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# Development of a National Model of Parenting Support Services – Literature Review

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The report was written by Ruth Geraghty, Centre for Effective Services and should be cited as follows: Geraghty, R. (2021) Development of a National Model of Parenting Support Services – Literature Review (Department of Children, Equality, Disability, Integration and Youth).

### **Disclaimer**

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## Introduction

This report collates and summarises the findings of recent Irish research with parents which has captured their views and experiences of parenting supports. The review was conducted in 2020-21 as part of the exploratory research being undertaken by the Parenting Support Policy Unit at the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), to inform the development of a national model of parenting supports.

The review was guided by the following research questions: What is it that parents have found helpful or lacking in the supports available to them? What gaps in provision have been identified by parents? For those parenting within specific contexts, what issues are they dealing with when they encounter or seek out support? What can policy makers and service providers learn from what parents have said about the supports they receive and/or the supports they need?

The Parenting Support Policy Unit commissioned the Centre for Effective Services (CES) to review and summarise recent Irish literature from scientific journals, commissioned reports, and grey research literature from the community and voluntary sector. The review was undertaken between August 2020 and January 2021. The criteria for inclusion in this review was limited to recent research that was conducted in Ireland, but occasionally, where there was a dearth of Irish material, research from the UK was referenced. The review was guided by three objectives: 1) to map out and categorize existing literature and identify key thematic areas; 2) within each thematic area, to summarise the main findings on issues faced by different cohorts of parents in their parenting role, and of their experiences and opinions of parenting supports or lack thereof; and 3) to identify gaps in the Irish research literature on parenting and parenting supports that may warrant future research.

In the following report, Section 1 addresses the definition of three central concepts in Irish policy and practice literature, namely: (1) family support, (2) parenting support and (3) positive parenting. The intention is to untangle these three related concepts to contribute to a clear definition of parenting support. In Section 2 a visual overview of relevant policy milestones is provided, illustrating the journey towards developing the national model of parenting supports. In Section 3 the main areas of research on parenting in Ireland are presented under a number of thematic headings. This section commences with a 'snapshot' of contemporary Irish parenthood, highlighting some of the demographic trends over the past two decades, to provide context to the themes explored in the remainder of the section. Section 3 concludes with a special focus on parenting during the COVID-19 pandemic, by reviewing some of the nascent findings from this developing area of research. Many of the themes described in the earlier section were amplified by a series of lockdowns during 2020 and 2021, and there are likely to be some long-lasting effects for families in Ireland in the coming years.

## Section 1. Definitions

We begin this section by attempting to disentangle the definition of parenting support from family support in Irish policy and practice literature. There is no one agreed definition of parenting support, and one approach is to locate it within the broader definition of family support, whereby “[s]upporting parents to parent confidently and positively is one of the primary, universal and most effective supports that the State can provide along the continuum of family support”.<sup>1</sup> We then consider the definition of the term ‘positive parenting’ which orients family policy towards positive outcomes for children through supporting the parent in their parenting role.

**Family Support** has been defined as “both a style of work and a set of activities that reinforce positive, informal social networks through integrated programmes. These programmes combine statutory, voluntary, community and private services and are generally provided to families within their own homes and communities. The primary focus of these services is on early intervention to promote and protect the health, well-being and rights of all children, young people and their families. At the same time particular attention is given to those who are vulnerable or at risk”.<sup>2</sup> This definition was developed by Pinkerton et al. in 2004 for the [then] Department of Health and Children.

**Family support** is a collective title for a broad range of provisions, developed by a combination of statutory and voluntary agencies, to promote the welfare of children and families in their own homes and communities.<sup>3</sup> It is an umbrella term covering a range of interventions that vary along a number of dimensions according to their target group, professional background and orientation of the service provider, problem being addressed, programme of activities and service setting.<sup>4</sup> Family support is about recognising and responding to the needs of families, especially during a time of difficulty,<sup>5</sup> and services encompass a wide range of interventions along a continuum of need (see Figure 1). At one level of the continuum are universally provided supports which are aimed at strengthening family functioning. The next level of support usually involves more intensive or targeted supports for families experiencing difficulties. At the opposite end of the continuum are families experiencing severe difficulties that require intensive intervention and preventative measures, including child protection, alternative care arrangements, and supervision.

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<sup>1</sup> Department of Children and Youth Affairs, 2014, pp. 26

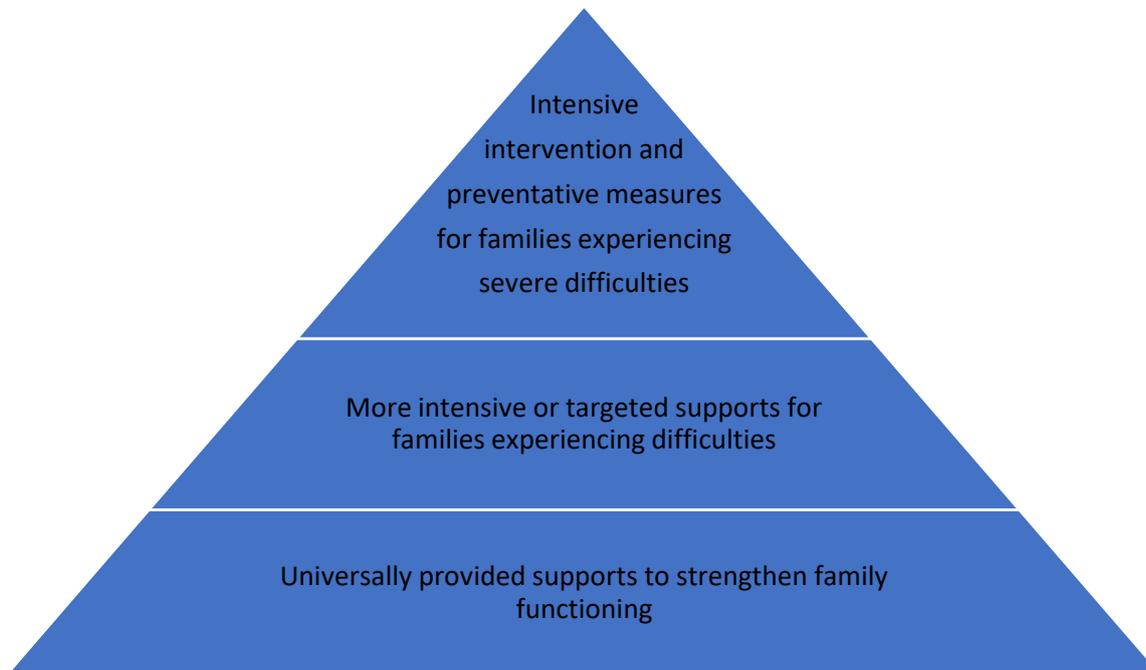
<sup>2</sup> Pinkerton, Dolan and Canavan, 2004, pp. 22

<sup>3</sup> Murphy, 1996 cited in Devaney et al., 2013, pp. 11

<sup>4</sup> McKeown, 2000 cited in Devaney et al., 2013, pp. 11; Daly, 2015 cited in Acquah and Thévenon, 2020, pp. 7

<sup>5</sup> Gilligan, 1995 cited in Devaney et al., 2013, pp. 12

**Figure 1. Levels of family support**



**Parenting support** has been defined as “both a style of work and a set of activities that provides information, advice and assistance to parents and carers in relation to the upbringing of their children, in order to maximise their child’s potential”. This definition was provided by Gillen et al. for *Tusla’s Parenting Support Strategy* (2013).<sup>6</sup>

**Parenting support** is intensely related to, but distinguishable from, family support.<sup>7</sup> In the above definition, parenting support is a subdivision of an overall approach to family support, as described by Pinkerton et al. (2004). Gillen et al. (2013) go on to describe some of the elements of parenting support:

- Parents are the target of the support,
- Support can be formal, semi-formal, or informal,
- Focus of the support is on how the parent approaches and executes their parenting role,
- Intensity of support can range from signposting services and/or information, through to providing intensive support,
- Support is needs led and strives for the minimum intervention required.<sup>8</sup>

For the purposes of this review the term ‘parenting support’ is understood as “a broad range of information, advice and support for parenting [that is] provided through State, Community and Voluntary sectors and private sources and is funded through different mechanisms”.<sup>9</sup> Services are provided across a continuum of need, ranging from universal provision (for example, supports for self-referring parents that is delivered via informal settings), to “specialist services to support families in particular situations, dealing with specific

<sup>6</sup> Gillen et al., 2013a, pp. 9

<sup>7</sup> Department of Children and Youth Affairs, 2015

<sup>8</sup> Gillen et al., 2013a, pp. 9-10

<sup>9</sup> Government of Ireland, 2019. This definition is used in the First Five strategy document.

problems that may present at different times in the life-course of the child”.<sup>10</sup> The intention is to work collaboratively with parents to increase their parental confidence and empower them to solve their own problems. Parenting support services therefore provide a mechanism through which parents are empowered in their parenting role.<sup>11</sup>

Supporting parents “to parent confidently and positively” is the first of six transformational goals of *Better Outcomes, Brighter Futures*, the national policy framework for children and young people.<sup>12</sup> The term ‘**positive parenting**’ refers to parental behaviours that respect children’s best interests and their rights as set forth in the *United Nations Convention on the Rights of the Child*.<sup>13</sup> The positive parent nurtures, empowers, guides and recognises children as individuals in their own right.<sup>14</sup>

**A positive parent** “enables a child to make his/her own choices; Makes clear rules and enforces them; Rewards children's positive behaviour; Is involved in their child's daily life where possible”. This definition appears on Tusla’s Parenting24seven website and was adapted from the Lifestart Spirals Programme.<sup>15</sup>

The international literature supports the link between positive parenting and positive outcomes for children and young people. Parenting that is characterised by warmth, active engagement and sensitivity predicts a range of positive socioemotional and cognitive outcomes in early and middle childhood.<sup>16</sup> In *Growing up in Ireland*, both mothers’ and fathers’ sensitivity was positively associated with infant developmental outcomes.<sup>17</sup> When these children were three years of age, parenting styles that were low in warmth and consistency, or high in hostility, were associated with more behaviour problems.<sup>18</sup> Adolescents also fare better when their parents are “authoritative”, regardless of their racial or social background or their parents’ marital status.<sup>19</sup> In *Growing Up in Ireland*, 13-year-olds that had a highly conflicted relationship and low levels of closeness with their parent(s) were much more likely to have negative social-emotional and behavioural outcomes.<sup>20</sup>

Over the past three decades there has been an intensification of policy and provision focused on supporting parents in their parenting role, as a means of improving child outcomes. Since the 2010s there has been more emphasis on prevention and early intervention approaches, the net result of a considerable investment by government and philanthropy into evidence-based approaches to supporting families. The following

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<sup>10</sup> Devaney and Dolan, 2015 cited in Connolly, Devaney, and Crosse, 2017

<sup>11</sup> Rochford, Doherty and Owens, 2014

<sup>12</sup> Department of Children and Youth Affairs, 2014

<sup>13</sup> United Nations General Assembly, 1989

<sup>14</sup> Council of Europe policy on positive parenting cited Government of Ireland, 2019, pp. 44. According to Connolly and Devaney (2018) the UN Convention on the Rights of the Child (1989) has been very influential in the reform and development of family policy, resulting in growing emphasis on children’s rights.

<sup>15</sup> Tusla, n. d.

<sup>16</sup> Gardner et al., 2003; Brownell et al., 2013 both cited in Acquah and Thévenon, 2020

<sup>17</sup> Nixon, Swords and Murray, 2013

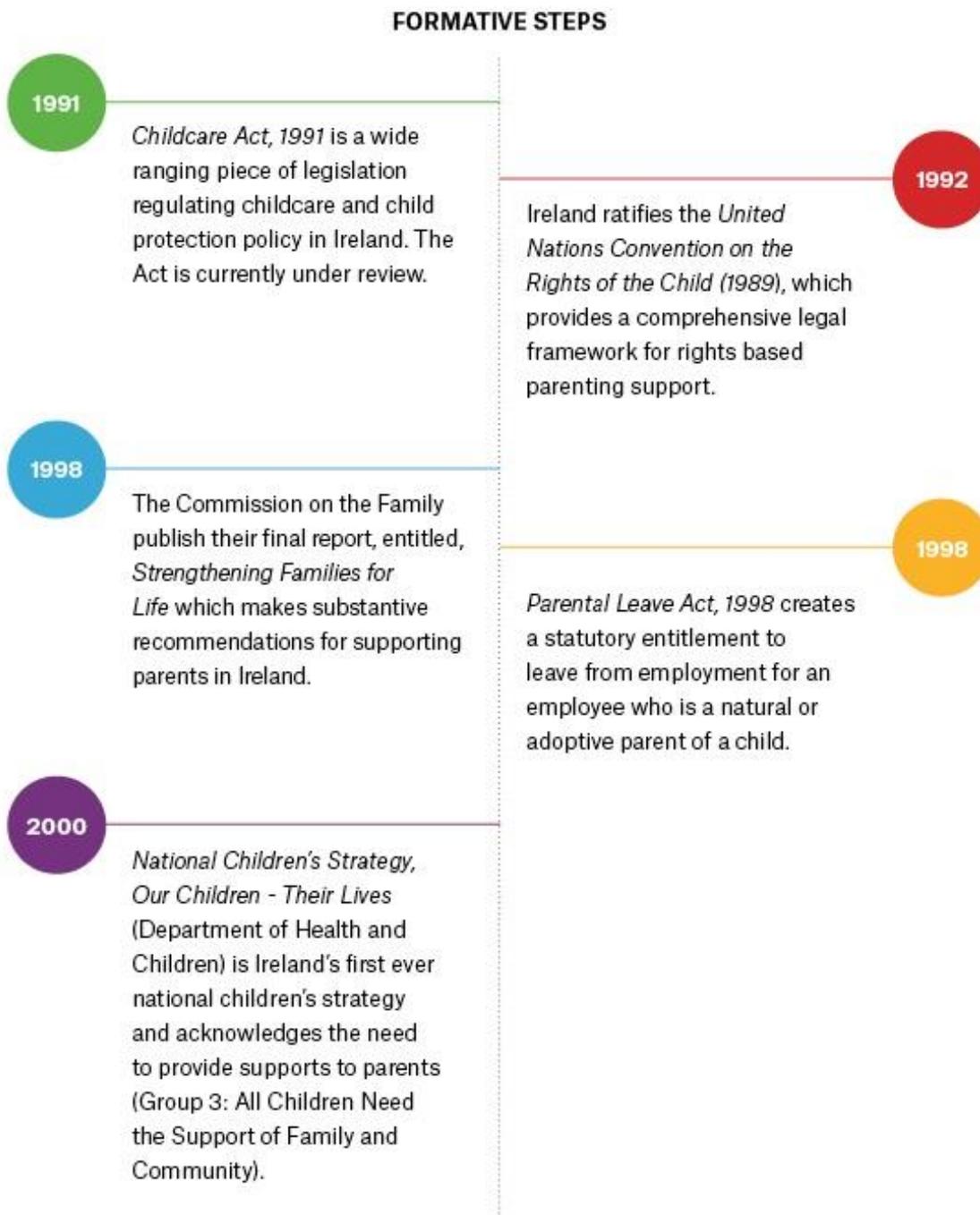
<sup>18</sup> Williams, Murray, McCrory and McNally, 2013. Parents scored in the lowest quintile of the warmth and consistency dimensions were significantly more likely to be classified as having a problematic SDQ profile

