to be able to provide feedback, given that, during data collection, their consent to be contacted for this purpose was not collected.

3.5.1 Examples of activities: qualitative data

Given that participants could have accessed diverse activities within the parenting support model, a first qualitative analysis aimed to list the activities mentioned as examples by participants. For this purpose, conceptual content analysis with a deductive approach (creating codes before data analysis; Bingham, 2023) was used. Predetermined codes were created according to the Facilitators' responsibilities within the model: a. Identification of needs; b. Offer of support, including one-to-one and group work (parents only, and parents and children); and c. Collaboration with other services for children and families. Each activity was identified via its name and/or details, and allocated to one of the predetermined codes. Since participants were asked for examples of activities in which they participated, and not to list all they could, the number of times an activity was mentioned was not counted. This first analysis was conducted solely by the first author.

3.5.2 Views on the model: qualitative data

Aiming for a more in-depth understanding of the participants' views, a second qualitative analysis was conducted using an inductive approach (codes developed in the course of the analysis based on the data; Bingham, 2023) and following the steps of the thematic analysis by Braun and Clarke (2006). The steps were:

- 1) Participants' responses were read multiple times by the first author to get familiarised with the data.
- 2) The data were openly coded manually by the first author. Notes were added next to the response to condense the meaning units. The meaning units could correspond to words, phrases, sentences, or the complete response. Notes with similar content were grouped for the development of codes. Based on this coding, the first author created a codebook (e.g., Bridge—The Facilitator bridges the ECEC service/classroom and the home).

The second author read the data and the codebook to get familiarised with them. Both authors coded the data independently using this codebook in the software NVivo 14. Inter-rater reliability was analysed by calculating the Kappa score in this software (based on the text characters assigned by each author to each code). Kappa was above 0.6 for all codes, indicating at least substantial agreement (Landis and Koch, 1977).

- 3) Similar codes were pulled together manually and organised into emerging themes by the first author while revisiting the data.
- 4) The first and second authors discussed the themes collaboratively until reaching a consensus. Both authors checked if there was enough data to support each theme, and the coherence of the supporting data.
- 5) The first author defined and named the themes, which were collaboratively cross-checked by the second author.
- 6) The findings were written by the first author.

While both authors recognised that personal and contextual aspects could shape the study, they endeavoured to avoid imposing personal assumptions. The first author was a female research fellow with a Ph.D. in Social Psychology. The second author was a male data specialist with a Masters in Applied Social Research. The authors had previous experience analysing qualitative data focused on the views of parents and carers of children.

3.5.3 Views on the model: quantitative data

The quantitative data collected via the rating questions were analysed regarding descriptive statistics using IBM SPSS software version 28. The percentage of participants providing ratings from one to five was calculated. Not all rating questions were applied to all participants (e.g., some questions were adjusted, for instance, if the parent's first language was not English). Some participants did not provide a specific score, indicating two scores (e.g., four or five), or agreed with a certain benefit without indicating a specific rating. In these cases, the interviewers did not repeat the same question until a specific rating was indicated (e.g., to avoid breaking the flow of the conversation), and the responses were treated as missing data.

4 Results

4.1 Examples of activities: qualitative data

Examples of activities experienced by participants were identified through content analysis within each predetermined code (Table 2). The examples mentioned by the participants fit into the Facilitators' responsibilities within the model, namely the identification of needs; offer of support, including one-to-one and group work, with parents only, and parents and children; and coordination and other services. The activities included a focus on parenting, and children's development, care and emotional wellbeing. In interpreting the identified activities, it is important to highlight that some participants knew the Facilitator from previous years, and gave examples that seemed to have occurred before the COVID-19 pandemic (e.g., fundraising walk). Also, some activities could have been organised by/with other staff from the ECEC service (e.g., pyjama day).

4.2 Views on the model: qualitative data

During thematic analysis, 14 codes and five themes emerged (Table 3).

4.2.1 Theme 1: the right person for the role

Participants positively described the Facilitator in their service. An aspect identified during data analysis referred to the high interest that the Facilitators showed in meeting families' needs, exceeding parents' expectations regarding the amount of effort put in place to provide relevant resources.

