

Experiences of Engaging with the Parenting365 Programme





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Executive Summary

This report presents the key findings from the needs assessment of children with additional needs living in the Dublin Docklands availing of the ELI's Home Visiting programmes. The report also presents the findings from the evaluation study of the Parenting365 programme. The report contains details of the programme background and a literature review exploring the prevalence of developmental disorders and their impacts on families, the current national landscape for access to interventions and services, evidence-based interventions, and the challenges facing families from areas of socio-economic disadvantage with children with developmental delay. The report then details the methodology utilised in the research and in-depth results. Finally, the report discussed the results and provides a number of recommendations.

Parenting365 Programme

The Parenting365 Programme is funded by the Community Foundation Toy Show Appeal and aims to support children with additional needs by addressing the challenges they face. The programme comprises 6 weeks of developmentally targeted play sessions with a trained play facilitator along with a 6-week, online, parent support programme. Post-programme feedback questionnaires are provided to participants of the programme, and the 2021-2022 Annual Report (ELI, 2022) provides feedback from 18 parents. They reported that the programme greatly benefited them and their child.

Study Rationale

The aim of this study is to gain a deeper understanding of the needs of children with additional needs, and their families, and to evaluate the Parenting365 programme to further enhance the feedback provided by programme participants. One of the most prevalent disabilities among young children are developmental disorders such as Autism Spectrum Disorder (ASD). It can be challenging to fully understand the prevalence rates but studies have reported rates between 0.16% (Kuo, Muo, Change & Lin, 2015) and 13% (Delobel-Ayoub et al., 2020; Ho & Lee, 2022; Rosenberg et al., 2008). According to the World Health Organisation (WHO, 2022; Zeiden et al., 2022) 1 in 100 children has an ASD. Additionally, according to the 2016 Irish Census, the rates of childhood disability in Ireland for 3-5 year

olds is 4.54% (Whelan et al., 2021). Secondary analysis of the Growing Up in Ireland (GUI) study reported prevalence rates of development disabilities as 17.36% of the sample (Gallagher et al., 2020). This prevalence can be perceived in the Home Visiting programmes offered by the ELI, where over one third of children and infants engaging with these programmes in 2019/2020 and 2021/2022 are reported to have additional needs. Research indicates that connection and support from other parents and identifying ways in which parents can support their child can help support them in caring for their child (Connolly & Gersch, 2011). Therefore it is important to understand the needs of this community and to further develop Parenting365 by evaluating the programme.

Methodology

The report is based on two research components: the needs assessment completed by 9 participants; and the programme evaluation completed by 7-9 parents. Parents taking part in the needs assessment completed the relevant ASQ3 and ASQ:SE-2 with one of the researchers. The Parenting365 programme evaluation comprised of a pre-programme survey, completed by 9 sets of parents, and a post-programme interview, completed by 7 parents.

Findings

The findings should be viewed in light of the low participant numbers. However the findings provide an insight into the experiences of families with children with additional needs living in an area of socio-economic disadvantage. The needs assessment suggests that communication and personal social development were particular deficits within this cohort, however all areas of development, as measured by the ASQ3, may require additional supports and resourcing.

The findings from the Parenting365 programme highlighted the positive impact of the programme for both the parent and child, supporting previous feedback captured by the ELI from parents who had previously completed the Parenting365 programme (ELI, 2022). Parents reported increased confidence in their ability to support their child and that a benefit of the programme was seeing their child thrive in social interactions. Additionally, particular benefits of the programme were stated as being the opportunities for social support amongst the parents and feelings of solidarity.

Recommendations

The report concludes with limitations and research challenges and makes a number of recommendations in relation to the ongoing evaluation of the Parenting365 programme and developments to the programme structure.

It is recommended that the evaluation tools for the Parenting365 programme, both pre- and post-programme, are further developed to ensure the ability to directly compare the data. Further, evaluation research is also recommended with additional participants to strengthen the findings of the current research and to further support the development of the programme.

The programme should consider the development of content for different age groups, the creation of an alumni network with ongoing, informal events, and the development of practical solutions to the challenges facing parents and children when participating in the programme. These include the development of social stories and the exploration of the potential benefits of recorded parent sessions.

Chapter 1

Introduction

1.1 Introduction

The following research study took place in 2022 within the Early Learning Initiative (ELI). This report examines support needs for children with additional needs, and their parents, living in Dublin's Inner City, in addition to an evaluation of the Parenting365 programme.

Furthermore, this report also provides recommendations for the continued development of the Parenting365 programme.

In this chapter, the rationale for the study is detailed, followed by a brief introduction to the ELI's Home Visiting programmes. The aims and objectives of the research are then outlined, followed by details of the structure of this report.

1.2 Rationale

One of the most prevalent disabilities among young children are developmental disorders such as Autism Spectrum Disorder (ASD). Conservative estimates published by the World Health Organisation (WHO, 2022; Zeiden et al., 2022) indicate that one in 100 has an ASD. Furthermore, the organisation states that early interventions provide the most significant levels of advancement in children's development (WHO, 2022). This prevalence can be perceived in the Home Visiting programmes offered by ELI. Additional needs amongst the cohort of children engaging in the Home Visiting programmes has been a growing concern. Internal reporting for the ELI home visiting programme in 2019/2020 and 2021/2022 show that over one third of children and infants engaging with these programmes are reported to have additional needs. Of the 2020/21 cohort, this broke down to 6% of children who entered the programme with a medical diagnosis, 9% who are on waiting lists for assessments, and a further 18% of children for whom there are strong concerns most commonly in delays in speech and language development, or behavioural or social delays.

Therefore, the rationale for this study is to gain a deeper understanding of the needs of children with additional needs, and their families, and to evaluate the Parenting365 programme. The study will add to the limited literature on the efficacy of parent-mediated

intervention for children with additional needs, in the particular context of a community of socio-economic disadvantage in Ireland.

1.3 The Early Learning Initiative and Home Visiting

The ELI is a community-based educational initiative in the Dublin Docklands and is a department within the National College of Ireland (NCI). The ELI was developed to address the problem of educational underachievement in marginalised communities. The ELI's mission is to work with communities in areas of greatest need, to provide world-class parent and child learning support programmes. A range of innovative programmes have been developed in the ELI in partnership with Government and local communities. In particular, the ELI provides high quality evidenced-based, sustainable Home Visiting programmes including the ParentChild+ programme, Home from Home Transition programme, and the ABC 0-2 Years Home Visiting programme (ELI, 2021; ELI, 2022).

The ParentChild+ programme, originally from the United States, forms a cornerstone of the ELI's family support programmes. It is an evidence-based programme focusing on learning through play (ELI, 2021). The ParentChild+ programme is designed to strengthen the natural bond between parent and child to encourage a love of learning. It employs a non-directive approach and prepares children for later success in school. ParentChild+ employs specially trained, local, Home Visitors to model verbal interaction for the parent and child.

The Home from Home Transition programme provides an integrated plan of intervention and support for families with children aged 16 months onwards living in emergency or homeless accommodation (ELI, 2021). The programme was adapted from the ParentChild+ and aims to meet the needs of families living under the pressure of homelessness, who would not be able to commit to a two-year programme of bi-weekly visits (ELI, 2021). The ABC 0-2 Years Home Visiting programme supports families to improve children's wellbeing, developmental and learning outcomes while increasing parental skills, knowledge and engagement, from pre-birth to 2 years of age.

1.3.1 Parenting365

The Parenting365 programme is funded by the Community Foundation Toy Show Appeal, established in 2020 to fund essential support, health, wellbeing, and play and creativity services for children (ELI, 2022; The Community Foundation, n.d.). The programme aims to

support children with additional needs by addressing the many challenges they face, and it involves 6 weeks of developmentally targeted group play sessions with a trained play facilitator (ELI, 2022). Additionally, parents receive take-home resources to extend their children's learning and development, and they engage in weekly parent support groups via Zoom (ELI, 2022).

1.4 Research Aims

There are two primary aims of the current study. The first is to identify the support needs of children with developmental delay, and their parents, living in areas of socio-economic disadvantage, and to explore how the ELI can meet the needs of this community. Secondly, the study also sought to evaluate the Parenting365 programme. The evaluation aims to enable parents to directly inform the future development of the programme through their experiences, opinions, and needs.

1.5 Research Objectives

Research Objective One:

To conduct a needs assessment to identify the supports needed for children with additional needs and their parents in Dublin's Inner City.

Research Objective Two:

To conduct a programme evaluation of the Parenting365 Programme to identify if it met the needs of the participants.

1.6 Report Structure

Chapter 2 of this report provides a literature review, firstly detailing the prevalence of developmental disorders, evidence-based interventions, and access to disability services. An overview of the Parenting365 programme is then provided, including programme structure and efficacy feedback to date.

Chapter 3 details the research methodology, including study design, procedure, materials, and ethics. Chapter 4 provides a comprehensive analysis of the results. Finally, chapter 5

discusses the findings and provides a number of recommendations based on the results of the needs assessment and evaluation.

