



The Fingal Parenting Initiative

Local Evaluation Report

Introduction

The Fingal Parenting Initiative (FPI) was one of the eleven national projects successfully funded by the National Early Years Access Initiative. The National Early Years Access Initiative (NEYAI) is a collaborative partnership between the Atlantic Philanthropies, Mount Street Club Trust, the Department of Children and Youth Affairs, the Early Years Education Policy Unit and Pobal. NEYAI aims to improve quality and practice within early years services for children (0—6 years) and their families living in disadvantaged areas. It does this through interagency collaboration and by developing innovative community-based models to respond to local needs. NEYAI was a cohesive national initiative and comprised of eleven local projects with differing thematic focuses and approaches. The eleven projects were from five counties funded under NEYAI and worked collaboratively with a range of partners from the statutory, voluntary and community sectors to achieve their objectives. They are located within Children’s Services Committee (CSC) for reasons of strategic importance.

The Fingal Parenting Initiative was governed by an interagency consortium of the Fingal Children’s Services Committee, Fingal County Childcare Committee, HSE and Blanchardstown Area Partnership. The Fingal Parenting Initiative was launched by former Minister for Children and Youth Affairs, Francis Fitzgerald, TD on 29th March 2012 and completed on 31st August 2014.

FPI was supported by carefully planned collaboration within and across a range of local level organisations within Fingal. These include; pre-school services, social work teams, family resource centres, school liaison officers and community development projects within Fingal. This project established a model of dynamic interagency collaboration in Fingal, with early education and childcare services working harmoniously to provide accessible information and support to parents and practitioners.

The overall aim of the Fingal Parenting Initiative was to employ a community development model to strengthen the capacity of childcare providers, parents and family support service to improve outcomes for children and families in Fingal. Specifically, the Fingal Parents' Initiative aimed to create a vibrant, supportive, learning community, where early year service providers, parents and family support services work together to create a positive, developmental trajectory for children in their care.

The goal of the Initiative was to ensure that every parent in Fingal, whose child was attending a community setting or preschool, was offered the opportunity to engage in evidence-informed parenting courses that had been proven to establish positive and supportive relationships with their children. Fingal Parenting Initiative believed that this would support the parents' role as key educator of their child, and shape the development, learning and wellbeing of their child/children within the family.

The initiative aimed to reach a wider group of families through a 'targeted universality' approach, this delivery mechanism differed from parental supports typically seen within Ireland. Specifically, the initiative worked with pre-school services and local statutory and voluntary agencies to deliver a continuum of parenting supports that are accessible to all parents of children aged birth to six in the County. It was envisaged that this approach would be a more effective, socially acceptable, non-stigmatised source of parental support that would increase engagement and produce positive outcomes for families. It is well documented that improving parenting skills can significantly reduce the development and persistence of conduct, social and emotional problems for young children (Kaminski, Valle, Filene and Boyle, 2008).

Parents Plus Early Years Programme

Fingal Parenting Initiative worked with Parents Plus to deliver the Parents Plus Early Years programme (Sharry, Hampson and Fanning, 2003) developed as an early group intervention for parents of children up to seven years in Fingal. The Parents Plus Early Years is one of a suite of evidence-based Parents Plus Programmes targeting different age groups and specific issues with corresponding programmes for primary school children (Sharry & Fitzpatrick, 2008), adolescents (Sharry & Fitzpatrick, 2009) and separated parents (Sharry, Murphy, Keating, 2013). The PPEY utilises DVD footage of actual parent-child interactions developed with families in Ireland, in an effort to easily and effectively disseminate the programme

principles. A programme manual accompanies the DVD and details up to 7 session plans, practise exercises and role-play, DVD footage discussion points, and parent homework tasks. In addition the parents receive a parent handbook that includes weekly hand-outs and homework tasks. The programme covers one positive parenting topic and one positive discipline topic at each session. Topics include child-centred play and communication, encouraging, praising and supporting children, as well as encouraging co-operation, establishing routines and the positive management of misbehaviour and tantrums. The programme is structured to include 2 ½ - 3 hour sessions delivered over seven weeks, ideally with two trained co-facilitators.

