***Process Evaluation 2:***

***Focus Groups with Programme Participants***

**April, 2010**

EVALUATION OF THE

 ***‘PREPARING FOR LIFE’***

EARLY CHILDHOOD

INTERVENTION PROGRAMME

By

***PFL* EVALUATION TEAM**

**at the**

**UCD GEARY INSTITUTE**

**Table of Contents**

**Preparing for Life**

Bell Building

Darndale/Belcamp Village Centre, Dublin 17

T +353 1 877 1509

F +353 1 877 1586

E-mail: info@preparingforlife.ie

**UCD Geary Institute,**

University College Dublin,

Belfield, Dublin 4, Ireland

T +353 1 716 4637

F +353 1 716 1108

E-mail: geary@ucd.ie

[Acknowledgements iii](#_Toc260314247)

[Executive Summary iv](#_Toc260314248)

[I. Overview of *PFL* 1](#_Toc260314249)

[II. Overview of Report 1](#_Toc260314250)

[III. Background of Process Evaluation 2](#_Toc260314251)

[IV. Methodology 3](#_Toc260314252)

[1. Selection of Participants 3](#_Toc260314253)

[2. Response and Attendance Rates 3](#_Toc260314254)

[3. Procedure of Focus Groups 4](#_Toc260314255)

[4. Description of Participants and Duration of Focus Groups 5](#_Toc260314256)

[5. Thematic Analysis 5](#_Toc260314257)

[V. Results 6](#_Toc260314258)

[1. Rapport Developed by *PFL* Staff 6](#_Toc260314259)

[2. Efficacy of Intervention Delivery 10](#_Toc260314260)

[3. Whole Family Model of Support 14](#_Toc260314261)

[4. Comprehension of *PFL* Programme Affects Satisfaction 15](#_Toc260314262)

[5. Autonomy of Mother within *PFL* 18](#_Toc260314263)

[VI. Discussion 20](#_Toc260314264)

[1. Summary of Perceptions and Experiences of the *PFL* Programme 21](#_Toc260314265)

[2. Implications of Findings 21](#_Toc260314266)

[3. Matters for Future Recruitment 25](#_Toc260314267)

[4. Future Implementation of Similar Programmes 25](#_Toc260314268)

[5. Limitations 25](#_Toc260314269)

[6. Conclusion 26](#_Toc260314270)

[VII. References 27](#_Toc260314271)

[VIII. Appendix A: Focus Group Interview Schedule 28](#_Toc260314272)

# Acknowledgements

The *Preparing for Life* Team and the UCD Geary Institute would like to thank all those who participated and supported this research. We would especially like to thank all participating mothers for their honest and candid discussions about their experiences with the *Preparing for Life* programme.

The *Preparing for Life* Evaluation team would like to thank Lorna Sweeney for her help in facilitating the focus groups and contributing to the final report.

*Preparing for Life* would particularly like to thank the UCD Geary Institute Team, under the direction of Dr. Orla Doyle, for their work in bringing this report to life.

We would also like to thank our funders The Atlantic Philanthropies and the Office of the Minister for Children and Youth Affairs and acknowledge the advice and guidance given by staff of both organisations. We also thank our Expert Panel for their support and guidance.

Noel Kelly,

Manager, Preparing for Life.

# Executive Summary

*Preparing for Life (PFL)* is a community-led initiative operated by the Northside Partnership (NSP) in Dublin, Ireland and jointly funded by The Atlantic Philanthropies (AP) and The Office of the Minister for Children and Youth Affairs (OMCYA). The *PFL* programme aims to improve levels of school readiness in several designated disadvantaged areas of North Dublin, by intervening during pregnancy and working with families until the children start school. The programme is being evaluated by the UCD Geary Institute.

A key component of the programme evaluation is the process evaluation which is being conducted to assess programme fidelity, programme satisfaction, and to identify methods of good practice for early childhood interventions. As part of the process evaluation three focus group studies with participants will take place over the course of the five year programme. As a method, focus groups attempt to approximate a normal social environment for the participants and allow them to candidly discuss their experiences in a casual, non-threatening environment. The aim of this component of the evaluation is to use focus group methods to gain qualitative data related to participant satisfaction with the *PFL* programme and fidelity to the *PFL* model within the first two years of programme implementation and participation.

The *PFL* evaluation involves an experimental component in which participants are randomly allocated to either a high or low dosage treatment group. Focus groups were conducted separately with participants from both dosage groups. Mothers were eligible to participate in the focus groups if their child was more than two months of age. Of the 55 eligible participants across both dosage groups, 22 took part, resulting in an overall participation rate of 41.8%. All participants were Irish, female and were, on average, 26.7 years old, had been in the *PFL* programme for an average of 11.6 months and their babies were, on average, 7.4 months old.

Five focus groups were conducted in total. The qualitative data derived from these focus groups were subjected to a thematic analysis in which five main themes relevant to the process evaluation were identified:

1. Rapport Developed by *PFL* Staff
2. Efficacy of Intervention Delivery
3. Whole Family Model of Support
4. Comprehension of *PFL* Programme Affects Satisfaction
5. Autonomy of Mother within *PFL*

Several positive components of the *PFL* programme were raised by participants. Specifically, participants discussed the positive interpersonal attributes of the *PFL* staff, the benefits perceived from the support provided by the *PFL* programme, the respectful delivery of the intervention by *PFL* mentors, the increased parental awareness of issues related to child development, the benefits of the practical information provided by the *PFL* programme, the helpfulness of the programme with other life issues, the fact that *PFL* operates under a whole family model of support, and finally, participants noted satisfaction with their level of autonomy and flexibility in the *PFL* programme.

Although participants discussed their satisfaction with the support they received from the *PFL* programme, it is important to note that the types of support discussed were different for each treatment group. Specifically, the high dosage group discussed the emotional and psychological support they receive from the programme, while participants in the low dosage group noted the importance of instrumental support. This is an important finding as it illustrates that the *PFL* programme is being implemented as intended.

In addition to the satisfaction with the *PFL* programme, participants noted several frustrations with their experiences to date. Specifically, participants valued the relationship they formed with their mentor or information officer and were reluctant to change mentors or information officers. Participants in the low dosage group were less comfortable initiating contact with *PFL* staff compared to the high dosage group. Participants also expressed a desire for more information related to specific topics related to their family unit. There was evidence to suggest that participants’ understanding of the programme affects their evaluation of the service. Some participants had originally believed the programme would involve more organised social activities and they saw benefit in such activities. Additionally, participants had the original conception that the *PFL* programme would interfere with their parenting. Reference also was made to dissatisfaction with the timing of *PFL* activities, as inability to attend prevented participants from fully engaging with the programme. Furthermore, some participants were overwhelmed with the amount of programme contact in the beginning.

In sum, there is clear evidence of participant satisfaction with the *PFL* programme, fidelity to the *PFL* model, as well as areas of improvement for the *PFL* intervention and implications for future implementation of similar interventions in disadvantaged areas. Five recommendations for the *PFL* programme evolved:

1. As the relationship between the mother and the *PFL* staff is the primary method through which the intervention is delivered, it is important that this relationship remains stable whenever possible.
2. Participants noted frustration with their contact with the *PFL* programme. It would be beneficial for *PFL* staff to maintain a continuous dialogue regarding optimal contact with participants and for the programme to offer activities at multiple times. This may provide more opportunities for participants to fully engage with the *PFL* programme.
3. Participants had several misconceptions when they enrolled in the programme which may adversely affect programme uptake and satisfaction. Therefore, it is important that the programme is fully and clearly explained to participants during the recruitment process and to community members involved in recruitment.
4. Organising social activities for participants may allow greater opportunities for participants to interact and may provide additional support for mothers.
5. Some participants in the high dosage group expressed a desire for more information related to their particular situation or family dynamic.

# Overview of *PFL*

*Preparing for Life (PFL)* is a community-led initiative operated by the Northside Partnership (NSP) in Dublin, Ireland and jointly funded by The Atlantic Philanthropies (AP) and The Office of the Minister for Children and Youth Affairs (OMCYA). The *PFL* programme aims to improve levels of school readiness in several disadvantaged areas of North Dublin, beginning during pregnancy and lasting until the children start school. The purpose of the programme is to assist parents in developing skills to help their children across the following five domains of school readiness:

1. cognitive development
2. physical health and motor skills
3. social, emotional, and behavioural development
4. approaches to learning
5. language development and literacy

The programme is being evaluated by the UCD Geary Institute using a mixed methods approach, incorporating both a longitudinal experimental design and a process evaluation. The experimental component involves the random allocation of participants from the *PFL* communities to either a high or low dosage group for the duration of five years. All 200 participating families receive facilitated access to preschool and public health information, the services of a support worker, and age-appropriate educational materials. Half of these families are randomly allocated to receive enhanced services including a home visiting mentoring programme and the Triple P positive parenting programme (Sanders, Markie-Dadds, & Turner, 2003).