"The Facilitator went beyond what was needed to do. The Facilitator was brilliant. The Facilitator is very aware of people's needs. It is hard to word it, but the Facilitator goes that extra bit for everybody."

"I was really surprised, and it was pleasantly shocking that the Facilitator had gone to the trouble of finding this source which could help me, and my child was delighted. So, it was really, really useful."

Another identified aspect referred to the Facilitators' approachability, which could positively affect parents' wellbeing, and make them feel comfortable when coming to the ECEC service. The Facilitators received and greeted the children and parents in the mornings at the service (when possible during the pandemic), which seemed relevant for establishing a positive relationship with families.

"The Facilitator has all the experience, but more importantly than that, the Facilitator has the right personality for the job, and that's very good. Every morning, the Facilitator is there with a big smile, and very professional, very approachable and very friendly."

"The Facilitator goes very happy and knows the kids' names, greets you, and just makes you feel really comfortable coming up to the school."

TABLE 2 Examples of activities experienced by participants within the parenting support model.

Code	Identified examples
Identification of needs	Listening to the parents
	Checking how the families are (e.g., during morning drop-offs)
	Surveys
One-to-one support	Support on transitioning to primary school
	Support on children's development, care, and behaviour (e.g., home learning activities, including books for children; toilet training; management of children's behaviour)
	Provision of resources on children's emotional wellbeing
	Provision of resources on parenting (with some aimed at parents for whom English was not their first language)
	Home visits—meeting outside or delivery of resources (e.g., packs to do activities at home, such as pancakes, arts, and crafts)
	Practical support (e.g., filling out forms)
Group work – parents	Coffee mornings with diverse topics (e.g., transition to school; potty training presented by a Public Health Nurse)
	Parenting course (Parents Plus)
	Provision of resources on parenting (e.g., available courses; the information could be shared online)
Group work – parents and children	Video call sessions (e.g., storey time with playdough, songs, and rhymes)
	Calendar events (e.g., Christmas, International Men's Day, International Women's Day, Earth Day, Valentine's Day, Book's Day)
	Other activities (e.g., arts and crafts; pancake days; gardening; graduation ceremony; fundraising walk)
Collaboration with services	Speech and language
	Support for children with additional needs
Other	Teddy bear's picnic; Pyjama Day

One participant highlighted the knock-on effect that the Facilitator had on the parent's wellbeing, which could constitute one of the benefits of having the “right person for the role.”

“I don't think the place would be the same if the Facilitator was not there. The Facilitator is the person we always reach for in a nice way. It has a knock-on effect. If the Facilitator is happy, everyone is happier.”

4.2.2 Theme 2: a central point of contact

Participants referred to the Facilitator as a point of contact, whom they knew and could approach about diverse issues, from logistical matters to questions on child's development and parenting.

“The amount of times I've emailed the Facilitator separately just to confirm things and ask, ‘is this right?’ But there is bigger stuff. You may have a question on a development piece, and I found it great having a contact, and it wasn't that info.ie email address. You knew exactly who the email was going to or who the message was going to. I found it took a lot of that inconvenience, stress, having that central point of contact.”

“If there is ever anything you need to check in terms of the school or any logistical questions at all, you can ask the Facilitator rather than ask the teacher. As you can see, the teacher is busy every morning. The Facilitator is a really good point of contact.”

As a suggestion for improvement, participants mentioned that they would like to receive more information on what their children did during the day in the ECEC service and their children's progress. However, the Facilitators' responsibilities have not included providing this type of information, highlighting the relevance of introducing the Facilitator's role and responsibilities to parents (e.g., at the start of the year).

“I would love to know more and more about my child. So, to learn more about my child's day.”

The Facilitator's role was described as bridging the ECEC service and the home, with a more holistic view of the children inside and outside the classroom.

“The Facilitator has more of a holistic view of what the children are like both inside and outside the classroom, so that is really useful. I think the Facilitator role is like a bridge.”

“Having that person there to bridge the gap between home life and classroom, it really is invaluable so I would definitely see the benefit of it overall.”

Bridging the home and the classroom was acknowledged as particularly relevant for children and parents during the pandemic.