Participants

As part of the initiative a total of eighty facilitators completed the Parents Plus Early Years training. Practitioners attended the training with an accredited trainer and one of the programme developers. Training focused on the programme principles and group facilitation skills as well as practical activities including practise exercises, DVD discussion points, role plays and group discussions. Each participant received the programme manual with detailed 7 week session plans and the programme DVD. The practitioners were given information about the research protocol and information regarding the integrity of the programme at these workshops and at subsequent supervision meetings. Early years practitioners across 36 sites participated in training and programme delivery.

Each practitioner made a commitment to the delivery of at least two parenting programmes with many offering on-going delivery in excess of this requirement at no additional cost to the Fingal Parenting Initiative, their host agency or the families availing of support. Four of the sites have independently gone on to complete the Primary Age and Adolescent Parents Plus facilitator training owing to local level demand arising from participation within the local community. Despite the social diversity in Fingal, where deprivation sits alongside relative affluence, we saw the emergence of a shared and unified landscape of parenting support and engagement across a broad range of families within the County. It was hugely exciting to see such a number of diverse agencies, professionals and families accessing a shared approach and ethos to parenting and positive outcomes for children. The nature of the project was that all families in Fingal can access the services, irrespective of where their child attends pre-school. This allows parents to make choices about the provision that best suits

them with regard to time and location of delivery. This approach has been supported by high completion rates of the seven week programme.

Engagement

From the start of the project in March 2012 through to its completion in August 2014, over 87 PPEY courses were rolled across Fingal with over 1,000 parents completing the seven week programme.

Areas of rollout	Parents	Number of rollouts
Dublin 15	504	42
Swords	204	17
Balbriggan	108	9
Donabate	84	7
Malahide	12	1
Baldoyle	36	3
Balgriffin	36	3
Rush	60	5
TOTALS:	1044	87

In addition, a further 780 parents across Fingal attended 11 stand-alone parent workshops delivered across Fingal dealing on a range of issues identified by parents participating on the Parent Plus Early Years Programme and the facilitators delivering the training. These 3 hour workshops addressed issues relating to nutrition, sibling rivalry, establishment of family routines, self-esteem, transitions in the early years and home-based play activities.

Workshop	Area of rollout	Attendance
Parenting Pre-schoolers, promoting confidence & good Behaviour with Dr John Sharry	Blanchardstown, Dublin 15	50
	Swords, Co Dublin	50
Managing Sibling Rivalry & Establishing Family Routines with Dr John Sharry	Swords, Co Dublin	184
Nutrition Workshop “Feeding your Family” with Gaye Godkin	Swords, Co Dublin x 2 W/S	123
	Blanchardstown, D15 x 2 W/S	92
Managing Challenging Behaviour with Sarah Gerber	Swords, Co Dublin	50

Learning Through Play with Dr John Sharry	Blanchardstown, Dublin 15	62
Confident Parents – Contented Children with Dr John Sharry	Balbriggan, Co Dublin	73
	Swords, Co Dublin	98
TOTALS:		782

In many areas, the demand for places on the Parents Plus Early Years Programme outweighed supply. The Initiative had a healthy online profile and was linked into social networking sites.

Fingal Parenting Initiative Website	<ul style="list-style-type: none"> • 1672 Users • 2032 sessions on the site (people may have come back to the site more than one session) • 4,435 page views (average page per session viewed 2.18 pages) • 41% of all the visits to the site came from Google • 20% came from the FCCC Website • 8.5% came directly from advertising • 2.5% came from link hub websites
Fingal Parenting Initiative Facebook Page	<ul style="list-style-type: none"> • 223 Followers

Participant Testimonials

Parent 1

I was not sure what to expect of the parenting class. *Was I going to be judged? Was the course going to be interesting? Would I take anything away from the class?* Well, was I surprised by the outcome! The material was very interesting; the weekly topics were covered within the time-frame but also extended on as far as possible. So much sharing was done by every parent in the group each week really encouraging the relationship not only with the parent and child but also as a couple. I really encourage everyone to take part there is so much to gain from it and I feel that each parent should do it individually. I really enjoyed it and hope to continue to meet with our group.