As the focus groups described in this report document programme fidelity and participant satisfaction with the *PFL* programme and staff, it is important to highlight the roles of the mentor and information officer who deliver the intervention to the high and low dosage groups, respectively. The primary role of the *mentors* is to support mothers in the high dosage group with their parenting role. The mentor provides the parent with information and support using the *PFL* tip sheets appropriate to the stage of pregnancy or age of child in the context of a developing relationship with the aim of helping parents to make informed choices and to signpost them to other services as required. While all the material in the programme manual and tip sheets must be delivered to the participant, the precise form and speed of delivery is tailored to the individual situation of the participant. The programme is delivered through weekly home visits which last for a minimum of 30 minutes and a maximum of two hours. The primary role of the *information officers* is to serve as a point of contact for parents and agency personnel in relation to accessing information both on *PFL* and other service provision in the area and to maintain regular and ongoing contact with the families in the low dosage group (*PFL* Manual, 2008).

# Overview of Report

This report describes the first in a series of focus group studies held with participants in the *PFL* programme. The report is organised as follows: Section III describes the background of process evaluations and provides a general description of focus groups. Section IV discusses the methodology employed in this research. Section V describes the results by summarising the main themes identified from the focus groups. And finally, Section VI discusses the implications of these themes for the *PFL* programme and future implementation of similar programmes in disadvantaged areas.

# Background of Process Evaluation

Process evaluations are designed to assess the internal validity of an intervention by evaluating how well a programme is executed compared to how it was designed (Bouffard, Taxman, & Silverman, 2003). Therefore, process evaluations allow for the identification of deviations from programme protocol (Cunningham, Michielutte, Dignan, Sharp, & Boxley, 2000) and help maintain programme fidelity. Process evaluations concentrate on documenting the programme, key decision points, and features of the intervention. Furthermore, process evaluations have the ability to aid in interpretation of programme outcomes (Oakley et al., 2006).

As part of a process evaluation, programme reach and delivery of programme services can be tracked, elucidating intervention effectiveness and identifying any problems, successes or failures. This information can provide guidance for future applications of the programme (Cunningham et al., 2000) and aid the understanding of the relationships between specific programme elements (Saunders, Evans, & Joshi, 2005). Additionally, process evaluations help determine whether a programme can be replicated and transferred to different situations. Process evaluations also can help determine the long term impact of the intervention on society, which may help establish whether the intervention should be replicated (Matthews & Hudson, 2001).

The *PFL* process evaluation aims to assess programme fidelity and to identify methods of good practice for early childhood interventions. The evaluation will help identify any problems, successes or failures within the intervention, provide guidance to programme staff, and support the replication of the programme in other disadvantaged areas. The *PFL* process evaluation uses a multi-sequenced design which integrates focus groups methods, qualitative analytical techniques such as thematic analysis, and semi-structured interviews with programme staff. By drawing on multiple sources, we can strengthen the inferences about how implementation of the *PFL* programme influenced parental and child outcomes.

As part of the *PFL* process evaluation, focus groups were held with programme participants. Focus groups are a research technique consisting of a series of discussions designed to elicit participant views in relation to a specific topic of interest in a casual, non-threatening environment (Kruger & Casey, 2000). The primary function of this technique is to gather qualitative data from a group of individuals who have undergone a similar concrete experience on which the focus group is grounded (Stewart, Shamdasani, & Rook, 2007).

Facilitated by a trained moderator, focus groups generally consist of six to eight people and aim to generate group discussion. The moderator uses a set of questions or prompts to encourage conversation within the group and to direct discussion of information regarding the experience that is common to participants in the focus group. The information gained is the qualitative data used in analysis (Morgan, 1998). An advantage of focus groups is the active role that the participants take and the inherent group interaction that occurs between participants which may facilitate construction of ideas and thoughts related to the topic at hand (Stewart et al., 2007).

As a method, focus groups attempt to approximate, as far as reasonable, a normal social environment for the participants. This was deemed particularly important in the present case, as the *PFL* programme is conducted within a small community. By conducting focus groups with participants, it was hoped to gain an insight into how aspects of the programme may be discussed by mothers in the community.

This report analyzes the first of three focus group studies to take place with *PFL* participants over the course of the programme. The aim of this study was to use focus group methods to gain qualitative data related to programme fidelity and participant satisfaction with an early intervention designed to promote levels of school readiness in children living in a disadvantaged area.

# Methodology

### Selection of Participants

Focus groups were conducted with a sub-sample of mothers participating in the *PFL* programme. Consent to participate was obtained during initial recruitment into the programme. At this time, the participant has the option to give or refuse consent to be contacted about future group discussions.

*PFL* participants were invited to take part in focus groups if 1) they had consented to participate in group discussions at initial recruitment and 2) their baby was at least two months old. Ninety-six percent of child-age-eligible mothers gave permission to be contacted regarding group discussions. In total, 24 mothers in the high dosage group and 31 mothers in the low dosage group were eligible to take part in the first wave of focus groups.

### Response and Attendance Rates[[1]](#footnote-1)

Of the 55 eligible participants across both dosage groups, 35 (63.6%) agreed to participate in the focus groups when initially contacted by the research team one to two weeks prior to conducting the focus groups, 8 (14.5%) declined, and 12 (21.8%) were unable to be reached via telephone. Of the 35 participants who agreed to take part, 23 (65.7%) participated resulting in an overall participation rate of 41.8% for all *PFL* participants. A total of 12 (34.3%) participants agreed to participate, but did not show up for the focus group at the scheduled time. These figures are broken down by dosage group below.

Of the 24 eligible participants in the high dosage group, 16 (66.7%) agreed to participate, 4 (16.7%) declined, and 4 (16.7%) were unable to be reached via telephone. Of the 16 participants who agreed to take part in the focus groups, 11 (68.8%) participated resulting in an overall participation rate of 45.8% for participants in the high dosage treatment group. Five (31.3%) of the participants who agreed to participate did not show up for the focus group at the scheduled time.

Of the 31 eligible participants in the low dosage group, 19 (61.3%) agreed to participate in the focus groups, 4 (12.9%) declined, and 8 (25.8%) were unable to be reached via telephone. Of the 19 participants who agreed to take part, 12 (63.2%) participated resulting in an overall participation rate of 38.7% for participants in the low dosage treatment group. Seven (36.8%) participants indicated that they would participate in the focus group, but did not show up at the scheduled time.

### Procedure of Focus Groups

The focus groups were led by a trained moderator with experience facilitating focus groups regarding health behaviours and attitudes. An assistant moderator also was present to take notes of issues that may not have been evident on the audio recording.

Five focus groups were conducted including two with high dosage group participants (5 participants in each) and three with low dosage group participants (8, 3, and 2 participants, respectively). Although focus groups were conducted separately for each treatment group, a high dosage group participant attended one of the focus group designed for low dosage group participants. This did not become evident until after the focus group began. While we considered using this focus group as a pilot, we found that there was a richness of data within the transcripts from this focus group which could contribute to the findings. It is possible that the discussion that took place in this focus group may mimic how participants in the community discuss the *PFL* programme and therefore provided valuable information regarding participant satisfaction with the programme. Additionally, the same themes identified in this focus group were common across all other focus groups and the presence of this participant did not seem to compromise the quality of the group. Therefore, this information was included in the present analysis.

The moderator began the focus group by describing the purpose and nature of the group as well as highlighting that all discussions would be confidential. Participants were assured that the moderator was not a member of the *PFL* team. This was followed by group introductions. Participants were then asked whether they agreed to allow the moderator to use an audio recorder during the discussion and once this was agreed upon, the recoding device was switched on.

Prior to the focus groups, a topic guide was designed by the research team to ensure the group discussion was focused on the questions believed to be most relevant to the process evaluation at this stage of the intervention. This topic guide consisted of a series of six discussion points outlined below.[[2]](#footnote-2)

1. How do you all feel about the *Preparing for Life* programme?
2. How have your experiences in *PFL* matched your expectations?
3. Discussion of relationship with mentor/information officer.
4. Do you all feel you have benefitted/not benefitted from the programme?
5. How do you all find *PFL* fits in with your daily routine?
6. Discussion of suggested improvements for the programme.

The moderator used the above points to facilitate the focus groups and generate discussion related to participant satisfaction and experiences with the *PFL* programme. To encourage further discussion, each key point contained a series of probing questions. The moderator proposed questions to the group as whole, but participants were encouraged to talk about their responses between themselves in a conversational manner. Before concluding the focus group, the moderator invited participants to share any additional information or thoughts about the *PFL* programme to ensure that the sentiments of all participants were reflected in the data. All focus groups were audio recorded and fully transcribed by a member of the *PFL* evaluation team. Transcriptions were double checked by a second member of the *PFL* evaluation team for accuracy.

### Description of Participants and Duration of Focus Groups

All participants were Irish and female. They ranged in age from 18 to 37 years old and were, on average, 26.73 (*M*green= 28.90; *M*blue= 24.92) years old. They had been in the *PFL* programme for between five and 21 months, with an average of 11.59 (*M*green= 11.80; *M*blue= 11.42) months. Finally, their babies ranged in age from two to 17 months old and were, on average, 7.41 (*M*green= 8.00; *M*blue= 6.92) months old.