<sup>19</sup> Steinberg, 1990 cited in Steinberg, 2001 defines authoritative parents as “warm and involved, but firm and consistent in establishing and enforcing guidelines, limits, and developmentally appropriate expectations”

<sup>20</sup> McNamara et al., 2020; Nixon, 2021

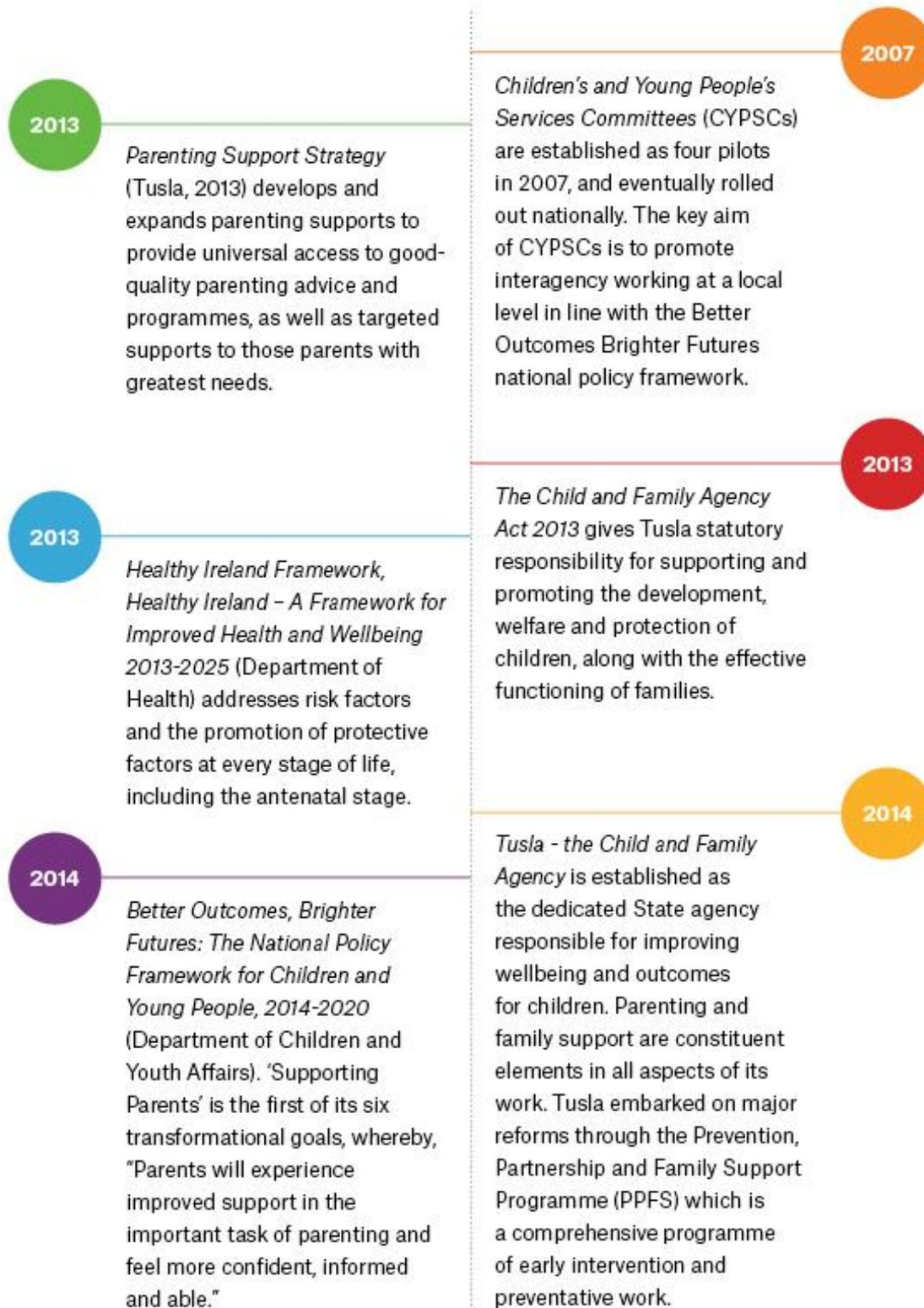
section provides a visual overview of key milestones in the journey towards a national model of parenting supports. The final section of this timeline highlights some current developments, including the commitment by the DCEDIY to prevention and early intervention approaches via the What Works initiative.<sup>21</sup>

## Section 2. Key Irish policy and legislative developments for parenting supports



<sup>21</sup> See: <https://whatworks.gov.ie/>  
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## MOVEMENT TO GREATER EVIDENCE BASED INTERVENTION



2015

*National Youth Strategy 2015-2020* (Department of Children and Youth Affairs) recognises positive parenting and a stable family life as supportive factors in the lives of young people (10-24 years). The action of supporting parents and families in raising young people is listed Under Outcome 3 'Safe and protected from harm'.

*High-Level Policy Statement on Supporting Parents and Families ('Parenting and family support')* (Department of Children and Youth Affairs). The statement contains a number of key messages aimed at promoting, guiding, and measuring parenting and family support within Tusla and other service providers and government departments.

2015

2016

*A Programme for a Partnership Government* (Government of Ireland) includes a commitment "to publish a National Parenting Support Plan with a range of practical and supportive measures for all parents."

*Nurture Programme: Infant Health and Wellbeing* (Health Service Executive, Atlantic Philanthropies, Katharine Howard Foundation and Centre for Effective Services) is established to improve the information and professional supports provided to parents during pregnancy and the first three years of their baby's life.

2015

2016

*Breastfeeding in a Healthy Ireland: Health Service Breastfeeding Action Plan 2016-2021* (Health Service Executive) aims to increase breastfeeding initiation and duration rates, by supporting and enabling more mothers to breastfeed.

*Creating a Better Future Together: National Maternity strategy 2016-2026* (Department of Health) includes supports for mothers during the antenatal and postnatal periods in its actions for delivering the strategy (see Health and Wellbeing actions 5 - 25).

2016

## CURRENT DEVELOPMENTS

2018

*Open Policy Debate: Parenting Supports in Ireland* is hosted by the Department of Children and Youth Affairs in May 2018.

2018

*First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028* (Department of Children and Youth Affairs) commits to a number of goals and strategic actions, to ensure parents are supported to parent positively and have positive relationships with their children.

2019

*What Works* initiative is launched by the Department of Children and Youth Affairs to support a move towards evidence informed prevention and early intervention services for children, young people and their families.

2018

Ireland ratifies *The UN Convention on the Rights of People with Disabilities* which declares the right of people with disabilities to marry and have children, and places the duty of state to give a level of assistance to people with disabilities in the performance of their child-rearing responsibilities (Article 23).

2020

*Programme for Government - Our Shared Future* (Government of Ireland) includes a commitment to reduce the cost of childcare for parents, to extend parental leave, and to increase remote working, more flexible hours and hub working arrangements to support families.

## Section 3. Research on parenting support needs – what works for parents?

This section provides a brief overview of some of the recent demographic trends for parents in Ireland. Ireland has undergone significant demographic and social changes over the last three decades, much of which is evident in the way that family formation occurs, and how parents manage their parenting role in a predominantly dual-income economy. Also of note is a reversal from a trend of outward to inward migration since the 2000s and the emergence of ‘new’ Irish families. The nuclear family (a couple with children) continues to be the most dominant household type in Ireland, accounting for 35% of all private households.<sup>22</sup>

### Snapshot of contemporary Irish parents

**Family types:** The most recent census of population in 2016 counted 862,721 families with children in Ireland.<sup>23</sup> Over a twenty-year period, there has been an increase across all types of families with children (see Figure 2).<sup>24</sup> In 1996, 78% of couples with children were married, 2% were cohabiting (unmarried/non-civil partnership) and 20% were one-parent households. By 2016, 66% were married, 9% were cohabiting and 25% were one-parent households. The increase in cohabitation is reflective of changing societal attitudes to family formation outside of marriage during this period, and this family type increased almost sixfold between 1996 and 2016 (from 12,658 to 75,587 families).<sup>25</sup> Nonetheless, cohabitation is often a transitory stage, and many cohabiting couples move on to marriage, especially when they start to have children.<sup>26</sup> The marriage-based family remains the dominant family type, accounting for two thirds of families with children (568,317 families) in 2016. Between 1996 and 2016, the number of families headed by a single mother increased by 75% (from 108,282 to 189,112 families) while the number families headed by a single father grew by 43% during the same period, and from a much lower base (from 20,834 to 29,705 families).<sup>27</sup>

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<sup>22</sup> Central Statistics Office, 2017b. pp. 36. ‘Household type’ includes non-family households, couples without children, couples with children and one person households.

<sup>23</sup> Department of Children and Youth Affairs, 2018b

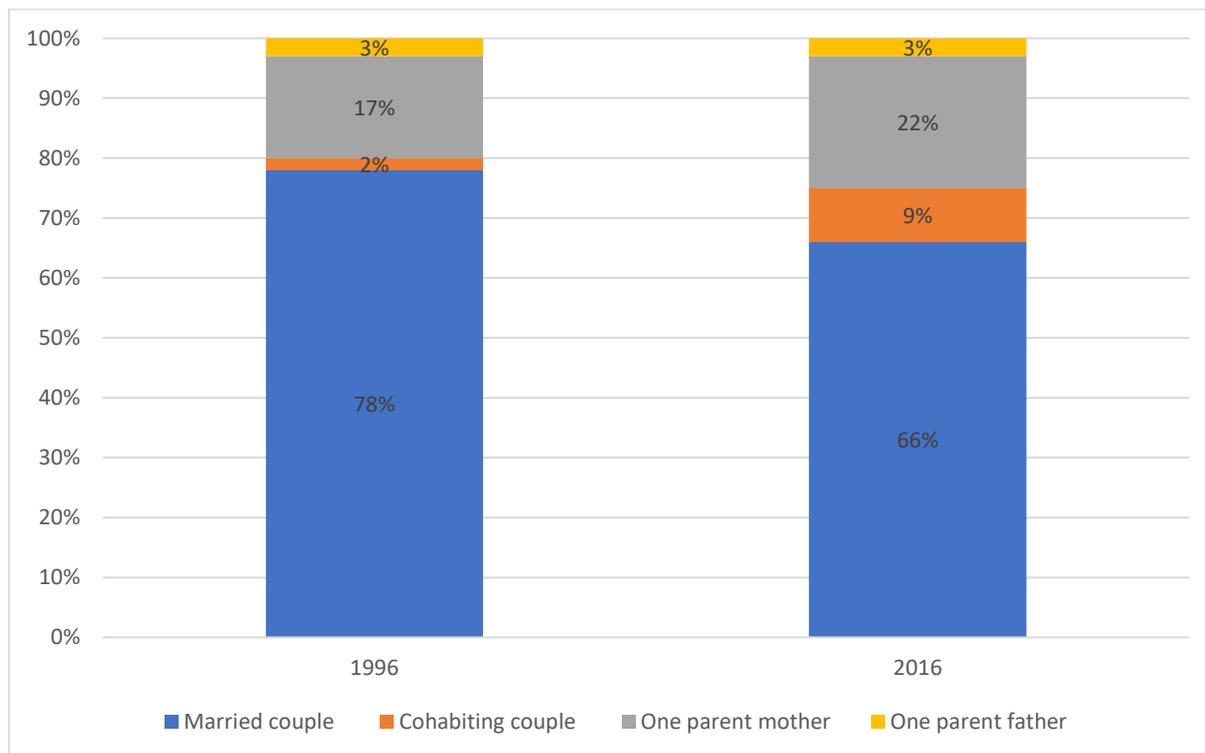
<sup>24</sup> Department of Children and Youth Affairs, 2018b, Table 1a

<sup>25</sup> The largest increase occurred between the 1996 Census and the 2002 Census, when this family type grew by 135%.

<sup>26</sup> Halpin and O’Donoghue, 2004; Lunn et al., 2010 both cited in Gray, Geraghty and Ralph, 2016

<sup>27</sup> Department of Children and Youth Affairs, 2018b

**Figure 2. Percentage breakdown of family type with children in 1996 and in 2016<sup>28</sup>**



A growing number of children are raised by families formed through relationship breakdown and reformation. In the 2016 Census, 87,704 households with children were separated or divorced, an increase of 5% since 2011.<sup>29</sup> Nonetheless, the proportion of step-families is low by European standards. An analysis of the *Growing Up in Ireland '98 Cohort* at age 9 showed that step-families made up a small proportion (about 3%) of the sample;<sup>30</sup> and data from the 2006 Census suggests an even smaller incidence of step-families in the national population.<sup>31</sup> Step-families are mostly cohabiting rather than married (i.e., rate of remarriage with children is low) and serial family formation (remarried more than once) is not common in Ireland.

The term 'new family forms' includes families created by assisted reproductive technologies, same-sex parent families, and families headed by single mothers by choice.<sup>32</sup> The 2016 Census counted that there were 591 same-sex couples with children in Ireland, the vast majority of whom (82.9%) were female couples.<sup>33</sup> The growth of these new types of family has occurred in the context of social and legislative developments, for example the legalisation of same-sex marriage in Ireland in 2015.

