



Parents Plus and HSE Disability Partnership

2023 – 2025

Evaluation Report

Table of Contents

Contents

Executive Summary	2
Acknowledgements	7
About Parents Plus	8
1. Evaluation Report	12
1.1 Background	12
1.2 The Parents Plus Early Years CORE	13
1.3 The Parents Plus Special Needs Programme (PPSN)	15
1.4 Project Design	16
1.5 Training, Community of Practice, Supervision and Workshops	17
1.6 Evaluation Design and Delivery	19
2. Results	22
2.1 Quantitative Insights – PPSN	22
2.2 Quantitative Insights – PPEY	23
2.3 Qualitative Insights – Parents	25
2.4 PPSN Facilitator Feedback	30
2.5 PPEY Facilitator Feedback	32
3. Discussion	35
4. Conclusion	38
5. References	39

Executive Summary

This report presents the evaluation of a two-year national service arrangement (December 2023 – December 2025) between Parents Plus charity and the HSE Children's Disability Network Teams (CDNTs) to build capacity within CDNTs to improve outcomes for families by delivering Parents Plus evidence-based, solution-focused parenting programmes to parents of children and young people with additional needs. The project sought not only to increase proven parenting programme availability for families but also to embed sustainable, high-quality parent support within CDNT service provision nationally.

The scale of implementation was substantial with:

82	CDNTs engaged nationally
210	Clinicians trained (126 in Parents Plus Special Needs Programme; 84 in Parents Plus Early Years Programme)
76	Parent programmes delivered (56 Special Needs and 20 Early Years Programmes)
232	Parents/caregivers participated in the evaluation
31	Workshops delivered, including 11 Communities of Practice sessions, 10 accreditation workshops, 10 additional solution-focused and neuro-affirming practice training,
65	65 individual coaching sessions

The initiative also embedded a sustainable implementation structure through supervision, accreditation pathways, peer learning, and wraparound coaching support.

The Parents Plus Programmes

Two structured, evidence-based parenting support interventions were delivered:

Parents Plus Special Needs Programme (PPSN)

A seven-week group programme supporting parents of adolescents (and adaptable for ages up to 25) with intellectual disability and additional diagnoses such as autism and ADHD.

Parents Plus Early Years Programme (PPEY CORE)

A streamlined early intervention programme for parents of children aged 1–6, focused on strengthening parent-child relationships, co-regulation, communication, and support with behaviour that challenges.



Parents Plus Special Needs Programme (PPSN) Results

- Significant improvements in parental learning and confidence
- Increased parental satisfaction
- Statistically significant progress toward both parent and child goals
- Gains maintained at follow-up (8–10 weeks post-programme)

Parents Plus Early Years Programme (PPEY) Results

- Significant improvements in parental confidence and learning
- Significant improvements in parent and child goal attainment
- Parental satisfaction trended positively but did not reach statistical significance (likely due to smaller sample size)

Overall, findings confirm meaningful improvements in parental capacity, confidence, and goal achievement across both programmes.

Qualitative Insights

Feedback from 143 parents highlighted four consistent themes:

Peer Connection	Meeting other parents facing similar challenges, reducing isolation and fostering mutual support.
Practical Learning	Accessing concrete strategies such as co-regulation (“Pressing Pause”), positive communication, routines, and managing transitions.
Self-Care	Increased awareness of the importance of managing stress and prioritising wellbeing.
Preparing for the Future	Structured discussion of adolescence and transition to adulthood was highly valued, particularly evident in Parents Plus Special Needs Programme.

Parents overwhelmingly described the programmes as well delivered, supportive, and a safe space to connect with other parents.

Furthermore, many groups developed ongoing peer networks beyond programme completion.

Workforce Development and Implementation Impact

Clinician feedback demonstrated high engagement with Parents Plus solution-focused model, with reported benefits including:

1.

Enhanced listening and facilitation skills

2.

Stronger therapeutic presence

3.

Improved collaboration across multidisciplinary teams

4.

Increased confidence in group delivery

The wraparound supports, including Parents Plus Communities of Practice, supervision, and accreditation, were critical in embedding sustainable practice change within the Children's Disability Network Teams services.

Challenges identified, such as time management and supporting parents to prioritise self-care, were practical and manageable rather than structural or conceptual.

Conclusion

The evaluation provides strong evidence that the national Parents Plus and HSE Disability Division partnership has successfully embedded evidence-based, solution-focused parenting programmes within disability services at scale, delivering measurable and meaningful improvements in outcomes for children and their families.

The project achieved:

- Strong clinician engagement
- National implementation reach
- Measurable improvements in parent and child outcomes
- Sustainable workforce development infrastructure

Importantly, these findings demonstrate the impact and effectiveness of the Parents Plus/HSE Disability partnership in advancing core Progressing Disability principles and delivering the HSE Disability Action Plan and Disability Service Improvement Plan by achieving measurable improvements in child and parent outcomes, embedding family centred supports that empower parents, strengthen early intervention outcomes and build sustainable peer networks that enhance community inclusion.

Furthermore they also highlight a substantial strengthening of CDNTs capacity through enhanced clinical skills, strengthened facilitation and solution focused skills, deeper multidisciplinary collaborations and the consistent integration of high quality, evidence based parenting practice across CDNTs.

Acknowledgements

Thank you to Minister for Children, Disability and Equality Norma Foley, HSE CEO Bernard Gloster, HSE Disability Assistant National Director Aoife O'Donoghue, and all of the Children's Disability Network Team practitioners and managers who supported this important project and data collection throughout 2024 and 2025.

Thank you also to all of the parents who attended the Parents Plus programmes, and to those who contributed to the research.

We are grateful for the support of the Advisory Group who guided the roll out of this partnership with us over the two years, and to the Parents Plus team for their dedication to this initiative and their enduring commitment to improving outcomes for families across Ireland.