“Every time the children came back [during lockdown], it was like the 1st day of school for them. The Facilitator was just brilliant at bridging that gap between the home and the

TABLE 3 Perceptions of participants about the work of Facilitators.

Themes	Codes	Definition
The right person for the role	High interest in the work	The Facilitator shows interest or effort regarding the work with families, researching or providing supports/resources
	Approachability	The Facilitator is easy to approach or talk to
A central point of contact	Point of contact	The Facilitator constitutes a point of contact
	Bridge	The Facilitator bridges the ECEC service/classroom and the home
	All-round benefit	The Facilitator's work benefits children, parents, and teachers
Responsiveness to families' needs	Listening to	The Facilitator listens to the parents
	Availability	The Facilitator is available to work with families
	Tailoring of support	The support provided by the Facilitator meets families' needs
Organisation of relevant activities	Enjoyment	Families enjoy the activities organised by/with the Facilitator
	Social interaction	Families socially interact with other families during the activities organised by/with the Facilitator
	COVID-19 as a barrier	COVID-19 was a barrier to the organisation of or participation in activities
Perceived positive outcomes	Increased understanding of children's needs	Parents' increased understanding of children's needs and how to address them as a result of the Facilitator's work
	Facilitated contact with services	Parents have facilitated contact with services (other than the ECEC service) as a result of the Facilitator's work
	Socio-emotional benefits	Socio-emotional benefits for parents as a result of the Facilitator's work

classroom, and keeping that balance. It was re-affirming for the parents as much as it was for the kids."

"The Facilitator shared a lot over the course of the pandemic. The Facilitator shared a lot of resources on emotional wellbeing for the kids. That was good, because they were all over the place for being at home, not being able to see their friends and stuff."

Participants acknowledged that the Facilitators constituted an all-round benefit since they could support parents, children, and Educators (teachers). Besides parents, children could also reach the Facilitator, who knew them. Furthermore, Educators could also benefit from having the Facilitator in the ECEC service supporting parents, such as, for example, having more availability to dedicate to other matters.

"Parents know that they can contact the Facilitator and, of course, the teachers as well. But then the children, as well, have this person they can come to, and the Facilitator is also involved in their care. So, I think having the Facilitator there supports the parents, supports the teachers, and supports the children, as well. So, I think it is an all-round benefit to everybody."

"I think it benefits everybody. The Facilitator takes the pressure off the teachers."

4.2.3 Theme 3: responsiveness to families' needs

Another theme referred to the Facilitators' responsiveness to families' needs, which was linked to positive results. Participants reported feeling listened to by the Facilitators.

"The Facilitator always listened to everything and always answered my questions. The Facilitator taught me what kinds of things I can do to help my child develop, and they have all worked amazingly."

"I feel they give you help and point you in the right direction and, as a first-time parent, the Facilitator helped me, listened, and understood me. I felt the Facilitator guided me in the right direction."

Another identified aspect was the availability of the Facilitators to provide support, including having extra time to do so, researching about supports, and keeping frequent contact with participants.

"All the preschool, they are brilliant, but having the Facilitator there and having that extra bit of support. Like I said, they've all been brilliant, but the Facilitator kind of has that extra bit of time. The Facilitator is researching things that the Facilitator thinks may help. It has just been fantastic that we've had that level of support already from the Facilitator. The Facilitator sorted out a lot of things for us for next year, that we weren't aware."

"The Facilitator has been an amazing support to me and my family through everything. We wouldn't be in the position we are now without the Facilitator, to whom I will be forever grateful. Even through COVID-19 times, the Facilitator was fantastic at keeping in touch over the phone with me."

The availability of Facilitators appeared related to the possibility of providing tailored support, which was considered relevant to meet the families' needs.

“The Facilitator gave me a few activities for my little one to go through at home to help in school. Then, the Facilitator gave me brilliant advice throughout the whole year on stuff to do and where to go. So, the Facilitator helped me along with the assessments and all the forms, and then along with the school.”

One of the participants suggested that the Facilitators could visit families in their homes when needed. During the year in which the study took place, there were fewer home visits (or more punctual) given the COVID-19-related social distancing measures. However, the Facilitator's role includes the possibility of home visits according to the families' needs and preferences.