Focus groups held with the high dosage group were longer than those held with the low dosage group (*M*green= 37.84; *M*blue= 28.54). This was to be expected as the focus groups centred on participant satisfaction and experiences with the programme. Given the structure of the intervention, participants in the high dosage group have more interactions with the programme, thus having more to discuss.

### Thematic Analysis

An inductive approach was used to identify latent themes or ideas that were relevant and significant for the research question. Specifically, a thematic analysis was conducted on the data acquired through the focus group discussions. The aim of a thematic analysis is to identify, analyse, and report themes, or *‘patterned responses’* in the data. It is a process in which the researcher plays an active role in identifying themes from the entire qualitative dataset (Braun & Clarke, 2006), which in this case, were the five focus groups.

The thematic analysis was conducted by two researchers to allow greater reliability in the coding of themes. The analysis involved a six step process as outlined by Braun & Clarke (2006). Firstly, the researchers *familiarised themselves with the data*. This involved each researcher independently reading and re-reading focus group transcripts and making notes about possible themes, or meanings, from the content of the data. Secondly, the researchers independently *generated initial codes,* or labels given to units of meaning within the transcript (e.g., a phrase, an interaction between participants, a lengthy description), which represented relevant information for the research question. Thirdly, the researchers met to *search for themes* in the data. During this phase, the researchers discussed the codes that they had identified within the dataset and they grouped the codes with similar meaning into overarching themes. During the fourth phase, the researchers *reviewed the themes* and designed a thematic map of the data. In this step of the process, there was further development of the themes previously identified and adjustments were made as necessary. Fifth, the researchers *defined and named the themes*. This involved individual deliberation of each theme wherein the researchers developed an understandable and clear description of each theme. Finally, the researchers *produced the current report*. This involved selecting excerpts from focus groups to clearly illustrate the identified themes and prepare a description and analysis of the themes. As the focus group transcripts represent an interactive group discussion, rather than individuals talking in isolation, relevant examples illustrating group construction of an idea are provided where possible.

# Results

*Note: All names in this section have been changed to protect the anonymity of participants.*

A total of five main themes were identified in the focus group data. Four of these themes were common to both the high and low dosage groups, and one was unique to the high dosage group. All themes are discussed in detail below. Within some main themes, a number of subthemes were identified and these also are presented and discussed where relevant.

### Rapport Developed by *PFL* Staff

Overall, the relationship between the mothers and the mentors or information officers was perceived positively. Participants from both the *high and low dosage groups* made reference to the level of rapport which their mentor or information officer has developed with them. Several subthemes emerged which capture this rapport. These include the positive interpersonal qualities which the mothers have experienced through interactions with *PFL* staff, the support they perceive in the relationship, the appreciation of the one-to-one nature of the relationship and the respectful manner in which the mentors deliver the intervention. These sub-themes are outlined in detail below.

##### Positive Interpersonal Attributes

Participants in the *high dosage group* referred to the positive interpersonal attributes of their mentor. Words and phrases such as *‘She’s brilliant,’ ‘friendly,’ ‘nice,’ ‘welcoming,’ ‘thoughtful,’ ‘patient,’* and *‘lovely’* were used by focus group participants when describing their mentors, illustrating the positive rapport and the personal nature of the relationships that have developed.

*Aisling:* As well though, it’s like a friendship as well, isn’t it?

*Amy:* Yeah.

*Aisling:* ‘Cause you see them a lot and you’re building up relationships with people.

*Amy:* Yeah.

 *(High Dosage Group)*

Furthermore, the *high dosage group* discussed satisfaction during the mentoring visits by stating that the time spent with their mentor seemed to pass very quickly, elucidating a sense of enjoyment in the meetings.

*Amy:* When they’re there, it only seems like she has only been there for ten minutes. Whether she comes over to me or whether I come over here, it’s like as if she has only been there ten minutes, but she’s been there an hour, so it’s great.

 *(High Dosage Group)*

Similarly, some participants in the *low dosage group* referred to the positive interpersonal attributes of their information officer, which have made the interaction with the *PFL* programme a more enjoyable experience.

*Mary:* None of them are very pushy or anything. They’re all really nice and every time you go in they always have a smile for ya and you know you’re not going to meet, to meet a grouch. Do you know that kinda way? No it is! And it’s nice to go too because you know you’re going to see someone nice that’ll be nice to you and that you can have a chat with and have a laugh with as well, you know? So it takes some of the stress away ‘cause you’re focusing on something else. I know you’re talking about the kids, but you’re focusing on something else.

*(Low Dosage Group)*

Participants felt that they had developed personal relationships with their mentor or information officer and, in *both dosage groups*, indicated that they would be reluctant to change their allocated mentor or information officer after such a relationship has developed.

*Aisling:* ...you see my mentor left for and she had a baby and but the other girl, I liked her, I mean I really liked her, but then I got a new one and she is really nice as well now so, but my other one came back so they are just going to put me back to her now and I was thinking I don’t know if I want to go back to her now you know, because I like the new one as well.

*Moderator:* You got to know her?

*Aisling:* Yeah and she got to know me baby, like she knows him, he’s one and a half now, she met him when he was about six months so he knows her now. You know like that and I don’t think he will know that other one.

*(High Dosage Group)*

*Megan:* Well, I don’t know. At the start our one was pregnant, wasn’t she? Was she pregnant? So when we joined we only got to know her and she was gone on maternity leave. So, you kinda had to do the same with another girl, you know that way?

*(Low Dosage Group)*

Collectively, the positive attributes of the mentors and information officers discussed by participants in the focus groups clearly illustrates the rapport developed by the *PFL* staff.

##### Perceived Support

Participants in both the *high and low dosage groups* referred to the support they perceive in their relationships with their mentor or information officer and discussed how this has further developed the rapport within their relationship.Although this theme emerged in both dosage groups, the types of support that were discussed were different. Specifically, the *high dosage group* discussed the psychological and emotional support that they valued from their mentor. A large amount of trust was perceived in this relationship and they felt that their mentor was someone they could talk to candidly about not only parenting issues, but other life difficulties as well.

*Niamh:* She’s like my counsellor.

*Shauna:* I know, definitely. You could say anything and you know it won’t go any further.

*Aoife:*  No, it doesn’t go any further.

*Shauna:* Yeah, absolutely. It’s brilliant.

*(High Dosage Group)*

Participants in the *low dosage group*, on the other hand, discussed their perception of support more generally. Interestingly, few participants in the *low dosage group* discussed an instance where they actually needed the support. Of those that did, however, the support they sought from the information officer was instrumental.

*Mary:* …Like it is great and if you need something you can ring up and that, ‘cause there has been a time where me, meself, I was going through a bad stage and I did ring up for phone umbers and all and it was great. Got them straight away. Brilliant. Very nice on the phone, very understanding…There’s great support for mothers, especially young parents, people around here do you know? When you think you’ve nobody.

*(Low Dosage Group)*

Some participants in the *low dosage group* also highlighted the importance of knowing that support was available if required.

*Moderator:* …Anything else positive that you can think of that came out of *PFL*? Like a specific incident or a specific thing that happened that felt real positive?

*Emma:* No, just knowing the support is there. That’s it really.

*Mary:* It does take some of the weight off your shoulders.

*Emma:* That’s what a lot of new mothers and mothers and young mothers are missing.

*Mary:* Yeah, ‘cause after I had [my older child] me mam moved to [another county] so with [my *PFL* child] I was terrified. Do you know that I was going to be on me own and I’d have nobody there, but I joined here so I knew I could just pick up the phone and that’d be it like. I have somebody there so I’m not as worried. I’m not as stressed or anything ‘cause I don’t feel I’m on me own. Do you know that kinda way? And that’s what I wasn’t expecting, that’s what I wasn’t expecting. I was just expecting it to be a little bit of a hassle. I wasn’t expecting to actually feel OK and feel supported and a weight off your shoulders.

*(Low Dosage Group)*

The perception and appreciation of support clearly illustrates the rapport that *PFL* staff have developed with programme participants. It was clear from these discussions that *PFL* participants valued the support and felt comfortable in the relationship to seek out support if required. Interestingly, participants in the high dosage group perceived psychological and emotional support provided by their mentor and participants in the low dosage group perceived instrumental support provided by their information officer. The different types of support (i.e., emotional vs. instrumental) discussed by participants provide qualitative evidence regarding fidelity to the *PFL* model as the different types of support perceived by participants highlight the differential relationships that participants have with their mentor or information officer. Furthermore, these differences are in line with the supports outlined in the *PFL* Programme Manual, further illustrating that the *PFL* programme is being implemented as intended.

##### One-to-one Dynamic of Relationship Valued

Some participants within the *high dosage group* discussed how much they valued the one-to-one dynamic of the relationship with their mentor. Given that *PFL* is operating in a small community, participants stated that they would feel more comfortable discussing sensitive parenting issues on a one-to-one basis, rather than in a group format. This one-to-one dynamic was believed to be a positive feature of the programme as it allowed participants to form a more personal relationship with the *PFL* staff.