In 2016 there was a 12% increase in the number of Irish Traveller households, of which 85% were classified as family households. There were more than three times as many multiple family Traveller households (4% compared with 1% in the general population), and more lone parents with children (18% compared with 12%

<sup>28</sup> Data adapted from Department of Children and Youth Affairs, 2018b

<sup>29</sup> Central Statistics Office, 2017a

<sup>30</sup> Fahey, 2014

<sup>31</sup> Lunn and Fahey, 2011 cited in Fahey, 2014

<sup>32</sup> Golombok, 2017

<sup>33</sup> Central Statistics Office, 2017a

in the general population).<sup>34</sup> In 2016, almost a quarter of Travellers aged between 15 and 24 were married (23%), compared with 1% of the general population.<sup>35</sup>

Another family type of note are children who are the second generation of parents that migrated to Ireland, sometimes referred to as 'new Irish families'.<sup>36</sup> These families can include both children who were born abroad and in Ireland, to parents of a non-Irish nationality. In 2019, 10% of births were to mothers of EU 16 to EU 28 nationality, 2% of mothers were of UK nationality, and 2% were of EU 15 nationality (excluding Ireland and the UK). Mothers of nationalities other than Ireland, UK and the EU accounted for 8% of total births registered in Ireland in 2019.<sup>37</sup> Between 2011 and 2016 the census recorded an increase in the number of family households with children amongst Polish, Lithuanian and Latvian households, alongside a decrease in the number of family households without children for these nationalities.<sup>38</sup>

**Family size:** Over a twenty-year period, there has been an increase in the number of families but a decrease in the number of children per family. Amongst the general population families are typically composed of one to three children, and the number of families with four or more children has been in decline since the early 1990s. The average number of children per family fell from 1.82 children per family in 1996, to 1.38 children per family both in 2011 and in 2016.<sup>39</sup> A decline in fertility has also been observed, so that, within a generation the average number of children born to a woman declined from 3.5 children to 2.2 children in 2007.<sup>40</sup> Women in Ireland are having their first child later in life and are having fewer children overall. In 2019, the average age that a woman gave birth to her first child was 31.1 years, an increase from 27.4 years in 2000.<sup>41</sup> Parents are also raising young children later in life - there was a 39% increase in the number of births to women aged 40 and older between 2007 and 2017.<sup>42</sup> Parents are more likely to experience a dual pressure of caring for both children and elderly parents, a phenomenon known as the 'sandwich generation', as a consequence of late parenthood and increased longevity of their own parents.<sup>43</sup>

According to the *All Ireland Traveller Health Study*, in 2010 the average age for a Traveller mothers was 25.9 years. The study reported that the average Traveller mothers tend to have a shorter birth gap between pregnancies and higher parity and stillbirth (5%) rates compared to the general population (1.6%).<sup>44</sup> There are more large households within both the Traveller and Roma communities in comparison with the general population, for example, the 2016 Census showed that nearly half of Traveller mothers had given birth to

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<sup>34</sup> Central Statistics Office, 2017c

<sup>35</sup> Central Statistics Office, 2017b

<sup>36</sup> Central Statistics Office, 2017b

<sup>37</sup> Central Statistics Office, 2020e

<sup>38</sup> Central Statistics Office, 2017d

<sup>39</sup> Central Statistics Office, 2017a

<sup>40</sup> Central Statistics Office, 2007. Figures based on women aged 65-69 years and women 40-44 years during Census 2006.

<sup>41</sup> Central Statistics Office, 2020c. Age at first birth includes women who are both married and unmarried women.

<sup>42</sup> Central Statistics Office, 2019

<sup>43</sup> Gray, Geraghty and Ralph, 2016

<sup>44</sup> Hamid, Daly Fitzpatrick and Kelleher, 2011

five or more children, in comparison with 4% of the general population.<sup>45</sup> Although, it is important to stress that a diversity in household types exists in these communities, as with the general population.

**Childcare:** The provision of non-parental childcare has become ever more important in the context of the increased participation of mothers with young children in workforce since the 1990s. According to the *Quarterly National Household Survey (QHNS)* in 2016, centre-based care (crèche/Montessori/playgroup) was the most commonly used non-parental care for pre-school children (19%). For children attending primary school, the most commonly used childcare option was an unpaid relative or family friend, (16%)<sup>46</sup> highlighting the important role played by extended family, such as grandparents, in caring for children during the working day. Some parents use a combination of childcare arrangements. The QHNS reported an increase between 2007 and 2016 in the number of parents using more than one childcare type, alongside a decrease in parents using a single type of childcare (Table 1).<sup>47</sup>

**Table 1: Percentage of parents using non-parental childcare during work hours 2007 versus 2016**

	One type of childcare		More than one type of childcare	
	2007	2016	2007	2016
Preschool children	93%	88%	7%	12%
Primary school children	98%	91%	2%	9%

An analysis of the *Growing Up in Ireland (GUI)* '08 cohort found similar proportions of parents using one type of childcare (86%) and multiple types (14%) when the study child was 3 years of age. Of those using multiple types, more than half (57%) combined centre based care with relative care.<sup>48</sup>

Around five years of age, the number of hours in childcare typically reduces as children spend a portion of the working day in school (about 23 hours per week). The GUI '08 cohort data at age 5 showed that more than half (52%) of the children that were in centre-based care before commencing primary school had changed to parental care at age five. Only 21% were still in centre-based care after school commencement, and the remainder were looked after either by a childminder or a relative.<sup>49</sup>

**Family roles:** A gender gap in paid and unpaid labour contribution persists in family households. 2017 figures for Ireland from Eurostat showed that 85% of Irish fathers with one child were working outside the home,

<sup>45</sup> Central Statistics Office, 2017b

<sup>46</sup> Central Statistics Office, 2017e

<sup>47</sup> Parents reported on the types of childcare they typically used on weekdays. Childcare for non-school-going children was the care they receive on weekdays during the working day. Childcare for school-going children was the care they usually receive on weekdays outside of school hours in the morning and/or afternoon.

<sup>48</sup> Russell, McGinnity, Fahey and Kenny, 2018, pp. 31. Relative care includes both paid and unpaid care.

<sup>49</sup> Ibid, 2018, pp. 45. Analysis of Growing Up in Ireland, Infant Cohort, Wave 2 (2011) and Wave 3 (2013). Excludes children that have not started school by the Wave 3 interview.

and this percentage remained consistent for fathers with two or three children. In contrast, 71% of Irish mothers with one child were working outside the home, and this declined to 56% where mothers had three children, indicating that Irish women tend to take on more unpaid domestic and childcare work as their families grow.<sup>50</sup> *Growing Up in Ireland* found that in dual-income households the mother was mainly responsible for minding the child if the child was too sick to attend school (46%) or shared this responsibility with the father (19%). In 6% of cases the father was solely responsible for minding a sick child and in 21% a grandparent was responsible. In one-parent households, 57% of mothers were mainly responsible for minding children when they were too sick to attend school, 28% were minded by their grandparents, while the remainder were minded by other relatives, including the father.<sup>51</sup> Women spend a higher average number of hours per week providing regular childcare and/or adult care (42.6 hours for women, compared with 25.2 hours for men) and more time on housework (just under 20 hours for women, compared with 7 hours for men).<sup>52</sup> The gender gap is more pronounced at the weekend, so while the amount of time spent in paid work declines for both genders, women's unpaid work and caring time remains virtually unchanged.<sup>53</sup> An uneven division of labour within the household may impinge upon a mother's capacity to spend 'quality time' with her children, even at the weekend. Qualitative research has shown that mothers tend to undertake the majority of activities associated with household management (homework, dropping off and collecting children, cooking and cleaning) while most fathers use their time outside of work for recreational activities with their children.<sup>54</sup> The international research also refers to the 'mental load' experienced by mothers of both organising and carrying out household chores and care work.

In the remainder of this section, central themes from recent Irish research are presented in the context of what the research can tell us about the support needs of parents, concluding with emergent research on parenting during the COVID-19 pandemic.

### Structural challenges to parenting

**Social conditions:** A number of Irish studies have highlighted the challenge of balancing work responsibilities, household management, and childcare.<sup>55</sup> In a qualitative survey with Irish parents, the importance of family quality of life and work-life balance was a recurrent theme, and parents cited the high cost of living and childcare expenses as constraining their choices around working and caring for their children.<sup>56</sup> Despite the introduction of two weeks of paid paternity leave in 2016, the uptake has so far been low, with loss of income cited as the primary reason.<sup>57</sup> In the aforementioned qualitative survey, parents reported that it was often at the discretion of the individual employer or company whether family-friendly and/or parental leave policies were in place.<sup>58</sup> Similarly, in research with migrant families, parents felt they had little or no agency

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<sup>50</sup> Eurostat cited in Irish Independent, 2017

<sup>51</sup> *Growing Up in Ireland*, 2018. Key Findings report.

<sup>52</sup> Russell, Grotti, McGinnity and Privalko, 2019. Based on their analysis of the European Quality of Life Survey (EQLS) data from 2003 to 2016.

<sup>53</sup> McGinnity and Russell, 2008. Based on their analysis of the 2005 Irish National Time-Use Survey.

<sup>54</sup> Gray et al., 2016. Based on their analysis of qualitative interviews with *Growing Up in Ireland '98* cohort at 9 years of age

<sup>55</sup> Halpenny, Nixon and Watson, 2010; Katherine Howard Foundation and Hickey, 2018; McGinnity and Russell, 2008

<sup>56</sup> Katherine Howard Foundation and Hickey, 2018

<sup>57</sup> Chartered Institute of Personnel and Development, 2019. According to the CSO's *Employment Analysis of Maternity and Paternity Benefits (2016-19)* 45% of fathers who were entitled to paternity benefit did not take it in 2018.

<sup>58</sup> Katherine Howard Foundation and Hickey, 2018

when it came to balancing the demands of paid work and childcare, due in large part to financial constraints and irregular working hours. When all else failed, migrant families “adopted a mother-centred strategy, with the mother taking on the sole responsibility for childcare and giving up paid work.”<sup>59</sup> Recent research on migrant mental health has found that the lack of affordable and accessible childcare is a major barrier to social integration.<sup>60</sup>

**Poverty and financial stress:** The external stressors of poverty and social exclusion greatly exacerbate the challenges faced by families.<sup>61</sup> In 2018, more than a quarter (27%) of children in Ireland were at risk of living at or below the 70% poverty line; 16% of children were at risk of living at or below the 60% poverty line; and 7% of children were at risk of living in deep poverty - at or below the 50% poverty line. The research found that children aged 6-17 are at particular risk of experiencing income poverty and consistent poverty.<sup>62</sup> Analysis of data from two waves of *Growing Up in Ireland* found that the risk of economic vulnerability was 42% where the primary caregiver was under age 25 at the time of the child’s birth; 49% in lone parent families with one child; 68% in lone parent families with two or more children; and 47% where the primary caregiver had lower second level education or less.<sup>63</sup> Two groups in particular, (a) lone parents with children under 18, and (b) working-age parents with a disability with children under 18, can experience barriers to labour market participation leaving them more reliant on public services and more vulnerable to a reduction in social protections. A longitudinal analysis of data from the *Survey on Income and Living Conditions* (SILC) during the boom-recession-recovery period of 2004-15 showed that the rate of poverty was higher for lone parent families and families of adults with a disability. These groups also had a higher rate of persistent poverty and their poverty was more likely to be present in two waves of EU-SILC.<sup>64</sup> In *Growing Up in Ireland*, one-parent families (lone parents) tended to be in more difficult socio-economic circumstances across all waves of the study<sup>65</sup> and tended to experience more financial stress during the recession period of 2009-15.<sup>66</sup> In the 2016 Census, one-parent families were less likely to be working than two-parent households (48% versus 70%) and unemployment was higher amongst one-parent families (13% versus 7% in two-parent families).<sup>67</sup> More recently, in May 2020, the effects of COVID-19 were evidenced in a sharp increase in demand for parent and family supports, food parcels, and counselling and mental health services.<sup>68</sup>

Parents without immediate family and kinship support networks, such as migrant Irish families, are particularly vulnerable to poverty and financial stress. In 2018, 43% of children with a nationality other than

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<sup>59</sup> Frese, Ward and Röder, 2015

<sup>60</sup> AkiDwA, 2020

<sup>61</sup> Department of Children and Youth Affairs, 2015, pp. 11

<sup>62</sup> Byrne and Treanor, 2020. Based on an analysis of an analysis of Irish data from the European Survey on Income and Living Conditions.

<sup>63</sup> Watson, Maître, Whelan and Williams, 2014. In this study, economic vulnerability refers to an increased risk of multidimensional material disadvantage, involving a distinctive profile in relation to low income, household joblessness and economic stress. Wave 1 of data for the '98 Cohort was collected between September 2007 and April 2008 (pre-recession), and for the '08 Cohort was collected between September 2008 and April 2009 (post-recession). Wave 2 was collected from both cohorts in 2011-2012.

<sup>64</sup> Grotti, Maître, Watson and Whelan, 2017

<sup>65</sup> In the *Growing Up in Ireland* '08 Cohort, one-parent families were three times as likely to be in the lowest income fifth, twice as likely to be in the lowest category of maternal education (Junior Certificate or less)

<sup>66</sup> *Growing Up in Ireland*, 2018

<sup>67</sup> Central Statistics Office, 2017c

<sup>68</sup> Family Resource Centre National Forum, 2020. Based on a survey of Family Resource Centres in May 2020.

Irish lived at or below the 70% poverty line compared to 25% of Irish nationals.<sup>69</sup> Poor accommodation and lack of access to resources also negatively effects children’s health and education. The 2011 Census indicated that 12% of Travellers lived in a caravan or mobile home, and this accommodation type is more likely to be overcrowded and less likely to have internet access, central heating, piped water or sewerage facilities.<sup>70</sup> Difficulties in affording school supplies (books and uniforms) has been reported in research with both Traveller and Roma parents.<sup>71</sup> In survey research with Roma families, 50% of the households with children reported that they do not always have enough food, 25% said that their children had gone to school hungry and 35% without adequate school lunches.<sup>72</sup>

**Homelessness:** In 2017, the Department of Housing, Planning and Local Government reported that the number of one-parent families experiencing homelessness has increased by more than 3½ times since 2014, while the number of two-parent families experiencing homelessness has increased by more than 4½ times.<sup>73</sup> In the current housing crisis, homelessness reaches groups that historically were not as affected, in particular families with children.<sup>74</sup> Housing tenure has recently been linked with child poverty, so that child poverty rates are particularly pronounced in rented homes.<sup>75</sup> The number of households with children identified as being in need of social housing increased by 55% between 2008 and 2017.<sup>76</sup> In August 2020, there were 1,120 families in emergency accommodation, the majority of whom were living in the Dublin Region (n=856).<sup>77</sup> These figures include the number of families experiencing ‘hidden homelessness’.<sup>78</sup> These parents face additional challenges of protecting their children and providing a safe and stable home environment in the context of precarious living arrangements. One-parent families, particularly families that are headed by lone mothers, are vulnerable to homelessness. Recent Irish research found that 60% of all homeless families are headed by lone mothers.<sup>79</sup>

According to Focus Ireland, a quarter of homeless parents are young parents (aged 18–24 years) and entering homelessness for the first time when they come to the attention of services.<sup>80</sup> Frequently, these are young parents who have left their family of origin because relationships have become strained and/or the house has become overcrowded. These young parents are likely to have limited experience of living as independent adults, let alone as parents. This cohort may benefit from distinct support for young adult services to cope with the twin challenges of transitioning to parenthood and becoming homeless.<sup>81</sup>

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<sup>69</sup> Byrne and Treanor, 2020

<sup>70</sup> Watson, Kenny and McGinnity, 2017

<sup>71</sup> Pavee Point Traveller and Roma Centre & Department of Justice and Equality 2018; Harmon, 2015

<sup>72</sup> Pavee Point Traveller and Roma Centre & Department of Justice and Equality 2018

<sup>73</sup> Department of Housing, Planning and Local Government, 2017

<sup>74</sup> Grotti, Russell, Fahey and Maitre, 2018

<sup>75</sup> Byrne and Treanor, 2020

<sup>76</sup> Department of Children, Equality, Disability, Integration and Youth, 2020. Data source: The Housing Agency

<sup>77</sup> Focus Ireland, 2020: From their latest figures on homelessness in Ireland dashboard. Hidden homelessness includes hotels, B&Bs and other residential facilities used on an emergency basis. “Supported Temporary Accommodation” includes hostels with onsite professional support and “Temporary Emergency Accommodation” is with no (or minimal) support. An unspecified number of families who are homeless and placed in ‘own door’ i.e. self-contained accommodation are not included in these figures.

