Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

“Dads are there, they are not gone missing.”: The Role and Involvement of Fathers/Dads in the Lives and Education of Children with Special Educational Needs and/or Disabilities (SEN/D) within an Early Intervention (EI) Context

by
Ke Ren

A thesis submitted in partial fulfilment
of the requirements for the degree of
Doctor in Philosophy
at the
University of Dublin, Trinity College
2023

Supervisor: Prof. Conor Mc Guckin

Declaration

I declare that this thesis has not been submitted as an exercise for a degree at this or any other university and it is entirely my own work. I agree to deposit this thesis in the University's open access institutional repository or allow the Library to do so on my behalf, subject to Irish Copyright Legislation and Trinity College Library conditions of use and acknowledgement. It is a condition of that anyone should consult it must recognise that the copyright rests with the author and that no quotation from the thesis and no information derived from it may be published on unless source is properly acknowledged.

Name: Ke Ren

Singed: 任珂

Date: 16 February 2023

Acknowledgements

This dissertation would not be possible without the inspiration, support, and guidance of the following people who are critically involved in my microsystem throughout this journey.

To my supervisor, Prof. Conor Mc Guckin, I am grateful for your time, patience, encouragement, supportive feedback, and calm and reassuring demeanour. I feel very fortunate to have your guidance as you are truly an incredible academic, advocate, and master in your respective fields. I am beyond grateful for your mentorship, and I will strive to pay it forward for my future students.

Thank you, Mary McSkeane and Prof. Miriam Twomey, for gently guiding me into the world of early childhood education and early intervention.

A special word of thanks goes out to the individuals who participated and shared their stories with me. Your willingness to share and your hopefulness about the potential for change in this area of EI have been enlightening.

I must express my gratitude to my friends for their laughter and encouragement when times get tough. Importantly, thank you for staying out of my way in the last month when I was trying to complete this thesis.

Finally, my deepest gratitude goes to my family for their faith, love, and support throughout the duration of the research. A special shout out to my Irish dad Tom Quinn for his unlimited patience and encouragement, as well as those delicious hot meals. For my family in China, please allow me to express my gratitude in Chinese:

感谢我的爸爸、妈妈、奶奶以及其他家庭成员一直以来对我的鼓励、支持和理解。此论文也献给我已逝的爷爷、公公和婆婆。最后，用爷爷经常说的一句话来总结我在爱岛的第十个年头：“任珂，在爱尔兰，是博士！”

Abstract

For families of young children with special educational needs and/or disabilities (SEN/D), the role and involvement of fathers/dads in such a parenting context does not appear to be of much research interest. Regardless of the significant role that fathers/dads can play in children's development and education, mothers/mums continue to be seen as the primary focus and are often the exclusive participants in research relating to education for young children with SEN/D, particularly within the context of early intervention (EI).

The current research programme aims to bridge this gap in knowledge and understanding of (i) fathers'/dads' experience of, perceived barriers to, and preferences for EI services; (ii) EI professionals' perceptions and their roles in promoting fathers'/dads' participation; and (iii) mothers'/mums' perceptions towards fathers'/dads' involvement in the lives of children with SEN/D. An exploratory qualitative approach was employed involving both semi-structured face-to-face interviews and telephone interviews with seven fathers/dads who have participated in EI service in Ireland, three EI professionals, and five mothers/mums. All the interviews were recorded, transcribed verbatim, subjected to thematic analysis. Findings revealed a significant gap in knowledge, views, and relationships among fathers/dads, EI professionals, and mothers/mums towards the issue that is under investigation. Importantly, several barriers and preferences for father/dad-friendly services were identified (e.g., gendered nature of EI service, father/dad-led group, activity-based intervention). Further findings and recommendations are discussed in terms of their theoretical, methodological, and empirical implications. Directions for future research are identified at both a national and international level.

The findings of this research programme enhance our understanding not only of fathers'/dads' unique perspective, but also of

the family unit and professionals who are critically involved in an EI context. This is critical in supporting EI professionals in Ireland to develop initiative services for fathers/dads who might be struggling in such parenting context, as well as to maximise of the experiential and educational outcome for families and their children with SEN/D. Furthermore, as the research was planned in a manner that may be understood as demonstrating applied contributions to the United Nations (UN) Sustainable Developmental Goals (SDGs) (UN General Assembly, 2015), and to have direct influence on policy, practice, experiences, and outcomes, further contribution to knowledge in the area of education for young children with SEN/D will be also made, not just in Ireland but also across Europe. Such contribution would facilitate the realisation of SDGs (e.g., Goal 4: Quality Education) in the international development community.