About Parents Plus

Parents Plus mission is to improve outcomes for children, young people and parents, and to strengthen families. To achieve this, we work primarily across three areas of impact:

1. **Researching and developing evidence-based parenting and mental health programmes in collaboration with families and services:**

The Parents Plus Programmes are backed by over 30 years of research and have a strong evidence base, with 30 internationally recognised studies conducted in clinical, community and disability settings, attesting to their effectiveness for families dealing with a variety of challenges and issues.

Two meta-analyses (2024 and 2015) conducted by UCD Professor of Clinical Psychology, Alan Carr, with over 1,200 families, highlight the significant benefit for families who attend the Parents Plus courses, both post-treatment and at follow-up. on reducing child emotional and behavioural problems, reducing parent stress, increasing parent satisfaction, and increasing therapeutic goal achievement.

As part of our commitment to continuing to meet the evolving needs of families and the services that support them, recent developments include:

- Launch of the 2nd Edition of the Parents Plus ADHD Children's Programme, grounded in a neurodiversityaffirming, strengths based approach.
- Redevelopment of the Parenting When Separated Programme and the Early Years Programme, with both due for launch in 2026.
- As part of our ongoing Tusla funded Traveller Project, we launched a series of Traveller Specific Videos developed to complement the Parents Plus Early Years Programme (PPEY). This development represents an important collaboration to better engage and support parents from the Traveller community through culturally relevant and empowering resources.

Across all of this work, our focus remains on developing high quality, evidence based programmes that empower parents and strengthen family wellbeing.

2. Building the Capacity of Organisations to Improve Outcomes for Families

Parents Plus works with hundreds of organisations across mental health, family support, disability and education services to strengthen their ability to improve outcomes for children, young people, parents, and families. This work includes:

- National Partnerships with established organisations to build their capacity to improve outcomes for families by providing effective parenting support that strengthens families and communities they support. We do this by training and supervising their teams to deliver our programmes to parents and we evaluate impact.

HSE Children's Disability Network Teams (CDNTs):

Through partnering with HSE Disability over a two-year period, we trained and supported 210 clinicians across 82 CDNTs to deliver the Parents Plus Special Needs and Early Years CORE Programmes. We also conducted an evaluation of this capacity building initiative with participating parents and clinicians which demonstrates strong improvements in parental confidence, child outcomes and CDNT practitioner skills.

- Training and supervising individual practitioners via our scheduled trainings to deliver Parents Plus programmes in their own communities and at parents' point of need.

In 2025 we trained over 1,000 professionals, in Ireland and the UK, delivered 407 supervisions and had over 450 registrations to our professional development events, including a Neurodiversity Affirming Practice webinar.

Through these partnerships and training initiatives, Parents Plus continues to build sustainable, community based capacity to support families at scale.

3. Delivering Parents Plus programmes online and directly to parents through national organisations

Parents Plus delivers our programmes online to parents through national organisations, ensuring that families who might otherwise face barriers to support can access high quality, evidence based parenting programmes when they need them most.

Between 2022 and 2025, with the support of the RTÉ Toy Show Appeal Transformative Grant, we scaled online delivery of our programmes to over 900 families through Parentline, ADHD Ireland and Family Carers Ireland, and improved outcomes for 2,000 families across Ireland experiencing complex needs, disability, separation and concerns about youth mental health. The research study published in Spring 2025 emphasises robust findings on the effectiveness of the online Parents Plus programmes in improving outcomes for children, young people, parents and families.

Current direct delivery partnerships include:

HSE Child and Adolescent Mental Health Services (CAMHS) delivering online Parents Plus Children's ADHD Programme online to families on CAMHS waiting lists, improving timely access to tailored support.

Collaboration with HSE Wellbeing to deliver online Parents Plus Children's Programmes online and evaluate parents' experiences of online support.

Online delivery of Parents Plus suite of programmes through Parentline, providing a highly accessible pathway for parents to access evidence based parenting support and tools. Delivered by accredited facilitators, these groups consistently book out almost immediately further demonstrating the need for families.

At the heart of Parents Plus is a commitment to working alongside services, national organisations and government partners to strengthen families by expanding access to evidence based parenting support. Our collaborative model strengthens established services, local systems of support and enables services to respond earlier and more effectively to emerging difficulties.



Evaluation Report

Background

This report focuses on the evaluation of a two-year national service arrangement between Parents Plus charity and the HSE Children's Disability Network Teams (CDNTs) to build capacity within CDNTs to improve outcomes for families by delivering Parents Plus evidence-based, solution-focused parenting programmes to families of children and young people with additional needs.

As part of this arrangement, Parents Plus was engaged to provide evidence based parenting programme training, capacity building, and implementation support to CDNTs nationally, enabling teams to deliver the Parents Plus Special Needs (PPSN) and the Early Years programmes (PPEY) to parents attending their services, alongside conducting an evaluation of the partnership.

The programmes (described further below) are underpinned by a solution-focused model of practice that positions parents as experts, and crucially, builds on their existing strengths and the strategies already working for them as they navigate challenges.

The report captures the project development over the two year period, outlining the work undertaken and presenting an analysis of impact data collected from participating parents, programme delivering clinicians, and the overall scale of implementation.

The evaluation examines the outcomes to deepen understanding of the impact of how training teams in evidence-based solution-focused parenting programmes, and supporting them through implementation, improves effective parent support and the associated benefits for the families involved.

Parents Plus Early Years CORE

The PPEY CORE is a new format of Parents Plus Early Years (PPEY) programme aimed at parents of children aged one to six years old. The PPEY CORE was developed in collaboration with frontline practitioners in response to the need for a more distilled and streamlined programme content approach. PPEY CORE is suitable for a broad range of families, including parents with intellectual disability, parents experiencing mental health issues, parents who could benefit from a more individualised flexible delivery such as a home-visiting. The integration of more illustrated visual materials reduces reliance on text based materials making it more accessible also to parents where English is not their first language.