*Amy:* …but I don’t think that a group would suit because I know meself that I wouldn’t be into, into sitting here like expressing how I felt about me baby or me life or what I went through in labour. I’d rather do it one-on-one. And even know like, even though it’s all right like, I feel uncomfortable sitting here, do you know what I mean? If I go and say something that somebody else mightn’t agree with, do you know what I mean? It should be done on a one-to-one basis. And not like someone will have it in a group session or do you know what I mean? Or like they had, now I’m lucky enough, I have it one-to-one do you know what I mean? So it’s great, do you know what I mean? But I wouldn’t be into it if I had a mentor and three other, three other girls sitting there. I wouldn’t speak or ask for things.

*Leah:* Or if there is something bothering ya (interrupted)…

*Amy:* Yeah, I wouldn’t say it.

*Leah:* …or if you were feeling down you wouldn’t say it because you’d feel like you’d be judged or something.

*(High Dosage Group)*

The ease with which participants in the high dosage group noted discussing sensitive issues with their mentor further illustrates the trust and rapport evident in this relationship.

##### Respectful Delivery of Service

The *high dosage group* participants discussed how the mentors work with the mother in a non-judgemental manner; providing parenting information, while simultaneously respecting the opinion and experience of the mother. The respect shown by the mentors was viewed positively and demonstrated how the mentor takes the personal characteristics and circumstances of the mother into consideration when delivering the programme.

*Aisling:* Yeah, but as well when you have another kid and they don’t really like, if they know you know something they just say like, ah well I won’t bother you with that because you don’t want to be listening to them rambling on about stuff you know like. They just give you the tip sheets to read them yourself like if they think you know it yourself. I think that’s good because they’re not sitting there reading it off the tip sheets.

*(High Dosage Group)*

The respectful way in which mentors deliver the *PFL* intervention further illustrates the rapport developed in this relationship. The *PFL* mentor and participant have a relationship built on respect and trust. The mentor takes the knowledge and needs of the mother into account when delivering the programme, further illustrating the personal nature of the relationships they have developed and the client-centred approach to delivering the intervention utilised by *PFL* mentors.

##### Less Comfortable Initiating Contact with Information Officer

Although participants in the *low dosage group* feel they have good rapport with their information officer, some participants expressed that they would feel less comfortable initiating contact with their information officer for a specific issue related to their child’s development. It is important to note, however, that some participants would contact their information officer for issues other than child development or parenting, which is in line with the design of the *PFL* programme.

*Moderator:* Do you think you would approach your information officer though, if you wanted information?

*Rebecca:* I wouldn’t really feel like (interrupted)…

*Saoirse:* Like if there was something wrong with [my child] I wouldn’t ring her like and say (interrupted)…

*Rebecca:* I don’t like texting her or ringing her.

*Saoirse:* I just texted her the other (interrupted)…

*Eimear:* I’d just ring me ma.

*Saoirse:* I just texted her the other day about a childcare place because I’m starting back in college and I want him to go to crèche, but other than that I wouldn’t ask her about anything.

*(Low Dosage Group)*

Collectively, the subthemes discussed in this section demonstrate that participants in the *PFL* programme have a positive relationship with their mentor or information officer. This relationship is characterized by good rapport, positive interactions, and support. However, participants in the low dosage group would feel less comfortable than participants in the high dosage group approaching their information officer about issues related to child development and parenting.

### Efficacy of Intervention Delivery

Participants in both the *high and low dosage groups* discussed how useful they perceived the more structured aspects of the intervention to be, particularly in terms of increasing parental awareness, fulfilling information needs, and assisting with other life issues. These sub-themes are outlined in detail below.

#####  Increasing Awareness of Child Development for Parents

Increasing parental awareness about child development has the ability to facilitate the *PFL* aim of improving developmental outcomes for children living in disadvantaged areas. Both the *high and low dosage groups* indicated that participating in the *PFL* programme provided an increased awareness of issues related to child development and raising children in a safe environment. Participants expressed satisfaction with the information and developmental packs provided by the *PFL* programme and they indicated that the contents of the packs were not items that they would have initially thought of providing for their children.

*Shauna:* [group discussing the developmental packs]…It’s like a starter pack for safety ‘cause I didn’t even think about it.

*(High Dosage Group)*

*Saoirse:* and like with the free little mats and all like. I woulda never thought of buying him one of them little play mats and he loves playing with it.

*(Low Dosage Group)*

Mothers also discussed general child development in the focus groups. Although these discussions mostly focused on what their children were doing in terms of behaviour, there was one participant in the *high dosage group* who used child development phrases such as *‘mutual gaze’* and *‘hand-eye coordination*,*’* both of which are concepts discussed by the mentors. This is important as such phrases may not ordinarily be used in every day conversation among mothers living in disadvantaged areas. This participant showed she knew these phrases and that they were important for child development; something that may have been facilitated by her involvement in the *PFL* programme.

##### Information

Both the *high and low dosage groups* discussed their satisfaction with the *practical information* provided by the *PFL* programme and the idea that their mentor or information officer is a source of information for a variety of issues that they may experience. It is interesting that, not only did participants view the information provided by *PFL* as practical and helpful, but that they also found the information *reassuring*. Participants in the *high dosage group* stated that the information provided by their *PFL* mentor helped to put their mind at ease and provided reassurance to a sometimes nervous mother or mother-to-be.

*Shauna:* Maybe with the labour, before, ‘cause it was obviously my first and I was really nervous about the labour, like really working myself up into a sweat and every time I talked to [my mentor] I’d feel better afterwards ‘cause she’d be like, just, just, kinda like embrace it. Not embrace the pain, but like she was giving me hints on things to do. Like I started doing that exercise that she told me to do and it made me feel better straight away like. So things like that, that was a major one for me now ‘cause I was terrified, absolutely terrified.

*(High Dosage Group)*

In the case of the *low dosage groups*, although the information officer does not provide information related to parenting, the information that was provided as part of the programme was appreciated and seen as practical and helpful.

*Moderator:* And how do you find the information that you got from [IO]?

*Eimear:* I think it’s great, the information.

*Rebecca:* Yeah.

*Eimear:* Like they give you this thing of phone numbers. You know, emergency numbers like.

*Rebecca:* Ah yeah, I think that’s good.

*Eimear:* Yeah, that’s great. And then they give you like books. Like how to just say how to do this like, do you know? I don’t know how to say it. Like (interrupted)…

*Rebecca:* how to do certain things.

*Eimear:* Like health and safety, do you know things like that? Like things like that.

*Saoirse:* Yeah. They were helpful.

*(Low Dosage Group)*

Additionally, some participants in the *low dosage group* referred to how the information gained helped to reassure them about their child’s development. For example, participants noted that a *PFL* organised talk given by a child psychiatrist was helpful at providing information regarding typical child development.

*Mary:* Like with your man, [child psychologist], is it? Yeah. I found him great, the first time I came up to him I found him great and he got some of the worries away from me – do you know about how kids act and all ‘cause I’m sitting there and it was more [my older child] I was worrying about than the baby. But um, do you know, just information things about kids. As they get older, not what they should be doing, but do you know stuff that normal, not normal, but average kids do. Do you know, just average stuff, they’ll climb this, they’ll do this.

*(Low Dosage Group)*

Furthermore, both the *high and low dosage groups* discussed the added benefit of the *PFL* programme for *first time or young mothers*. Although both groups discussed this added benefit, their reasons were different. Specifically, the high dosage group discussed the extra benefit of parenting information for first time mothers, whereas the low dosage group focused on the added benefit of support.

*Erin:* Like when it’s your first baby and you don’t know anything it’s grand getting the tip sheets because it kinda prepares you a little bit more.

*(High Dosage Group)*

*Emma:* ...just knowing the support is there. That’s it really.

*Mary:* It does take some of the weight off your shoulders.

*Emma:* That’s what a lot of new mothers and young mothers are missing.

 *(Low Dosage Group)*

Although the overall sentiment in the *high dosage group* about the information provided, particularly on the tip sheets, was positive, one participant did express a desire for the *PFL* programme to offer more information regarding managing sibling rivalry and jealousy of older children when a new baby enters the family.

*Amy:* …The one thing I will say to you is that you should give more tips on regards to how the nine year old feels when the baby arrives as regards to jealousy and things like that.

*(High Dosage Group)*

The *high dosage group* discussed their thoughts regarding the *timing of the intervention delivery* via the *PFL* tip sheets. Specifically, the tip sheets regarding labour were discussed and it was advised by participants that these sheets should be given out earlier in the programme in case the pregnant woman goes into labour earlier than expected.

*Amy:* Just the stages of labour and things like that. They need to be given out first off and not waiting until you’re like eight and a half months or nearly nine months pregnant, do you know what I mean?

*Others talking…*

*Leah:* Just to be prepared like if your waters break or anything like because I nearly had heart failure, like me waters broke in work so I didn’t know what to do…

*(High Dosage Group)*

The *high dosage group* also indicated that more information was needed for *fathers*. Although participants felt that the *PFL* mentors worked well with and included fathers, the idea of tip sheets specifically focused on fathers was suggested.

*Erin:* It’s a good way they do the tips for the dad as well because (interrupted)…

*Amy:* Yeah. That is good.

*Erin:* ‘Cause me fella was, didn’t, hadn’t even held a baby before.

 *Amy:* Especially when you’re on your first like, they’re de de de.