Chapter 2

Literature Review

2.1 Developmental Delay and Autism Spectrum Disorder

Developmental delay refers to the failure to meet developmental milestones compared with population norms (Choo, Agarwal, How & Yeleswarapu, 2019; Ho & Lee, 2022), due to differences in, and evolution of, classification and diagnosis it can be challenging to fully understand the prevalence, with studies reporting prevalence rates between 0.16% (Kuo, Muo, Chang & Lin, 2015) and 13.% (Delobel-Ayoub et al., 2020; Ho & Lee, 2022; Rosenberg et al., 2008). Delays in development can impact a number of domains including speech and language, gross and fine motor, cognitive, social and personal, and daily activities (Shan et al., 2022). Additionally, developmental delay can overlap with other developmental disorders, including ASD, and comorbid diagnoses can be common (Shan et al., 2022).

According to the 2016 Irish Census, the rates of childhood disability in Ireland for 3-5 year olds is 4.54% (Whelan et al., 2021). This figure encompasses the following categories:

- blindness or severe vision impairment
- deafness or serious hearing impairment
- a difficulty that limits basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying
- an intellectual disability
- a difficulty with learning, remembering, or concentrating
- a psychological or emotional condition
- difficulty dressing, bathing, or getting around inside the home
- difficulty going outside the home alone to shop or visit a doctor's surgery
- difficulty working at a job, business or attending school or college
- or persons with a disability (Whelan et al., 2021).

Additionally, secondary analysis of the Growing Up in Ireland study (GUI) reported prevalence of development disabilities at 17.36% of the sample (Gallagher et al., 2020).

Evidence reports that approximately 1.5% of school aged children in Ireland have a diagnosis of ASD (Boilson et al., 2022; Department of Health, 2018). However, as families can wait years for an assessment, this figure does not accurately represent the number of children in Ireland showing signs of developmental delay or include children waiting on an ASD assessment despite the Disability Act (2005) stating that an Assessment of Need must be completed within 6 months of its application.

Thus far in the 2022/23 national Home Visiting figures for the ELI (ParentChild+, Home from Home, and ABC 0-2 programmes) 12% of the cohort (n = 53) have a medical diagnosis and 24% (n = 103) are on a waiting list. These figures tend to represent approximately 1/3 of families engaging with these programmes, with twice as many children on waiting lists than with a diagnosis year on year. Although early diagnosis and intervention are seen as effective (Estes et al., 2015; Zwaigenbaum & Brian, 2019), families in Ireland wait years to receive an assessment of needs or adequate supports. For example, as of October 2021, 3,065 children were on waiting lists for Child and Adolescent Mental Health Services, with 202 waiting for longer than a year, 9,554 children were on Primary Care Psychology waiting lists, and as of March 2019 there were 16,466 children on waiting lists for Speech and Language assessments, with 3,685 of those waiting for over a year (Prevention & Early Intervention Network [PEIN], 2022). As of December 2021, 4,000 children were waiting for an Assessment of Need, with average waiting times of approximately 20 months (PEIN, 2022). Figures from August 2022 show that more than 110,000 children are on waiting lists for therapies and disability services, nearly 30,000 of whom were waiting for longer than a year (Cullen, 2022). Furthermore, many families who can afford private assessments or treatments are pursuing private options to due to long delays in the public health system (Cullen, 2022), however families engaging with ELI programmes do not have the means to access private services or therapies available to more affluent families. Many parents and families pursuing private practice assessments and treatments may also be at risk of engaging with unregulated psychologists as only those working in the public sector must be professionally qualified in Ireland (Power, 2023).

Parents of children with developmental disabilities suffer significantly increased levels of stress (Barroso et al., 2018; Hayes & Watson, 2013; Lopez, Clifford, Minnes & Ouellette-Kuntz, 2008). This tends to be heightened with longer wait times in the diagnostic process

(Keenan et al., 2009). Connolly and Gersch (2011) note parents describing that their experience begins on the first detection of developmental delays, and that identifying ways in which they can support their child, along with connection and support from other parents can help them on their journey. Levels of parental stress are often associated with the severity of the child's additional needs and parental experiences of stress can be dependent on the coping mechanisms employed (Lopez et al., 2008). Children with ASD present with a higher rate of sleep, toileting, and eating problems. Furthermore, children with lower-language level present with higher rates of hyperactivity, self-injury, and sensory difficulties (Maskey et al., 2013). Families living with ASD and developmental delay face many challenges which can affect family functioning and quality of life for all family members, including financial, social, and physical stress (Mak & Ho, 2007). Parent education regarding their children's needs is reported as a priority and provides a positive intervention leading to stress and anxiety reduction, improved coping skills, improved parent-child interaction and communication, improved understanding of ASD and delay, efficacy and confidence, as well as improved parental quality of life (Preece & Trajkovski, 2017).

There are significant daily challenges faced by parents of children with autism and children showing signs of developmental delay. Ludlow, Skelly and Rohleder (2012) identified dealing with challenging behaviour; dealing with judgements from others; lack of support; impact upon the family; and coping and the importance of appropriate support as daily challenges faced by parents. Additionally, research has found that periods of transition, for example transitioning into Primary School and transitioning into (and out of) support and therapeutic services, causes further longer-term stress (Minnes, Perry & Weiss, 2014). Raising a child with developmental delay presents many challenges and learning experiences for parents and other family members. Cantwell, Muldoon, and Gallagher (2014) found that Irish parents of children with developmental disabilities had poorer physical health, including poor sleep, headaches and gastrointestinal and respiratory problems, than control group parents. Byrne, Sarma, Hendler and O'Connell (2018) explored Irish parents experiences of raising children with ASD. Parents reported that it was difficult but that it also helped them to grow (Byrne et al., 2018). Parents reported that they hoped their children would experience inclusive environments but were scared about the challenges their children will

face (Byrne et al., 2018). The findings reported that Ireland's movement towards social inclusion lags behind other countries (Byrne et al., 2018).

2.1.1. Interventions

Research has shown that interventions focused on the parents have proven to be successful in increasing parent's knowledge (Cutress & Muncer, 2014) and wellbeing (Lichtlé et al., 2020), and reducing child behaviour problems (Neece, 2013). However, there is a dearth of literature regarding appropriate, parent informed, supports for parents of children with developmental delay, including ASD (Smith & Smauels, 2021). Furthermore, the efficacy of developmental delay specific interventions is lower in instances where caregivers are not provided with appropriate support or where parents are not active participants (Moody et al., 2019; Smith & Samuels, 2021). Findings from Fewster, Uys and Govender (2020) identified knowledge about ASD; the ability to listen; accessibility, care coordination/service navigation; waiting lists; programme structure; and work flexibility as key areas of appropriate supports for parents of children with ASD. Research conducted by Neece (2013) explored the efficacy of a Mindfulness-Based Stress Reduction (MBSR) for parents with children with developmental delay and found that MBSR may be an effective intervention for improving parental wellbeing but also for reducing children's developmental problems and symptomatology.

Kilroy et al. (2016) explored the effectiveness of the Parents Together Community Course (a 6-week preventative version of the Parents Plus Early Years Programme) to observe whether the programme was effective in reducing parent-reported behaviour problems in pre-school and school aged children. Almost half of the children enrolled in the programme (45%) had behavioural problems in the borderline or clinical ranges (Kilroy et al., 2016). The results reported significant reductions in these behaviours following the completion of the course (Kilroy et al., 2016). This research highlights the importance of early community intervention when addressing childhood behavioural issues.

Play is utilised by practitioners to provide intervention and support in early childhood and can be used to enrich children's learning and development (National Council for Curriculum and Assessment [NCCA], 2017). Several autism- and developmental delay-specific therapies are based on the relationship between social play and the development of social skills, language development, and communication skills. However, as there is a great deal of

literature regarding play-based interventions, it can be challenging for practitioners to make choices about which intervention strategies are most appropriate. It can also be challenging to identify which components of play-based interventions are effective (Armstrong et al., 2021). Gibson, Pritchard and de Lemos (2021) reported that social play skills are the single most utilised intervention. Further research supports the use of child-centred play therapy and an evidence-based, effective intervention, which can increase social and emotional behaviours in children with developmental delay (Hillman, 2018; Movehedazarhouligh, 2018; O'Connor & Stagnitti, 2011). However, it is important to note that girls and children from minority backgrounds are under-represented in the literature and therefore research should explore the efficacy of evidence-based programmes with these populations.

2.1.2 Socio-economic Disadvantage

Literature has identified geographical, socio-economic disadvantage as a potential risk factor for cognitive development among children (Kent, Pitsia & Colton, 2018). Additionally, research suggests that language delay remains one of the most prevalent developmental delays, particularly in areas of socio-economic disadvantage (Gibbard & Smith, 2016). Kent et al. (2018) found that gender, breastfeeding, income, and intervention intensity were statistically significant predictors of cognitive development. Additionally, findings from the Born in Bradford study found that children of mothers educated to A-level or higher had a higher rate of ASD diagnosis compared to children of mothers with lower education attainment (Kelly et al., 2019). These findings suggest that there is a substantial level of underdiagnosis for children of mothers with lower educational attainment and, therefore, addressing inequalities in ASD diagnosis requires increased education and the provision of more accessible support services (Kelly et al., 2019). In addition, Veldman et al, (2020) found low income and parental unemployment to be a risk factor for gross motor delay in children, highlighting the necessity for screening and early intervention within populations of socio-economic disadvantage.