The programme offers parents support based on fourteen core positive parenting ideas with associated strategies to support a connected relationship with their children, build on understanding their children's specific needs and behaviours, improve their children's attention and concentration, expand learning and language, and help children feel emotionally secure. See Table 1 below:

Table 1. List of Topics in Parents Plus Early Years CORE programme

1 - Getting to Know My Child	8 - Coregulating with My Child
2 - Pressing Pause	9 - Planning for Problems
3 - Playing with My Child	10 - Routines and Rewards
4 - Taking the Lead	11 - Reading My Child Learn
5 - Encouraging My Child	12 - Reading Books Together
6 - Catching My Child Being Good	13 - Teaching My Child to Behave Well
7 - Giving My Child Choices	14 - Looking After Myself

PPEY Programme Evidence

The programme can be delivered as a group intervention or in individual sessions with families or a mix of these formats. The sessions are supported by a range of video resources and have some flexibility in the order and length of topic delivery. The earlier topics on building and growing connection with their child, such as 'Getting to know my child' and the topic on co-regulation, 'Pressing Pause' are always delivered first as these are central ideas to the programme, which parents report as some of the most beneficial.

Later topics, such as Planning for Problems, cover strategies including 'Routines and Rewards' and 'Giving My Child Choices'. The 'Looking after Myself' topic becomes part of every session given the central importance of parents' self-care and wellbeing.

All the PPEY studies carried out in a variety of contexts and with a large range of presenting problems and issues, consistently show that programme is effective in:

- Reducing emotional/ behaviour problems in children
- Reducing parental stress
- Achieving high parent satisfaction
- Parental goal achievement

In an Early Intervention Study South Dublin with large number of services and families in a disadvantaged area PPEY was identified as being a "key component in improving the home-learning environment, even two years after the course was attended.



Parents Plus Special Needs Programme (PPSN)

The Parent Plus Special Needs Programme (PPSN), described by Trinity College Dublin Psychology Department led Randomised Controlled Trial authors as the first programme of its kind in the world, was developed in collaboration with parents of children aged 11 – 18 with an intellectual disability and with disability services across Ireland (Sharry et al., 2019).

The programme can be adapted to support younger children and young adults – up to 25 years old also. The programme promotes inclusivity, and its content is suitable for those who may also have additional diagnoses, including Autism, ADHD, physical disabilities and other medical conditions. The PPSN seeks to support parents via a) enhancing understanding of the journey of parenting an adolescent with additional support needs, b) managing parental stress and building self-care, c) supporting siblings and family relationships, d) supporting parents and their relationship with each other, e) establishing good family routines, f) managing concerning behaviours, and g) advocating for your young person. The PPSN programme is designed to be delivered with groups of parents (up to 15 people) over seven weeks and comprises three topics per session. The topics for each session are linked to the programme's three pillars: Supporting Families, Supporting Children, and Parent Self-care. This content can also be delivered flexibly, in group or one-to-one format.

PPSN Evidence

Evidence from a Randomised Controlled Trial of the PPSN published in the [Journal of Applied Research in Intellectual Disabilities \(McMahon et al, 2023\)](#) showed that after PPSN completion, which maintained at 3 month follow-up, there were improvements in parenting practices, problem behaviours, parental satisfaction, parental self-efficacy and goal attainment. The comparison Treatment as Usual group remained the same on all primary outcome measures.

Table 2. Breakdown of Parents Plus Special Needs programme.

	Supporting Families	Supporting Children	Parent Self-care
Session 1	Raising a child with special needs.	'Tuning In' to your adolescent.	Breathing exercise.
Session 2	An emotional journey.	Positive communication and rules.	Mindfulness.
Session 3	Supporting parents' relationships.	Establishing routines.	Mindfulness.
Session 4	Supporting siblings.	Managing challenging behaviours.	Visualisation.
Session 5	Personal coping and life balance.	Friendships and socialising, sex, and relationships.	Relaxation.
Session 6	Planning for the future.	Talking about special needs, self-esteem, preparing for adulthood.	Mindfulness.
Session 7	Coping in the long term.	Managing transitions	Compassion exercise.



Project Design

In addition to delivering the programmes and training, CDNTS were further supported through a comprehensive wraparound of capacity-building initiatives to embed the Parents Plus solution-focused practice model, and build a sustainable structure for implementation of the programmes. This involved engagement in peer learning and community of practice sessions, bespoke 'Introduction to Solution-Focused Practice' workshops, 'Neurodiversity Affirming Approaches to Supporting

Parents’ and a range of coaching and programme roll-out support.

Following an initial consultation period and surveying with team managers and practitioners the project opened for teams to join in March 2024. The Children’s Disability Network Managers (CDNMs) applied for programme training places and made a commitment to their CDNT delivering one or more programmes following training. In communication with each interested team and considering which teams already had trained facilitators in place and which teams had capacity to deliver a programme within six months of completing training, project places were allocated across the regions, with some teams pooling resources to offer the programmes across CDNTs, especially those delivered online. Practitioner training for the PPSN and PPEY programmes ran across 2024 and 2025 with a total of 210 places for team practitioners. The facilitator training works on an experiential strengths-based practice model with lots of opportunity for peer learning, reflection and skills development. Within the training the programme topics are delivered through the lens of supporting families raising children or young people with additional support needs and the learning is achieved through discussion and role-play, breakout group work and reference to the programme manuals and accompanying parent books.

See the next section for a breakdown of the Programme Trainings provided, Community of Practice, Workshops and Supervision sessions run. The details on programmes delivered to families post-training are outlined.

Training,
Community
of Practice,
Supervision
and
Workshops

Project places

To date we have worked with 82 CDNTs. Up to July 2025 ParentsPlus had worked with 70 CDNTs and a further 12 CDNTs (not previously involved) were added between August and December 2025.