<sup>78</sup> Defined by Focus Ireland as staying with friends or family and/or living in inadequate or overcrowded accommodation.

<sup>79</sup> Grotti, Russell, Fahey and Maitre, 2018

<sup>80</sup> Lambert, O’Callaghan, and Jump, 2018

<sup>81</sup> Lambert et al., *ibid*

**Discrimination based on ethnicity:** Across Europe, people from the Roma and Traveller communities experience high levels of disadvantage in health, employment and education, and often live in poor accommodation on the margins of society.<sup>82</sup> In Ireland, where parents are unemployed or have no habitual residency,<sup>83</sup> this can restrict their access to certain social protections such as child benefit payments, access to GP care, and mainstream health services for themselves and their children.<sup>84</sup> This can push families deeper into poverty, and can result in a child protection issue if a parent is unable to provide adequate shelter and food for their child.<sup>85</sup> Research with the Roma community found that almost 20% of respondents did not have a PPS number and 48% of respondents who had applied for social protection were unsuccessful.<sup>86</sup> Service providers describe a lack of engagement by Roma parents with services (including antenatal and public health services) due to prior experiences of discrimination, or fears that their children will be taken into care, particularly if the family are living in poverty and overcrowded accommodation.<sup>87</sup> Harmon et al. (2015) point to the success of the “Primary Healthcare for Travellers Projects” as a potential model for building up networks of engagement between Roma communities and service providers.<sup>88</sup>

A recent survey of Irish Travellers found that only 17% of women and 13% of men have paid jobs.<sup>89</sup> Differences in education have been shown to be very important in accounting for the employment gap between Travellers and non-Travellers, so that when both groups have similar levels of education the gap is very much reduced (from 6 times to 1.9 times higher).<sup>90</sup> However, education levels remain low amongst Travellers, so that more than half are educated to primary school level only (57%), and the vast majority complete their education at lower secondary (23%).<sup>91</sup> In a third of cases (36%), mothers have no formal education or have primary education only.<sup>92</sup> A 2020 qualitative study with parents who attended mainstream classes in the 1980s and '90s sheds some light on the context for early school leaving amongst Travellers. These parents recounted experiences of being excluded and purposefully under-stimulated by teachers, and of racial bullying by their non-Traveller peers.<sup>93</sup> A number of studies also point to a lack of visibility of Traveller and Roma culture in the curriculum as a contributory factor for isolation, increased stereotyping and racial prejudice, and a sense of cultural devaluation in mainstream education.<sup>94</sup> Survey research in Northern Ireland examined experiences of school belonging and exclusion among three minority ethnic groups of children (Irish Traveller, Chinese/Asian and European Migrant). The study found that while all three groups experienced lower levels of belonging and higher levels of exclusion compared to their White, settled

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<sup>82</sup> European Union Agency for Fundamental Rights, 2020b

<sup>83</sup> The habitual residence condition (HRC) is a condition which applicants must satisfy in order to qualify for certain social welfare assistance payments. According to Citizen’s Information, while the term ‘habitually resident’ is not defined in Irish law, in practice it means that you have a proven close link to Ireland. The term also conveys permanence - that a person has been here for some time and intends to stay here for the foreseeable future (<https://www.citizensinformation.ie>).

<sup>84</sup> Pavee Point Traveller and Roma Centre & Department of Justice and Equality, 2018

<sup>85</sup> Harmon et al., 2015

<sup>86</sup> Pavee Point Traveller and Roma Centre & Department of Justice and Equality, 2018

<sup>87</sup> Pavee Point Traveller and Roma Centre & Department of Justice and Equality, 2018; Harmon et al., 2015

<sup>88</sup> Harmon et al. 2015

<sup>89</sup> European Union Agency for Fundamental Rights, 2020a

<sup>90</sup> Watson, Kenny and McGinnity, 2017 – based on their research with data from the 2011 Census of Population.

<sup>91</sup> Central Statistics Office, 2017b

<sup>92</sup> Department of Children, Equality, Disability, Integration and Youth, 2020. Source 2016 Census of Population.

<sup>93</sup> Boyle, Flynn and Hanafin, 2020

<sup>94</sup> Harmon et al., 2015

Northern Irish peers, the experiences of Irish Traveller children were the most negative.<sup>95</sup> The inclusion of Traveller culture in the classroom is however nuanced, as captured in qualitative research; Traveller parents can experience “an inner struggle in not wanting their children to be labelled, yet wanting them to maintain their Traveller identity and Traveller values”.<sup>96</sup> Parental involvement in school education plays an important role in addressing educational disadvantage, and a 2018 study with Traveller parents found that the main elements of school culture that facilitate parental involvement are the creation of a warm and welcoming environment, recognition of Traveller culture, and good communication practices between school and home.<sup>97</sup>

**Migration status:** Lack of space and privacy has been highlighted as a concern for parents living in Direct Provision (DP). Families may have to share their living space and domestic rituals (such as mealtimes) with unrelated adults, for many years, and some feel their “parenting skills are undermined and questioned in the “fish-bowl” atmosphere of the DP centre.”<sup>98</sup> Many women struggle with the loss of agency and autonomy that comes with the asylum system,<sup>99</sup> for example, not being able to buy food and cook for their families can be a constant frustration.<sup>100</sup> The social isolation of these parents can be compounded by limited opportunities for their children to interact with other children living outside Direct Provision. Research in 2016 found that many early years settings and primary schools did not have specific strategies or approaches to accommodate cultural diversity in the context of school readiness. Children from these backgrounds were treated ‘the same’ or ‘like us’ and there was limited awareness and understanding of cultural diversity.<sup>101</sup>

In research by AkiDwA, milestones such as seeing their child settled in an Irish school or adapting their parenting styles to Irish cultural norms (e.g., around discipline), were seen by parents as markers of success in the migration journey.<sup>102</sup> Research indicates that the provision of information for migrant parents about parenting norms in their new country can alleviate stress and isolation.<sup>103</sup> There are five areas that migrant parents need information on beyond the normal parenting processes, which are: (1) living in Ireland, (2) legal information, (3) the health and social services system, (4) the education system, and (5) recreational and social activities.<sup>104</sup> Analysis of the *Growing Up in Ireland* data found lower utilisation of GP services for children of caregivers born in “less-advanced, non-Anglosphere, non-European Union (EU)” nations relative to those of their native-born counterparts. Relatively fewer attendances at emergency departments and hospital nights were also observed for this group, as well as for children born to EU (non-UK) caregivers.<sup>105</sup>

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<sup>95</sup> Biggart, O’Hare and Connolly, 2013

<sup>96</sup> Boyle, Hanafin and Flynn, 2020

<sup>97</sup> Boyle, Hanafin and Flynn, 2018

<sup>98</sup> AkiDwA, 2012

<sup>99</sup> AkiDwA, 2020

<sup>100</sup> AkiDwA, 2012

<sup>101</sup> Ring et al., 2016

<sup>102</sup> AkiDwA, 2020

<sup>103</sup> Gillen et al., 2013b

<sup>104</sup> All Ireland Programme for Immigrant Parents cited in Gillen et al., 2013b

<sup>105</sup> Mohan, 2020

**Accessibility of services for parents with disability, impairment or long-term condition:** According to the 2016 Census, 13.5% (1 in 7) of the general population has a disability.<sup>106</sup> Research has found that women with a disability are often left out of the decision-making process regarding their pregnancy and parenting choices. The experience of pre- and post-natal care in Ireland and Northern Ireland was explored with 17 mothers with various physical, sensory and cognitive disabilities. This study highlighted the ‘deficit’ orientation of the medical model, where the dominant focus is the disability of the mother rather than what can be done to enable her to fulfil her maternal role. These mothers were often aware of the limitations arising from their disability but were optimistic about their pregnancy. However, positive feelings about becoming a mother were tempered by the negative reaction of the medical practitioner (GP or obstetrician), which in turn amplified the mother’s own fears about childbirth and parenting.<sup>107</sup> There were similar findings in a survey of 37 women from Ireland and UK, in which women reported a lack of knowledge amongst health care providers about how their disability might affect their pregnancy, birth and parenting.<sup>108</sup> In both studies, little attention was paid to the mother’s knowledge and expertise of her disability, and there was a lack of faith in her own knowledge of what her body could do. Noteworthy was the lack of flexibility or desire to accommodate the specific needs of the mother to enable a positive maternity experience. Only a fifth of the mothers thought that reasonable adjustments or accommodations had been made for them.<sup>109</sup>

Another common theme centres on encounters or ‘dealings’ with social workers that are experienced as negative and threatening by parents with a disability. In the study by Walsh-Gallagher et al. (2012), mothers recalled being constantly monitored by social workers and health visitors during the postnatal period “to assess their competence as mothers”.<sup>110</sup> Similar findings were reported in a UK study with a small sample of parents (n=6) who had been referred to, or self-referred to children’s social care.<sup>111</sup> These parents described how the adult social care professionals assessing their needs often ignored the implication of their disability or impairment for fulfilling their parenting role because they felt it was outside of their remit. Children’s social care professionals tended to view parental disabilities as posing a risk to children, so that their engagement with the family felt more like monitoring than meaningful parenting support. This study illustrated how a siloed approach to social care services left parents feeling disempowered and anxious about asking for support.

Parents with an intellectual disability can strengthen their parenting skills through appropriate training<sup>112</sup> and timely support from health, welfare and social services. However, a common theme throughout the literature is the lack of supports tailored to parents with an intellectual disability, or a mistrust of those available. Research has found that many of these parents do not feel understood or trusted in their

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<sup>106</sup> Central Statistics Office, 2017f. This category includes physical disability, psychological/emotional, deafness or hearing impairment, intellectual disability, blindness or sight impairment, and other disability, including chronic illness such as asthma, diabetes or heart disease.

<sup>107</sup> Walsh-Gallagher, Sinclair and McConkey, 2012

<sup>108</sup> Hall, Hundley, Collins and Ireland, 2018

<sup>109</sup> Ibid.

<sup>110</sup> Walsh-Gallagher, Sinclair and McConkey, 2012

<sup>111</sup> Munro, Zonouzi et al., 2018

<sup>112</sup> Murphy and Feldman, 2002

parenting role by service providers.<sup>113</sup> For example, in interviews with Irish parents, they described feeling pre-judged by many of the social service workers they came into contact with. These interactions left them feeling disempowered and, in some cases, created hostility in the relationships with child and family services.<sup>114</sup> Advice and support may be difficult for these parents to understand or put into practice, reinforcing their feelings of parenting incompetence,<sup>115</sup> and may be overly focused on what these parents struggle with rather than building on their strengths.<sup>116</sup> Multiple studies emphasise the importance of information accessibility, for example, by using clear language, pictures and roleplay. Both Irish and international research has shown that parents with intellectual disability are over-represented in the child protection system<sup>117</sup> and there is a growing consensus that their disproportionate representation often has less to do with the parent's disability and more to do with the lack of available supports.<sup>118</sup> An effective advocate or advocacy services can help a parent with an intellectual disability to better understand and interpret child protection proceedings, to feel more respected by child protection professionals, to have their voices heard and to feel emotionally supported.<sup>119</sup>

### Engaging parents in support

**Pathways to support:** Research has shown that parents value support that is “practical, realistic, evidence-based, timely, accessible, multi-level, non-judgemental, and from trusted sources,”<sup>120</sup> particularly during transitional phases when they can feel vulnerable and insufficiently prepared. The first transition occurs during the pre- and post-natal stage as the parent transitions into their new parenting role. The 2020 *National Maternity Experience Survey* found that all of the lowest scoring areas in post-natal care related to the provision of support and information.<sup>121</sup> Following the birth, almost all mothers (99%) said they were visited at home by a public health nurse (PHN), and 85% received a follow-up, 2-week check-up with a general practitioner (GP).<sup>122</sup> Where parents felt services and health professionals were ‘stretched’, this negatively affected the degree of meaningful engagement with service providers, as well as available time for parents to raise issues or concerns.<sup>123</sup> New parents often look for alternative and local sources for guidance and support. For example, 32% of mothers that responded to the *National Maternity Experience Survey* said they had used local support groups, such as mother and baby groups, and feeding support groups, in the period immediately after the birth of their baby.<sup>124</sup> In a recent survey by the Katherine Howard Foundation (2018), more than half of respondents (58%) said they regularly consulted internet sources for guidance and advice in relation to child development and parenting, and these resources were perceived as helpful in providing “reassurance and confidence in parenting choices, particularly during times of stress and

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<sup>113</sup> Cox, Kroese and Evans, 2015, pp. 284

<sup>114</sup> Sheerin, Keenan and Lawler, 2013

<sup>115</sup> Booth, Booth and McConnell, 2006

<sup>116</sup> Stewart, MacIntyre and McGregor, 2016

<sup>117</sup> Child Care Law Reporting Project, 2015; Azar, Maggi and Proctor, 2013

<sup>118</sup> Tarleton and Porter, 2012

<sup>119</sup> Tarleton, 2007; 2013

<sup>120</sup> Hennessy, Byrne, Laws and Heary, 2020

<sup>121</sup> Health Service Executive, 2020. These low scoring areas were receiving assistance from staff where required after the birth; receiving sufficient information and support for changes to mental health; having a staff member to talk to about worries and fears after the birth; and support and encouragement with breastfeeding while in hospital

<sup>122</sup> Health Service Executive, 2020

<sup>123</sup> Results of the National Maternity Experience Survey 2020, video presentation by Dr Linda Drummond, Project Lead on the 15<sup>th</sup> of October, 2020

<sup>124</sup> Health Service Executive, 2020

uncertainty". The most popular resource for these parents was social media (25% Facebook, 19% other social media).<sup>125</sup> In an exploratory study of information seeking by parents of children with rare conditions, more than half (61%) used the internet regularly when searching for information on their child's condition, 40% searched most often between 7pm to midnight, and the person most likely to seek information was the mother.<sup>126</sup>

**Awareness:** A key issue is ensuring that all parents know of the existence of the available services, and many parents need guidance through the system of supports and services which are often complex and fragmented.<sup>127</sup> The research has highlighted a gap in parents' understanding and awareness of the role of Tusla to support all families. In these qualitative studies, the agency was predominantly associated with child protection. Those that could identify services, mostly named services providing support and protection for vulnerable and at-risk families and children.<sup>128</sup> In one study, parents with support worker involvement had greater service awareness, however, most parents were not aware of the role of Family Resource Centres.<sup>129</sup> Amongst the Roma community a significant barrier to accessing services is lack of knowledge about available services and communication issues, especially when English is not their first language. Interpretive service provision is fragmented, and in healthcare settings (such as the GP surgery) children are frequently called upon to translate for their parents.<sup>130</sup>