The relationship between socio-economic status and intellectual disability (ID) varies according to level of severity. A study conducted by Delobel-Ayoub et al., (2015) reported that the prevalence of ASD with associated ID was higher in geographical areas with the highest level of deprivation and the highest percentage of unemployed adults, persons with lower educational attainment, immigrants, and single-parent families. The research findings

indicated that a higher prevalence of ASD without associated ID was found in areas with the highest percentage of immigrants (Delobel-Ayoub et al., 2015). Finally, the prevalence of isolated severe ID was likely to be higher in the most disadvantaged groups defined by all indicators (Delobel-Ayoub et al., 2015). Flouri, Midouhas, Charman and Sarmadi (2015) explored the longitudinal relationship between socio-economic disadvantage and the trajectories of emotional and conduct problems among children with ASD who had comorbid attention deficit/hyperactivity disorder (ADHD). Children with ASD and ADHD continued on a high trajectory of emotional and conduct problems and socio-economic disadvantage was associated with increased emotional problems (Flouri et al., 2015).

2.2 The Parenting365 Programme

The Parenting365 Programme is a programme for families with young children with disabilities and additional needs in Dublin's Docklands. Starting in 2021, the pilot programme ran for 1 term with a further 2 terms completed in 2021-2022. Sixty-six families, with a total of 69 children, engaged in the programme across these 3 terms, with high engagement from fathers (n = 26, ELI, 2022). The programme was then integrated into the ELI's set of Parent Support programmes in 2022-2023. At the time of publication, the Programme has run four terms with 91 families and a total of 95 children.

The Parenting365 Programme involves working with families who are already enrolled on the ELI's ParentChild+ Programme, as well as other families living in the area, responding to a growing need for disability services and supports. The Parenting365 programme is specifically for children at risk of developmental delay and their families living in an area of socio-economic disadvantage. The Parenting365 Programme includes a 6-week, in-person, parent and child play group programme and a 6-week online parenting programme. The aim of the online parent support sessions is to empower parents as their child's first and best teacher, while also providing space for parents to connect. The online programme also includes guest speakers including paediatric occupational therapists, play therapists, and music therapists (ELI, 2022).

The Parenting365 programme adopts the process of community action research, which focuses on understanding of practice, the conditions of practice, and changing practice (Bleach, 2017; Kemmis, 2009). All ELI programmes are developed using the action reflection

cycle to observe, reflect, act, and modify ensuring programmes are continually evaluated and improved (Bleach, 2017). Action research supports the implementation of change by helping participants develop the skills required to deliver outcomes (Bleach, 2013). This approach forges research alliances with relevant stakeholders in the community to explore and develop solutions to local problems. Community action research is a collaborative and iterative approach to research that involves all stakeholders throughout the research process. This approach directly engages communities and community knowledge in the research process and research outcomes. It is a framework that aims to address the practical concerns of the people in a community and should support and enhance the strategic action that leads to community transformation.

2.2.1 Participant Feedback

Programme evaluation feedback was collected from parents engaging in the Parenting365 programme and reported in the 2021-2022 Annual report (ELI, 2022). Eighteen parents provided feedback and reported that the programme greatly benefited them, with 16 stating it greatly benefitted their child (ELI, 2022). Parents goal setting at the start of the programme focused on connecting more with their child; gaining more understanding of their child's needs; and learning skills and techniques to support their child (ELI, 2022). Of the feedback respondents, 35% stated they had achieved the goals they set with a further 24% stating they were close to achieving their goals (ELI, 2022). The goals parents had for their children included improvements of social skills and language and communication skills; and emotion regulation (ELI, 2022). Eighteen percent of respondents felt their child had achieved these goals with a further 35% of parents reporting their child was close to achieving the goals (ELI, 2022).



Chapter 3

Methods

3.1 Study Design

The current study employed a mixed methods approach to explore the experiences of parents/guardians and their children who engaged with the Parenting365 Programme and to complete the research objectives. Quantitative data was collected using questionnaires and qualitative data was collected using parent interviews.

3.2 Measures

Research Objective One:

To complete the needs assessments of the parents and children taking part in the Parenting365 Programme, participants completed a questionnaire including questions on family demographics, child health and development, and parental supports. The Ages & Stages questionnaire (ASQ, Squires & Bricker, 2009) was used to examine child health and development. This screening tool measures developmental progress in children aged 1 month to 5.5 years.

Research Objective Two:

To evaluate the efficacy of the Parenting365 Programme, participants completed a pre-Programme Questionnaire, including family demographics, child health and development, Parenting365 goals, and parental experience, and they also took part in post-Programme semi-structured interviews. The topics explored in the interviews were:

- Experience of the Parenting365 Programme
- Experience of other supports
- Parenting365 goals
- Parental experience
- Improvement/Further supports

3.3 Participants

The Parenting365 Programme has engaged with 91 families and 95 children since it first began in September 2021. Term one was a pilot of the Programme and therefore participants were not involved in the research process. Additionally, Term 4 began after the research process had started and therefore are not involved in the current research. Parents engaging in the 2nd and 3rd term of the pilot Parenting365 Programme (2021-2022) were eligible to participate in the needs assessment and programme evaluation. Additionally, parents from the 1st term of the 2022-2023 programme cycle were eligible to participate in the needs assessment. As parents engaging in other Home Visiting programmes were eligible to take part in the needs assessment, the study comprised 2 cohorts of participants, with some crossover with certain participants in both Cohort 1 and Cohort 2.

Cohort 1:

The research sample for the needs assessment consisted of parents/caregivers eligible for enrollment on the Parenting365 Programme some of whom have not completed the Programme. This included parents of children with additional needs engaging with the ELI's Home Visiting and Community Support Groups programmes, such as ParentChild+, and those referred to the ELI's programmes by local professionals.

Cohort 2:

The research sample for the evaluation of the Parenting365 Programme comprised parents/caregivers engaging in the Parenting365 Programme.

Parents of children with additional needs participating in the pilot Parenting365 Programme were invited to pilot the research tools of this study, including the questionnaires and interview schedule.

3.2.1 Inclusion/Exclusion Criteria

All parents in the ELI's Home Visiting programmes with children with additional needs, or those referred to the ELI's programmes with children with additional needs, were invited to take part in the needs assessment. Only those parents over 18 years of age at the time of the study were included. Only those whose children were aged between 1 month and 66 months at the time of the study were included due to the age range of the Ages & Stages

measure used. All parents engaging in the Parenting365 Programme were invited to participate in the evaluation.

3.3 Procedure

3.3.1 Parenting365 Structure

As mentioned in Chapter 2, the Programme included weekly parent support sessions and weekly play group sessions. The parent support sessions were held on Zoom and the play group sessions were held in person at the NCI each Saturday for the duration of the Programme, facilitated by the Programme Coordinator and facilitators. Each week had a



theme, with one example being “messy play”, providing children with the opportunity to learn foundational cognitive principles as they exercise motor, language, and social skills in sensory activities.

3.3.2 Cohort 1

Programme coordinators and Home Visitors were trained by the researchers on how to explain the purpose of the study to potential participants. They informed parents that the ELI were conducting a Needs Assessment to explore how the ELI could meet the needs of

the community, and they provided the parents with a study information sheet. Information sheets were also distributed through ELI’s mailing list.

Parents were informed that they were under no obligation to take part in the study and participation was not a requirement for participating in any ELI programme. Parents were informed that if they were interested in participating they could contact the researcher using details provided on the information sheet. Information sheets and consent forms were provided to all parents in advance of the study. In order to accommodate parents who may have literacy difficulties, the Coordinators, Home Visitors, and Researcher offered support to the parents in reading and understanding the information sheet and consent forms.

The questionnaires were conducted over the phone by the Researchers, and took approximately 45 minutes to complete. At the beginning of the questionnaire, participants were informed that if they wished to take a break or withdraw from the study at any point this will be accommodated. Participants were first asked family demographic questions, followed by questions on the needs of their child, followed by the Ages & Stages screening.

3.3.3 Cohort 2

The Parenting365 Programme Coordinator informed the programme participants that the ELI were conducting a study to evaluate the Parenting365 Programme and invited them to participate. An information sheet and consent form were provided to the parents. Again, participants were informed that they were under no obligation to take part and participation in the study was not a requirement for participation in any ELI programme.

Before the commencement of the Parenting365 Programme, participants were provided with an online link to complete the Pre-Programme questionnaire. This took approximately 10 minutes to complete. Towards the end of the Programme a mutually agreeable time was arranged between the participants and the researcher to complete the semi-structured interview, either online or in-person whichever method best suited the participants. The interviews took approximately 30 minutes to complete and were recorded on an audio device for the purpose of transcription. At the beginning of the interview, participants were informed that if they wished to take a break or withdraw from the study at any point this would be accommodated.