No. training places completed 210 Places	126 PPSN/ 84 PPEY
--	----------------------

Coaching and Community of Practice sessions for CDNT facilitators

All CDNT members who trained as Special Needs and Early Years facilitators over the years were invited to attend a Community of Practice (CoP) session:

Total number of CoP sessions for CDNTs	11
Total numbers attending CoP sessions	174

Note: The Community of Practice, coaching, supervision and Accreditation support will continue into 2026 and beyond.

Individual programme coaching/supervision

Individual coaching sessions for CDNT facilitators in 2024 & 2025	65
---	----

Other workshops

PPSN/PPEY Accreditation Workshops	10
Total number of CDNT members undertaking Accreditation during the project	20
PPEY Core delivery up-skilling sessions for facilitators who trained prior to 2024	33
Recruiting Parents to attend Parent Programmes Workshop 14/9/25	14
'Introduction to Solution-Focused Practice with Parents and Families'	119
Neuro-Affirming practice Webinar on 24/11/25	87 CDNT staff
Solution-Focused workshop for facilitators in Accreditation process 20/11/25	7

** These workshops are aimed at giving practitioners who have not yet trained in a Parents Plus programme a foundation in the solution-focused model of parent engagement.*

Evaluation, Design and Delivery

As part of the programme training practitioners were also trained in the Parents Plus evaluation protocol which clinicians work through with consenting parents attending the programmes. The evaluation sought to collect data via surveys with parents at three different time points – Time 1 (before beginning of the PPEY/PPSN), Time 2 (on completion of the PPEY/PPSN), Time 3 (eight to ten weeks after programme completion). For each programme delivery parents were invited to complete a brief anonymised survey.

Table 4. Number of PPSN/PPEY programmes delivered across SLA 2024–2025

ParentsPlus Special Needs (PPSN)*	ParentsPlus Special Needs (PPEY)*
No. of PPSN Programmes delivered: 56	No. of PPEY Programmes delivered: 20

*Note: Further programmes are in planning for Spring 2026

Participant Data

Descriptive information pertaining to participants was gathered including parent age, gender, relationship to child, child age, and child gender viewable in Table 5 and Table 6. Diagnoses of intellectual disability and other diagnoses including autism, attention-deficit hyperactivity disorder (ADHD), Anxiety, were also included.

Table 5. Descriptive Statistics from 201 participants (parents/caregivers).

Parent Demographics			
	n (%) (PPSN/PPEY)		n (%) (PPSN/PPEY)
Gender		Relationship	
Male	22 (10.9%) / 3 (9.7%)	Biological Parent	133 (66.2%) / 16 (51.6%)
Female	132 (65.7%) / 14 (45.2%)	Adoptive Parent	4 (2.0%) / 0
Missing	47 (23.4%) / 14 (45.2%)	Grandparent	2 (1.0%) / 0
		Foster	2 (1.0%) / 1 (3.2%)
		Missing	60 (29.9%) / 14 (45.2%)
Age			
Mean Age	47.40 / 38.87		

Table 6. Descriptive Statistics for 148 children provided by their parent/caregiver.

Child Demographics			
	n (%) (PPSN/PPEY)		n (%) (PPSN/PPEY)
Gender		Intellectual Disability (ID)	
Male	86 (58.1%) / 18 (58.1%)	No	13 (6.5%) / 4 (12.9%)
Female	30 (20.3%) / 5 (16.1%)	Yes, severity not specified	4 (2.0%) / 3 (9.7%)
Missing	32 (21.6%) / 8 (25.8%)	Mild	46 (22.9%) / 1 (3.2%)
		Moderate	52 (25.9%) / 1 (3.2%)
		Severe	16 (8.0%) / 0
Age		Missing	
Mean Age	12.57 / 6.80		68 (33.8%) / 21 (67.7%)
Median Age	12 / 4		
Other Diagnoses			
Anxiety	30 (14.9%) / 0	Cerebral Palsy	1 (0.5%) / 1 (3.2%)
ADHD	27 (13.4%) / 0	Depression	2 (1.0%) / 0
Autism	109 (54.2%) / 9 (29.0%)	Epilepsy	15 (7.5%) / 1 (3.2%)
Obsessive Compulsive Disorder	4 (2.0%) / 0	Hearing Impairment	12 (6.0%) / 1 (3.7%)
Visual Impairment	10 (5.0%) / 0	Sensory Impairment	31 (15.4%) / 3 (9.7%)
Speech & Language Difficulties	78 (38.8%) / 4 (12.9%)	Other	40 (19.9%) / 0

Quantitative Method of Analysis

Quantitative findings were analysed using linear-mixed effect models, a category of analysis within multilevel modelling. Multilevel modelling was chosen as the ideal method of analysis due to its impressive robustness in managing data that may not be normally distributed and is flexible when handling missing data (Maas & Hox, 2004; Schielzeth et al., 2020; Snijders & Bosker, 2011). Linear-mixed effect models were designed to focus on fixed effects, with time as a covariate construct plotted within time points – Time 1, Time 2, Time 3. See Fig. 1 visualisation data nested within individual participants. Scale identity was selected as the repeated covariance matrix described by Heck et al (2013) to provide constant variance. Restricted Maximum Likelihood (REML) was chosen over Maximum Likelihood (ML) due to its ability to produce unbiased estimates of variance (Snijders & Bosker, 2011).

Qualitative Method of Analysis

Qualitative data was analysed using thematic analysis, a means of analysis which seeks to recognise re-appearing themes within the responses of parents. Braun and Clarke (2014) show thematic analysis used in a wide range of instances. It is an open adaptable method not requiring theoretical assumptions, or research questions, or 'ideal' data collection methods (Clarke & Braun, 2014).



Results

PPSN Quantitative Insights

Quantitative data was collected from a total of 201 participants (parents/caregivers) who engaged in PPSN programmes.

Bespoke Parental Questionnaire

The multilevel model investigating adjustment in the Bespoke Parental Questionnaire x time, with time functioning as a covariate, revealed a statistically significant effect $\beta = 2.64$, $p = <.001$, 95% CI [1.78, 3.50], signifying a positive impact in parental scores over time. Higher scores in this sub domain were associated with parents achieving the outcomes associated with the PPSN programme.