“For different families, the level of support may be different. There may be extra support required or extra phone calls. I suppose if there was someone like the Facilitator who had the hours, so if there were problems, that could tackle them and maybe go visit them in their home.”

4.2.4 Theme 4: organisation of relevant activities

Overall, participants positively characterised the group activities organised. One identified aspect referred to the enjoyment of the activities' content by parents and children.

“The Facilitator organised one activity with a library of books and the children could go and choose books, and that was really exciting for the children. The Facilitator went to a lot of effort to make a library. It was really well-organised in terms of being compliant with COVID-19. I couldn't participate in all the talks, but I know they were very interesting, the online information sessions. I was aware of all the activities and was notified of them.”

“The activities the Facilitator organises in the school are brilliant, and I know every family really enjoys them and benefits from them.”

The frequent delivery of group activities was identified as important to promote social interaction between families. One parent suggested the organisation of more of these activities. But, their frequency was affected by the COVID-19 pandemic.

“I would probably say what the Facilitator has done at Christmas, the show and tell. I think they [this type of activity] could be a little bit more frequent throughout the year. It could be good as it gives you the opportunity to see and maybe meet other parents. Even if there was a group of get-togethers, it would encourage and be helpful.”

“The video call sessions during the time of lockdown, we did them every week, which was great. It was great to be social and to see familiar faces. There was definitely something. I did not participate, but they did “Come dine with me,” with the kids with their dads, male role models and their family, which was great.”

The COVID-19 pandemic was identified as a barrier to organisation and participation in activities.

“When COVID-19 isn't such an issue, that parents will be more involved in the centre and with the activities going forward, the role will have a bigger impact on parents and children in a positive way.”

4.2.5 Theme 5: perceived positive outcomes

Facilitators seemed to have helped participants increase their understanding of children's needs and how to address them (e.g., in terms of interaction and learning). During the academic year, the Facilitators shared information on children's development and wellbeing through one-to-one support and group activities.

“The Facilitator showed me how to play with my child and how to communicate better. Also, how to understand my child and my child's needs, as well as learning more about myself and how I am only one human.”

“Like when you're calling your child, and the child is not even looking at you, the Facilitator was saying that you have to get down to their level and make eye contact with them. So, when we started doing stuff like that, it worked out better.”

Participants also acknowledged the involvement of Facilitators in promoting a positive learning environment and children's preparation for the transition to school.

“So, the Facilitator really supports a positive learning environment. It's a big transition going into primary school for all the children, but they prepare them very well for the primary school transition, and I think that is something that the Facilitator supports.”

Facilitated access to other services for children or families seemed to constitute another positive outcome.

“Thanks to the Facilitator's help, the Facilitator has given my child a better start in school life. The Facilitator even organised speech and language therapy for me within the school, which had a huge impact on my child. I honestly would have been lost without the Facilitator's support through everything.”

Socio-emotional benefits for parents were also identified. Examples are shown in previous quotes, and include references to reduced stress (“I found it took a lot of that inconvenience, stress, having that central point of contact”) and self-acceptance (“learning more about myself and how I am only one human”).

4.3 Views on the model: quantitative data

The quantitative data were analysed regarding the percentage of participants providing scores from one (low) to five (high) to a set of questions (Table 4). Most participants provided the maximum score to all questions, indicating: a high motivation to talk with or participate in activities organised by the Facilitator; a high

TABLE 4 Percentage of participants providing each rating (from one = low to five = high) to questions on the parenting support model.

Question	n	Rating				
		1	2	3	4	5
Motivation to participate	21	0	0	4.8	23.8	71.4
Interests/needs taken into account	19	0	0	0	0	100.0
Perceived outcomes						
Learning new ways to interact with their child	22	0	0	9.1	9.1	81.8
Increasing knowledge on child's development	22	0	4.5	4.5	13.6	77.3
Reducing parental stress or anxiety	20	0	0	10.0	20.0	70.0
Improving parents-ECEC service relationship	21	0	0	4.8	14.3	81.0
Learning about community services and events	20	0	5.0	10.0	5.0	80.0

agreement with having their interests and needs taken into account by the Facilitator; and a high agreement that the Facilitator helped them to learn about new ways of interacting with their child, child's development, and community services and events, improve their relationship with the ECEC service, and reduce their parental stress or anxiety.