3.4 Data Analysis

Demographic data was analysed descriptively using SPSS. The Needs Assessments, using the Ages & Stages Questionnaire, were scored according to the ASQ-3 manual scoring guidelines and reports were prepared for each family. Thematic analysis was utilised to analyse the qualitative data collected during the parent interviews using Braun and Clarke's (2006) Six-Step Framework. Verbatim interview data was analysed line-by-line and coded thematically.

3.5 Ethics

Ethical approval was received from the NCI Ethics Committee, approval number 1701202201. All data is securely stored on the ELI Sharepoint folder. This folder is only accessible by the Researchers and the ELI team. Study data is stored using participant codes and identifying information has been removed.

Chapter 4

Results

Twenty consent forms were returned for the needs assessment and a total of 9 participants completed the measures. Of the 9 participants only one participant had not completed the Parenting365 Programme. Thirteen completed consent forms were returned for the evaluation study. Nine parents took part in the pre-programme questionnaire and 7 parents completed the post-programme interviews for the evaluation study.

4.1 Needs Assessment

The needs assessment was completed with 9 parents with children ranging from 32 months and 6 days to 68 months and 2 days. It is important to note that due to low participation generalisations cannot be made to the whole population. Table 1 below provides descriptive details of the sample. Nearly half of the parents had children aged between 39 months and 49 months 30 days and therefore, they completed the ASQ 42 Month Version. One child was aged 68 months and 2 days at the time assessment so the ASQ:SE-2 60 Month version was completed with the participant only. The results below are presented using the domains of the ASQ: communication, gross motor, fine motor, problem solving, and personal social, followed by the ASQ: Social Emotional Questionnaire (ASQ:SE-2).

Table 1. Number of Participants across ASQ Versions

	Male	Female	ASQ 33 Month	ASQ 42 Month	ASQ 48 Month	ASQ 54 Month	ASQ 60 Month	ASQ:SE- 2 60 Month
N	8	1	1	4	1	1	1	1

4.1.1 Communication

Figure 1. below provides a breakdown of the children's communication skills, rated as either above the cut-off (development in the domain appears on schedule), close to the cut-off (learning activities should be provided and they should continue to be monitored), and below the cut-off (further assessment with a professional may be needed).



Figure 1: ASQ3 Communication Scores

The majority of children assessed (n = 5) using the ASQ3 were in the below cut-off range, indicating that communication supports are a particular need for this cohort. Additionally, 2 further children were in the close to cut-off range.

4.1.2 Gross Motor

Although the majority of children were in the above cut-off range, 3 children fell into the below cut-off range indicating that further assessment may be required. Therefore development of gross motor skills may be a particular need for this cohort.

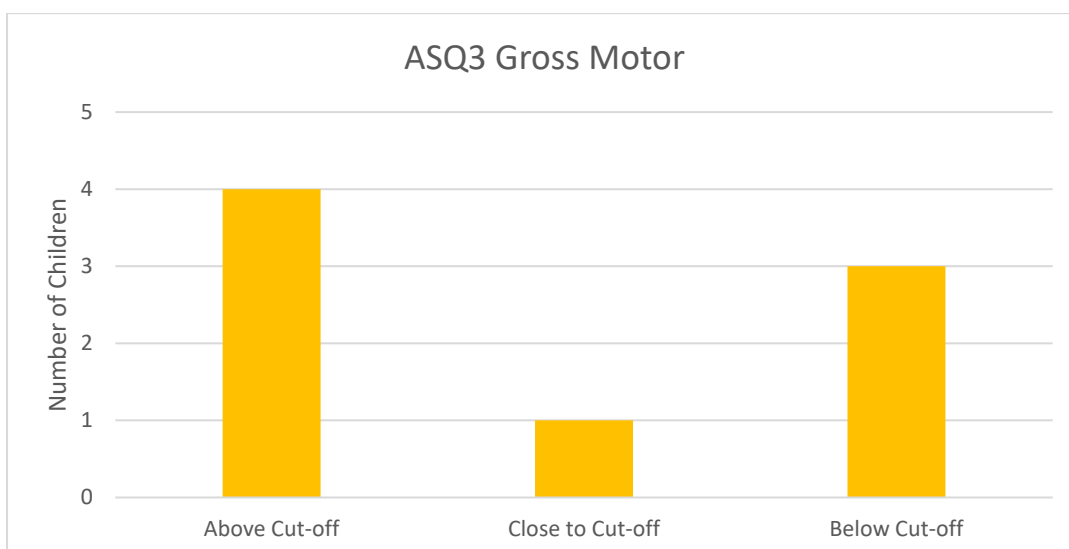


Figure 2: ASQ3 Gross Motor Scores

4.1.3 Fine Motor

The majority of children were assessed in the close to cut-off ($n = 4$) or below cut-off ($n = 3$) ranges for their fine motor skills development. This indicates that fine motor learning should be provided with ongoing monitoring, along with referrals to professional services where necessary

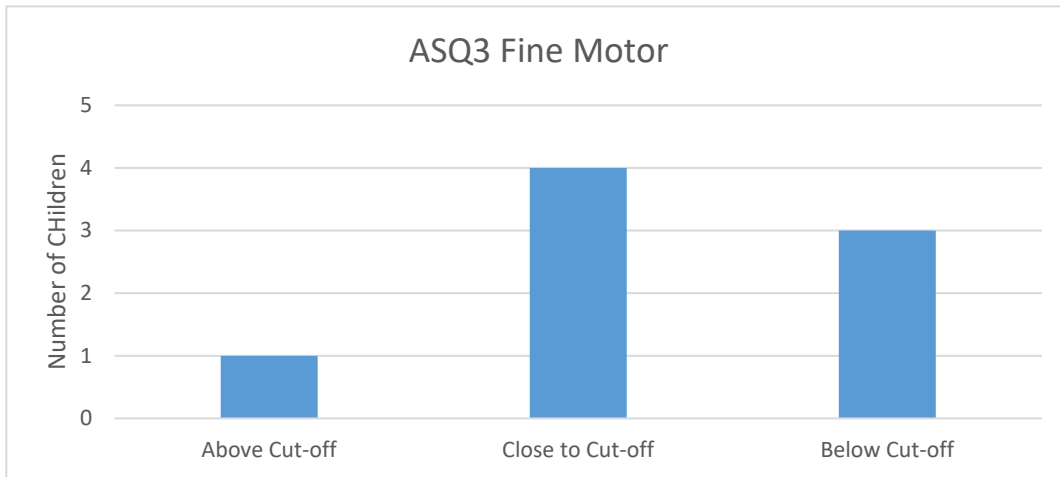


Figure 3: ASQ3 Fine Motor Scores

4.1.4 Problem Solving

The development of problem solving skills was relatively consistent across all three ranges, indicating that there are mixed abilities within this cohort. However, the majority of children were assessed in the close to – or below cut-off ranges.

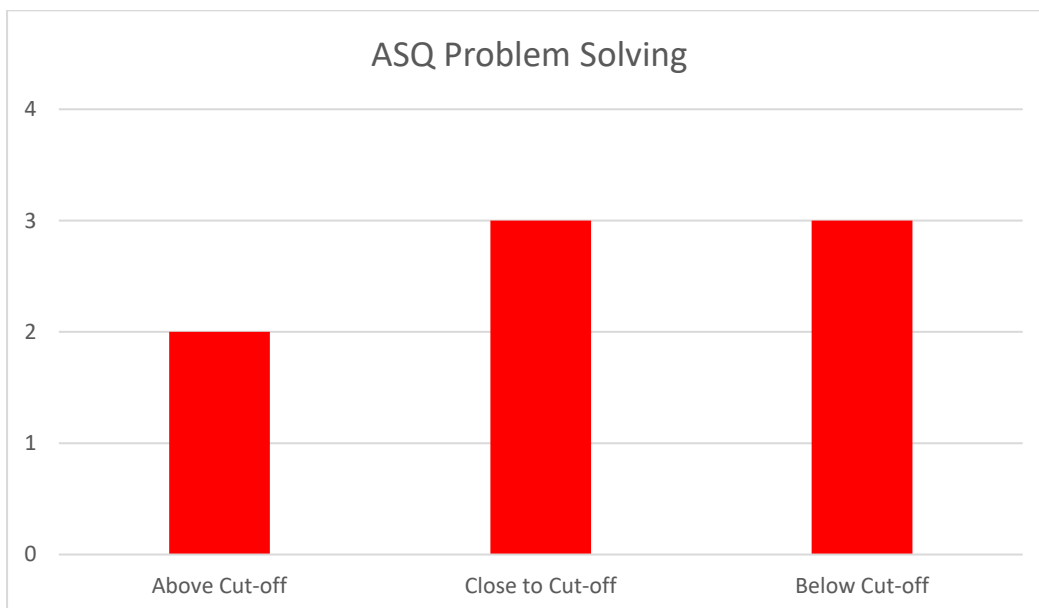


Figure 4: ASQ3 Problem Solving Scores

4.1.5 Personal Social

Personal social skills development was a particular deficit in this cohort, with the majority of children (n = 6) falling into the below cut-off range. Therefore, the majority of participants in this research study may need to seek further assessment and intervention with professional services.