Kansas Parental Satisfaction Scale (KPSS)

The multilevel model investigating adjustment in KANSAS parental satisfaction x time, with time functioning as a covariate, revealed a statistically significant effect $\beta = 0.64$, $p = <.001$, 95% CI [0.32, 0.96], signifying a positive trajectory in parental satisfaction scores over time. Higher scores on this sub domain represented higher levels of satisfaction.

Child Goals

The multilevel model investigating adjustment in Child Goals x time, with time functioning as a covariate, revealed a statistically significant effect $\beta = 1.47$, $p < .001$, 95% CI [1.16, 1.79], signifying a positive impact in goals for children over time. Higher scores on this sub domain signified parents were closer to achieving the goals established for their children following completion of the PPSN. See Table 7 for details.

Parent Goals

The multilevel model investigating adjustment in Parent Goals x time, with time functioning as a covariate, revealed a statistically significant effect $\beta = 1.81$, $p < .001$, 95% CI [1.25, 1.86], signifying a positive trajectory in goals for parents over time. Higher scores on this sub domain signified parents were closer to achieving their personalised goals following completion of the PPSN. See Table 7 for goal examples.

Table 7. Examples of Child and Parent Goals selected by parents/caregivers

Parent Goals	Child Goals
"To get down to my child's level and have an understanding of what he is going through. To remain calm when challenges arise."	"To help to improve social communication in order to make friendships [and] work on establishing personal routines."
"[To] be able to support and teach about sexual health and feel competent."	"[To] focus on routines – struggles with transitions or unexpected change. Positive communication – some words can trigger behaviours e.g. stop, no, don't. Would like to learn how to be more positive and minimise behaviours."
"To develop more understanding about autism and supporting our child and their friendships."	"[Develop] positive communication and rules. Managing transitions between school and home. Establish routines and independence."

PPEY Quantitative Insights

Quantitative data was collected from a total of 31 participants (parents/caregivers) who engaged in PPEY programmes.

Bespoke Parental Questionnaire

The multilevel model investigating adjustment in the Bespoke Parental Questionnaire x time, with time functioning as a covariate, revealed a statistically significant effect $\beta = 3.24$, $p = .03$, 95% CI [0.28, 6.21], signifying a positive impact in parental scores over time. Higher scores in this sub domain were associated with parents achieving the outcomes associated with the PPEY programme.

Kansas Parental Satisfaction Scale (KPSS)

The multilevel model investigating adjustment in KANSAS parental satisfaction x time, with time functioning as a covariate, revealed a statistically non-significant effect $\beta = 0.68$, $p = .27$, 95% CI [-0.59, 1.94].

Child Goals

The multilevel model investigating adjustment in Child Goals x time, with time functioning as a covariate, revealed a statistically significant effect $\beta = 2.06$, $p < .001$, 95% CI [1.37, 2.75], signifying a positive impact in goals for children over time. Higher scores on this sub domain signified parents were closer to achieving the goals established for their children following completion of the PPEY.

Parent Goals

The multilevel model investigating adjustment in Parent Goals x time, with time functioning as a covariate, revealed a statistically significant effect $\beta = 1.60$, $p < .001$, 95% CI [0.82, 2.39], signifying a positive impact in goals for parents over time. Higher scores on this sub domain signified parents were closer to achieving their personalised goals following completion of the PPEY.

Table 7. Examples of Child and Parent Goals selected by parents/caregivers

Parent Goals	Child Goals
"Getting more tools to manage child's frustration and to listen and understand the children's needs more. To manage meltdowns in a better way."	"Having a stress free environment for them. Creating a place where they can be themselves."
"More time playing with my kids while getting jobs and chores done. Dealing with behaviour and having strategies to support that behaviour."	"Help child to deal with sensory challenges and transitions. Nurture interactivity with younger sibling."
"Staying calm in the moment and stay present with the children."	"Implement a reward chart to encourage positive behaviour."



PPEY/PPSN Qualitative Insights

Parent Feedback

Parent feedback from 19 of the 32 parents/caregivers of the PPEY cohort and 124 of the 202 parents/caregivers of the PPSN cohort were able to share their experiences by completing a series of four questions within the Time 2 questionnaire: a) What was the most helpful part of the course? c) Was there anything missing from the course – are there any other ideas you would have liked to include? and c) How well was the course delivered and organised?

What was the most helpful part of the course?

Thematic analysis of feedback from a total 143 parents/caregivers resulted in the identification of four reappearing themes – meeting other parents of children with additional needs, supporting parent learning, developing parent self-care, and preparing for the future.

Meeting Other Parents of Children with Additional Needs

The theme of parents connecting with other parents of children with additional needs was the most prominent theme captured in feedback from 60 parents/caregivers. The PPSN/PPEY Programmes provided the opportunity for parents to meet other parents who were raising a young person who has additional support needs and this created an environment of mutual respect and understanding.

- “Meeting other parents of other children with additional needs. Sharing experiences and ideas and feeling understood.” Parent from CHO 5 [PPSN]
- “Discussions with other families. Situations with other parents that were shared, created a very collaborative, trusting, and safe environment to talk and share.” Parent from CHO 7 [PPEY]

Supporting Parent Learning

The theme of supporting parents/caregivers in learning new techniques and approaches to parenting children featured as the 2nd most prominent theme captured in feedback from 52 parents. This theme captured insights related to the PPSN/PPEY'S fundamental aim of introducing parents/caregivers to evidence-based parenting techniques shown to improve parent-child relationships, reduce challenging behaviours and empower parents.