5 Discussion

The current study's objective was to explore parents' views regarding a parenting support model that involves placing a dedicated Facilitator in ECEC services to support parents, called Powerful Parenting. This model can be considered an innovative approach to parenting support in the Irish context, involving both centre- and home-based delivery, and universal and tailored support.

5.1 Activities within the model

Diverse activities provided within the model were identified through content analysis. These activities fell into the scope of the Facilitators' responsibilities and outlined delivery modes, including: identifying families' needs; offering support, via one-to-one meetings and home visits, and group activities for parents, and parents and children; and coordinating with other services for children and families. The identified support focused on parenting, and children's development, care, and emotional wellbeing, following the aim outlined within the model of offering support to parents to address any issues, and promote the achievement of children's developmental milestones.

The activities described seemed to align with elements that have been previously identified as relevant for effective parenting support interventions, namely: a focus on more than one area of need, continuity between universal and targeted provision, and coordination with other services, such as referral to other services (Riordan and Ryan, 2002; Cadima et al., 2017; Anders et al., 2019).

5.2 Views regarding the model

Based on the thematic analysis conducted, aspects that participants seemed to value regarding the Facilitators' work

included having the right person for the role, the Facilitator being a central point of contact, the responsiveness to provide support according to families' needs, and the organisation of relevant activities for parents/families.

Being the right person for the role included showing a high interest in the work developed (e.g., researching the relevant supports for families, and knowing children's names), and being approachable, which could positively affect parents' wellbeing. Recruiting staff with good interpersonal skills, building rapport with parents, and selecting non-stigmatising, comfortable and welcoming venues have been identified as factors that can positively affect the implementation and delivery of parenting services (Moran et al., 2004; Cook et al., 2023). High outreach and good implementation quality of family and parenting support programmes can require practitioners to have professional competencies such as high motivation, and beliefs based on openness and respect towards diverse family lives (Cohen et al., 2020).

Facilitators' responsiveness was also an identified valued aspect, which included listening to parents, being available, and providing tailored support. The quantitative data collected also indicated that most participants highly agreed with having their interests and needs considered by the Facilitator. Mutual listening, openness, and adaptability towards families' needs and strengths can potentiate establishing trustful relationships with families, which has been identified as pivotal to enhancing the outreach and implementation quality of family and parenting support interventions (Anders et al., 2019; Cohen et al., 2020; dos Santos et al., 2024; Jiménez et al., 2024). Furthermore, integrating relational practices (e.g., approachability and listening to families) and participatory practices (e.g., replying to the concerns and priorities of families) into how practitioners work with families can positively impact parent, family, and child behaviour and functioning (Dunst et al., 2007).

Participants described the Facilitator role as a central point of contact whom they could reach to seek information on topics related to parenting, the ECEC or other services for families. The accessibility of support and its adaptation to the target group have been found as relevant to its effective implementation (Kemp, 2016; Cadima et al., 2017). By constituting a central point of contact, Facilitators were acknowledged as bringing an all-round benefit for parents, children, and Educators (e.g., by taking pressure off them). Regarding the latter, research in the Irish context

indicated that Educators can face barriers to supporting parents (which can be due to roles and responsibilities, expectations and demands, and lack of specific skills) and experience emotional burnout (Garrity and Canavan, 2017; Oke et al., 2019). Future research could consider the Educators' views about the Facilitator role to allow for a more comprehensive study of the model under focus.

The Facilitator role was also described as a bridge between the home and the ECEC service. Taking into account Bronfenbrenner's bio-ecological model of human development (e.g., Bronfenbrenner and Morris, 2006), Facilitators can be considered to link the microsystems of family and the ECEC service within the mesosystem of the child's ecology. Promoting a positive relationship between parents and ECEC services, including by providing parenting support, can positively impact children's socio-emotional and cognitive outcomes (Barnett et al., 2020; Sim et al., 2021; OECD, 2022).