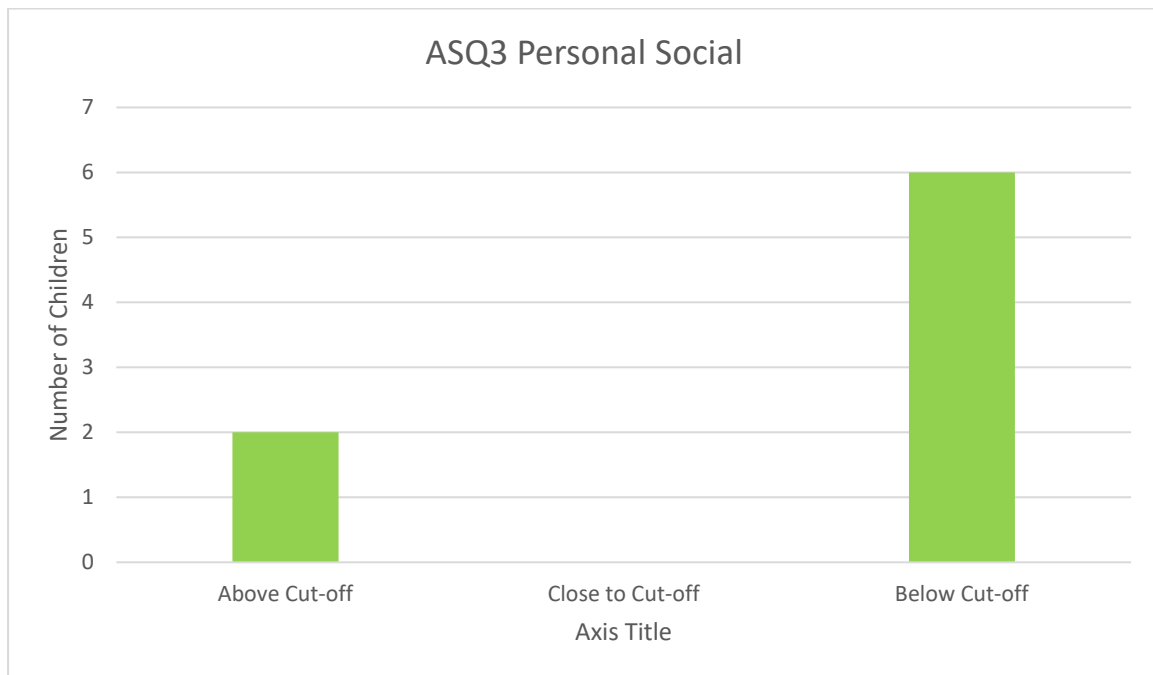


Figure 5: ASQ3 Personal Social Scores

4.1.6 ASQ:SE-2

All 9 children assessed using the ASQ:SE-2 were above the cut-off point for their age and therefore further assessment with a professional examining their social-emotional development may be required. Eating, sleeping, and toileting concerns were the most common concerns indicated by parents, followed by other worries which included challenges around communication.

4.2 Parenting365 Programme Evaluation

The programme evaluation was conducted using a pre-programme questionnaire and post-programme semi-structured interviews with parents. The pre-programme questionnaire was completed by 9 sets of parents and 7 parents took part in the post-programme interview.

4.2.1 Pre-Programme Questionnaire

Table 2 below details the demographic characteristics of the participants for the Parenting365 Programme evaluation. 5 of the participants had received a diagnosis and the remaining 4 were awaiting diagnosis from a medical professional. The most common illnesses, conditions, disability, or developmental delay indicated by the parents were communication related, for example speech and communication/language delay, non verbal autism, or verbal communication challenges. Additional conditions included behavioural and sensory challenges, autism with global developmental delay, and cerebral palsy. Most parents indicated that they started to notice their child’s condition when they were between 1 and 3 years of age.

Table 2: Participant Demographics

	Ethnic Background			Diagnosis	
	White	Black or Black Irish	Asian or Asian Irish	Yes	No, on waiting list
N	5	1	3	5	4

The goals that parents had for themselves focused on developing skills that would support their child, including receiving direction to help their child develop and become ‘independent’, finding the right medical supports for their child, developing more ‘coping tools’ and ‘communication’ skills to help them understand their child, and to also become ‘more helpful, more positive’ and a ‘happy and nurturing parent’ for their child. Parents rated where they were in relation to meeting these goals and all parents rated themselves as 3 or below, where 5 indicated they achieved the goal and 1 indicated they were very far from achieving the goal.

Parents also stated the goals they had for their children, with the majority stating goals around communication and social development. Additional goals included developing their child’s skills to ‘engage in activities’, to be ‘confident and understood’, to help their child ‘catch up’ with their peers, and to teach their child ‘basic self-caring and hygiene skills’. Again, all parents rated that they were 3 or below in terms of meeting these goals.

Figure 6 below details the parents responses to a set of Likert questions on their confidence, ability to help their child, and their coping mechanisms. N = 8 parents provided answers to these statements. The majority of parents (n = 5) stated that they rarely know how to help their child’s progress and that they always feel frustrated not knowing how to help their child.

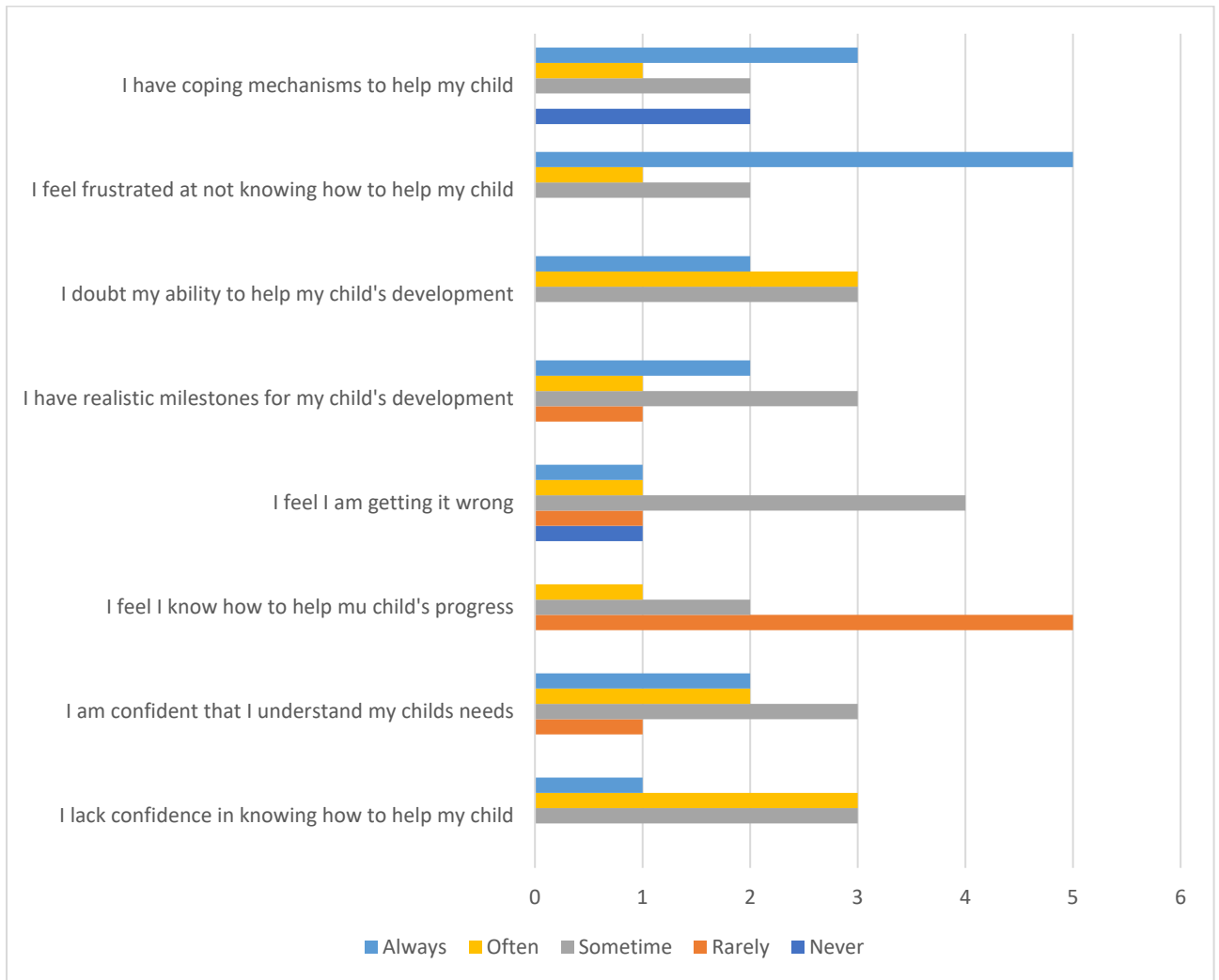


Figure 6: Parent ratings across statements about confidence and ability to support their child

4.2.2 Post-Programme Interviews

A thematic approach to data analysis was employed to examine the post-programme evaluation interviews. A number of themes were present in the data, Figure 7 below details the thematic map. Additionally, parents were asked about the goals they set at the

beginning of the Programme and the ratings they provided on the Likert questions in Figure 6. above, the results of which are detailed in **Programme Goals** below.