- "The course leaders really produced a great course. [I] felt really comfortable in class and discussed a lot of topics that made you think,, some of which I'd never discussed before." Parent from CHO 1 [PPSN]
- "Pause button, pause and observe how I deal with everyday challenges and situations with my children... Tune in with them for a more calm home environment." Parent from CHO 7 [PPEY]

Developing Parent Self-care

Reiterating the parental/caregiver need for personal self-care was a theme emphasised in the feedback of 17 parents/caregivers. Parental self-care is one of the three major topics within the structure of the PPSN/PPEY, with parents engaging in one subtopic each session related to self-care.

- "Self-care aspect of the course. Realisation of the importance of self-care and that it is necessary:" Parent from CHO 5 [PPSN]
- "Revising all the techniques handed and applied. [I] think also about putting priority on yourself at times. This task seemed to be a challenge for most parents. So many tips for an hour." Parent from CHO 7 [PPEY]

Preparing for the Future

Anticipating what lies in the future for one's children was the final major theme captured in the feedback of parents and caregivers. Approximately 13 participants identified the PPSN's emphasis on 'what comes after childhood' to have the most helpful element of the intervention.

- “Very informative on all the different stages to adulthood.” Parent from CHO 7 [PPSN]
- “The future... Learning how to face what's available out there going forward.” Parent from CHO 8 [PPSN]

Was there anything missing from the course – are there any other ideas you would have liked to include?

Feedback from parents/caregivers in relation to whether they felt anything was missing from the course provided a collection of valuable insights that fell into six themes – Well rounded programmes, More content, Programme enhancement, More time, Specialist engagement, and Partner Inclusion.

‘Well rounded’ programmes

Fifty-four parents/caregivers provided feedback suggestive of the PPEY and PPSN being well-rounded programmes that covered a selection of topics and content that was sufficient in providing positive outcomes for participants.

- “More than enough content and time to share experiences with other parents.” Parent from CHO 5 [PPSN]
- “I think the course covered many topics which really help me in [the] future.” Parent from CHO 8 [PPSN]

More content

Nineteen parents/caregivers felt the PPSN/PPEY could have contained more content specific to certain areas of parenting and child development.

- “More about speech.” Parent from CHO 5 [PPEY]
- “More detailed [information] on managing puberty for children with severe ID.” Parent from CHO 4 [PPSN]

Programme enhancements

Thirteen parents/caregivers felt the PPSN/PPEY could have been improved with the addition/enhancement of the existing design features.

- “Maybe if session was split. Half lecture, half open conversation. Otherwise [if] at times, open conversation took over.” Parent from CHO 3 [PPSN]
- “If the course could have been provided early in [parenting] journey, [that] would have been great.” Parent from CHO 5 [PPSN]

More time

Eleven parents/caregivers emphasised they would have favoured the PPSN/PPEY to have run over a longer period of time.

- “I would have wished the course lasted longer and had more topics.” Parent from CHO 5 [PPSN]
- “The length of the course should be longer with more follow-ups.” Parent from CHO 4 [PPSN]

Specialist engagement

Seven parents expressed the programme could benefit from greater inclusion of clinicians from different disciplines i.e. psychology, speech and language therapy, and other specialists, per session.

- “Bring in a specialist to give a talk on a specific topic.” Parent from CHO 5 [PPSN]
- “One session with [a] specialist like [a] psychologist, speech therapist, etc. to address concerns.” Parent from CHO 5 [PPSN]

Partner Inclusion

Four parents/caregivers emphasised the potential of enhancing the incentive for partners/spouses to engage in the programmes.

- "I believe a separate session for the child's other parent would be great... maybe a dads-session. [I] find that in these courses [it is] mostly mums." Parent from CHO 7 [PPSN]
- "Include the dads more somehow." Parent from CHO 7 [PPSN]

How well was the course delivered and organised?

Feedback from parents/caregivers suggests parents were satisfied with the clinicians' delivery of the PPSN and PPEY programmes. No criticisms were identified suggesting facilitators were well-trained and mindful of the necessary preparation required when running the programme.

- "[The PPSN was] very well run - everyone gets their chance to speak. Safe environment to voice your ideas/issues. Likeminded people." Parent from CHO 4 [PPSN]
- "Excellent, 100% [I] would help with fundraising for more parents to take part." Parent from CHO 9 [PPEY]



PPSN Facilitator Feedback

Facilitator feedback was collected from 17 facilitators from the PPSN who completed the PPSN Facilitator Course Review form. The course review form captured insights reflective of outcomes including a) Overall course delivery, b) Learning Points, and c) Challenges.

Overall Course Performance

Overall feedback was reported positive across all 17 clinicians captured in the following statements:

“Overall, it went well. Good matching of children of similar ages and ability. Parents had different personalities, but the course feedback was excellent [and] participation every week was very good. Each parent took part and supported one another.”

Clinician from CHO 5

“The group were very open and shared their experiences. They were empathetic and supportive towards each other. It was difficult at times to move on as parents were so chatty but were directed to the [parent book]. All parents were involved and set up their own WhatsApp group to meet up later. Some were already meeting before the end of the course.”

Clinician from CHO 5

Learning Points

When asked to share learning experiences facilitators encountered during the running of the PPSN, several themes were captured in their responses – listening, home visits, preparation and planning.

Listening

Facilitators found running the PPSN to have encouraged greater reflection upon listening and its value as a clinical skill.

“The value of listening skills.
Not fretting about content so much.”

Clinician from CHO 6

"Acknowledging feedback and supporting parents making changes."

Clinician from CHO 6

Home Visits

Several facilitators learned the value of offering home visits to participants whilst running the PPSN. Home visits involved clinicians engaging with participants at their family homes rather than in service centres.

"Home visits supported engagement and helped build relationships with parents ahead [of the programme]"

Clinician from CHO 5

"Home visits were very valuable."

Clinician from CHO 5

Preparation and Planning

Facilitators found the programme to have shown the importance of dedicating time to planning and preparing for the delivery of the programme.

"Preparation and planning is the key. Having additional resources available e.g. videos, handouts, contact details, HSE day opportunities... room layout, topic choice."