Table of Contents

List of Tables

List of Figures

List of Appendices

List of Abbreviations

AIM	Access and Inclusion Model
BOBF	Better Outcomes Brighter Futures
CYP	Children and Young People
DCYA	Department of Children and Youth Affairs
DES	Department of Education and Science
DfE	Department for Education
DSA	Developmental System Approach
ECCE	Early Childhood Education and Care
ECI	Early Childhood Ireland
EI	Early Intervention
EPSEN	Education for Persons with Special Educational Needs Act
EST	The Ecological System Theory
FASD	Foetal Alcohol Spectrum Disorders
FPYS	Free Pre-School Year Scheme
HSE	Health Executive Function
ICF	International Classification of Functioning, Disability and Health
IPA	Phenomenological Analysis
MDGS	Millennium Development Goals
NCSE	National Council for Special Education
NDA	National Disability Authority
OECD	Economic Cooperation and Development
OMC	Office of the Minister for Children
OMCYA	Office of the Minister for Children and Youth Affairs
OT	Occupational Therapist
PEI	Prevention and Early Intervention
PT	Physiotherapist
RBEI	Routine-based EI Approach

RBI	Routine-based Interview
SDGs	Sustainable Development Goals
SEN/D	Special Educational Needs and/or Disability
SERC	Report of Special Education Review Committee
SLR	Systematic literature Review
ST	Speech and Language Therapists
TCD	Trinity College Dublin
UN	United Nation
UNCRC	United Nations Convention on the Rights of the Child
UNESCO	United Nations Educational, Scientific and Cultural Organization
WCA	Work Capability Assessment
WHO	World Health Organisation

Chapter 1 – Introduction to the Thesis

1.0. Chapter Overview

This thesis explores the role of fathers/dads and their involvement in the lives of children with special educational needs and/or disabilities (SEN/D) within the early intervention (EI) context. The aim of this current programme of research is to provide a comprehensive understanding regarding fathers'/dads' experiences of, and preferences for EI service, the role of the EI professionals, the perceptions of mothers/mums towards the involvement of fathers/dads, and the short-, medium-, and long-term implications and outcomes associated with the aforementioned area. This opening chapter details the current research and provides the underpinning rationale for its inception and development. It also concludes with a synopsis of the seven chapters contained within this thesis.

1.1. Introduction

The significance and benefit of prevention and EI programmes for children with SEN/D or from disadvantaged families and communities, the developmental outcome of the child and life quality of their families are well-documented internationally with adequate resources (See Dunst, 2000; Guralnick, 2005; Ramey and Ramey, 1998). Guralnick (2011) states that for children with SEN/D, receiving effective EI services which centers on their families before the first five years of age is crucial to the optimal development of the child and the family.

Within family-centred EI principle, supporting family patterns of interaction is currently recognised as the best practice (Guralnick, 2005). High-quality interactions that are empowering and enabling between service providers and families of children with SEN/D have been found associated with optimal family outcomes. This requires a coordinated approach of partnership with both parents and other family members, to ensure that every decision that was made is beneficial to the outcome of the child and the family. While mothers/mums are seen as the primary EI target and agent for communication, recent research has indicated that fathers/dads are noticeably absent from EI services (Flippin & Crais, 2011; McBride et al., 2017). Emerging evidence suggests that fathers/dads have a positive impact on the developmental outcome of families and their children with SEN/D, as well as the outcome of EI programmes. Most EI research, however, has exclusively focused on mothers/mums, with fathers/dads being significantly underrepresented. As such, fathers/dads' unique experiences and needs to be actively involved in EI service remain poorly understood. Hence, more research is strongly needed to influence the area of EI to attend more fully on fathers/dads and to promote more balanced family-centred EI practice both in Ireland and internationally.