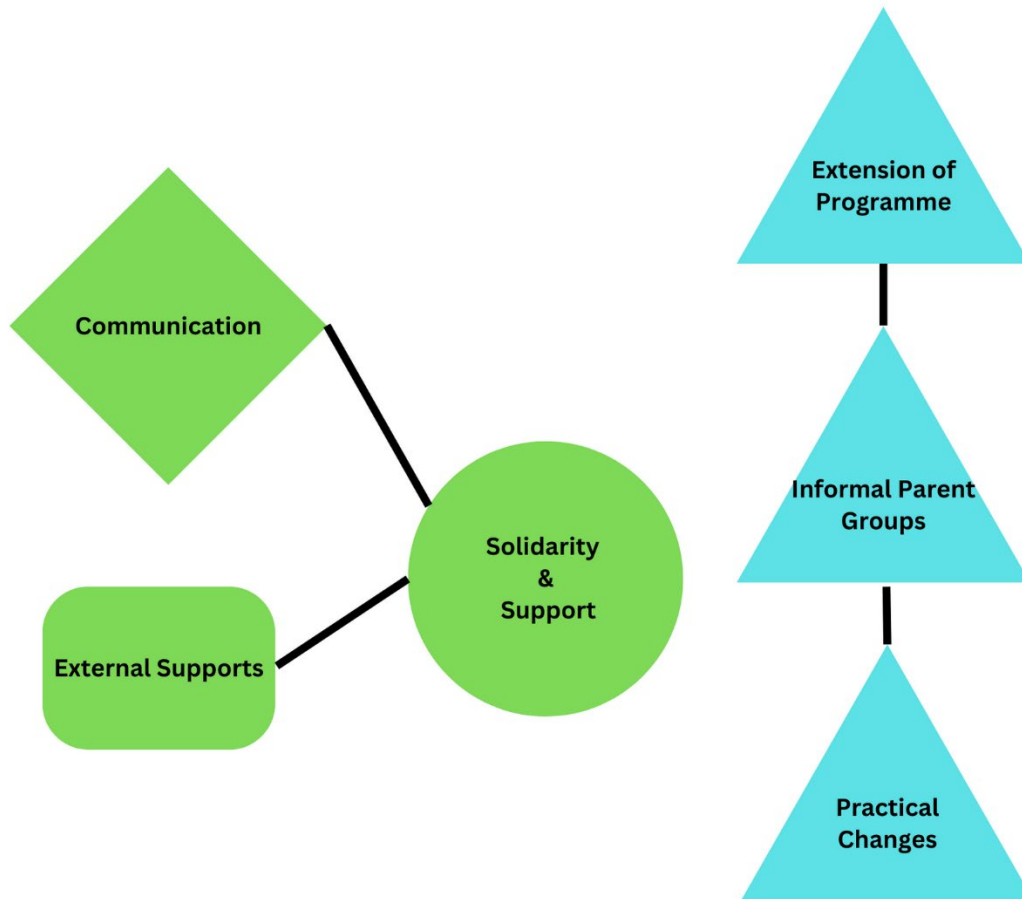


Figure 7. Thematic Map of Parent Interview Data

The participants indicated that the Parenting365 Programme indicated that the programme provided them with **Solidarity & Support** and enabled them to develop their **Confidence**, as well as that of their children. The participants also discussed access, or lack of access, to **External Supports** and the benefits of the Parenting365 Programme as an additional or alternative resource. Parents also provided details on improvements that can be made to the programme, including **Extension of the Programme**, **Informal Parent Groups**, and **Practical Changes**.

Solidarity & Support

Parents stated that the Parenting365 Programme provided them with support, both from the programme facilitators and staff and from other parents attending the sessions.

Particularly, participants felt a sense of solidarity in terms of knowing they were not alone in the challenges they were facing.

...meeting other parents as well...and knowing that I'm not going through it by myself and there are other parents so it's a brilliant programme

...it was great to meet other parents that have similar children because it's a very isolating thing...

...I thought it was really phenomenal... I thought that the two parts to it were really good especially the parents group...hearing from people in similar situations

Confidence

Participants stated that the Programme gave them the confidence to know that they are doing the right thing, and it further developed their skills and built up their confidence to support their children. Parents also discussed how the programme has provided their children with more confidence to interact.

...made him really open and come out of his shell because of the people that he meets and lots of kids and lots of new toys...

...it's good to see him in a new environment and I think its good to see that he kind of really adapted to the new environment. It was good to see him playing with other kids...

External Supports

The majority of participants discussed the challenges with receiving external supports from medical professionals, although some are in receipt of ongoing services while others are still waiting, most parents stated the long waiting lists for access to resources and services.

...there is none...like the HSE and you're on a list and your on a list... and you're getting nothing

...outside of this group I think most of the parents, we get supports from the HSE. I know they have a lot of kids so sometimes it's like delay so its hard.

...it's disgusting the amount of money that I pay personally in tax and you know the services I'm getting, it's disgraceful.

Extension of the Programme

One of the improvements that could be made to the Parenting365 Programme discussed by the participants was that of extending the programme. This included extended the number and duration of sessions and also developing different groups for children of different ages. One parent also described how it would be beneficial to include more elements to the children's sessions.

...it's probably my expectations going in that there would be a kind of teaching component or a third of a learning component for the child or some sort of even assessment...or recommendations where it seemed to be kind of just the playdate thing

...no I thought like the programme was good. Obviously because we're at the older age I suppose maybe some of the playthings were a little bit young for us...they get a little bit older there's nothing for them at all like so there really needs to be something for kinds kind of our age... you seem to get less support... as they get older...everything drops away

Informal Parent Groups

Participants also stated the benefit and importance of providing more informal supports for the parents, even after the completion of the Parenting365 Programme. Due to the nature of their child's conditions some parents indicated being isolated and needing additional supports for connection with others.

...maybe when you finish the course that you could be on an email thread with the group...or that there's some kind of tie-in...maybe have a chat every three months or something or a coffee morning... everyone sort of touching base because I think a lot of people maybe are a bit overwhelmed and they don't get out

Practical Changes

A number of practical changes to the programme were discussed by the participants, this included providing families with photos and social stories for the children on what to expect from the programme and providing recordings of the Zoom parent support sessions for parents to catch up as scheduling can be very challenging for parents of children with additional needs. A number of these changes have already been implemented in the programme since the data collection process began, highlighting the immediate impact of community action research.

...the only thing was sometimes with the Zooms...it's very difficult because you've got naps and you've got this... you don't want to miss it...even if they could just record the sessions and you could watch

...you could get maybe printouts... posted to the parents of this is the college this is the car park because we struggled trying to get him out of the car with the first one...

Programme Goals

Participants provided details of the goals they had for themselves and their child in the pre-programme questionnaire, additionally parents ranked their confidence levels on a number of Likert style questions (see Figure 6 above). Participants in the post-programme interviews were asked the same questions to gauge changes after completion of the programme. Due to the different data collection approaches (i.e. parent self-report questionnaire and semi-structured interviews) it is not possible to directly compare all elements of these questions from pre- to post-programme. It is also important to note that some participants in the interviews asked the interviewer to explain what some of the questions meant, indicating that the pre-questionnaire survey's may not have been fully reflective of the participants feelings.

Of the 7 participants who were interviewed, 4 were asked to re-rank their Likert question responses having completed the Programme between 1 and 5 with 1 = never and 5 = always. However, one of those participants had not provided rankings for the questions in the pre-programme survey. Therefore comparisons between pre- and post- programme can only be made with 3 participants, as detailed in Table 3 below. Where no response was given "0" is used.

Table 3: Pre- and Post-programme changes in Likert responses

	Pre (Post)							
	I lack confidence in knowing how to help my child	I am confident that I can understand my child's needs	I feel I know how to help my child's progress	I feel I'm getting it wrong	I have realistic milestones for my child's development	I doubt my ability to help my child's development	I feel frustrated at not knowing how to help my child	I have coping mechanisms to help my child
P365002	5 (2)	5 (5)	2 (5)	1 (3)	3 (5)	4 (3)	5 (2)	1 (5)
P365004	0 (3)	5 (3)	3 (0)	3 (3)	0 (2)	5 (0)	5 (3)	5 (3)
P365008	3 (0)	4 (5)	4 (4)	3 (3)	4 (3)	4 (3)	3 (3)	3 (4)

Note: 1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = always.