Parent 2

Thank you so much for this course. I feel that any parent partakes in any parenting course in order to give them the support and confidence we all need as parents. I have now completed this 7 week course feeling more confident, less stressed and more tuned into my children. I highly recommend the course to remind us that our children are precious and we only have a short time with them so let's make this time more positive, enjoyable and loving. There is only positive supports for parents so don't be afraid to sign up! Thank you and god bless

Parent 3

I found the course very useful a great confidence boost as a parent to realise that you are not the only one experiencing difficulties. I doubt anyone would do this course and not come away having learnt something.

Parent 4

Both myself and my husband found the course invaluable, taking away with us some really simple, memorable and positive parenting skills that have already made us more confident and unified in our parenting style. The other striking aspect of the course was that we both felt really encouraged by the amount of things we were already doing right! Parenting is an extremely tough job and nobody ever tells you that you're doing a great job. So, it was great encouragement to hear that we were already doing so many things well. We would recommend this programme to every parent

Parent 5

I am the mother of two young children. I was very happy with my style of parenting as I felt it worked well for me. I decided to do the course to get extra tips or learn about the stages of development my children had not yet reached. I found the course gave me much more than I had expected. I learnt how to stop misbehaviours before they started, I learnt new techniques that will last until my children are grown and the support and tips I got from other parents further along in their parenting than me was priceless. I would advise anyone with the opportunity to do the course to grab it. This course is not just for people who need help to parent their children going through a difficult stage. It recognises that families come in all different shapes, sizes and experiences. It is for all parents.

Parent 6

I found the course very interesting and rewarding. Simple ideas re-iterated and video clips to show effectiveness of some were eye opening. Making the time and effort to change will give the desired results and already after just 6 weeks I can see changes, not magical overnight success but certainly positive, healthy small steps making life less stressful and a happier home.

Parent 7

I found the course very informative as I was finding some situations very difficult to deal with when my son was so extremely hyperactive and full of tantrums. Seeing the video clips helped me see that there are ways of dealing with what could be a tantrum or difficult moments in an easier way of distress yourself by not allowing yourself to get drawn into a moment of screaming by ignoring something that a child gets into. They have taught me that I'm not as bad a parent as I thought and not to be so hard on myself as I'm trying the best and you can do better when you know how.

Parent 8

Great course, I would highly recommend it. It involves very practical methods to parenting with nearly instant results. Busy Mom in Portmarnock

External Publications and Conferences

Two Papers were submitted for publication with regard the Fingal Parenting Initiative Programme:

1. Contemporary parenting programmes: The efficacy of a community run Parents Plus Early Years Programme as an early parenting intervention of modifiable duration (Aoife Lonergan, John Sharry, Sarah - Jane Gerber) has just been accepted for publication in the Global Journal of Community Psychology Practice (GJCPP)
2. Gerber, S.J., Sharry, J., Streek, A. & McKennam G. (2013). Positive parenting: An evaluation of the Parents Plus Early Years programme in community preschool settings. *European Early Childhood Education Research Journal*, 24 (5).