**Accessibility:** Internationally, the research shows that "low-income families, who stand to benefit the most from family support, like childcare and early education, are the least likely to access it".<sup>131</sup> Parents who face additional barriers, such as, transport problems, language barriers, lack of partner support, or lack of childcare, may need additional support to adequately access support services. Findings from the evaluation of the *Prevention and Early Intervention Initiative*<sup>132</sup> suggest that programme design should take into account accessibility in terms of programme location, timing and length of sessions and the support to be delivered.<sup>133</sup> For example, programmes should be delivered in a setting that is convenient for parents to go to (e.g., in their local community), or in a legitimate setting for the work being done (e.g., sessions to help parents support their children's learning are held in school setting), or by delivering the service at home.<sup>134</sup> Parents have expressed a preference for information that is given to them in stages, rather than all at once, and is appropriate to their child's stage of development.<sup>135</sup> Support services should also take into account

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<sup>125</sup> Katherine Howard Foundation and Hickey, 2018. Commercial sites including; Rollercoaster.ie, eumom.ie, first1000days.ie (Danone Early Life Nutrition) were in the top five Irish sites visited by respondents

<sup>126</sup> Nicholl et al., 2015

<sup>127</sup> Acquah and Thévenon, 2020, pp. 8

<sup>128</sup> Katherine Howard Foundation, 2018; Cross and Devaney, 2018

<sup>129</sup> Köppe and Oak, 2018. Focus groups were with parents living in Dublin South City

<sup>130</sup> Pavee Point Traveller and Roma Centre & Department of Justice and Equality, 2018

<sup>131</sup> Bibby, 2020

<sup>132</sup> The Prevention and Early Intervention Initiative (PEII) was a decade-long investment (2004 - 2016) by the Atlantic Philanthropies, often in conjunction with Government and other organisations, in agencies and community groups running 52 prevention and early intervention programmes throughout the island of Ireland. The initiative included a funding partnership between the Irish Government and The Atlantic Philanthropies to support three large-scale model prevention and early intervention projects in disadvantaged areas of Dublin (Childhood Development Initiative in Tallaght West, Youngballymun, and Preparing for Life in North Dublin). The initiative supported services using a diverse range of approaches and working in a wide range of areas, such as parenting, children's learning, child health, behaviour and social inclusivity.

<sup>133</sup> Centre for Effective Services, 2016a. Findings are from the evaluation of a series of PEI programmes and services from 2008-2016.

<sup>134</sup> Centre for Effective Services, 2012

<sup>135</sup> Hennessy et al., 2020

their accessibility to parents who are working.<sup>136</sup> There is no one approach that will meet the needs of all parents, and support services should be selected in terms of how they can fit with the needs of the target group, their children's stage of development, and the most appropriate format for delivery.<sup>137</sup>

**Retention and engagement:** Parental participation and retention over time can be negatively impacted by factors such as family stress, mental health difficulties and financial difficulties. While individual and contextual factors can predict enrolment, family and programme factors have been shown to be more influential on retention and active engagement by parents in early intervention programmes.<sup>138</sup> In the *Prevention and Early Intervention Initiative*, service providers highlighted the importance of targeting particular parents and following up with those who dropped out, and of using that feedback for planning and making changes (e.g., timing and location of service).<sup>139</sup> The importance of building trust between the parent and service provider has been highlighted by a number of studies, and a positive relationship between the parent and staff member (e.g., family visitor) is often a key factor in a programme's success.<sup>140</sup> Parents value being listened to, respected, and a willingness by the provider to accommodate the service to family circumstances. In group settings, the skill of the facilitator was key in managing the group and making sure all parents felt involved throughout the duration of the programme.<sup>141</sup> Parents have expressed the importance of engagement on an equitable level, for example, parents valued providers that "come down a little bit to your level"<sup>142</sup> and "someone who is down to earth".<sup>143</sup> Key factors towards successfully engaging parents include:

- Recognising parents as having a right to participate;
- Actively encouraging parents to voice their opinions;
- Respecting their views and competencies; and,
- Being culturally responsive.<sup>144</sup>

Language that is maternal-centric can discourage fathers from engaging in a service or programme. For example, in a recent Irish survey, both mothers and fathers stressed the importance of fathers as a source of practical and emotional support for mothers during the early days of parenthood, particularly around breastfeeding. However, these fathers reported feeling excluded or patronised during encounters with health professionals, particularly as first-time parents.<sup>145</sup> A 2018 UK study of fathers' experiences of maternity services recommended 'father-proofing' the content of antenatal information and education, as a means to counter unconscious bias against fathers as caregivers. This includes directing prenatal education and information at fathers, rather than relying on the 'woman as educator'.<sup>146</sup>

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<sup>136</sup> Katherine Howard Foundation and Hickey, 2018

<sup>137</sup> Centre for Effective Services, 2012

<sup>138</sup> Hackworth et al., 2018

<sup>139</sup> Centre for Effective Services, 2016a

<sup>140</sup> Centre for Effective Services, 2012; Brocklesby, 2019; PFL Evaluation Team, 2016; Miller, Dunne and McClenaghan, n. d.

<sup>141</sup> Centre for Effective Services, 2012

<sup>142</sup> A parent describing developmental checks/growth assessment by PHN in Hennessey et al., 2020

<sup>143</sup> A parent on receiving support by a Community Mother during a social work assessment/custody situation Brocklesby, 2019

<sup>144</sup> Connolly and Devaney, 2016

<sup>145</sup> Hennessey et al., 2020

<sup>146</sup> Burgess and Goldman, 2018

**Building upon parental agency:** In *Growing Up in Ireland*, parents of 3-year-olds tended to have a positive view of themselves in their parenting role. Just under 40% of mothers and 27% of fathers rated themselves as ‘average’, with the majority feeling they were either ‘better than average’ or ‘very good’.<sup>147</sup> However, services are frequently designed from a deficit perspective, with a tendency to problematise parenting. This approach fails to draw from the skills that parents already possess or their willingness to learn. Information on its own is not enough. Parents welcome practical support as they navigate their role, such as “being shown how to do things” through guidance that is “clear, not too directive, that they [can] adapt to their own situation”.<sup>148</sup> For example, Hennessey et al. (2020), found that demonstrations were highly valued, particularly by first time parents. Examples from this study of early life feeding interventions, included support in establishing breastfeeding, particularly while in hospital, hands-on activities in antenatal classes, and weaning workshops and being shown how to feed baby rather than being told how to feed baby.<sup>149</sup> Parents are often on the receiving end of conflicting advice and are critical consumers of parenting information. International studies have found that parents highly value expert advice and support from professionals.<sup>150</sup> While information via leaflets and videos are appreciated, practical demonstrations provide parents with an opportunity to ask questions and tailor the advice to their own circumstances.

### Supporting parents during transitional stages

As children grow and develop physically and emotionally, the demands on parents also change. This is particularly true during periods of transition which can be a time of stress for both parents and their children. In a recent study, parents living in Dublin felt they lacked support services during these key transitional stages.<sup>151</sup> International research has shown that a successful transition requires consistency in key relationships, linkages within and between settings, and the close involvement of parents, practitioners, teachers and, where appropriate, other relevant professionals.<sup>152</sup>

**Becoming a parent:** The antenatal and post-natal period is a key opportunity for improving protective factors for both parents and children. In 2017, 87% of pregnant women attended for antenatal care in the first trimester of pregnancy. Attendance was lowest in mothers aged 15-19 years and highest amongst mothers aged 30-39.<sup>153</sup> In the *National Maternity Experience Survey*, 43% of mothers reported participating in antenatal classes, 41% were offered classes but did not participate, and 15% were not offered classes. The majority that chose not to attend the offered classes (77%) declined because it was not their first baby. However other reasons for non-attendance included classes being booked out, lack of suitable classes, and classes not being available nearby.<sup>154</sup> The research suggests that parents have higher needs in the early days

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<sup>147</sup> *Growing Up in Ireland*, 2013 cited in Department of Children and Youth Affairs, 2014, pp. 26

<sup>148</sup> Hennessey et al., 2020, pp. 9

<sup>149</sup> Hennessey et al., 2020

<sup>150</sup> Lupton, 2016 cited in Hennessey et al., 2020

<sup>151</sup> Köppe and Oak, 2018, pp. 22. For the purposes of the current literature review, transitional stages are defined as the structural transitions of starting childcare, ECCE, primary school, secondary school and school completion (transition to third level education or employment).

<sup>152</sup> Gillen et al., 2013b

<sup>153</sup> Department of Children, Equality, Disability, Integration and Youth, 2020. Data source: Healthcare Pricing Office

<sup>154</sup> Health Service Executive, 2020, pp. 28

of having a new baby, but this tapers off as parents gain confidence and increase their network of local supports.<sup>155</sup> Second-time and subsequent parents are also less likely to seek out or rely on support services, as they feel more knowledgeable and more confident the second time around, alongside feeling that other people just “leave you at it”.<sup>156</sup>

**Breastfeeding:** Ireland has one of the lowest rates of breastfeeding initiation both in Europe and globally. Expectant mothers are most likely to make decisions about feeding their babies before the sixth month of pregnancy.<sup>157</sup> According to the *Perinatal Statistics Report* for 2017, 60% of infants were breastfed on discharge from hospital, up from 51% in 2008. Of this number, 48% of infants were breastfed exclusively and 11% were fed using a combination of breastfeeding and formula on discharge from hospital.<sup>158</sup> Exclusive breastfeeding was higher amongst older mothers and rates generally increased with mother’s age. The rate of exclusive breastfeeding was between 52-53% for mothers aged over 30 years, but only 21% amongst mothers under 20 years of age.<sup>159</sup> Breastfeeding was most common among mothers in the ‘higher professional’ (64%) and ‘lower professional’ (62%) socio-economic groups and was least common among ‘unemployed’ mothers (29%). Mothers who had given birth in Ireland and had a nationality from EU15 (excluding Ireland and the UK), from EU15 to 28, and from the rest of Europe recorded exclusive breastfeeding initiation rates of more than 70% far exceeding the national rate of 48%.<sup>160</sup> Breastfeeding uptake amongst the Traveller population is much lower than the national average. The *All Ireland Traveller Health Survey* found that amongst their sample, the number of women who report having breastfed a breastfeeding very low, and notably lower in younger Traveller women.<sup>161</sup> In 2011, Travellers in both ROI and NI overwhelmingly opted for formula feeding (96%), compared with 58% in the general population. Just 3% planned to breastfeed.<sup>162</sup> Pre-natal expectations may not mirror the postnatal reality – in a recent Irish study, parents reported that breastfeeding was often perceived as “easy” but in reality, was quite stressful, particularly in the early days.<sup>163</sup> At the same time, new mothers report not receiving sufficient support and encouragement from healthcare professionals while in hospital with their new-born.<sup>164</sup> In a 2020 study of early interventions to promote healthy growth, mothers described experiencing negative feelings around breastfeeding, including guilt or shame if they could not meet their breastfeeding goals, anxiety if their baby was not gaining enough weight, insecurity about their parenting abilities, and conflict with family members and peers who had different views about breastmilk versus formula.<sup>165</sup> Similarly, mothers that participated in the Community Mothers Programme described feeling stressed and pressurised as they learned to

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<sup>155</sup> Miller et al., n. d.

<sup>156</sup> Hennessy et al., 2020

<sup>157</sup> Earle, 2002 cited in Gillen et al., 2013b

<sup>158</sup> Health Pricing Office, 2020

<sup>159</sup> Ibid, 2020, pp. 67

<sup>160</sup> Ibid, 2020, pp. 72

<sup>161</sup> Kelleher et al., 2010

<sup>162</sup> Hamid et al., 2011

<sup>163</sup> According to the UNICEF report card 14, in Ireland 55% of Irish mothers attempt breastfeeding, and within 48 hours of birth, the rate drops to 42%.

<sup>164</sup> Health Service Executive, 2020

<sup>165</sup> Hennessy et al., 2020

breastfeed, and benefited greatly from both practical advice and confidence building from their Community Mother.<sup>166</sup>

**Early years:** The international research shows that focused investment and attention during the first three years of life (0-3 years) can reap major rewards for children in the long-term.<sup>167</sup> The *Prevention and Early Intervention* programmes that provided accessible information on child development and support (some of which addressed the health and well-being of mothers before and after the birth of their child) demonstrated significant positive impacts on the health of the children involved, including increased uptake of immunisations, better nutrition and infants being less likely to require a stay in hospital.<sup>168</sup> In Ireland, the Public Health Nurse (PHN) service is the only universal home visiting service for parents and young children up to age three. A PHN is likely to have six standard contacts with parents in the form of developmental check-ups during the 0-3 years. In 2017, 98% of new-borns were visited by a PHN within 72 hours of discharge from hospital for the first time, and 93% of new-born children had their 7-9 month developmental check on time.<sup>169</sup> In a qualitative survey, almost half of respondents described the developmental check-ups as an important and beneficial service. Interactions with PHNs were generally seen as supportive and helpful, while a small proportion felt the support was insufficient or could be “very hit or miss”.<sup>170</sup> Parents also reported that the early childhood care and education setting was a safe environment where their child could develop their social and emotional skills, through socialisation and play with other young children. Research from the PEII has shown that the provision of a dedicated Parent Care Facilitator (PCF) to assist parents that are engaging with an early learning and care service can reduce parental stress, improve relationships between the parent and their child, and support a positive home learning environment.<sup>171</sup>

**Pre-school years:** The Early Childhood Care and Education Scheme (ECCE) is a *universal*, two-year pre-school programme available to all children within the eligible age range. It was established in 2010 to provide children with their first formal experience of early learning prior to school commencement. Since September 2018, children can enrol when they are 2 years and 8 months and can continue until they transfer to primary school (or reach 5 years 6 months).<sup>172</sup> For the 2018/19 pre-school year, there were 4,216 pre-school services under contract to deliver the ECCE programme to 116,116 children. Of these pre-school services, 36% met the basic capitation status and 64% met the higher capitation status.<sup>173</sup> Since the introduction of the ECCE programme, uptake has been in the region of 95% of the eligible cohort. *Growing Up in Ireland* has provided some insights into the impact of the programme, suggesting that it opened up pre-school education amongst

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<sup>166</sup> Brocklesby, 2019. A Community Mother is a trained, experienced mother from the local community who carries out home visits to parents or runs local groups that provide support and information in a non-directive manner, to foster parenting skills and parental self-esteem. They can also act as support in building local social networks.