This thesis aims to gain a deep understanding of the current picture/scenario and issues of father/dad involvement within the context of EI. It explores fathers'/dads' experiences of, perceived barriers to, and preferences for EI services, the role and perceptions of EI professionals in supporting and promoting the involvement of fathers/dads, as well as the wider perspective (mothers/mums perception) towards fathers/dads' involvement in the lives of children with SEN/D within an EI context. Such investigation enhances our understanding not only of fathers'/dads' unique perspective, but also of the family unit and professionals who are critically involved in such context. It will help to facilitate the maximisation of the experiential and educational outcome for families and their children with SEN/D, as well as to make "a prior" contribution to knowledge in the area of EI and the realisation of Sustainable Development Goals (SDGs) in the international development community.

1.2. Underpinning Rationale of the Research

The central purpose of the current programme of research evolved from an underpinning rationale, formed due to a lack of attention to the issue of father/dad involvement in EI in Ireland combined with very limited research representing the voices and perceptions of fathers/dads of children with SEN/D within an EI context.

It is evident that the involvement of fathers/dads is indeed crucial in the development of the child, in which it was demonstrated in decades of research exploring the role of fathers/dads and their contribution to a child's development and learning within the context of families of typically developing children. From an attachment perspective, for example, research has found that fathers/dads have a distinct but equal role to play as mothers/mums in a child's attachment security. The unique interaction style and the way fathers/dads express their sensitivities form a secure base for the child to explore the outside world, which is crucial to the development of the child in a variety of developmental domains and across developmental stages (Bretherton et al., 2005; Dumont & Paquette, 2013; Palm, 2014; Paquette, 2004, & Youngblade et al., 1993). From a child development perspective, high–quality father/dad-child interaction fosters the cognitive development of the child and skills acquisition, as well as language, behavioural, and social and emotional development (Bretherton et al., 2005; Dumont & Paquette, 2013). Besides this, positive father/dad involvement was also found to have a host of long-term positive outcomes in a child's adolescence and the adulthood (G. Brown et al., 2007).

In the view of the significant role that fathers/dads can play in their children's development and the in licit of current trends towards greater father/dad involvement, it is believed that a shift in role responsibilities of fathers/dads and their involvement in families of children with SEN/D could have similar positive impacts on the child and the family, as well as the EI programme (Flippin & Crais, 2011). For example, fathers/dads - as one member of the immediate family have been proved to have a particularly significant role in facilitating the well-being of families (e.g., mother/mums' mental health, family relationship, family stress-coping) and their children with SEN/D (Erickson & Upshur, 1989; Simmerman et al., 2001). Regarding the prevention and EI programme, the involvement of fathers/dads was found associated with better maintenance of intervention gains (Doherty et al., 2006; Webster-Stratton, 1985). For fathers/dads who are encouraged to directly participate in EI, their understanding of their role identity as fathers/dads is enhanced, lead to higher levels of engagement in EI-related activities, vocal communication, and parental sensitivity (Fox et al., 2015; Roopnarine & Yildirim, 2019). Thus, given the increased evidence of greater father/dad role in parenting context of families of children with SEN/D, it is logical to expect greater father/dad participation in the current EI practice considering families who situated in such context have been found to experience higher levels of stress and face multiple challenges (Darling & Gallagher, 2004; Hartley et al., 2010; Olsson & Hwang, 2001; Scherer et al., 2019; Seltzer et al., 2001; Venter, 2011). However, the recognition of fathers/dads role and their involvement in the lives of children with SEN/D and their families does not appear to be the case in family-centred EI. Regardless of the shift from a "child-centred" to a "family-centred" approach that is greatly focused on the participation of caregivers, mothers/mums continue to be seen as the primary EI target and often exclusive participants in both EI service delivery and EI research. This knowledge gap is strongly reflected in recent studies on parental involvement in EI, indicating that mothers/mums are the predominant EI target and EI research focus (Bagner, 2013; Bagner & Eyberg, 2003; Curran, 2003; Zin & Nor, 2017), yielding inconclusive findings about fathers/dads participation in EI and the impact of directly involving fathers/dads in EI programmes.

Within very limited empirical research exploring father/dad involvement and EI, several potential barriers that may affect the participation of fathers/dads in EI were highlighted in a few studies. For example, fathers/dads' work was identified as a main factor affecting involvement. It was reported that the lack of fathers/dads presence in EI services (e.g., meetings, appointments, parental training) was because they were working and thus it was difficult for EI professionals to build partnerships with fathers/dads (McBride et al., 2017). Besides this, research has also suggested that there is a lack of knowledge among EI professionals on how to provide appropriate and gender-sensitive service to fathers/dads of children with SEN/D (Flippin & Crais, 2011; Brent A.