Another aspect identified as valued referred to the activities organised by the Facilitator, which could be a source of enjoyment for parents and children. According to the quantitative data collected, most participants indicated a high motivation to talk with or participate in activities organised by the Facilitator. Providing access to useful or fun activities can incentivise attendance, and selecting group work or one-to-one support according to the users' needs can positively affect the implementation of supports (Moran et al., 2004). The activities organised were also identified as enabling social interaction between families, which was particularly important during the COVID-19 pandemic. Families in the Irish context were found to report social isolation during the implementation of related containment and mitigation strategies (Leitão et al., 2022). In the current study, the COVID-19 pandemic was perceived as a barrier to organising activities and participating in them.

In terms of outcomes perceived by participants regarding the Facilitators' work, these included increased understanding of children's needs and how to address them, facilitated contact with services, and socio-emotional benefits, such as reduced stress and self-acceptance. According to the quantitative data collected, most participants strongly agreed that the Facilitator helped them learn about new ways of interacting with their child, child's development, and community services and events; improve their relationship with the ECEC service; and reduce their parental stress or anxiety.

The perceived outcomes mentioned can complement those from other parenting support interventions with group sessions. For instance, among those implemented in economically disadvantaged areas in Ireland, increased parents' confidence in their own parenting knowledge and self-acceptance were reported in the study on the Peep Learning Together Programme (Miller et al., 2020); increased parenting competence and parents' wellbeing was found in research on the Incredible Years for Parents (McGilloway et al., 2009).

In the current study, although participants acknowledged that the Facilitators' help was important in supporting children's transition to school, and that their work in bridging the home and classroom during the pandemic was reassuring for parents and children, no specific outcomes regarding children were identified. Despite evidence indicating that parent wellbeing

can enhance parenting practices and child outcomes (Dunst, 2022), it would be important to evaluate the model's impact on parents' and children's outcomes. This could be based on a theory of change of the model, taking into account the dosage received/attendance to understand better how the model benefits parents and children. For instance, among early childhood education programmes with parenting education, those that did so through at least one home visit a month yielded significantly larger effect sizes for children's cognitive outcomes than programmes with lower dosages of home visits (Grindal et al., 2016).

In terms of contributions, this study explored the views of parents about a parenting support model that includes tailored support in ECEC services with one-to-one and group work. In contrast, parenting programmes in these services have often relied on parenting classes (Grindal et al., 2016). This study also provided insights into the workforce's skills and characteristics valued by parents in family and parenting support, such as adaptability to families' needs, high interest and approachability, in a context where the identification of relevant skills and competencies has been highlighted as needed to deliver appropriate training to practitioners (Devaney et al., 2021).

5.3 Implications for policy and practise

Exploring parents' views can inform parenting support interventions' effective development, scaling and sustainability (Britto et al., 2022). The Sustainable Development Goals agenda is recognised as highlighting the role of local perspectives to inform the evaluation of interventions and policy decisions (Apgar and Allen, 2021).

According to the findings of this study, Facilitators being approachable, interested in their work, and responsive to families' specific needs were valued aspects by parents. These findings reinforce the importance of recruiting staff with good interpersonal skills and high motivation, who can build rapport and trusting relationships with parents (Moran et al., 2004; Anders et al., 2019; Cohen et al., 2020). Parents also seemed to value the organisation of activities that were enjoyable and an opportunity for social interaction with other families. Parenting supports can consider access to both one-to-one tailored support and group activities according to families' needs and preferences (Moran et al., 2004).

In Ireland, parents and practitioners working with families reported the need to enhance parents' access to parenting support (DCEDIY, 2020, 2021; Hickey and Leckey, 2021). ECEC services can potentiate this access, considering that 94% of children between the ages of three and compulsory school were in formal childcare or education in the country in 2022 (Eurostat, 2024). Selecting a convenient location, such as places where parents might go for other purposes, can positively potentiate the implementation and delivery of parenting support (Moran et al., 2004). This can be particularly relevant not only in economically disadvantaged areas, but also in mixed socioeconomic areas, where there can be fewer free or low cost supports for

families experiencing difficult living conditions (Skattebol et al., 2023).