<sup>167</sup> Rochford et al., 2014

<sup>168</sup> Rochford et al., 2014

<sup>169</sup> Department of Children, Equality, Disability, Integration and Youth, December 2020. Data source: Healthcare Pricing Office

<sup>170</sup> Katherine Howard Foundation and Hickey, 2018

<sup>171</sup> The current evaluation of the Parental Support in Early Years programme improves: the relationship between the parents and ELC professionals of the early childhood services; parents' involvement in their children's learning and education; parents' stress; parent's views on the role of men and women in caregiving and children's readiness to enter school in terms of social emotional development, language development, and learning behaviours.

<sup>172</sup> The ECCE scheme is currently offered in early years settings (pre-schools, Montessori schools, creches, playgroups) for 3 hours a day, 5 days a week, 38 weeks of the year.

<sup>173</sup> Department of Children, Equality, Disability, Integration and Youth, 2020. Data source: Department of Children and Youth Affairs.

a range of disadvantaged groups. For example, in *Growing Up in Ireland*, 36% of one-parent households, 42% of parents who 'never worked' and 32% of parents who do not speak English as their first language, reported they would not have been able to send their child to pre-school without the programme.<sup>174</sup> Data on new entrants to primary school in the 2018/19 academic year has indicated lower uptake of the programme amongst disadvantaged groups. The proportion of children who came from a 'Childcare Setting/Pre-Primary Education/Early Start Programme/ Junior School associated with the School' ranged from 94.7% of children from a white or white Irish ethnicity, 72.9% from a Roma ethnicity, and 76.9% of children with an Irish Traveller ethnicity.<sup>175</sup>

**The transition to primary school** is an important milestone for both children and their parents. Most parents prepare their child for the move to 'big school' in advance of the start of their first school year, mostly by talking to their child about school.<sup>176</sup> *Growing Up in Ireland* found that parents were more likely to seek information about a school by attending information events or by visiting the school, and less likely to consult friends, family and neighbours.<sup>177</sup> Research by Ring et al. (2016) reported that parents find school open days particularly valuable because they provide a context for talking to their child about their transition to big school.<sup>178</sup> Parents are most likely to seek this advice when transitioning their first-born child, possibly because the school environment is new to them.<sup>179</sup> Research has shown that both early years and primary school educators consider parents to be the decision-makers on the right time for their child to start school, nonetheless parents were likely to discuss their child's 'school readiness' with their early years provider.<sup>180</sup> The evaluation of the PEII found that the transition from the home or ECCE learning environment to the primary school can be supported through good communication between settings and continuity in the approaches used.<sup>181</sup>

**The transition to secondary school** is another key milestone, "involving exposure to new teachers and ways of learning, as well as a new peer group".<sup>182</sup> Parental involvement in their child's secondary school education includes activities such as discussing what is going on at school, providing help with homework and attending meetings and events in the school. *Growing Up in Ireland* found that day-to-day communication between parents and children played a strong role in reducing transition difficulties. The degree of communication between parent and child was found to be more important than the amount of formal contact between the parent and school (such as attending parent-teacher meetings).<sup>183</sup> When the '98 Cohort were 13 years of age, *Growing Up in Ireland* explored how much mothers felt they knew about what was going on in their child's school. Across all social groups (by social class, mother's education and household structure) the majority of mothers knew how their 13-year-old was getting on at school, although mothers of daughters

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<sup>174</sup> *Growing Up in Ireland*, 2013

<sup>175</sup> Data from the Primary Pupil Online Database (POD)

<sup>176</sup> *Growing Up in Ireland*, 2013

<sup>177</sup> *Growing Up in Ireland*, Ibid

<sup>178</sup> Ring et al., 2016

<sup>179</sup> *Growing Up in Ireland*, 2013

<sup>180</sup> Ring et al., 2016

<sup>181</sup> Centre for Effective Services, 2016b

<sup>182</sup> Smyth, 2017, pp. 7

<sup>183</sup> Smyth, 2017, pp. 38. Frequency of communication reported as 'daily' versus 'rarely'

were much more likely than the mothers of sons to report that their child ‘always’ or ‘almost always’ wanted to tell them about school (70% compared with 51%).<sup>184</sup> Research with parents of SEN children highlighted the importance of “getting off on the right foot” when transitioning to secondary school, so that their child’s behaviour wouldn’t be misinterpreted as trouble-making by the school staff. Lack of communication between the school and parents of SEN children was a source of considerable distress and frustration for parents and left them feeling disenfranchised from the transition planning process.<sup>185</sup>

**School completion** is a key milestone as young people transition to adulthood and greater independence from their families of origin.<sup>186</sup> However, in the context of COVID-19, requirements for remote and blended learning in third-level education, coupled with a global economic downturn, may result in many young adults living at home with parents and younger siblings for longer than previous cohorts. In *My World Survey 2* found that parents were equally important as friends as a source of information and support for young people’s mental health and well-being (68% each).<sup>187</sup> Parents are also an important source of guidance and influence in the lives of young Irish adults as they make decisions about their future career path. In *Growing Up in Ireland*, the majority of young people had primarily talked with their mothers as they decided what post-school pathway to take (88% compared with 76% who consulted their father), and mothers were rated as the most important source of help in career decision making.<sup>188</sup> According to the 2012 *Quarterly Household National Survey*, 87% of parents aspired to having their children remain in the education system to attend college or university but fewer (82%) believed their children would actually do this.<sup>189</sup> Analysis of data from *Growing Up in Ireland* has shown a clear social gradient in expectations, with those from professional backgrounds reporting higher educational expectations compared with those from working-class backgrounds.<sup>190</sup> *Growing Up in Ireland* found that the mother’s highest level of education was positively related to the young person’s intention to continue to further/higher education at age 17/18. 93% of young people whose mother had a degree intended to continue to further education, in comparison with 80% whose mother had a Junior Certificate or less.<sup>191</sup>

### Supporting relationships and the home environment

**Parent-child relationship:** The parent-child relationship is more important for children's development than family income or structure<sup>192</sup> and quality of parent-child relationship does not tend to vary by socio-economic characteristics.<sup>193</sup> This relationship plays a strong protective role in situations of economic adversity<sup>194</sup> and in promoting child well-being because parents act as a buffer between the child and external factors.<sup>195</sup> In particular, secure attachment is foundational to other developmental outcomes, including

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<sup>184</sup> Smyth, 2017

<sup>185</sup> Barnes-Holmes et al., 2013

<sup>186</sup> Young adults can leave full-time education from the age of 16 provided they have completed at least three years of second-level schooling

<sup>187</sup> Dooley et al., 2019, pp. 82

<sup>188</sup> *Growing Up in Ireland*, 2016b. 57% rated their mother and 44% rated their father as 'very important' for making decisions about the future.

<sup>189</sup> Central Statistics Office, 2012

<sup>190</sup> Schoon, 2010 and Williams et al., 2018 cited in *Growing Up in Ireland*, 2020

<sup>191</sup> *Growing Up in Ireland*, 2016a

<sup>192</sup> Centre for Effective Services, 2012 cited in Department of Children and Youth Affairs, 2015

<sup>193</sup> McNamara et al., forthcoming; Watson et al., forthcoming; Fahey et al., 2012 all cited in Economic and Social Research Institute, 2020

<sup>194</sup> Nixon, 2012; Nixon et al., 2019 both cited in Economic and Social Research Institute, 2020

<sup>195</sup> Family Support Agency, 2013 cited in Kennedy, 2019

academic achievement and social, emotional, and behavioural development, as it provides the child with a secure base from which to explore the world.<sup>196</sup> In the *My World Survey 2*, adolescents who reported higher levels of parental criticism and lower parental approval had significantly higher levels of anxiety and depression, while adolescents who showed good mental health outcomes generally reported lower criticism from parents, a greater sense of shared family values, a stronger social network, and enjoyed family life.<sup>197</sup>

International research has shown the value of ‘just talking’, so that, “the more communication there is between parents and their children, the more likely they are to share values and opinions [...] good communication helps to prevent high risk behaviours”.<sup>198</sup> Parents’ interactions with their children have been shown to benefit from some guidance, for example, in the Lifestart programme, parent-child relationships improved as a consequence of having better ideas for play activities and communication.<sup>199</sup> In the *Programme for International Student Assessment (PISA)* study, parents who reported “spending time just talking” with their children also reported higher levels of life satisfaction.<sup>200</sup> *Growing Up in Ireland* found that parents’ interaction with their children was high across all social groups, and most chatted with their children about everyday things, every day.<sup>201</sup> The most widely cited area where parents wish to make improvements, is their ability to spend quality time with their children and to engage in more activities and experiences. However, over half the respondents to a recent survey reported struggling to balance parenting with work commitments and household management. It is worth noting that the majority of the sample surveyed (90%) were mothers.<sup>202</sup> In *Growing Up in Ireland*, parents of nine-year-olds reported that they engaged in a range of educational and recreational activities with their children outside the family home, but more advantaged families were more likely to take part in such activities.<sup>203</sup> Parents who were never employed were more likely to eat a meal together as a family every day, compared to professional parents (83% vs 64%). However, data from the *Programme for International Student Assessment* showed that 15-year-olds from high socio-economic status category were more likely to eat a main meal with their parents several times a week, and this is a consistent pattern across four waves of this study (from 2009 - 2018).<sup>204</sup>

**Parenting style:** Children have better outcomes when parenting is sensitive, responsive, attentive and cognitively stimulating.<sup>205</sup> Consistent discipline, explaining reasons for things and expressions of affection, are positively related to self-esteem, internalised controls/self-regulation and intellectual achievement.<sup>206</sup> Conversely, harsh and physically aggressive parenting practices (e.g., scolding, hand slapping) are negatively associated with children’s behaviours and early academic performance.<sup>207</sup>

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<sup>196</sup> Bibby and Deacon, 2020

<sup>197</sup> Dooley et al., 2019, pp. 139

<sup>198</sup> Gillen et al., 2013b

<sup>199</sup> Miller et al., n. d.

<sup>200</sup> Findings from 2015 Programme for International Student Assessment (PISA) cited in Acquah and Thévenon, 2020

<sup>201</sup> *Growing Up in Ireland*, 2018 cited in Economic and Social Research Institute, 2020

<sup>202</sup> Katherine Howard Foundation and Hickey, 2018.

<sup>203</sup> *Growing Up in Ireland*, 2018

<sup>204</sup> Department of Children, Equality, Disability, Integration and Youth, 2020

<sup>205</sup> Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, DHHS, 2006: 23 cited in Kennedy, 2019

<sup>206</sup> Gillen et al., 2013b

<sup>207</sup> Denham et al., 2000 and Kalil, 2015 cited in Acquah and Thévenon, 2020, pp. 10.

Research has classified four widely accepted styles of parenting as follows:<sup>208</sup>

- Parents with an *authoritative* style combine reasoned control with support.
- Parents with an *authoritarian* style emphasise observance of rules and obedience but are less warm and responsive in their interactions with their child than average.
- Parents with an *indulgent or permissive* style are responsive but lenient and tend to leave children to self-regulate.
- Parenting that is *uninvolved or neglectful* is characterised by low levels of control and low levels of support.<sup>209</sup>

A 2010 exploration of parenting styles amongst a sample of Irish parents found that parents were more likely to use 'authoritative' parenting strategies, which is characterised by warmth and reasoning, rather than 'authoritarian' parenting, which is characterised by high levels of control.<sup>210</sup> There was a high degree of ambivalence in attitudes to the use of physical punishment amongst parents interviewed for this study. Approximately one-quarter reported using physical punishment in the past year,<sup>211</sup> usually when they felt stressed, anxious about their child's safety or in situations where they felt they lacked control, and their use of physical punishment was usually followed by feelings of guilt and remorse.<sup>212</sup> More recently, research with the *Growing Up in Ireland '08* cohort found that the majority of parents of 3-year-olds were high in warmth and consistency and low in hostility, however parents under stress were more likely to be lower in warmth and consistency and higher in hostility compared to their less-stressed peers.<sup>213</sup>

**Home learning environment:** Another way in which parents positively influence child outcomes is through the quality of the home learning environment. More than social class or parental education, the home learning environment has been found to be particularly important for a child's cognitive, social, and physical development. This includes the degree of parental involvement in the child's learning, their expectations, the activities they do with the child at home (such as playing or reading with them) and outside the home (such as trips to the park, library, or museums together).<sup>214</sup> The home is the first environment where children's learning takes place. In early childhood, access to developmentally appropriate books, toys, and cultural resources promotes early learning, and appears to be particularly important for supporting children with weak early language skills.<sup>215</sup> Findings from the evaluation of the *Prevention and Early Intervention Initiative (PEII)* suggest that children who grow up in caring and responsive environments that encourage learning from birth arrive at schools with core skills and competencies that schools can build on. The PEII found that, when their child starts school, some parents need help and encouragement to engage in the more formal style of learning, as "they may not know what approaches are being used in schools, or they may have

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<sup>208</sup> Baumrind 1966, 1991 cited in Williams et al., 2009

<sup>209</sup> Adapted from Williams et al., 2009

<sup>210</sup> Halpenny, Nixon and Watson, 2010

<sup>211</sup> Physical punishment described in the report as slapping a child on the bottom or on the hands, legs or arms, and shaking, grabbing or pushing.

<sup>212</sup> Halpenny et al., 2010, *ibid*

<sup>213</sup> Williams, Murray, McCrory and McNally, 2013

<sup>214</sup> Bibby and Deacon, 2020

<sup>215</sup> Chiu and McBride-Chang, 2006 and Law et al., 2018 cited in Acquah and Thévenon, 2020, pp. 9

negative attitudes towards school, or poor personal experiences with education that influence their children's outcomes", and it can be challenging to engage some parents.<sup>216</sup>

**Father's engagement with child:** International research has shown that when a father is involved in the day-to-day upbringing of his child, the child is more likely to enjoy and have better attitudes towards school, to participate in extracurricular activities, more likely to graduate, and is less likely to have behavioural or attendance problems.<sup>217</sup> There are also benefits for fathers when they form a close attachment to their child, whereby greater parental relationship satisfaction has been associated with lower levels of parenting stress, which in turn has a positive effect on the father's feelings towards their infant.<sup>218</sup> Despite the willingness of individual fathers to be involved in the day-to-day hands on care (termed 'active fathering'), economic and workplace norms can impede them. International research found that half or more of men felt they spent too little time with their children due to their job.<sup>219</sup> Qualitative interviews from *Growing Up in Ireland* similarly highlighted the negative impact of long working hours on the quality of relationship with between father and child.<sup>220</sup> This pattern of absence due to work begins in the earliest days of a child's life, as evidenced in the low rates of uptake of paid paternity leave.<sup>221</sup> There are some indications of employment effects on men's motivation to take this leave, for example, uptake was lowest in the accommodation and food service sector, and in small enterprises with less than 10 employees.<sup>222</sup>

Despite an evolution in attitudes to family gender roles, a survey with Irish adults in 2011 identified ambivalence in these attitudes, such that 87% thought that "fathers can be as nurturing to children as mothers", but more than half (52%) felt that "caring for children is best done by mothers".<sup>223</sup> These findings reveal much deeper-seated, male-breadwinner norms for both genders that undermine the idea of fathers as 'natural carers'. For example, research on gender representation in children's television in the United States found that male characters were less likely to be shown engaging in hands-on parenting duties, less likely to be shown as "very competent" parents and more likely than female characters to be of unknown marital and parental status.<sup>224</sup> Traditional gender norms have also been identified in the way parenting supports are provided. As with mothers, a key opportunity to engage fathers is during the prenatal and antenatal period, when fathers can upskill in their parenting role. The *Prevention and Early Intervention Initiative* also highlighted the need for strategies which encourage greater engagement with fathers.<sup>225</sup> However, a recent UK study found that a large proportion of fathers who attended antenatal care felt ignored by health care providers before, during, and after the delivery of their child.<sup>226</sup> The exclusion is likely to be further

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<sup>216</sup> Centre for Effective Services, 2016b

<sup>217</sup> Gillen et al., 2013b

<sup>218</sup> *Growing Up in Ireland*, Special report, 2012 cited in Department of Children and Youth Affairs, 2014

<sup>219</sup> El Feki, S., Heilman, B., and Barker, G., 2017, cited in MenCare, 2017

<sup>220</sup> *Growing Up in Ireland*, 2011; Gray et al., 2016

<sup>221</sup> Central Statistics Office, 2020f. In 2019, the rate of paternity benefit was almost 60% the rate of maternity benefit.