In relation to the goals they set at the beginning of the programme, parents were unsure of the exact goals they stated but most felt that the programme had been beneficial overall

and has helped them to achieve both their goals as parents and the goals for their child. One parent stated that their communication goals for their child have still not been met but attributed to waiting lists for clinical therapies.

I can't remember but I'm sure it was probably just a lot to do with understanding what my child is going through...so as far as goals I think I have a better understanding of who he is

My goals were more kind of meeting parents and feeling less isolated in the experience of having a neurodiverse child, yeah that goal was met.

My goal for my child would have been things like toileting, communication, that sort of thing... so I'm not sure it was expected that this programme delivers something like that... we're still on the waiting list for early intervention.

Chapter 5

Discussion

The following Chapter discusses the findings from the needs assessment and the Parenting365 Programme evaluation in relation to the literature. In addition, limitations of the research and challenges encountered will be discussed followed by recommendations for ongoing development of the Parenting365 programme.

5.1 Needs Assessment

Due to the low participant numbers involved in the needs assessment element of this research, the findings should be viewed only as an indication of the challenges experienced by this cohort and should not be generalised. The results of the needs assessment suggest that all areas of development, as measured by the ASQ3, require additional supports and resourcing to ensure the continued development of communication, gross motor, fine motor, problem solving, and personal social skills on par with norms for the children in this community. Of particular importance is the resourcing of supports in the communication and personal social domains, as these areas showed particular deficits in this research study. As noted in the literature review, current waiting list numbers for speech and language therapies are chronically high (16,466) with nearly 4,000 waiting for over a year for these services (PEIN, 2022). Considering a number of the participants in this research were awaiting assessment and initial early intervention services, it would be important to examine the impact on parental wellbeing in this cohort (Keenan et al., 2009). The majority of children were assessed as being in the below cut-off range for these two domains, suggesting that further



professional assessment and intervention is required in this cohort, as well as the provision of community supports to develop these skills.

Problem solving is another area that may require particular focus in terms of intervention programmes and supports, both in the community and through professional services. Additionally, the development of fine motor skills has also been identified as a need within this sample. Although the majority of children (n = 4) were assessed in the above cut-off range for gross motor development, further resourcing for the continued development of these skills is necessary, with provision for access to professional services.

In terms of the social-emotional development assessment, as measured by the ASQ:SE-2, all children were assessed as scoring higher than the cut-off, in this case indicating a need for further professional assessment and potential intervention. Concerns were mainly related to eating, sleeping, and toileting and development of communication skills. It is highly recommended that community based supports provide opportunities for social emotional development with the children and psychoeducational supports for parents regarding eating, sleeping, and toileting as these types of interventions are supported by the literature (Kilroy et al., 2016; Neece, 2013; Preece & Trajkovski, 2017).

5.2 Parenting365 Programme Evaluation

The findings from the parent interviews of the current research highlighted the positive impact of the Parenting365 programme for both the parent and child. These findings support the feedback provided by participants documented in the ELI's 2021-2022 Annual Report (ELI, 2022). Parents were able to see their children thrive in the social interactions with other children and developed confidence to support their children. Additionally parents indicated seeing their child more comfortable in social settings enabled them to make progress on achieving their goals. This finding strengthens the body of literature on play-based interventions as being efficacious in developing communication skills in children with developmental delay (Armstrong et al., O'Connor & Stanitti, 2011). Participants also found the programme provided a sense of solidarity with other parents along with social support, enabling them to reflect on their own experiences and understanding that they are not alone. This supports the literature that identifies increasing wellbeing and knowledge of

the support needs of their children as effective intervention for parents of children with developmental disorders (Cutress & Muncer, 2014; Lichtlé et al., 2020).

A number of improvements to the programme were highlighted by the parents, including an extension of the programme duration, the restructuring of the programme to enable children from different ages/abilities to be grouped together and therefore for activities to be more tailored to the group, and the provision of recorded sessions. Participants also identified the benefit of ongoing, informal, group meet-ups for the parents to alleviate the risk of isolation. Practical improvements also included the development of social stories to prepare the children for participation in the programme.

5.3 Research Limitations and Challenges

A key limitation of the current study is the small sample size, in particular for the needs assessment. As this study provided a needs assessment of the community and an evaluation of the Parenting365 programme further ongoing, research should be conducted to provide additional evidence for the findings of this research. The findings should be viewed in light of the sample size and resourcing should be allocated accordingly.

Direct comparisons with pre- and post-programme measures were challenging due to the difference in methodology, it would be important to ensure future measurement tools allow for direct comparisons. Related to this, parents in the post-programme interviews found it challenging to recollect the goals and ratings they provided at the start of the programme in the pre-programme questionnaire. Since the start of the data collection for this study, the ELI has addressed this issue by providing parents participating in Term 4 of the programme with printed copies of their goals and the goals they set for their children. It should also be noted that some participants in the post-programme interviews required explanations of the Likert questions, which were also asked in the pre-programme questionnaire, indicating that the pre-programme ratings may not have been fully accurate.

An important challenge to note in regard to this research were the challenges parents faced when participating in the research. Of the 10 families who engaged with the evaluation element, the sample comprised of 10 mothers and 2 fathers with 9 having completed the interviews. Additionally a number of parents consented to participate but were unable to engage in any element. All interviews took place online as this was the method which suited

parents best. Ten of the interviews were rescheduled on a number of occasions due to the child not having a good day/night, lack of childcare, and lack of appropriate supports for the parent to facilitate the interview. Two interviews were completed in two separate sittings as the parent could only stay online for a certain amount of time due to their child's needs.

5.4 Conclusion and Recommendations

In light of the findings of this research, the Parenting365 Programme offers a promising resource for support and skills development for parents and children within the Dublin Docklands who have additional needs. The programme can be further developed using the parent recommendations from the current study and from the development of ongoing data collection and programme evaluation. It would be important to review the current data collection and evaluation tools to ensure direct comparison between pre- and post-programme data is possible. It is also recommended to consider the feasibility of completing the ASQ3 with all parents starting the programme to further understand the needs of children with additional needs as an intake procedure.

The findings show that the programme should consider the development of content for different age groups, the creation of an alumni network with ongoing, informal events, and the development of practical solutions to the challenges facing parents and children when participating in the programme. These include the development of social stories and the exploration of the potential benefits from recorded sessions, specifically enabling parents to access content at a time that suits their needs. In relation to the development of content for different ages, the programme for 2022-2023 is offered in two age groups.

It is clear from the current research, and data on the national landscape (PEIN, 2022), that community based supports for parents and children with additional needs is of vital importance to the community, along with access to further assessments from medical professionals. It is recommended that the feasibility of developing community supports focusing on communication skills, personal social skills, and emotional skills be further explored, whether this is further included in the Parenting365 programme or additional programmes are developed or sourced. For example, NIC Side by Side is a community group established by local parents to support neurodivergent families living in the North Inner City. The founders of NIC Side by Side created the play group following their participation in

the ELI's Parenting365 programme. The ELI continues to provide mentoring to support the growth and sustainability of NICE Side by Side.

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Appendix I: Ages and Stages Questionnaire (ASQ-3) – Sample

The ASQ-3 is a developmental screening tool for children between the ages of 1 month and 5.5 years. The ASQ-3 comprises a number of questionnaires depending on the age of the child. This Appendix provides the ASQ-3 42 months as an example.

 **Ages & Stages Questionnaires®**
42 Month Questionnaire 39 months 0 days through 44 months 30 days



Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Child's information

Child's first name: _____ Middle initial: _____ Child's last name: _____
Child's gender: Male Female
Child's date of birth: _____

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____
Relationship to child: Parent Guardian Teacher Child care provider
 Grandparent or other relative Foster parent Other: _____
Street address: _____
City: _____ State/Province: _____ ZIP/Postal code: _____
Country: _____ Home telephone number: _____ Other telephone number: _____
E-mail address: _____
Names of people assisting in questionnaire completion: _____



42 Month Questionnaire

39 months 0 days
through 44 months 30 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:






- Try each activity with your child before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by _____.