The Fingal Parenting Initiative Coordinator and Mater CAMHS Researcher presented preliminary findings for the project at two national conference and submitted an abstract for a third in 2015:

1. Early Childhood Ireland Conference, Aviva Stadium, 18th October 2013
2. NEYAI Conference, Mansion House, A National Conference to Signpost Learning and Legacies, Friday 23rd May 2014
3. Abstract Submitted for Supporting parents: Sharing good practices, models and approaches on 24th February 2015, Dublin Castle Conference Centre, Dublin

While we accept that the Fingal Parenting Initiative was well-received and appreciated, we were also highly cognisant of the need to develop a model of provision that is economically efficacious, and evidence based providing tangible outcomes for children and families as well as regional service providers. Therefore, the Fingal Parenting Initiative conducted internal research, which was carried out by the Mater CAMHS and assistant psychologist Sarah-Jane Gerber. This research commenced once FPI facilitators completed their first rollout of the PPEY as a result of the 87 overall rollouts 45 rollouts were invited to participate in the internal evaluation.

Internal Evaluation

The study followed a repeated-measures design to identify significant changes in parent and child well-being after attendance at the PPEY programme. Participants were parents and guardians of children attending the PPEY programme in preschools and early year's services in the Fingal region of Dublin, Ireland. As part of a wider parenting initiative, the programme was open to all parents and guardians of children aged up to 7 years within this region. Importantly the programme did not operate on a referral basis. The PPEY programmes were advertised within participating early years and preschool services, at local primary schools and through social media and relevant childcare committee websites. Information sessions and workshops were organised to encourage engagement with the programme. All programmes were delivered in local preschools and community venues at times that best suited parents (morning or evening groups). Childcare facilities were offered when available. No financial incentives were offered for taking part in the programme.

Measures

Strengths and Difficulties Questionnaire (SDQ). The SDQ developed by Goodman (1997) is a standardised questionnaire containing 25 items that measure five aspects of a child's behaviour; emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial behaviour. Each subscale contains five items with scores ranging from 0 to 10. Participants are required to indicate how true each statement was in relation to their child's behaviour over the past six months. Participants were required to fill out the questionnaires in relation to one child that they are most concerned about if they have more than one child. Items were reversed scored where appropriate. The measure yields subscale scores (0 – 10) and a total difficulties score (0-40) by combining all scores from all subscales excluding the prosocial subscale. The psychometric properties of the SDQ are well documented with high internal consistency and test-retest reliability (Goodman, 2001). The SDQ has strong criterion validity for predicting childhood and adolescent psychological disorders (Goodman, 2001). The alpha value for the current study was .79 for the total difficulties score with alpha scores ranging from .64 (Pro-social subscale) to .70 (Conduct Problems subscale) for the individual sub scales at Time 1.

Parental Stress Scale. The Parental Stress Scale (PSS: Berry & Jones, 1995) is a self-report measure consisting of 18 items that assess perceptions of the difficulties and stress experienced by parents. Each item is scored on a five point response format (strongly agree to strongly disagree) which are summed to yield a total stress score ranging from 18 to 90. Berry and Jones (1995) report high internal reliability and good divergent validity for the scale. At Time 1 the PPS demonstrated an alpha level of .83 indicating acceptable internal reliability.

Kansas Parental Satisfaction Scale (KPS). The KPS (James, Schumm, Kennedy et.al., 1985) is a brief three item measure of personal satisfaction with oneself as a parent, the behaviour of one's children, and the relationship with one's children. Participants are required to indicate their agreement on a 7 point Likert scale ranging from strongly agree to strongly disagree. Scores are summed to yield a total satisfaction score ranging from 3 to 21 with higher scores indicative of higher satisfaction. Good internal consistency is reported for the KPS with alphas that range between .75 and .85 (Fischer & Corcoran, 1994). The current study demonstrates an alpha level of .77 at Time 1. It also showed that the KPS demonstrates

good concurrent validity, correlating significantly with marital satisfaction and self-esteem (Fischer & Corcoran, 1994).

Parent and Child Defined Goals (DG). At the beginning of each PPEY programme guardians detailed two goals for what they hoped to achieve from attending the programme in relation to their child (CDG) and in relation to themselves (PDG). Participants were encouraged to indicate a base-line score for how close they are from achieving these goals on a visual scale from 0 (not very close) to 10 (reached the goal). Participants were assigned a score from 0 to 10 for each visual scale. Attainment of the identified goals was assessed after completion of the PPEY community programme. In the current study the measure yielded an alpha co-efficient of .82 at Time 1.