The role of ECEC services in supporting parents and building partnerships with them is already recognised in national policies (CECDE, 2006; NCCA, 2009; DCYA, 2018), and research in the Irish context indicated that these services can provide families with a sense of belonging and support (Garrity and Canavan, 2017). More particularly, a model such as Powerful Parenting encompasses universal and tailored support, a focus on prevention and early intervention, and interagency working, in alignment with national policies' aims regarding services for children and families (DCYA, 2014, 2015, 2018; DCEDIY, 2022).

5.4 Limitations

The sample was not representative of all parents participating in the services with the model. When using a convenience sample, it is important to acknowledge that parents with positive experiences with the model could have been more willing to participate. Also, given that the Facilitators supported the recruitment of participants, the research team might not have been perceived as independent from the team implementing the intervention, which may have contributed to social desirability response bias.

The initial plan was to collect data face-to-face, including sociodemographic characteristics, and to analyse if parents differed in their responses according to these characteristics. This analysis could contribute to informing the development of support based on parents'/families' and services' characteristics and context, potentially maximising engagement and positive outcomes for all involved. Considering the contexts in which families are embedded can contribute to more equitable services for them (Nadan et al., 2015). However, since data needed to be collected via telephone, questions on sociodemographic questions were removed. New studies on the parenting support model in a period not affected by COVID-19-related safety measures can potentiate the recruitment of a broader sample, and the collection of participants' characteristics. New studies will also be relevant to researching parents' views when more regular face-to-face activities and home visits are occurring.

All the Facilitators delivering the model were female, and most participants were mothers. Future research could include a more heterogeneous sample regarding gender, or fathers' views could be analysed separately. While mothers, fathers and other carers are not understood herein as a homogenous group nor as having a specific role in child-rearing, analysing fathers' views could contribute to informing how to foster their participation in these services, considering their often lower attendance compared to mothers, including in Ireland (SPEAK, 2019).

With the goal of ensuring the participants' and Facilitators' anonymity, the data were not analysed separately per service. However, participants' experiences and views could vary across services. The activities and support delivered by the Facilitators could vary across ECEC services (which is contemplated within the model to better respond to families' needs). Also, it was not feasible

to ask participants about all the activities in which they enrolled within the model, nor to collect information on the attendance per family and type of activity. Therefore, it was not possible to quantify the extent to which participants utilised the support available within the model. In terms of possible different experiences with the model, it is also important to note the wide range of Facilitators' years of experience across services (or other variables not collected that could also be a point of differentiation, such as age).

Although the Facilitators' names were provided during the interviews to identify them better, some participants seemed to have referred to the staff of the ECEC service in general, and not exclusively to the Facilitator (e.g., "They gave you a lot of tools"). The views shared by the participants could be related to their experience with the whole ECEC service, or other staff besides the Facilitator. Exploring the findings by sharing the results with the participants and collecting their feedback would be important to enhance the understanding of the data collected.

The data analysis of the views on Powerful Parenting involved the two authors following the resources available at the time of the study. However, including a third judge or coder could help ensure coding reliability and establish the validity of the findings (Hruschka et al., 2004; Beresford et al., 2022). Triangulation by asking the study participants to review the findings and using different collection methods or data sources could also contribute to the validation of the analysis.

The current paper focused on the views of parents. Using a multi-informant approach and including the views of children and staff working with families would also be relevant to inform parenting support contents, delivery modes, and activities.

Data availability statement

The datasets presented in this article are not readily available because of concerns regarding participant anonymity. Requests to access the datasets should be directed to CL, catarinafcl@gmail.com.

Ethics statement

The studies involving humans were approved by the Child and Family Agency's Research and Ethics Committee. The studies were conducted in accordance with the local legislation and institutional requirements. The ethics committee/institutional review board waived the requirement of written informed consent for participation from the participants or the participants' legal guardians/next of kin because verbal informed consent was obtained instead (it was recorded separately from the data with participants' consent). Contact with the participants was conducted remotely because COVID-19 mitigation and containment measures were in place during data collection.

Author contributions

CL: Conceptualisation, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project

administration, Resources, Validation, Writing – original draught, Writing – review & editing. JS: Formal analysis, Methodology, Validation, Writing – review & editing.

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Conflict of interest

CL and JS were employed by the Childhood Development Initiative.

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