 *More unrelated discussion…*

*Erin:* Probably better to have like more tips for them as well though. ‘Cause he got a few that weren’t too bad, but they kinda left out a bit.

*…*

*Erin:* No, like even if they weren’t going to the thing with you, like even giving sheets for them. That you can bring home yourself to them.

*(High Dosage Group)*

Finally, although the majority of the *low dosage group* found the information practical and helpful, one participant expressed her *disregard for the information* provided by *PFL.*

[in discussing the emergency phone number sheet received by participants]

*Saoirse:* Yeah, yeah. I got that. It went into the bin when I got home.

*(Low Dosage Group)*

Overall, participants found the information provided by the *PFL* programme helpful. They stated that the information was practical and offered reassurance for issues related to their child’s development. Participants noted that the programme may have added benefits for young or first time mothers who are often in need of extra support. Finally, although participants in the high dosage group were pleased with the tip sheets, they noted specific areas on which they would like to see more information included.

##### Help With Other Life Issues

The final subtheme to emerge in both the *high and low dosage groups* in relation to intervention delivery was the willingness of the *PFL* team to help with other life issues. Specifically, focus group participants discussed the helpfulness of *PFL* staff in terms of issues related to social welfare benefits, locating a place in the crèche, and attending courses. This was viewed positively by participants and they expressed their favourable opinion that *PFL* staff were willing and available to assist with these other life issues.

*Aisling:* They give you all different courses to go on and all and if you need help with education or anything like that they try to get you into places and they’re very helpful. They’re very good like, I think.

*Leah:* Yeah, she’s helping me get a place for me baby in a crèche for when I go back to work as well. So if you need a place with Jigsaw I think it is, I think his name is [*PFL* staff name], he’ll go over and talk to them and see if there’s anything he can do for me.

*(High Dosage Group)*

*Saoirse:* I just texted [information officer] the other day about a childcare place because I’m starting back in college and I want him to go to crèche. But other than that I wouldn’t ask her about anything.

*(Low Dosage Group)*

Collectively, the subthemes summarised above illustrate the overall participant satisfaction with the delivery of the *PFL* intervention and highlight the efficacy of the intervention in its current form. The delivery of the intervention is seen as having many positive qualities such as increasing awareness for parents, providing information related to both child development and other life issues, and the *PFL* staff are seen as available and willing to assist participants when needed.

### Whole Family Model of Support

A theme that was unique to the *high dosage group* involved the notion of a whole family model of support provided by the *PFL* mentor. Participants stated that *PFL* not only has benefits for the specific *PFL* child within the family, but for the older children, the mother, and the father as well.

*Aoife:* Well if you have questions about your other kids I find it very helpful. She does with [other child] and [other child] as well like.

*Shauna:* Yeah.

*Aoife:* She’s very good, yeah. It’s not just [*PFL* baby].

*Shauna:* Yeah.

*Aoife:* It’s the three of them.

*Sinead:* It’s not just about the baby, it’s about the whole lot of them.

*Aoife:* Yeah, it’s the whole family as one, it’s not just separately.

 *Shauna:* Yeah, absolutely.

 *Aoife:* Yeah.

*(High Dosage Group)*

Additionally, participants in the *high dosage group* indicated that *PFL* mentors provide *support for all children* in the family. Participants appreciated that the *PFL* mentor had a genuine interest in how older children in the family were doing and worked with the mothers to promote development of all children.

*Niamh:* ...In the school with the older young fella. He’s suspended now for a week for attacking a teacher, but [my mentor] ... and [another *PFL* staff] is doing meetings with, like liaison meetings with the school, the principal and all that, trying to resolve the problems ... But I wouldn’t have gotten through that without [my mentor]. She’ll ring them every couple of days and just say like ‘how’s he getting on now?’... That’s, that’s not her job. Her main part in this is for [*PFL* child], but she goes the extra mile for [my other child] as well. She’s interested in all the kids, not just the one.

*(High Dosage Group)*

Finally, participants in the *high dosage group* appreciated that the *PFL* mentor had a genuine interest in the mother’s well-being, in addition to that of the child. Participants referred to how motherhood was often a time when the focus of others was on the new baby, so the consideration which the mentors show for the mothers themselves was appreciated.

*Sinead:* And they ask about yourself as well like, ‘are you ok?’ and ‘how’s things?’ and ‘hope you’re not sick or anything.’

*(High Dosage Group)*

The fact that *PFL* operates under a whole family model approach to delivering the intervention is important as a child is not raised in isolation. Rather, a child is embedded within a family context. Therefore, any attempt to improve outcomes for a child must aim to involve the entire family unit in the intervention.

### Comprehension of *PFL* Programme Affects Satisfaction

As the *PFL* programme is operating within a small Dublin community, it is inevitable that people living within the same community may know others in different dosage groups and may discuss theprogramme with them. Therefore, the focus groups can be thought of as a possible approximation of conversations in social contexts within the community regarding the perceived benefits of *PFL*. An important finding from the focus groups was that original misconceptions of the programme may discourage new participants from joining and that confusion or misunderstanding regarding the level of contact or activity among the different treatment groups may affect satisfaction with the *PFL* programme.

##### Original Perception of PFL as Interfering or Supervisory

Originally, both the *high and low dosage groups* believed that *PFL* would play more of a supervisory role in its approach to parenting. Participants in both groups indicated that they expected *PFL* to interfere and critique their parenting skills, rather than to provide support. It is important to note, however, that participants did not think that their experience with the programme supported this original perception.

*Niamh:* To be honest? I thought it was gonna be somebody interfering. I did, no seriously.

*Aoife:* Yeah.

*Niamh:* Like social services or something, oh no you’re not doing this right, you’re not doing that right.

*Shauna:* Yeah.

*(High Dosage Group)*

*Laura:* Yeah, I thought it was about like people just seeing how you’re rearing your child. Comparing ya to other people. Checking on ya.

*Clodagh:* I thought that as well.

*Other in group simultaneously:* Yeah. I thought that as well.

*(Low Dosage Group)*

##### Confusion Regarding Dosage Groups

Members in the *low dosage group* stated that they did not feel that the programme was as beneficial as the overall community’s perception of it. It is plausible that the positive perception of the *PFL* programme in the community may be based on the supports that have been observed for those in the high dosage group. In turn, this could result in a lower appraisal of the programme for those in the low dosage group who do not receive these extra supports. This may also represent a lack of understanding of the randomised design employed by the *PFL* programme and may elucidate why some participants do not view the programme in the same way as others in the community. Furthermore, this may highlight why some participants in the low dosage group are disappointed with their experience of *PFL* to date.

*Rebecca:* I don’t like, I don’t understand how like everyone’s telling us it’s brilliant like. The questionnaires – are they great, yeah, but other than that I don’t really know anything else at all. Like other than getting the free packs off people there, [IO name] and all. Other than that I don’t know anything else about it. Everyone’s saying it’s great, but it’s fine.

*Saoirse:* Everyone, yeah everyone is going around talking about it as if like it’s the best thing but…

*Moderator:* And who’s everyone? Are they people in the (interrupted)…

*Saoirse:* Other people. Like me ma works in a school like and all the schools and teachers and all are talking about it as if like, aw it’s great – you get this, you get that.

*(Low Dosage Group)*

##### Expectation of PFL as a Social Group

Additionally, a strong theme common to both the *high and low dosage groups* related to the extent of social activities and interactions within *PFL*. Both groups stated that their original perception was that *PFL* would have greater a social component. Participants in both the *high and low dosage groups* discussed their original expectation that *PFL* was going to involve more group interactions in a social context. They noted that there were few social interactions among mothers in the programme and were somewhat disappointed that this was the case. In light of this, participants discussed their desire for *PFL* to organise social events where mothers and children could interact.

*Kate:* I thought it was going to be kinda like, ya know, a play group, ya know like parents and babies come to kinda like a room like this (interrupted)…

*Shauna:* Aw yeah.

*Kate:* Kinda like ya know like kind of a crèche kind of a thing, ya know?

*Shauna:* A mother and baby thing.

*(High Dosage Group)*

*Rebecca:* I was expecting like more group discussions and all and more interactions with other people and family groups.

 *Saoirse:* Yeah. You were told about all these tea mornings and all.

 *Rebecca:* Yeah.

 *Saoirse:* Do you go to the tea mornings?

 *Rebecca:* No.

 *Saoirse:* She rang me up about the tea morning and I cancelled it.

 *Rebecca:* No. I was never told that.

 *Eimear:* Yeah, that was cancelled.

 *Saoirse:* That was ages ago.

 *Eimear:* Yeah.

*Saoirse:* And that was it. I thought that there was loads of them and all. Not that I’d come to them all. I’m just saying that like I just thought that there was loads of things like that.

*(Low Dosage Group)*

Participants in the *high and low dosage groups* expressed their desire for more social activities and opportunities to meet with other mothers from the programme. The participants believe that such interactions would benefit both the mothers and children. Participants suggested that it would provide an opportunity for them to share parenting experiences and stories related to raising children with other mothers in a similar situation to themselves, with the potential benefit of learning and gaining support from others. Additionally, the perceived benefit of social interaction and bonding for the children in the programme was highly valued by participants.