Intervention fidelity. Implementation fidelity was monitored by a number of means. Firstly, facilitators were obliged to complete weekly self-evaluation checklists and weekly planning and review forms. These ensured that facilitators reflected upon their practise at each session, tuned in to the needs of the group as well as those of individual parents and confirmed that the appropriate content was covered at each session. These forms were sent back on a weekly basis to the project coordinator. In addition, all facilitators were required to attend regular supervision meetings with the project coordinator and one of the programme developers while completing a programme. The supervision meetings focused on group facilitation issues, adherence to the research protocols as well as group problem solving to ensure that the content of each individual session maintains the theoretical background and principles of the PPEY programme. Furthermore facilitators were encouraged to produce two personal video clips of a group session with reflective notes about their own practice. Video clips were shown and reflected upon, with permission, at group supervision sessions (participating parents and guardians did not appear in the video clips and where not identified at supervision meetings).

Programme delivery. Forty five PPEY groups were delivered in various locations across the Fingal region. All participants attending the various PPEY programmes were invited to participate in the research. Each participant was given an information sheet outlining the purpose of the study and if they agreed to participate, to sign an informed consent form. Participants were then invited to complete the research measures at Time 1 (before or at the start of the first session of the programme) and again at Time 2 (after or at the end of the last

session of the programmes. Attendance did not depend on participation in the research evaluation.

Results

The Statistical Package for Social Sciences (SPSS, V20) was used to analyse the data. In total 277 guardians completed measures at Time 1 (84.8 % mothers, 13.7 % fathers and 1.4% grandparents) with an average age 35.12 years. The guardians completed outcome measures for 277 children (60.6% boys and 39.4% girls) aged between 6 months and 7 years, with a mean age of 3.5 years (SD = 1.45). Of the 277 participants, 212 had sufficient data at Time 2 to be included in the analyses. Participants that did not complete data at Time 2 and/or attended less than 3 group sessions were excluded from the final analyses, representing a drop-out value of 23%. There was no significant difference between the incomplete data sets and complete data sets in terms of pre-intervention parent and child outcome measures.

Table 1. Mean pre and post intervention scores with mean difference and eta square effect size values

	Mean Score Time 1 (SD)	Mean Score Time 2 (SD)	Mean Difference	Eta Square
Parent Stress Scale	41.66 (8.95)	36.00 (8.35)	5.65*	.40
Kansas Parenting Satisfaction	14.43(3.01)	16.71 (2.66)	-2.27*	.37
Emotional Symptoms Scale	2.60 (2.14)	1.97 (1.99)	0.64*	.11
Conduct Problems Scale	3.44 (2.11)	2.50 (1.91)	0.94*	.25
Hyperactivity Scale	4.40 (2.48)	3.66 (2.37)	0.74*	.15
Peer Problems Scale	2.20 (1.87)	1.64 (1.62)	0.57*	.11
Prosocial Scale	6.80 (2.11)	7.46 (2.16)	-0.66*	.09
SDQ Total Difficulties	12.63 (5.85)	9.77 (5.63)	2.86*	.23
Child Goal Rating	3.62 (1.82)	7.51 (1.58)	-3.89*	.79
Parent Goal Rating	3.54 (1.77)	7.61 (1.53)	-4.06*	.81

* $p < .001$ (two-tailed)