<sup>222</sup> Central Statistics Office, 2020f. In 2019, the rate per 100 employees was 5.6 in Public Administration and Defence, compared with 1.1 in Accommodation and Food Service Activities. The rate per 100 employees was 3.9 in large enterprises (250 or more employees), compared with 2.1 in micro-enterprises (less than 10 employees).

<sup>223</sup> Fine-Davis, 2011

<sup>224</sup> Geena Davis Institute on Gender in Media, 2020

<sup>225</sup> Centre for Effective Services, 2016a

<sup>226</sup> Burgess and Goldman, 2018

compounded by the COVID-19 pandemic, during which many fathers were not able to attend pre-natal hospital appointments and had limited time in the hospital during and after the birth of their child.<sup>227</sup>

**Inter-parental relationship:** Multiple studies have found that the quality of inter-parental relationships – the way couples communicate and engage with each other in managing their conflicts – affects their ability to engage in effective parenting practices.<sup>228</sup> In *Growing Up in Ireland*, fathers who experienced greater relationship satisfaction with their partners also experienced lower levels of parenting stress,<sup>229</sup> and this finding supports other evidence that positive inter-parental relationships may buffer parents from the effects of stress, which in turn enables more sensitive parenting.<sup>230</sup> Conflict between parents is a normal part of family life, however ‘destructive conflict’ behaviours (such as nonverbal conflict or ‘the silent treatment’, aggression and violence) are linked with increased distress or risk for psychological adjustment problems in children of all ages.<sup>231</sup> ‘Constructive conflict’ expression and management (such as mutually respectful, emotionally moderated conflicts) is linked with improved social competence and general well-being among children.<sup>232</sup> The quality of inter-parental relationships can influence the child’s mental health outcomes in infancy, childhood, and adolescence, with extended impacts on academic attainment, physical health and well-being, employability, and future relationship stability in later life.<sup>233</sup> Recent research using data from both the *Millennium Cohort Study* and *Growing Up in Ireland* found evidence that the inter-parental relationship was associated with the parent-child relationship, which in turn impacted on early emotional dysregulation<sup>234</sup> Observing conflict between parents was one of the more common stressful life events experienced by adolescents in the recent *My World Survey 2*, whereby 32% reported that they had observed such conflict, while 6% had experienced violence in the home.<sup>235</sup> In recent months, the impact of stresses associated with COVID-19 is evident in a deterioration in levels of satisfaction with personal relationships in families with children, which dropped from 61% reporting ‘high satisfaction’ in 2018 to 41% in April 2020.<sup>236</sup>

**Parenting and domestic violence:** In 2005, a national survey of domestic violence found that the risk of ever having experienced abuse is considerably higher for women who have children and slightly higher for men who have children. The survey also found that parents had 3.75 times the odds of experiencing severe abuse compared to those without children.<sup>237</sup> A study in 2000 found that one in eight women attending the Rotunda Hospital in Dublin had suffered abuse during pregnancy.<sup>238</sup> The impacts of domestic violence on children are also well established.<sup>239</sup> Even if children are not the target of the violence, they can be badly

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<sup>227</sup> The impact of COVID-19 will likely be captured by the qualitative study *Becoming Dad: Men's Experiences of Becoming a New Father during the Covid-19 Pandemic* which is currently underway at Trinity College Dublin and University College Dublin.

<https://sites.google.com/tcd.ie/becomingdadstudy>

<sup>228</sup> Early Intervention Foundation, 2016

<sup>229</sup> Nixon, Swords and Murray, 2013, pp. 51

<sup>230</sup> Cox et al., 1989 cited in Nixon, Swords and Murray, 2013

<sup>231</sup> Cummings and Davies, 2002 cited in Harold and Sellers, 2018

<sup>232</sup> Grych, Harold, and Miles, 2003 cited in Harold and Sellers, 2018

<sup>233</sup> Early Intervention Foundation, 2016

<sup>234</sup> Sellers et al., 2020

<sup>235</sup> Dooley et al., 2019, pp. 48

<sup>236</sup> Central Statistics Office, 2020 cited in Economic and Social Research Institute, 2020

<sup>237</sup> Watson and Parsons, 2005. This pattern was found for both women and men and was unrelated to the age of the children or to the number of children.

<sup>238</sup> O'Donnell, Fitzpatrick and McKenna, 2000

<sup>239</sup> Holt, Buckley, and Whelan, 2008; Buckley, Whelan and Holt, 2006

affected from witnessing it.<sup>240</sup> Young adults who experience violence at home are more likely to experience depression, alcohol dependence and severe levels of anxiety in adolescence, and are more likely to engage in moderate to severe drug use.<sup>241</sup> The quality of the relationship between abused parent and child can mediate the impact of the child's exposure to violence. Research with mothers who had escaped domestic violence found that when they were attuned to their children's feelings of sadness and anger following the abuse they were better able to prevent the onset of externalising, hyperactive, or aggressive behaviour problems in their pre-school aged children.<sup>242</sup> Survivors of domestic violence and their children are particularly vulnerable to further abuse from an ex-partner during court-ordered Custody and Access arrangements.<sup>243</sup> Parents that are dealing with issues involving domestic violence or contact disputes, have identified the importance of Tusla-provided contact centres and specially trained staff to supervise the contact.<sup>244</sup>

### Parenting health and well-being

**Parenting well-being and stress:** Parenting stress and mental health issues can negatively impact on how parents relate to their children. Child behavioural difficulties can put further strain on parents, and stress over time can leave a parent less able to cope with these behaviours.<sup>245</sup> Financial and psychological stress can also reduce a parent's ability to engage in sensitive parenting, and to set and adhere to consistent boundaries.<sup>246</sup> Financial stressors, such as being in arrears and/or having to cut back on necessities, has been associated with an increase in maternal depression.<sup>247</sup> Support from other adults, in the form of emotional support, advice, and hands-on assistance, can reduce parenting stress, enabling parents to parent more effectively and be more available to their children. This is particularly salient in one-parent families, without a co-parent to share responsibilities, and parents without local extended family support, such as migrant families. In a survey of women's unpaid care work during the COVID-19 pandemic by the National Women's Council, 85% of women said their caring responsibilities had increased since the start of the pandemic and 55% had 'less time than usual' to look after their own mental health and well-being. Daily routines for mental resilience, such as socialising with friends and time alone during their work commute, were no longer available to parents. This was especially difficult for single parents who could not access the usual supports, such as childcare and grandparents, during periods of lockdown.<sup>248</sup> In focus groups, parents identified a need for flexible and short-term respite at home, not only in the context of children with special needs, but also for those in difficult family situations, such as parenting alone. Short term respite, such as an overnight stay or care, "could offer these parents a brief period for some personal space from caring responsibilities".<sup>249</sup>

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<sup>240</sup> Department of Children and Youth Affairs, 2011

<sup>241</sup> Dooley et al., 2019

<sup>242</sup> Johnson and Lieberman, 2007 cited in Artz et al., 2014

<sup>243</sup> Women's Aid, 2019

<sup>244</sup> Köppe and Oak, 2018

<sup>245</sup> Centre for Effective Services, 2012

<sup>246</sup> Falconier and Epstein, 2010; Parke et al., 2004 both cited in Murray and Smyth, 2020

<sup>247</sup> Nixon et al., 2019 cited in Economic and Social Research Institute, 2020

<sup>248</sup> National Women's Council, 2020

<sup>249</sup> Köppe and Oak, 2018

**Parent mental health:** Almost a quarter (23%) of young people in the *Growing Up in Ireland '98 Cohort* had mothers who had depressive symptoms in at least one wave of data collection.<sup>250</sup> In the *My World Survey 2*, approximately 15% of adolescents reported having at least one parent/guardian who had experienced a mental health problem.<sup>251</sup> The evaluation of *Prevention and Early Intervention Initiative* showed that parents experiencing particular difficulties with their mental health, or high levels of stress, require longer term, multidimensional and co-ordinated intervention. This should involve services which address those difficulties, and which work directly with both parents and children.<sup>252</sup>

**Parenting with an addiction:** Over a fifth of adults in treatment for problem alcohol use were living alone with their children or with partners and their children.<sup>253</sup> The impact of alcohol abuse can be detrimental for children. According to Bradshaw, “When alcohol or drugs become the prime focus of a parent’s attention, then this will impact on parental awareness and the baby/young child is at risk of: neglect in all aspects; routine health checks missed; poor material conditions leading to illness in small children.”<sup>254</sup> In the *My World Survey 2*, approximately 2% of the young people surveyed reported that their mother had a long-term alcohol/drug addiction, while 5% reported this for their father.<sup>255</sup> Alcohol has been identified as a risk factor in three-quarters of cases where social workers have applied for admission to special care for teenagers.<sup>256</sup> Exposure to alcohol abuse may influence the young person’s own drinking behaviour.<sup>257</sup> 68% of young people attending HSE Adolescent Addiction Service in 2014 were growing up in families where substance misuse was a feature, and 26% had a parent who was linked to Adult Addiction Services.<sup>258</sup>

### Parenting children with additional needs

**Navigating the service system:** In their focus groups with parents living in Dublin, Köppe and Oak (2018) report that the key problems with special needs services are; access, referral, and extremely long waiting times.<sup>259</sup> Parents expressed that they would have benefited from support and guidance to help their children or to help them manage behaviour while waiting for their assessment.<sup>260</sup> In this study, parents described struggling to navigate the boundaries between different organisations involved in the assessment of their children’s needs; having to repeat information to different professionals, and experiencing anxiety about what will happen next in the assessment process, leading the authors to conclude that there was “a lack of communication [about] who is conducting the assessment and for what purpose”.<sup>261</sup> In research on the transition of SEN children from primary to post-primary school, parents were very eager for post-primary schools to streamline and coordinate transition planning, which would bring together the schools and health professionals that were involved with their child’s care, through a single contact person who could

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<sup>250</sup> Data were collected at age 9, 13, and 17/18

<sup>251</sup> Dooley et al., 2019, pp. 25

<sup>252</sup> Centre for Effective Services, 2016a

<sup>253</sup> Mongan, Hope and Nelson, 2009 cited in Kennedy, 2019

<sup>254</sup> Bradshaw 1990 cited in Tusla, 2019

<sup>255</sup> Dooley et al., 2019, pp. 25

<sup>256</sup> Brierley, 2010 cited in Kennedy, 2019

<sup>257</sup> Irish Society for the Prevention of Cruelty to Children, 2010

<sup>258</sup> Murray, 2015

<sup>259</sup> Köppe and Oak, 2018, pp. 4

<sup>260</sup> Ibid, 2018, pp. 21

<sup>261</sup> Ibid, 2018, pp. 23

communicate with all relevant parties. As expressed by one parent, “every time you go to see somebody you have to tell them the whole story over and over and over again”.<sup>262</sup> The review of the Community Mothers Programme highlighted the time burden experienced by Community Mothers (many of whom are voluntary home visitors) in sourcing and securing services for children with additional needs.<sup>263</sup> The *Prevention and Early Intervention Initiative* found that extensive training was required to equip programme staff to deal effectively with factors and influences outside of the programme content. Programmes worked well where practitioners had appropriate knowledge of support services, referral pathways and other options available to families.<sup>264</sup>

### Informal support networks and community supports

**Extended family:** A number of Irish studies have established that working parents rely upon informal care provided by extended family, most often grandparents, particularly in the context of high-cost childcare, and inflexible working practices. Recent data show that almost 30% of people aged over 70 provide childcare to their grandchildren at a median rate of 16 hours per month.<sup>265</sup> In *Growing Up in Ireland*, in 21% of dual-income families, and 28% of one-parent families, grandparents were mainly responsible for minding grandchildren when they were sick.<sup>266</sup> Although familial networks are often absent for migrant/new Irish families, grandparents can provide a significant amount of support via ‘transnational grandparenting’ which involves a grandparent coming to live in Ireland either for an extended period of time or at a particularly challenging time, such as around the birth of a child.<sup>267</sup> In addition to childcare support, the research shows that parents view their extended family as an essential resource for guidance and support. Parents turn to their extended family for advice and emotional support, helping to reinforce parents’ decisions and child rearing practices.<sup>268</sup> Extended family is also a key resource for signposting particular family services.<sup>269</sup> A study of mother to infant attachment found that mothers of preterm infants who had access to informal social support and at least one source of formal support (e.g., PHN) had lower levels of depressive symptoms within the first 12 months’ post discharge from the Neonatal Intensive Care Unit. International research has shown that mothers of premature infants are less likely to access formal support than mothers of full-term infants, and informal supports therefore play a key role in the transition to motherhood. This research by Leahy-Warren et al. (2020) illustrates the benefit of family centred care during the post-natal period where, “the whole family feel welcomed and valued”.<sup>270</sup>

**Peer support:** Of course, not all parents have extended family to draw upon for support. In *Growing Up in Ireland*, 35% of the mothers of 9-month-old infants did not have any family living locally, 5% had no help or not enough help from friends and family, and 6.5% had no family in the country.<sup>271</sup> Support services are

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<sup>262</sup> Barnes-Holmes et al., 2013

<sup>263</sup> Brocklesby, 2019, pp. 46

<sup>264</sup> Centre for Effective Services, 2016a

<sup>265</sup> Findings from the Irish Longitudinal Study on Ageing (TILDA) reported in The Irish Times, 2020.