*Sinead:* I was saying to get more, like even once a month or whatever, that all the people…have coffee and tea together and a nice chat and then all, even with the babies, like a room like this in the kids can be playing at once and the mothers can be sitting and having a nice cup of coffee or tea.

*Shauna:* Yeah, that’d be nice.

*Later in the same focus group…*

*Kate:* Yeah, I think what Sinead was saying as well there about like group meetings like with the children as well, as I think for, they get older a kind of fun day you know like face painting…

*Aoife:* Yeah.

*Kate:* Little bouncy castles.

*Aoife:* Yeah.

*Kate:* They’d be lovely for them all for the children to bond as well as the mothers bond.

*(High Dosage Group)*

*Megan:* I think even just getting people together, even when they join the programme ‘cause their kids are only born. Like ‘cause a lot of us only had newborns then, ya know what I mean? Just so we were able to sit down and ‘cause the atmosphere was really relaxed, the babies got their pictures done. Like that there was tea and coffee supplied, but everybody sat down and had a little chat and talked about their birth horror stories and that. And then you got to know girls that you mightn’t know from around the area, so stuff like that is good.

*(Low Dosage Group)*

Participant understanding of the *PFL* programme appears to affect participant evaluation of the intervention and satisfaction with the programme. Additionally, misunderstanding of the programme may discourage new participants from joining. Participants in the low dosage group noted that members of the community perceive the programme to be great, but noted that they did not feel this accolade was warranted. Participants in both the high and low dosage groups voiced their dissatisfaction with the lack of social activities involving *PFL* children and mothers and discussed the benefits they perceived in *PFL* organising and facilitating such social events in the future. This was strongly reflected in the extent to which the participants enjoyed using the focus group as a social activity to discuss shared parenting experiences between themselves and share information regarding their children.

### Autonomy of Mother within *PFL*

Another theme indentified from both the *high and low dosage groups* concerned the level of autonomy perceived by the mother within the *PFL* programme. Participants discussed their feelings regarding the amount of contact they have with the programme, the control they have in their relationship with their mentor or information officer, and their frustrations with the inability to attend some of the *PFL* sponsored activities. Each of these sub-themes is outlined below.

##### 5.1 Control and Choice

Many participants in the *high and low dosage groups* expressed satisfaction with the level of control they have in the *PFL* programme. For example, participants in the *high dosage group* liked the fact that they have the ability to determine how often they meet their mentor. Although the *PFL* manual outlines weekly visits, the programme understands that this may not be suitable for all participants. Participants in the high dosage group appreciated this level of autonomy and discussed their satisfaction regarding their own level of choice in their frequency of visits with their *PFL* mentor.

*Amy:* Well, I see her every week or two weeks, but she said that whatever suits me like is fine. If I want to see her every week that’s fine, every two weeks, that’s fine. If I can’t make it. Do you know what I mean? But, I think she’s great now.

*(High Dosage Group)*

However, a few participants in the *high dosage group* voiced some frustration at the level of contact from their mentor and the difficulty in responding to the texts or calls during busy times in their lives. In these cases, they noted that their *PFL* mentor continued to make contact, which participants found frustrating.

*Aisling:* No, they just ring you all the time.

*Erin:* And if you don’t get back (interrupted)…

*Leah:* I don’t get phone calls, just text messages.

*Erin:* Yeah, like if you don’t get back to the text like you get bombarded. You just get more and more. ‘Cause sometimes you’re real busy. Like I was moving and I couldn’t.

*Aisling:* And I’m in hospital a lot of the time so I don’t be able to get back to them all the time.

*Moderator:* And do you ever talk about that with your mentor?

*Aisling:* Yeah, when I seem them, then they’re like oh I’m sorry for texting so much and all like. But like one text and if you don’t get back to someone like (interrupted)…

*Erin:* If you don’t get back you’re obviously have something else you are trying to deal with like.

*Aisling:* Yeah.

*(High Dosage Group)*

Many participants in the *low dosage group* were pleased that contact with the information officers is centred around their own schedule and within their control.

*Mary:* and certainly yous aren’t in your face. ‘Cause you know the way there’s some programmes you get in there and you really get in there and they don’t leave you alone like and I’d just be like leave me alone, I have things to do, but with *PFL* it goes by you, it doesn’t go by them.

*(Low Dosage Group)*

One frustration noted in the *low dosage group* focused on the difficulty in attending *PFL* sponsored activities. In line with this, participants in the low dosage group expressed that they would like to have more input or control as to when such activities take place, therefore affording them a greater opportunity to attend.

*Tara:* But you’d have to try and get a balance, time-wise and things like that.

*Megan:* They should ring like to see what times suit ya and then you can say, right well we’ll try to get so many days and the people that say three to four, all right well yous have to come this time and then say well the next day, well these are the people that picked four to five and say will yous come at that time (interrupted)…

*Tara:* and you might get a bit more input that way, do you know what I mean?

*(Low Dosage Group)*

##### 5.2 Flexibility

Another strong subtheme identified in the *high dosage* *group* was the flexibility of the *PFL* staff. In particular, some participants greatly appreciated the flexibility of their mentor. They mentioned that they are all very busy and viewed this flexibility very positively. Knowing that there is flexibility within the programme undoubtedly influenced participants’ level of satisfaction with the programme.

*Sinead:* It’s good like the way it’s flexible because ya don’t know when children, something’s gonna happen or you’re gonna have to go somewhere so it is good in that way that you can even cancel if (interrupted)…

*Shauna:* And they really don’t mind, they’re real ‘ah yeah, whenever, that’s fine, don’t worry about it.’

*Aoife:* They work around us, not themselves. It’s around us.

*Shauna:* Yeah. Totally. Even after work ‘cause I used to work until six, so she used to meet us maybe half six and seven. And I’m sure that’s not her, [mentor name] office hours like ya know, but she’d wait around to see us, so.

*(High Dosage Group)*

##### 5.3 Greater Contact in Beginning was Stressful

Although many of the participants in the *high dosage group* indicated that they were currently satisfied with their level of contact with the *PFL* programme, several explained that they did not always feel this way. Specifically, participants expressed frustration with the high level of contact with *PFL* at the beginning of the programme, when there are already so many demands with adjusting to a new baby.

*Sinead:* At the start it was sort of a little bit too much for me because having five children is a lot of work at home, but then once the baby was getting that much older it was more easier for me to come and see them, so it was grand. Just at the start it was a bit stressful, but now it’s grand. I don’t have to go so many times.

*Moderator:* Is that what makes a difference? What makes a difference?

*Sinead:* Yeah, that I don’t have to see her so much because they wanted me to see her every week and then after that like it was too much like. You have then, eh doctor’s appointments and then when you’re only after having a baby you’ve to go to the clinic with the baby, you have to go here, you have to go there or the other children, there’s appointments in the school or whatever. But I was stressed out at the start ‘cause having a new baby and a five year old, she wanted attention and the baby was there so it was a little bit stressful, but now that the baby is bigger it’s much better and more relaxed.

*(High Dosage Group)*

Overall, most participants appreciated their current level of autonomy within the *PFL* programme. Participants in the high dosage group expressed frustrations with the large amount of contact at the beginning of the programme, they also noted that they were mostly happy with their current level of contact. Additionally, some participants in the low dosage group would like to have more input as to when *PFL* sponsored activities take place. The level of autonomy that a participant perceives in her role within the *PFL* programme may subsequently be related to overall participant satisfaction with the programme.

# Discussion

Focus groups were conducted with participants in the *Preparing for Life* programme to gauge participant satisfaction with the intervention and fidelity to the *PFL* model within in the first two years of programme implementation and participation. Qualitative data derived from these discussions were subjected to a thematic analysis in which five main themes relevant to the process evaluation were identified: *Rapport Developed by PFL Staff, Efficacy of Intervention Delivery, Whole Family Model of Support, Comprehension of the PFL Programme Affects Satisfaction,* and *Autonomy of the Mother within PFL.*

The analysis of the focus group data concluded that, overall, participants were satisfied with their early experiences participating in the *PFL* programme and that the programme is being implemented according to the *PFL* manual. Participants did, however, voice some frustrations with certain aspects of the programme and provided suggestions for its improvement. The themes identified through the thematic analysis have implications for *PFL* in its current form and can provide real-time feedback to the programme. It is important to discuss both the positive and negative aspects of *PFL* identified in the focus groups, as being fully aware of participant perceptions of the programme may have implications for the future of the *PFL* programme as well as the potential roll-out of similar programmes in other disadvantaged areas. Therefore, this section provides a summary of the positive and negative aspects of the *PFL* programme as discussed by participants, followed by a discussion of the implications of these findings, matters for future recruitment and implementation of similar programmes, and limitations and conclusions of the present work.