A series of paired sample t-tests were conducted to assess any differences in parent and child outcome measures pre and post intervention. The means (standard deviations), mean

difference and eta square effect size values for each variable is displayed in table 1. The results demonstrate a statistically significant decrease in parental stress scores ($t(208)=11.63$, $p<.001$) and child difficulties ($t(202)=9.237$, $p<.001$) while significant increases were found for parental satisfaction ($t(202) = -10.99$, $p<.001$), gains made towards goals for the child ($t(189) = -26.63$, $p<.001$) and gains made towards parent goals ($t(189) = -28.55$, $p<.001$). Significant reductions in difficulties were noted for the SDQ subscales, Emotional Symptoms ($t(202) = 5.07$, $p<.001$), Conduct Problems ($t(201) = 8.30$, $p<.001$), Hyperactivity ($t(203) = 5.95$, $p<.001$) and Peer Problems ($t(202) = 5.10$, $p<.001$) while significant increases were found for Prosocial Behaviour ($t(202) = -4.36$, $p<.001$). Large effect sizes were observed for all variables, with the exception of the Peer Problem and Prosocial Behaviour scales where moderate effect sizes were found.

Table 2. Mean pre and post intervention scores with mean difference and eta square effect size values for participants in the borderline or clinical range on SDQ

	Mean Time 1 (<i>SD</i>)	Mean Score Time 2 (<i>SD</i>)	Mean Score Difference	Eta Square
Parent Stress Scale	46.02 (8.84)	37.90 (9.13)	8.12*	.52
Kansas Parenting Satisfaction	12.96(2.90)	15.67 (3.17)	-2.70*	.34
Emotional Symptoms Scale	4.07 (2.18)	3.02 (2.37)	1.05*	.17
Conduct Problems Scale	4.94 (1.94)	3.54 (2.12)	1.39*	.34
Hyperactivity Scale	6.31 (2.20)	4.98 (2.50)	1.33*	.32
Peer Problems Scale	3.15 (1.76)	2.24 (1.87)	0.91*	.25
Prosocial Scale	6.45 (2.12)	7.26 (1.92)	-0.81*	.16
SDQ Total Difficulties	18.39 (3.65)	13.80 (5.80)	4.60*	.42
Child Goal Rating	3.18 (1.61)	7.31 (1.59)	-4.14 *	.81
Parent Goal Rating	3.15 (1.69)	7.51 (1.54)	-4.37*	.82

* $p <.001$ (two-tailed)

It was noted that 39.7% of participants reported that their children have difficulties within the clinical or borderline range according to the SDQ Total Difficulties score pre intervention (i.e. scores equal to or higher than 14). In order to further investigate the effects of the PPEY intervention with participants with greater concerns, t-test analyses were performed with this

subsample. Table 2 details mean outcome scores, significance values and effect size scores for this sample. The results demonstrate that the PPEY intervention significantly reduced parents stress scores ($t(82)= 9.45, p < .001$), child difficulties scores ($t(83)=7.75, p < .001$) while increasing parenting satisfaction ($t(80) = -6.59, p < .001$), gains made towards goals for the child ($t(73) = -17.64, p < .001$) and gains made towards parent goals ($t(73) = -18.19, p < .001$) Significant reductions in difficulties were noted for the SDQ subscales, Emotional Symptoms ($t(82) = 4.12, p < .001$), Conduct Problems ($t(82) = 6.55, p < .001$), Hyperactivity ($t(83) = 6.18, p < .001$) and Peer Problems ($t(83) = 5.33, p < .001$) while significant increases were found for Prosocial Behaviour ($t(83) = -3.99, p < .001$). Large effect sizes were observed for all variables. With the exception of parenting satisfaction, the effect sizes for all variables and subscales were moderately to significantly larger than those found for the entire samples indicating the effectiveness of the intervention for this ‘clinical’ group in particular. Figure 1 depicts the relationship between those within the clinical range or borderline range and those scoring in the typical range on the SDQ Total difficulties for total SDQ scores pre and post intervention. While the ‘clinical’ group reported more difficulties at Time 1 and Time 2 when compared to the ‘typical group’, a sharper decline in difficulties for the clinical group is noted. Post intervention, 20.6% of participants remained within the clinical or borderline range for SDQ total difficulties compared to 39.7% pre-intervention.