<sup>266</sup> *Growing Up in Ireland*, 2018

<sup>267</sup> Frese et al., 2015

<sup>268</sup> Katherine Howard Foundation and Hickey, 2018

<sup>269</sup> Köppe and Oak, 2018

<sup>270</sup> Leahy-Warren, Coleman, Bradley and Mulcahy, 2020

<sup>271</sup> *Growing Up in Ireland*, 2013

particularly important for parents with limited access to material resources, with limited support from extended family, and those who are a greater risk of social isolation. International research shows that parents with an intellectual disability can benefit from services which provide opportunities to access support from other parents in similar situations.<sup>272</sup> For example, mothers with an intellectual disability, who had access to supportive social networks, had higher levels of well-being and more positive views on parenting.<sup>273</sup> International research shows “parenting is easier when you can talk with other parents.”<sup>274</sup> Services are ideally positioned to foster community connections, for example, qualitative research found that early childhood care services provided parents with a sense of connection and community with other parents.<sup>275</sup> Although public services are rarely designed to intentionally foster these connections, “a wealth of evidence shows that parents have assets, skills and experiences that, when combined with high-quality professional services, can lead to better outcomes for families in the early years.”<sup>276</sup>

**Local amenities:** Research has suggested that amenities, such as playgrounds, community centres, and activity groups that are offered locally can also reinforce the parent’s sense of connection with their local neighbourhood.<sup>277</sup> In a qualitative survey of Irish parents, over half the respondents said that libraries offered beneficial learning resources, as well as child-friendly activities, family events, and parenting supports such as parenting courses and talks. Libraries were also perceived as offering socialising opportunities through parent and child groups.<sup>278</sup>

### Parenting during COVID-19

The COVID-19 pandemic has exacerbated many of the problems and stressors discussed in the previous sections. By April 2020, almost half the population of Ireland had experienced an impact on their employment conditions; 34% of that group were working from home and 23% had seen a change to their work hours.<sup>279</sup> During March to June 2020, all early-years providers closed due to COVID-19, and requirements for social distancing and cocooning removed the option of informal childcare supports, particularly from grandparents. Almost a quarter (24%) of Irish people aged 35-44 reported experiencing childcare issues as a result of COVID-19.<sup>280</sup> This has been a significant problem for parents working on the frontline, including health professionals, retail workers, and drivers, as over half this group have dependent children.<sup>281</sup> The daily impact has been notable amongst parents working full-time from home who reported, during the early days of lockdown, that work was their main stressor (50%) followed closely by their child’s screen-time (43%), indicating difficulties in juggling their dual responsibilities.<sup>282</sup> Work and related economic

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<sup>272</sup> Gillen et al., 2013b

<sup>273</sup> Kroese, Hussein, Clifford and Ahmed, 2002

<sup>274</sup> Gillen et al., 2013b

<sup>275</sup> Katherine Howard Foundation and Hickey, 2018

<sup>276</sup> Bibby, 2020

<sup>277</sup> Köppe and Oak, 2018

<sup>278</sup> Katherine Howard Foundation and Hickey, 2018

<sup>279</sup> Central Statistics Office, 2020d

<sup>280</sup> Ibid, 2020d

<sup>281</sup> Redmond and McGuinness, 2020. According to the authors, 43% of essential workers are part of a couple with children, while 9% are one parent households. Approximately two-thirds have a youngest child aged 14 or younger.

<sup>282</sup> O’Connor, Gallagher, Walsh and McMahan, 2020. Survey research with a sample of 1,000 Irish parents was gathered from early April to mid-May 2020 for the Co-SPACE study. This study is tracking the mental health of children and young people (4 – 18 years) through the COVID-19 pandemic.

challenges as a consequence of COVID-19 were the most frequent source of stress for parents.<sup>283</sup> Job losses were concentrated amongst younger and lower-income groups.<sup>284</sup> Finances were one of the main sources of stress for parents who were not working during the pandemic, unlike parents who were working full-time, part-time or on home duties (37% reported feeling stressed about this).<sup>285</sup>

There is much survey evidence suggesting that gender inequalities in care responsibilities increased during the lockdown, and that mothers experience a role overload, which echoes the research on the gender division of domestic labour described above. Women were more likely to report COVID-19 related childcare issues (9% compared to 6% of men) and found it more difficult to work from home with family around (11% compared to 9% of men).<sup>286</sup> During the first lockdown in spring/summer 2020, almost half of the female respondents wanted to return to their place of work after the lifting of restrictions (49%), compared to 32% of men.<sup>287</sup> A UK study of the working patterns of parents working from home during the pandemic found that mothers were more likely to multitask paid work with other responsibilities such as childcare and housework, and for 57% of mothers their paid work was interrupted by these other duties, in comparison with 30% of fathers.<sup>288</sup> In survey by the National Women's Council in May 2020, many women reported that their employment was more flexible and their income lower than that of their male partner, causing them to take on the bulk of the caring and domestic load during the pandemic.<sup>289</sup>

The biggest increase in screen time activity by children during the pandemic was watching TV/Netflix (approximately 75% report this increase) and there was also a sizable increase video gaming.<sup>290</sup> Children spent more time online and using smartphones during lockdown, with a sharp spike in social media use, even amongst the 10-13 age category who are underage for most social media sites. While more than half of parents (58%) were more worried about excessive Internet and digital technology use during lockdown, only a quarter were more likely than before to forbid their child from engaging in some digital activities, such as shopping and gaming online.<sup>291</sup> More than half of parents (57%) reported that they were more worried now about Internet and digital media use having a negative impact on their child's education, than before the pandemic.<sup>292</sup>

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These results were gathered during the height of the first national lockdown when schools and childcare facilities were closed, only essential workers were permitted to work outside the home, and the majority of citizens were required to remain within 2km of home.

<sup>283</sup> Waite et al., 2020 cited in Economic and Social Research Institute, 2020

<sup>284</sup> McQuinn et al., 2020 cited in Economic and Social Research Institute, 2020

<sup>285</sup> O'Connor et al., 2020

<sup>286</sup> Central Statistics Office, 2020a

<sup>287</sup> Central Statistics Office, 2020b

<sup>288</sup> Andrew et al., 2020. Multitasking was defined in the research as doing at least one paid work and one non-work activity during the same hour-long slot.

<sup>289</sup> National Women's Council, 2020

<sup>290</sup> Barron and Emmet, 2020. Similar proportion of parent and child respondents reported that children are watching more TV/Netflix since the pandemic started. 51% of parents said their child is playing more video games whereas 62.6% of children reported this.

<sup>291</sup> DCU National Anti-Bullying Research and Resource Centre and Joint Research Centre of the European Commission, 2020. The survey involved 1,000 parents and children aged between 10-18.

<sup>292</sup> DCU National Anti-Bullying Research and Resource Centre, *ibid.*

Amongst adults with a secondary school child, over 36% were worried about their child having fallen behind due to school closure.<sup>293</sup> Remote learning can be particularly challenging for disadvantaged children<sup>294</sup> with limited access to technology and learning resources at home. DEIS schools reported much lower levels of student engagement in remote learning during the period of school closure in spring/summer 2020.<sup>295</sup> Although most parents felt the continuation of school-work at home was important, many found the experience very stressful. With the sudden closure of schools in March 2020 and again in January 2021, many parents juggled work and domestic labour with home schooling their children, without any time to plan for these competing demands. Home-schooling was a source of conflict in over half of the families surveyed in the *Play and Learning in the Early Years (PLEY) Survey*,<sup>296</sup> and was associated with negative feelings around caring for children.<sup>297</sup> Remote learning is problematic for children with intellectual disabilities and autism who may require the support of a skilled teacher.<sup>298</sup> Parents of SEN children were particularly affected by lockdown, reporting higher levels of stress across all potential stressors in comparison to other parents, while dealing with a reduction in the support services they had been receiving prior to the pandemic – 61% of services were stopped/postponed at this time.<sup>299</sup> These parents were concerned about the regression of their child’s behaviour and social skills during the isolation period, which in turn increased their own stress levels.<sup>300</sup>

Another challenge for parents was caring for their child’s mental health and well-being during a particularly frightening and stressful global event. The *Play and Learning in the Early Years (PLEY) Survey* found that nearly all children aged between six and ten, and three quarters of children aged between four and five, understood social distancing measures and the reasons why such restrictions were imposed on their lives, while one third had brought the virus or restrictions into their play (e.g., dolls having to social distance).<sup>301</sup> Research has also found high levels of anxiety, worry and depression amongst young people,<sup>302</sup> and parents reported that their children miss their family, friends and school/childcare, and were very upset with the restrictions on sport and school closures.<sup>303</sup> The psychological effects of COVID-19 may have been worse for some groups who had poorer mental health and well-being before the pandemic began. Prior to COVID-19, both the *Health Behaviour in School-Aged Children* study and *Growing Up in Ireland* found poorer mental health amongst children and young people from lower social class groups. In the *Co-Space Study: Supporting Parents, Adolescents and Children during Epidemics*, an equal proportion of parents said they would like support with managing their child’s educational demands and with managing their child’s emotions (each need was important to approximately 40% of parents).<sup>304</sup>

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<sup>293</sup> Central Statistics Office, 2020g

<sup>294</sup> Larkins et al., 2020 cited in Economic and Social Research Institute, 2020. Disadvantaged children defined as children in alternative care arrangements, care-leavers, children considered at risk due to their family situation, children experiencing poverty, children with disabilities, and migrant, asylum-seeking, and refugee children.

<sup>295</sup> Mohan et al., 2020; Bray et al., 2020 cited in Economic and Social Research Institute, 2020

<sup>296</sup> Egan, 2020a

<sup>297</sup> Lades et al., 2020.

<sup>298</sup> Inclusion Ireland, 2020

<sup>299</sup> O’Connor et al., 2020

<sup>300</sup> Barron and Emmet, 2020

<sup>301</sup> Data provided by 506 parents of children aged 1-10, collected online between May 21st and June 3rd 2020

<sup>302</sup> Foróige, 2020

<sup>303</sup> Egan, 2020b; Barron and Emmett, 2020

<sup>304</sup> O’Connor et al., 2020

Parents have reported some positive changes as a result of spending more family time together as a consequence of the pandemic. For example, the survey by the National Women's Council was undertaken after the first wave of restrictions in spring/summer 2020, and mothers described regaining time normally spent on the long commute to and from work and valued having this extra time to spend with their children.<sup>305</sup> Different caring activities were positively or negatively associated with increased time together with children. For example, taking care of children was ranked as an enjoyable activity alongside; exercising, going for a walk, gardening, and pursuing a hobby; whereas home schooling children was ranked as a negative experience alongside using social media, commuting to work, or informing oneself about COVID-19.<sup>306</sup> In September 2020, a national survey revealed that being connected to family had become more important to Irish adults since the pandemic began (86%) and 90% of teenagers said they valued their family life more. 58% of the total sample of respondents also said they were looking for some kind of lifestyle change, including giving a greater priority to family and their children.<sup>307</sup> It will be interesting to see if these changes can be sustained as the pandemic continues into 2021.

#### Section 4. Conclusion

This review examined recent Irish research with parents with a view to identifying what parents have found helpful or lacking in the supports available to them. The review also sought to capture some of the contextual issues for different cohorts of parents when they encounter or seek supports. The following section summarises what the research can tell us in response to these questions, with take-away points for the model highlighted in bold.

*When do parents seek support?* Transition points in the life of the child present a key opportunity to engage parents in supports, as many parents will look around for information and guidance during times of uncertainty or vulnerability. Parents are often looking for reassurance and confidence in their parenting choices. The antenatal and post-natal period has been identified in the research as an important opportunity for engaging parents, and for improving protective factors for both parents and children. Points of transition through formal education (from pre-school to primary school, primary to secondary school, transition to the Leaving Certificate, and school completion) can be a challenging time for families, especially for parents whose own experience of education was poor. **Points of transition are a key time to engage parents in supports. By identifying the transition points (or stressor points) we can predict when parents are most likely to engage with services.**

*How do parents seek support?* Parents highly value expert information, but also information they can adapt to their particular situation. Scheduled appointments, such as developmental check-ups, provide them an opportunity to ask questions and seek expert advice. Parents often combine this with less formal supports

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<sup>305</sup> National Women's Council, 2020

<sup>306</sup> Lades et al., 2020. Data were gathered with Irish adults using the Day Reconstruction Method (DRM) which is a diary-based tool designed to collect data on the experiences a person has on a given day, through a systematic reconstruction conducted on the following day.

<sup>307</sup> Behaviours & Attitudes, 2020. Nationally representative survey undertaken by Behaviours and Attitudes on behalf of RTÉ with people 12 years old and up during September 2020

such as local peer groups (e.g., breastfeeding groups) and internet sources, for example, if they feel that service providers are too stretched for a more in-depth conversation. Another key issue highlighted by the research is the parents' lack of awareness of the supports available to them or how to navigate a complex and fragmented system of supports. **Further research on help seeking behaviour would provide insights into why parents seek support, and where they seek this support from. Such research should take into account that parents have different needs and resources available to them at different life stages of their children.**

*What kinds of support do parents value?* Parents welcome support that is not too directive and equips them to build upon what they already know. Supports that start from the agency of parents (their knowledge and skills, their desire to learn) and builds on empowering and improving their confidence, are likely to have better engagement. Parents respond most positively when engagement with the service provider is on an equitable level, where they feel listened to, respected, and accommodated. Information on its own is not enough, and parents welcome practical support such as demonstrations, with the opportunity to ask questions and tailor advice to their own circumstances. Information is more impactful when it is phased to the child's developmental stage or tailored to the parent's needs. **Building on parental agency is a recurrent theme in early intervention and prevention, however, it can be difficult to translate into practice. Service providers would benefit from service models or examples where parents were given a meaningful role in shaping the supports available to them.**

*What access barriers do parents report?* Different groups of parents experience significant structural challenges when carrying out their parenting role. Supports must be sensitive to these challenges. There may be very practical reasons why a parent is struggling to engage with a support service. The issue of access cuts across a range of contexts highlighted in this review (e.g., poverty, ethnicity, disability, migration status, social class, gender). Supports need to be delivered in a format that is accessible to the parent group being targeted and sufficient attention should be paid to any access barriers. Complex situations (e.g., young parenthood and homelessness, parenting with a disability) may require an integrated or tailored response. **Further research is required into alternative formats for delivering support to groups that are experiencing access barriers. For example, leveraging of peer supports should be considered as an alternative or complimentary mode of working with harder to engage groups.**

*How do parents engage with informal supports networks?* All parents benefit from access to supportive peer networks, as 'parenting is easier when you can talk to other parents.' New parents can find the experience isolating and may need support in connecting with other parents and building new social networks. For example, peer support groups and peer-led mentoring can result in life-long friendships that parents can lean on more informally. Community-based services, such as Family Resource Centres, are ideally positioned to foster a sense of connection and community with other parents. Parents also identified local amenities and services, such as public libraries, as venues for meeting other parents. These are an untapped opportunity to more strategically foster community-based peer networks. **It would be worthwhile to review**

**the assets that are in place within communities that could provide a venue or a means for parents to connect with other parents, especially during the early years stage.**

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