### Summary of Perceptions and Experiences of the *PFL* Programme

Several positive components of the *PFL* programme were identified by participants. Participants appreciated the positive interpersonal attributes of the *PFL* staff. They found the staff to be pleasant and enjoyed their interactions with them. There also was a high value placed on the support provided by the *PFL* staff. Interesting, although both the high and low dosage groups discussed their satisfaction with the support received from the *PFL* programme, the types of support discussed by each group differed. Specifically, the high dosage group focused on psychological and emotional support whereas the low dosage group discussed instrumental support. An important finding from these focus groups was that participants stated that aspects of the *PFL* programme increased their awareness of child development and age-appropriate toys for their children. They indicated that the programme had an added benefit for first time or young mothers as they are often in need of extra support. Participants thought that the information provided was useful and practical and they were appreciative of the willingness of *PFL* to assist with other life issues. Participants in the high dosage group were satisfied that the parenting advice from the mentor was delivered in a respectful manner. Those in the high dosage group appreciated that *PFL* operates under a whole family model of support, providing the intervention at the family level and including all members of the family. Overall, participants were pleased with the flexibility of the programme and most were appreciative of the level of autonomy they had in scheduling appointments.

In addition to the satisfaction with *PFL*, participants noted several frustrations with their experience in the programme. Participants talked about a reluctance to change mentors or information officers once this relationship has become established. Participants in the low dosage group indicated that they were less comfortable contacting their information officer for information regarding parenting or child development, while participants in the high dosage group indicated that they would like more information related to certain topics as well as more information designed specifically for fathers. It also was noted that participant understanding of the *PFL* programme may affect their evaluation of programme services. Some participants had misconceptions about the *PFL* programme prior to joining. Originally, participants expected that *PFL* would involve a larger social component, consisting of more *PFL* organised social activities. They emphasised the added benefit in organised social activities for mothers and children in the *PFL* programme. Of the activities that *PFL* organised, some participants noted frustration with the timing of such events as they were not often able to attend such activities. Additionally, participants originally believed that the *PFL* programme would interfere or supervise their parenting, an expectation that has not been supported in their experience with the programme*.* Participants in the high dosage group indicated that the frequency of contact at the beginning of the programme was stressful and indicated frustration with the amount of phone calls or texts they sometimes receive from their mentor.

### Implications of Findings

The themes identified in the focus groups provide several implications and recommendations for the *PFL* programme in its current form. On the whole, participants felt that the mentors had built up a good rapport with them. The positive rapport between *PFL* staff and mothers has implications for the programme itself and may be directly related to participant satisfaction with the programme. As the intervention is delivered through the mentor or information officer, the characteristics of this relationship may have the ability to directly influence, not only programme delivery, but participant satisfaction with the programme. The value of this relationship is highlighted by the participants’ reluctance to change mentors or information officers once rapport has been established. Changing mentors or information officers may undermine the personal dynamic and the value that participants attribute to this relationship, and subsequently the success of the programme. Therefore, it is important to maintain stability in this relationship by minimising staff turnover whenever possible. As *PFL* is operating for a five year period, it is possible that *PFL* staff may leave the programme either indefinitely or for leave at some stage during the programme. Although changes in mentors or information officers should be avoided if at all possible, it is crucial that *PFL* are successful in making transitions between mentors smooth so as not to undermine the importance of this relationship.

Participants in both dosage groups discussed the importance of the support they receive from the *PFL* programme. Interestingly, discussions in the high dosage group focused on psychological and emotional support, whereas discussions in the low dosage group focused on instrumental support. These differences in the types of support described by *PFL* participants may reflect the differential relationships that participants in the high and low dosage groups have with their mentor or information officer. As participants in the high dosage group have much greater contact time with their mentor and as the goal of the mentoring component is to foster relationships with the participants, a personal relationship between the mentor and the participant may develop. This relationship may, in turn, allow the participant to feel that the mentor is a source of psychological and emotional support, thus providing evidence to support fidelity to the *PFL* model. Although participants in the low dosage group have less contact with their information officer, they still felt that they have good rapport with her. Despite this positive rapport, participants in this group indicated that they would not contact their information officer about specific issues related to child development. It is important to note however, that the role of the information officer is to *serve as a point of contact for parents and agency personnel in relation to accessing information both on PFL and other service provision in the area.* As the role of the information officer does not allow for providing advice or information related to child development, it is to be expected that participants in the low dosage group would not contact their information officer regarding these issues. Participants in the low dosage group did, however, state that they contact their information officer for issues related to services in the area, which is the primary role of the information officer, further suggesting that the programme is being implemented as intended.

Overall, participants were satisfied with the components of the intervention and were happy with the way in which it was delivered. They stated that the information and support provided increased awareness of issues related to typical child development and age-appropriate toys for their children. Additionally, participants in the high dosage group thought that the *PFL* programme provided reassurance regarding issues related to child development and labour by offering practical advice in these situations. Participants in both the high and low dosage groups also noted that the *PFL* programme provided assistance with other life issues, a component of the intervention which they valued. Specifically, participants noted that *PFL* offers support related to locating information regarding benefits, maternity leave, academic courses, and providing a childcare place for the *PFL* child. Often times these other life issues related to or included other members of the family, illustrating the whole family model of support through which the *PFL* programme operates. The whole family model of support was viewed positively by participants in the high dosage group as they appreciated the fact that *PFL* mentors had a genuine interest in, not only the *PFL* child, but other siblings, the father, and the mother herself. Furthermore, operating under a whole family model of support is efficacious to promote school readiness as the child is developing in a family context, rather than in isolation. Adopting a whole family approach to intervention delivery is essential as a child is inherently embedded within several contexts of development that interact to influence development. Therefore, programmes that aim to improve outcomes for children must focus on the context of development in which the child is being raised rather that the child in isolation when delivering an intervention. Participants also discussed the added benefit of the *PFL* programme for first time or young mothers. Future interventions may therefore benefit from directly targeting first time or young mothers to provide extra support those at increased risk of experiencing difficulty raising children.

Participants did, however, indicate areas where they thought information was lacking. Specifically, participants noted that more information could be provided regarding adjustment of other family members to the new baby and information designed specifically for fathers. The *PFL* programme is designed to work around the needs of a particular family while delivering the manualised programme via tip sheets designed by the programme. In addition to this, it may be beneficial to tailor or include additional information related to the specific circumstances of a particular family. Although the information provided in the tip sheets is vast, it is perhaps not possible to effectively cover all information a mother could potentially require. As *PFL* is a manualised programme, it is not efficacious to deliver additional information that is not presented in the tip sheets as this would change the programme and hinder fidelity to the *PFL* manual. However, it is feasible that the *PFL* mentor maintain an open dialogue regarding these issues not discussed in the manualised programme and assist the mother in locating other service providers in the area that may provide additional support in these areas.

It was evident that a comprehensive understanding of the *PFL* programme may influence participant satisfaction. As participants felt that *PFL* would involve a larger social component, many indicated that was a lack of social activities organised within *PFL* and were dissatisfied with the lack of such activities*.* Therefore, misunderstanding about the components of the *PFL* programme may have a negative impact on participant satisfaction and should be addressed. Additionally, participants in the low dosage group did not believe that *PFL* warranted the positive buzz being discussed in the community. These participants thought the programme was satisfactory, but not did understand why others in the community were describing it in such favourable terms. It is plausible that this may result from a lack of understanding of the differences between the high and low dosage groups participating in the randomised controlled trial. This positive community attitude towards *PFL* may be related to the services and supports provided to thehigh dosage group. Community members may be discussing the mentoring and parenting supports received by the high dosage group, such that participants in the low dosage group may not understand why they do not receive these extra supports.

As participants identified a desire for additional social activities within *PFL,* increasing these opportunities may have positive effects for the programme, both for current participants as well as generating positive talk about the programme and subsequently encouraging potential participants to join. Participants saw great benefit in organised activities that would enable children and parents to interact. They indicated that the opportunity to interact with others going through a similar experience would, not only provide support, but also provide an opportunity for their children to bond and be exposed to interactions with other children outside the family. Although participants stated they would value social activities, one participant noted she was informed about a coffee morning, but did not attend in practice. Therefore, although participants saw it desirable to have social gatherings, it is unclear how many would attend. This theme has clear implications for *PFL* as providing such activities may create an additional support for mothers while simultaneously influencing participant satisfaction with the programme. By organising such activities, participants may be provided with an added opportunity for peer support and children will have the opportunity to interact with other *PFL* children. Providing such activities may thus improve overall satisfaction with the *PFL* programme and ultimately programme outcomes.

Furthermore, participants indicated that they originally believed that *PFL* would play more of a supervisory role in their family life. Most participants felt that this original expectation was not supported in their actual experience with the programme. The idea that *PFL* may be interfering was viewed negatively by participants. Therefore, it is important that the role of *PFL* is made clear to members of the community as this might affect interest and willingness of other pregnant women in the community to enrol in the programme. To ensure a full understanding of what is involved in the *PFL* programme, it is imperative that the components of the programme, as well as components of the randomised controlled trial design, be clearly described to participants prior to joining the programme. It is important that the way in which the programme is described to participants is in line with the actual programme delivery as inconsistencies can lead to disappointment and ultimately programme dissatisfaction. A mother’s understanding of the programme prior to joining can greatly influence her experience of or satisfaction with the programme, further illustrating the importance of ensuring that potential participants fully understand all aspects of the programme prior to joining. Additionally, as the programme is operating at a community level and key community members provide referrals to the programme, it is important that the larger community clearly understands the programme components and its supports, such as the design of the different dosage groups involved, as misunderstanding of the *PFL* programme may lead to misrepresentation of the services.