Notes:

COMMUNICATION

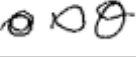

	YES	SOMETIMES	NOT YET	
1. Without giving your child help by pointing or using gestures, ask him to "put the book on the table" and "put the shoe under the chair." Does your child carry out both of these directions correctly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle, and ask your child to move the zipper down. Return the zipper to the middle, and ask your child to move the zipper up. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. When you ask, "What is your name?" does your child say both her first and last names?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Without your giving help by pointing or repeating directions, does your child follow three directions that are unrelated to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I am going to the park," or "Is there a toy to play with?" or "Are you coming, too?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				COMMUNICATION TOTAL —

GROSS MOTOR

		YES	SOMETIMES	NOT YET	
1. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. Does your child stand on one foot for about 1 second without holding onto anything?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. While standing, does your child throw a ball overhand by raising his arm to shoulder height and throwing the ball forward? (Dropping the ball or throwing the ball underhand should be scored as "not yet.")		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your child catch a large ball with both hands? (You should stand about 5 feet away and give your child two or three tries before you mark the answer.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your child climb the rungs of a ladder of a playground slide and slide down without help?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

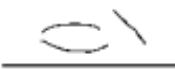




GROSS MOTOR TOTAL —

FINE MOTOR



		YES	SOMETIMES	NOT YET	
1. After your child watches you draw a single circle with a pencil, crayon, or pen, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?	<p>Count as "yes"</p>  <p>Count as "not yet"</p> 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

FINE MOTOR

(continued)

	YES	SOMETIMES	NOT YET	
2. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
Count as "yes" 				
Count as "not yet" 				
3. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
4. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
5. Does your child put together a five- to seven-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Using the shape at right to look at, does your child copy it onto a large piece of paper using a pencil, crayon, or pen, without tracing? (Your child's drawing should look like the design of the shape, except it may be different in size.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
			FINE MOTOR TOTAL	—

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<div style="border: 1px solid black; border-radius: 20px; height: 60px; width: 100%;"></div>				
2. When you say, "Say 'seven three,'" does your child repeat just the two numbers in the same order? Do not repeat the numbers. If necessary, try another pair of numbers and say, "Say 'eight two.'" (Your child must repeat just one series of two numbers for you to answer "yes" to this question.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				

PROBLEM SOLVING

(continued)

YES SOMETIMES NOT YET

4. When you say, "Say 'five eight three,'" does your child repeat *just* the three numbers in the same order? *Do not repeat the numbers.* If necessary, try another series of numbers and say, "Say 'six nine two.'" (*Your child must repeat just one series of three numbers for you to answer "yes" to this question.*)
5. When asked, "Which circle is the smallest?" does your child point to the smallest circle? (*Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.*)



-
-
-

6. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother or sister, or an imaginary animal or figure.

PROBLEM SOLVING TOTAL

PERSONAL-SOCIAL

YES SOMETIMES NOT YET

1. When he is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "me" or his own name?
2. Does your child put on a coat, jacket, or shirt by herself?
3. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?
4. Does your child take turns by waiting while another child or adult takes a turn?
5. Does your child serve himself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?
6. Does your child wash his hands using soap and water and dry off with a towel without help?

-
-
-
-
-
-

PERSONAL-SOCIAL TOTAL

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:

 YES NO

OVERALL (continued)

2. Do you think your child talks like other children her age? If no, explain:

 YES NO

3. Can you understand most of what your child says? If no, explain:

 YES NO

4. Can other people understand most of what your child says? If no, explain:

 YES NO

5. Do you think your child walks, runs, and climbs like other children his age?
If no, explain:

 YES NO

6. Does either parent have a family history of childhood deafness or hearing
impairment? If yes, explain:

 YES NO

7. Do you have any concerns about your child's vision? If yes, explain:

 YES NO

OVERALL *(continued)*

8. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

9. Do you have any concerns about your child's behavior? If yes, explain:

 YES NO

10. Does anything about your child worry you? If yes, explain:

 YES NO

Appendix II: Ages and Stages Questionnaire Social-Emotional, Second Edition (ASQ:SE-2) – Sample

The ASQ:SE-2 is a social-emotional development screening tool for children between the ages of 1 month and 72 months. The ASQ-3 comprises a number of questionnaires depending on the age of the child. This Appendix provides the ASQ:SE-2 36 months as an example.



36 Month Questionnaire

33 months 0 days through 41 months 30 days

ASQ:SE-2
Ages & Stages
Questionnaires[®]
Social-Emotional
SECOND EDITION

Date ASQ:SE-2 completed: _____

Child's information

Child's first name: _____ Child's middle initial: _____ Child's last name: _____

Child's date of birth: _____

Child's gender: Male Female

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Street address: _____

City: _____ State/province: _____ ZIP/postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Relationship to child: Parent Guardian Teacher Other: _____
 Grandparent/other relative Foster parent Child care provider _____

People assisting in questionnaire completion: _____

36 Month Questionnaire 33 months 0 days through 41 months 30 days



Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box that best describes your child's behavior. Also, check the circle if the behavior is a concern.

Important Points to Remember:

- Answer questions based on what you know about your child's behavior.
- Answer questions based on your child's usual behavior, not behavior when your child is sick, very tired, or hungry.
- Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.
- Please return this questionnaire by: _____
- If you have any questions or concerns about your child or about this questionnaire, contact: _____
- Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. Does your child look at you when you talk to her?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
2. Does your child like to be hugged or cuddled?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
3. Does your child talk or play with adults he knows well?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
4. Does your child cling to you more than you expect?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
5. When upset, can your child calm down within 15 minutes?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
6. Does your child seem too friendly with strangers?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
7. Does your child settle herself down after exciting activities?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

36 Month Questionnaire



Check the box that best describes your child's behavior. Also, check the circle if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
8. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
9. Does your child seem happy?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
10. Is your child interested in things around him, such as people, toys, and foods?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
11. Does your child do what you ask her to do?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
12. Does your child seem more active than other children his age?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
13. Does your child stay with activities she enjoys for at least 5 minutes (other than watching shows or videos, or playing with electronics)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
14. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
15. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

16. Does your child sleep at least 8 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
17. Does your child use words to tell you what she wants or needs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____



TOTAL POINTS ON PAGE _____

36 Month Questionnaire



Check the box that best describes your child's behavior. Also, check the circle if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
18. Does your child follow routine directions? For example, does he come to the table or help clean up his toys when asked?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
19. Does your child cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
21. Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or _____? (Please describe.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____ _____
22. Does your child hurt himself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
23. Does your child stay away from dangerous things, such as fire and moving cars?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
24. Does your child destroy or damage things on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
25. Does your child use words to describe her feelings and the feelings of others? For example, does she say, "I'm happy," "I don't like that," or "She's sad"?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
26. Can your child name a friend?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____




TOTAL POINTS ON PAGE _____

36 Month Questionnaire



Check the box that best describes your child's behavior. Also, check the circle if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
27. Do other children like to play with your child?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
28. Does your child like to play with other children?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					
29. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
30. Does your child show an unusual interest in or knowledge of sexual language and activity?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
31. Does your child try to show you things by pointing at them and looking back at you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
32. Does your child pretend objects are something else? For example, does he pretend a banana is a phone?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
33. Does your child wake three or more times during the night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
34. Is your child too worried or fearful? If "sometimes" or "often or always," please describe:	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

35. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain:	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

36 Month Questionnaire



OVERALL Use the space below for additional comments.

36. Do you have concerns about your child's eating, sleeping, or toileting habits?
If yes, please explain:

YES NO

37. Does anything about your child worry you? If yes, please explain:

YES NO

38. What do you enjoy about your child?

Appendix III: Pre-programme Survey

What is your relationship with the participating child?

What is the participating child's date of birth?

What is your ethnic group/background?

White	Irish	
	Irish Traveller	
	Roma	
	Any other white background	
Black or Black Irish	African	
	Any other black background	
Asian or Asian Irish	Chinese	
	Indian/Pakistani/Bangladeshi	
	Any other Asian Background	
Other, including mixed group/background	Arabic	
	Mixed, write in description	
	Other, write in description	

What illness, condition, disability or developmental delay does the child have?

Has your child's illness, condition, disability or developmental delay been diagnosed by a medical professional?

If not, is the child on a waiting list for an assessment?

Yes	No

Since when has the child had this illness, condition, disability or developmental delay?

Can you provide a brief description of your child's illness, condition, disability or developmental delay?

Goals for myself as a parent...

Please rate on a scale of 1 to 5 where you are in relation to meeting these goals, where 1 = very far away and 5 = have achieved the goal.

1	2	3	4	5

Goals for my child...

Please rate on a scale of 1 to 5 where you are in relation to meeting these goals, where 1 = very far away and 5 = have achieved the goal.

1	2	3	4	5

Please rate the following statements:

	Never	Rarely	Sometimes	Often	Always
I lack confidence in knowing how to help my child					
I am confident that I understand my child's needs					
I feel I know how to help my child's progress					
I feel I'm getting it wrong					
I have realistic milestones for my child's development					

I doubt my ability to help my child's development					
I feel frustrated at not knowing how to help my child					
I have coping mechanisms to help my child					

Appendix IV: Post-programme Interview Schedule

Q1. What did you think of the Parenting365 Programme?

Q2. At the start of the programme you were asked what goals you had for yourself and to rate where you were in relation to achieving them, where do you think you are now in relation to meeting these goals?

Q.3 At the start of the programme you were asked what goals you had for your child and to rate where they were in relation to achieving them, where do you think they are now in relation to meeting these goals?

Q4. Are there any outstanding/remaining issues at the moment?

Q5. At the start of the programme you rated yourself on the following statements, never, rarely, sometimes, often, and always. How would you rate yourself on these statements now?

Q6. Were there any barriers you faced when accessing the Programme?

Q7. Do you have any suggestions for how we could improve the Programme?

Q8. Do you get any external supports for yourself or your child outside of the Programme?

Q9. Do you get any personal supports, for example from family or friends?

Q10. Do you feel that you receive enough support for you and your child?