Clinician from CHO 7

Challenges

Facilitators of the PPSN identified several challenges which were in context to therapeutic practice and facilitation – time keeping and introducing self-care to parents.

Time Keeping

Time keeping was emphasised by facilitators to have been an element of group management which proved challenging at times.

“Time management in [the] beginning, some parents went on tangents but this changed as the programme went on.”

Clinician from CHO 6

“Time management... Not enough time spent on some sections [sexuality topic].”

Clinician from CHO 5

Introducing Self-care to Parents

Facilitators across groups also experienced a notable content-based challenge in introducing self-care practices to participants.

“A challenge for members of [the] group was self-care. Many identified a struggle to be mindful... [and] opt for a more active way to switch off i.e., gardening or gym.”

Clinician from CHO 2

“Facilitators needed to work hard to encourage some of the parents to identify ways to relax and cope with stress.”

Clinician from CHO 5

PPEY Facilitator Feedback

Facilitators of the PPSN identified several challenges which were in context to therapeutic practice and facilitation – time keeping and introducing self-care to parents.

Overall Course Performance

Overall feedback was reported positively across all facilitators captured in the following statements:

“The group went really well. The parents we had were really engaged and worked on strategies each week.”

Clinician from CHO 7

“[The group went] Excellently, the group built a lovely connection and provided each other with a lot of support (i.e. they plan on continuing [to use a] WhatsApp group [and] have coffee mornings). They all felt safe to share their personal experiences. There was a great attendance. They also demonstrated a good sense of humour, which supported their bonding. One very shy parent came out of her shell and even baked for the group on the last day.”

Clinician from CHO 9

Learning Points

When asked to share learning experiences facilitators encountered during the running of the PPEY, two main themes were captured in their responses – recruitment and facilitator collaboration.

Recruitment

Facilitators identified recruitment of families to have been a learning area in facilitating the PPEY.

“Recruitment needs to start earlier”.

Clinician from CHO 7

“[The] importance of the recruitment procedure and the time that goes into it.”

Clinician from CHO 9

Facilitator Collaboration

In running the PPEY, facilitators were required to co-facilitate the group with a colleague:

“Learning to run with a different multi disciplinary team professional... [and] learning from each other”

Clinician from CHO 9

Challenges

Facilitators of the PPEY identified one recurring challenge in relation to group size.

Facilitators experienced the challenge of facilitating the PPEY in smaller group cohorts.

“Small numbers and some drop outs resulted in adapting the materials and delivered it in five sessions which helped.”

Clinician from CHO 7

“It was a small group, we would have liked to have had more parents but it was successful nonetheless.”

Clinician from CHO 7



Discussion

This evaluation documents the development, implementation, and outcomes of a national collaboration between Parents Plus and Children's Disability Network Teams (CDNTs) over a two-year period. The scale of the project was substantial, involving 210 clinicians across 82 CDNTs, with the delivery of 76 parent programmes. For the evaluation 232 parents/caregivers took part. Overall, findings from both quantitative and qualitative strands indicate that the project successfully supported the embedding of evidence-based, solution-focused parenting interventions within CDNT service provision and generated important benefits for parents, families and the practitioners supporting them.

The quantitative findings provide strong evidence for the effectiveness of the Parents Plus Special Needs (PPSN) programme when delivered within CDNTs. Statistically significant improvements were observed across all outcome measures, including parental satisfaction, achievement of parent and child goals, and bespoke learning outcomes. Importantly, these improvements were maintained at follow-up (Time 3), suggesting that gains were not short-lived but continued beyond programme completion. These results are consistent with previous research demonstrating the effectiveness of these structured, solution-focused parent programmes in improving parental confidence, satisfaction, and goal attainment (Carr et al., 2017; Gerber et al., 2016; Mannion, 2023; McMahon et al., 2022).

Findings from the Parents Plus Early Years (PPEY) CORE programme mirror this positive trend, with significant improvements in parental learning outcomes and parent and child related goals. The absence of a statistically significant change in parental satisfaction for PPEY participants may be attributed to the smaller sample size, limiting statistical power. Nonetheless, the overall pattern of results suggests that the PPEY CORE is a positive intervention for parents of younger children with additional needs, particularly in supporting goal attainment, practical parenting strategies and peer support.

Qualitative findings from parents strongly complemented the quantitative results and provided important insight into the mechanisms underpinning programme impact. Consistent with prior Parents Plus research, peer connection emerged as the most valued element of both programmes. Parents highlighted the importance of meeting others who shared similar experiences, describing the group context as validating, supportive, and empowering. This reflects the therapeutic principle of universality, whereby recognising shared experiences reduces isolation and enhances engagement (Kivlighan & Holmes, 2004). Peer-based learning and mutual support are also associated with improved coping and emotional wellbeing (Solomon et al., 2001), reinforcing the value of group-based parent interventions within disability services.

Supporting parent learning was identified as another key theme, with parents valuing practical strategies and opportunities for reflection within the facilitated group space. The Parents Plus solution-focused model positions parents as experts on their own children, fostering empowerment and confidence through shared knowledge and lived experience.

This strengths-based approach appeared to resonate strongly with parents, particularly when combined with accessible take-home materials that supported ongoing application of learning.

Parent self-care was a further significant theme. Given the well-documented association between parenting a child with additional needs and elevated stress and burnout (Baker et al., 2003; Hoffman et al., 2009), the emphasis on self-care within both programmes is clinically important. While some parents found this aspect challenging, particularly in carving out time for self care, the findings suggest that normalising self-care and tailoring strategies to individual preferences are essential components of effective parent support.

Preparing for the future was particularly salient for parents participating in the PPSN programme. Concerns about transitions to adulthood, service availability, and long-term planning are well recognised sources of stress for families of young people with additional needs (Rehm et al., 2012; Hughes et al., 2008).

Parents' feedback indicates that structured opportunities to address these issues within the programme were both timely and valuable, reinforcing the relevance of this content within disability services.