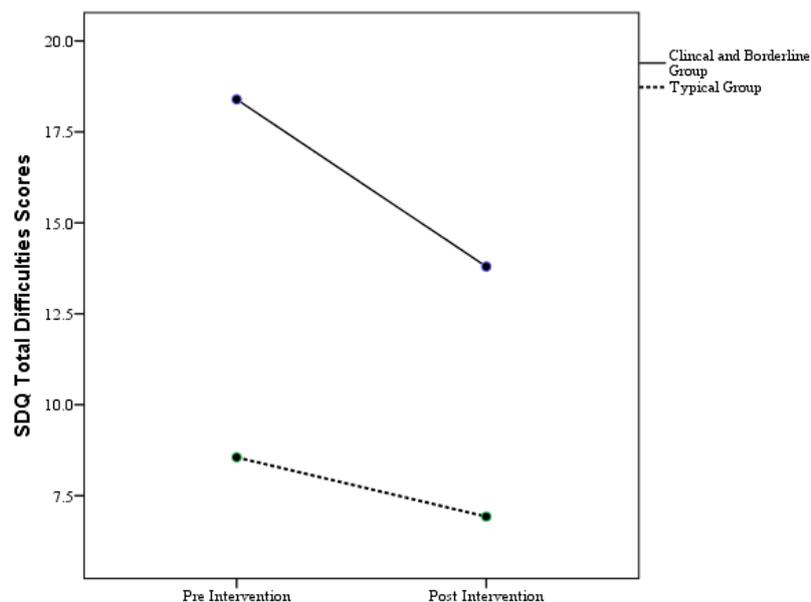


Figure 1.

Clinical and border line group and typical group SDQ scores pre and post intervention.

Discussion

The study aimed to investigate the effectiveness of the PPEY intervention when delivered by preschool teachers within their communities. It was predicted that the intervention would produce similar results to those found when the programme is delivered in mental health care settings. The results support this prediction demonstrating that parents attending the PPEY programme within local preschools reported significant improvements in their children's behaviour, less stress and greater parental satisfaction following the programme. Parents also reported significant gains made towards their goals set out for their children, as well as their parenting goals. The average reduction in SDQ total difficulties scores pre-intervention to post intervention were similar to those found in a controlled clinical evaluation of the programme (Griffin et al., 2010). Moreover, parents attending the community intervention reported significant improvements on all subscales of the SDQ, a result not found in the clinical study (Griffin et al. 2010). In addition, large effect sizes were found across all variables, highlighting the magnitude of the difference between pre and post intervention scores. These results indicate that the programme can be accurately transferred from delivery by mental health professionals in clinical settings to delivery by frontline staff within the community, while maintaining positive outcomes for parents and children.

In Ireland, the government provides one year of funded, non-compulsory early childhood care and education to children between the ages of 3 and 5 years, typically in the year prior to formal schooling. Approximately 65,000 children, which constitute 95% of the eligible cohort of children, are availing of this free pre-school year (Burke, Morris and McGarrigle, 2012). Clearly the delivery of PT within preschools is an effective means of disseminating evidence based parenting programmes within easy reach of a wide range of families. Certainly, initial pre-intervention analysis revealed that 39.7% of the sample scored within the clinical or borderline range for total difficulties on the SDQ, suggesting that the preschool services were successful in engaging a variety of parents, including those experiencing substantive difficulties.

It is estimated that 3 -15% of preschool children experience psychological problems at any given time (Wichstrøm et al., 2012; Keenan et.al. 1997). In Ireland recent research reflects these prevalence rates with 15% of Irish children experiencing considerable socio-emotional

and behavioural difficulties (Williams et al., 2009). Given that child and adolescent mental health services (CAMHS) in Ireland are under resourced receiving only 7% of mental health expenditure and waiting times for initial appointments, on average, exceed 12 months (Department for Health and Children, 2006) the need for cost effective, innovative early intervention programmes is crucial. The high percentage of families in this study that fall within the 'clinical' range for behavioural difficulties, demonstrates the need for more accessible community based early interventions such as preschool based PT. The present results demonstrate that the programme was as effective, if not more, for families that fall within this clinical range, and post intervention, the amount of families still within this clinical range was almost halved. These results are promising demonstrating that such community preventative PT programmes delivered within preschool settings over short periods of time by frontline practitioners requiring relatively minimal training, can effectively improve outcomes for families, particularly those with considerable difficulties, thereby decreasing the need for CAMHS referrals, and essentially reducing the likelihood of mental health concerns later in life. It is important to note that families were encouraged to seek further assistance from primary care services if difficulties persisted following completion of the PPEY programme.