There also is evidence that mothers’ level of autonomy in the *PFL* programme influences programme satisfaction. For the most part, participants were satisfied with their level of autonomy in scheduling meetings with mentors and the flexibility of the *PFL* staff. Participants appreciated that they could easily reschedule meetings if needed. There were, however, participants, who felt overwhelmed by the level of contact from their *PFL* mentor during various stages of programme participation, particularly when mothers were experiencing busy periods in their lives. Participants mentioned that their mentor made several attempts to reach them by phone, which participants found frustrating during busy times. Therefore, it would be beneficial for *PFL* staff to allow participants sufficient time to respond to text messages or phone calls and to maintain an open dialogue with participants so that they can collectively determine the desired level of contact, thus giving mothers a more autonomous role in the relationship. It also is important for such programmes to recognise that a participant’s desired level of contact may fluctuate over the course of the intervention; therefore a continuous dialogue regarding programme contact is essential. Indeed, some participants noted that over time such an optimum degree of contact has evolved. Furthermore, a few participants in the low dosage group indicated frustration with the timing of *PFL* sponsored activities. Specifically, one of the focus groups with low dosage group participants consisted of two working mothers, both of whom indicated that they had not had much experience with *PFL* as they were unable to attend many of the activities. Participants stated that there were activities they would have liked to attend, but the times that they were offered made it unfeasible. Offering *PFL* sponsored activities at a wider range of times during the day may provide more opportunities for participants to fully engage in all aspects of the *PFL* programme. Therefore, two areas of improvement for the *PFL* programme would be create an open dialogue around contact time and to make activities more accessible to all participants in the programme.

### Matters for Future Recruitment

Participants in the *high dosage group* discussed their own reasons for joining the *PFL* programme and some provided ideas to facilitate future recruitment of women into the programme. Some noted that a recommendation from someone they knew within the community played a large part in their decision to join the programme. This highlights the importance of having gatekeepers in the community aware of and supportive of *PFL as a community-based initiative.* Specific key players in the community, such as the *PFL* programme manager, Bell Building employees, and the local priest were all mentioned in discussion of recommendations from people within the community. Participants also noted that they had heard about the *PFL* programme in the community, but they did not quite understand what was involved in joining. They expressed satisfaction with the fact that *PFL* representatives were willing to answer questions related to the programme which resulted in them being more informed before deciding whether or not to take part. Finally, some participants in the high dosage group claimed there was a perception of *PFL* as an interfering bodyamong mothers in the community who were not involved in the programme, much in line with the participants’ own original expectations of *PFL*. Participants believed that this mayexplain why more women in the area do not join the programme. The participants suggested that they could serve as community advocates for *PFL* and help clear up any misunderstanding or answer any questions potential participants may have, in order to facilitate recruitment.

### Future Implementation of Similar Programmes

The implications and recommendations as well as matters for future recruitment discussed in the previous sections can be applied to future applications of similar programmes in disadvantaged areas. In addition, there are two ideas discussed in the focus groups that may hold relevance for the development of new programmes. Firstly, participants stated that the programme is particularly beneficial for first time or young mothers. While the impact evaluation will allow us to establish whether this is the case, results from other studies typically find that such parenting programmes are more effective for first time and young mothers. Although it is premature to make a recommendation regarding the benefit of the programme for specific populations, the findings of the impact evaluation combined with findings of this thematic analysis may elucidate advantages of providing the manualised programme to specific populations. Secondly, participants noted that referrals from key community members influenced their decision to join the *PFL* programme, highlighting the importance of involving such community gatekeepers in the recruitment process into other community based programmes. Furthermore, future interventions can learn a great deal from the successes of the *PFL* programme described throughout this report. Specifically, participants were satisfied with the nature of their relationships with the *PFL* staff, they found that the information delivered as part of the programme was useful, they were pleased with the whole family model approach to delivering the intervention, and they appreciated their level of autonomy in the *PFL* programme. Inclusion of all of these components of service delivery will aid in the success of implementing similar programmes in the future.

### Limitations

Several limitations are present in the current research. Firstly, the ideas expressed in the focus groups cannot be assumed to represent the views of every *PFL* participant in each of the treatment groups. It is important to keep in mind that there could be selection bias among those who chose to participate in the focus groups compared to those who chose not to participate. However the themes, or patterns, identified across the data reflect common experiences shared by several *PFL* participants and thus, at the very least, are significant in their relevance to the mothers who did take part. Secondly, a participant from the high dosage group attended a focus group designated for low dosage group participants. Although this may be seen as a limitation of the present work, it is important to recognise that the *PFL* programme is operating in a small community and conversations regarding the programme are likely to take place among participants in different treatment groups. Therefore, it is likely that the discussion that took place in this focus group may mimic how participants in the community discuss the programme and provided a valuable insight into participant satisfaction with the *PFL* programme.

### Conclusion

Overall, participants discussed numerous positive aspects of the *Preparing for Life* programme. They indicated that they were satisfied with the programme and qualitative evidence suggests that the programme is being implemented as intended. Future focus groups will assess these issues further and will examine the successes and failures of the *PFL* programme. In particular, the results from the qualitative analysis may be linked with quantitative data regarding participant satisfaction with the *PFL* programme. Additionally, future focus groups will address issues related to replicability of the programme, therefore highlighting recommendations for the roll-out of this intervention at a national level and for the implementation of similar home visiting programmes operating in disadvantaged areas

# References

Bouffard, J., Taxman, F., & Silverman, R. (2003). Improving process evaluations of correctional programs by using a comprehensive evaluation methodology*. Journal of Evaluation and Program Planning, 26*, 149-161.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

Cunningham, L., Michielutte, R., Dignan, M., Sharp, P., & Boxley, J. (2000). The value of process evaluation in a community based cancer control program. *Journal of Evaluation and Program Planning*, *23*, 13- 25.

Krueger, R.A., & Casey, M.A. (2000). *Focus groups: A practical guide for applied research* (3rd ed.). London: Sage Publications.

Matthews, J. M., & Hudson, A. (2001). Guidelines for evaluating parent training programs. *Journal of Family Relations*, *50*, 1, 77-86.

Morgan, D.L. (1998). *The focus group guidebook.* London: SAGE Publications.

Oakley, A., Strange, V., Bonell, C., Allen, E., Stephenson, J., & RIPPLE Study Team (2006). Process evaluation in randomised controlled trials of complex interventions. *British Medical Journal, 332*, 413-416.

*Preparing for Life* ProgrammeManual (2008, June). Preparing for Life and the Northside Partnership.

Stewart, D.W., Shamdasani, P.M., & Rook, D.W. (2007) *Focus groups: Theory and practice* (2nd ed.). London: SAGE Publications.

Saunders, R., Evans, M., & Joshi, P. (2005). Developing a process evaluation plan for assessing health promotion program implementation: A how to guide. *Health Promotion Practice, 6*, 134-147.

# Appendix A: Focus Group Interview Schedule

Focus Group Interview Schedule

***Introduction:***

Explain to participants why they were invited, the nature of a focus group, confidentiality, and inform regarding recording.

Introductions of participants.

***Discussion Points:***

1. **How do you feel about the *Preparing for Life* programme? 15mins**
	* Probes: Can you give me an example of what you mean by that? / Could you tell me a little more about that?
	* What is it about that (example mentioned) that you like/ don’t like?
2. **Expectations for *PFL*. 10mins**
	* ask participants to think back to when became involved, what did they think it would be like?
	* how has their experience been similar or different to what they were expecting?
3. **Relationship with mentor/information officer. 15mins**
	* How often do you have contact?
	* What do you think about the information that you’re given?
	* Would any of you be able to describe for me an incident that you found really positive with your mentor/information officer?
	* Has anyone had an experience with their mentor/information officer which they felt was not helpful or could have been managed in a better way?
4. **Do you feel you’ve benefitted from the programme? 10mins**
	* Has it had any effects on your day-to-day life?
	* Did anyone learn anything new?
	* Can anyone think of a situation where they found the tip sheets helpful?
	* What do you hope to gain from the programme in the next few years?
5. **Busy- how do you find PFL fits in with your daily routine? 10mins**
	* Do you find you’ve enough time to meet your mentor/information officier?
	* Are the visits on days that suit you?
	* How do you find the length of the visits?
	* How flexible do you find the programme? Do you think it’s organised around your needs?
6. **Things to improve the programme? 10mins**
	* How do you think that (improvement suggested) might make the programme better?
	* In what ways do you think something like that would have helped you if it was part of the programme?
	* Now that you’ve had some experience with the *PFL* programme, if I was to give you all the job of re-designing it for another community, can you think of other things that you might change with how its run?

***Conclusion:***

Is there anything else anyone would like to add to our discussion today before we finish up?

Have we missed anything which anyone feels is important to say while we’re all here?

1. Note that in addition to these 55 eligible participants, 2 (1 blue, 1 green) declined consent to be contacted regarding group discussions. [↑](#footnote-ref-1)
2. The detailed focus group schedule is presented in Appendix A. [↑](#footnote-ref-2)