Facilitator feedback demonstrated high levels of acceptability and professional engagement with the practice model. Clinicians reported that the solution-focused, parent-led style represented a meaningful shift from more directive or instructional approaches, enhancing listening skills and therapeutic presence. Preparation, planning, and access to supervision were identified as critical enablers of successful programme delivery, highlighting the importance of wraparound implementation supports alongside training.

Challenges identified by facilitators were largely pragmatic rather than conceptual. Time management within sessions and supporting parents to engage with self-care practices were noted in PPSN delivery, while recruitment and small group sizes were challenges for PPEY. These findings underscore the need for flexibility in programme delivery, ongoing supervision, and early recruitment planning to maximise programme reach and effectiveness.



Conclusion

This research demonstrates that the **Parents Plus and HSE Disability partnership** has created a valuable and sustainable system for delivering evidence-based, solution-focused parenting programmes to **improve outcomes for families raising children with a disability** at a **national level**.

Over the two years, the partnership not only achieved high levels of engagement and **positive outcomes for children, parents and families**, but also **strengthened the capacity of a large number of CDNT teams** through evidence based training, supervision, implementation support and evaluation, as well as solution-focused practice and group facilitation skills.

The findings also highlight the **value of group-based, strengths-based interventions that prioritise empowering parents with proven parenting tools to support their children and families**, as well as the importance of peer connection for parents within disability services.

For clinicians, the **establishment of communities of practice, access to ongoing supervision and Parents Plus accreditation pathways** has laid the foundations for a cohesive national network of CDNTs equipped with, and committed to **delivering evidence-based parent support**.

This model positions CDNTs to continue expanding access to effective parenting tools to strengthen and empower more parents, ensuring that the benefits of the partnership with Parents Plus are **sustained and integrated into everyday clinical practice**.

In conclusion, this research study shows that by strengthening Children's Disability Network Teams to embed evidence-based parenting supports into routine practice, the HSE can deliver lasting, transformative benefits for families raising children with a disability across Ireland.

References

- Baker, B. L., McIntyre, L. L., Blacher, J., Crnic, K., Edelbrock, C., & Low, C. (2003). Pre-school children with and without developmental delay: behaviour problems and parenting stress over time. *Journal of intellectual disability research*, 47(4-5), 217–230.
- Carr, A., Hartnett, D., Brosnan, E., & Sharry, J. (2017). Parents Plus Systemic, Solution-Focused Parent Training Programs: Description, Review of the Evidence Base, and Meta-Analysis. *Family Process*, 56(3), 652–668. <https://doi.org/https://doi.org/10.1111/famp.12225>
- Clarke, V., & Braun, V. (2014). Thematic analysis. In *Encyclopedia of critical psychology* (pp. 1947–1952). Springer, New York, NY.
- Gerber, S.-J., Sharry, J., & Streek, A. (2016). Parent training: effectiveness of the Parents Plus Early Years programme in community preschool settings. *European Early Childhood Education Research Journal*, 24(4), 602–614. <https://doi.org/10.1080/1350293x.2016.1189726>
- Heck, R. H., Thomas, S. L., & Tabata, L. N. (2013). *Multilevel and longitudinal modelling with IBM SPSS*. Routledge.
- Hoffman, D. M. (2010). Risky investments: Parenting and the production of the ‘resilient child’. *Health, Risk & Society*, 12(4), 385–394.
- Hughes, M. T., Valle-Riestra, D. M., & Arguelles, M. E. (2008). The voices of Latino families raising children with special needs. *Journal of Latinos and Education*, 7(3), 241–257.
- Kivlighan, D. M., & Holmes, S. E. (2004). The importance of therapeutic factors. *Handbook of group counseling and psychotherapy*, 23–36.
- Maas, C. J., & Hox, J. J. (2004). Robustness issues in multilevel regression analysis. *Statistica Neerlandica*, 58(2), 127–137.
- Mannion, L. (2023). How effective is the Parents Plus Early Years Programme in promoting positive outcomes? *Educational Psychology in Practice*, 39(4), 389–402. <https://doi.org/10.1080/02667363.2023.2222580>
- McMahon, S. M., Wilson, C. E., & Sharry, J. (2023). Parents Plus parenting programme for parents of adolescents with intellectual disabilities: A cluster randomised controlled trial. *J Appl Res Intellect Disabil*, 36(4), 871–880. <https://doi.org/10.1111/jar.13105>
- Rehm, R. S., Fuentes-Afflick, E., Fisher, L. T., & Chesla, C. A. (2012). Parent and Youth Priorities During the Transition to Adulthood for Youth With Special Health Care Needs and Developmental Disability. *Advances in Nursing Science*, 35(3), E57–E72. <https://doi.org/10.1097/ans.0b013e3182626180>
- Schielzeth, H., Dingemanse, N. J., Nakagawa, S., Westneat, D. F., Allee, H., Teplitsky, C., ... & Araya-Ajoy, Y. G. (2020). Robustness of linear mixed-effects models to violations of distributional assumptions. *Methods in ecology and evolution*, 11(9), 1141–1152.
- Sharry, J., Hampson, G., & O’Leary, A. (2019). *Parents Plus Special Needs Programme. An evidence-based parenting course for parents of adolescents with intellectual disability*.
- Snijders, T. A., & Bosker, R. (2011). *Multilevel analysis: An introduction to basic and advanced multilevel modelling*.
- Solomon, M., Pistrang, N., & Barker, C. (2001). The benefits of mutual support groups for parents of children with disabilities. *American journal of community psychology*, 29(1), 113–132.



Charitable Tax Exemption by the Office of the Revenue Commissioners: CHY 13664.

Charities Regulatory Authority Number: 20043124

Company Registration Office (CRO) Number: 530105

Accounts auditors

Woods & Partners

Chartered Accountants and Registered Auditors

Registered Office

Parents Plus Charity,
Mater Hospital,
Eccles Street,
Dublin 7,
Ireland,
D07 R2WY.