The success of the PPEY delivered within childcare settings can be attributed to a number of factors. Indeed the familiarity of the settings and childcare practitioners delivering the programmes, as well as the convenience of attending within the community are pertinent facilitating factors. In addition, joining a group at the local preschool may hold less stigmatisation than attending PT within social or mental health services. Although the drop-out rate for the programme was 23%, this is not uncommon in PT research (Leung et al. 2012, Gross and Grady, 2002), and remains slightly less than the drop-out rates found in previous PPEY programme clinical (Griffin et al., 2010) and community (Kilroy et al., 2010) studies. It would be interesting to directly compare engagement and drop-out rates for the programme when delivered in social/mental health services and preschools. Certainly Leung, Tsang and Dean (2012) found that drop-out rates were lower for preschool PT groups when compared to groups delivered at social service centres.

Gross and Grady (2006) assert that effective PT programmes require resources beyond the physical environment. Such resources include access to young families and childcare while the group is in session, as well as motivated and encouraging staff and supportive

administration. Sustained commitments from the service are needed to provide these resources, thus it is vital that the PT is located in a setting that agrees with the ethos of the intervention and where staff are encouraged to make the intervention successful. It seems that these requirements and resources are uniquely available within preschool services. Indeed, delivering the PPEY programme within preschools may help to embed the principles of programme within the service, thereby strengthening home-school co-operation, improving communication with parents as well as the behaviour of the children, which may ultimately enhance the delivery of the preschool service. If the delivery of the programme is successful in this regard, the PT programme may become part of the preschool service on an ongoing basis which will provide invaluable community support for young families, as well as relieve the pressure on specialist child mental health settings.

A number of research limitations should be considered when reviewing these findings. Indeed, this study would benefit from replication with a control group in order for the results to be conclusively attributed to the PPEY programme and not attendance at preschool services. Certainly attending a preschool service will most certainly produce positive outcomes for the majority of families in its own right. A design that incorporates a 7 week waiting time before commencing a PPEY programme, thereby allowing participants to act as their own controls, would help to tease out the positive effects of the PPEY programme alone. In addition, resource limitations allowed for only 2 collection times. Although the long term effectiveness of the PPEY programme is documented (Griffin et al, 2010), it would be noteworthy to gather follow-up data to evaluate the long term effectiveness of the PPEY programme when delivered in the community. Further statistical analyses of the difference in outcomes for those that score within the clinical and borderline range are also warranted. This would further elucidate the practical benefits and implications of the programme. Finally, there was no independent statistical evaluation of treatment fidelity, however detailed programme manuals, staff training, session plans and quality checklists and regular facilitator supervision were integral parts of the research design.

A comparison of PPEY outcomes between preschool delivery and other community social service delivery would be valuable. From a financial and practical point of view it would be interesting to investigate whether similar results can be achieved with trained preschool practitioners as with other community professionals, such as public health nurses and social workers.

The findings presented here highlight the strengths of PT in the community, and the PPEY delivered in preschools in particular, which should be noted and utilised in service planning and provision. It demonstrates the unique attributes and potential that preschool PPEY programmes can offer as a cost effective and sustainable resource for early intervention with young children and their families.

The findings suggest that the delivery of the PPEY community course has the potential to be a cost effective and sustainable means to reduce early childhood conduct problems and support parental well-being. Such results will ultimately support better outcomes for children and families and help to reduce the demands for specialist child and adolescent mental health services in the future.