McBride et al., 2017; Raikes et al., 2005). Most studies, however, only examined the perceptions of EI professionals towards father/dad involvement. As the interdisciplinary nature of EI and its involvement of a variety of settings in services delivering, a number of professionals (e.g., EI specialists, early childhood practitioners, services' providers) from different disciplines, and families of children with a wide range of SEN/D, the currently existing research cannot account for variations in stakeholders' perceptions of father/dad involvement in EI. In addition to this, In the Irish context, there is no current research investigating the issue of father/dad involvement in EI to the best knowledge of the researcher. Thus, more knowledge regarding fathers/dads' expressed need for support and perceived barriers to, and preferences for EI service, as well as the adequacy of information support systems which are available to fathers/dads is critical in supporting EI professionals in Ireland to develop initiative services for fathers/dads who might be struggling in such parenting context. In an effort to bridge the disconnection in knowledge, perceptions, and practice towards the issue of father/dad involvement and EI in Ireland, the current programme of research set to explore deeply on the "lived" experiences and perceptions of individuals who are critically involved in such context. This involved an investigation into fathers'/dads' experiences of, perceived barriers to, and preferences for EI services, the role and perceptions of EI professionals in supporting and promoting the involvement of fathers/dads, as well as mothers/mums' perception towards fathers'/dads' involvement in the lives of children with SEN/D within an EI context.

This section has provided information relating to the role of fathers/dads in the development of all children as well as the current picture regarding the issue of father/dad involvement in EI. Further exploration of this will be presented in Chapter Four. The next section concludes with a synopsis of the xx chapters contained within this thesis.

1.3. Outline of Thesis Chapters

The introductory chapter (Chapter One) now provides details relating to the remaining seven chapters that make up the thesis.

Chapter Two presents a critical review of the pertinent historical and philosophical literatures pertaining to the term “disability”, “special educational needs (SEN)”, “inclusion”, and “early intervention (EI)” by exploring two of the most invisible but important issues within the literature. The first of these is concerned with the fundamental issue as to how, or why, disability is defined from a historical perspective. Such a focus on the historical definition of disability is essential to the understanding of EI. The second of these issues reflects recent development in the understanding of the “diverse” types of concepts and terminologies in relation to the area of education for children with SEN/D. By addressing these two fundamental issues, a comprehensive and advanced understanding of disability will be provided, in which the key terms (“disability”, “SEN”, and “inclusion”) and the area (“early intervention”) of this programme of research are operationally defined.

Chapter Three reviews the theoretical frameworks underpinning the conceptualisation, planning, development, implementation, and evaluation of the current programme of research. The first framework reviewed was Bronfenbrenner’s Ecological Model of Development (1979, 1989), which provided a theoretical perspective of how the wider environment of families of their children with SEN/D can be conceptualised and understood in a bio-ecosystemic manner. Whilst multiple layers of environmental influences were demonstrated in the context of a child and family and their involvement in EI, a noticeable drawback of Bronfenbrenner’s framework and its application as a conceptual framework in the context of EI was discovered, as it failed to consider the effects of pre-birth environmental factors to the future development and outcome of the child and the family. Thus, an enhanced model integrating the aspects of pre-birth ecological environment and the origin of Bronfenbrenner's ecological development was proposed, which is well-matched to explore the experiences of families and examine the ecology of families and children from pre-birth period to early childhood period within an EI context. The second theoretical model reviewed is the Theory of Change model (ToC) (Chen, 1990; Weiss, 1997), which is considered as both theory and method for the development and implementation of the current programme of research. A critical review of the usefulness and its application to previous social and educational research is presented so that a theoretical context is set out to facilitate the planning of the three studies involved in the current research programme. A demonstration of how contributions of the current programme of research can be made on the realisation SDGs at both national and international levels by promoting certain changes on the area of EI for families and their children with SEN/D was clearly illustrated.

Chapter Four provides a critical and analytical review of the literature regarding the topic of father/dad involvement in the EI context. Ideally, a Systematic Literature Review (SLR) is considered as the most appropriate method to yield robust results required to guide the programme of research. However, challenges arose when the SLR was firstly conducted and eventually, a traditional literature review approach was adopted to inform the current research programme. Thus, this chapter is presented in two separate integrated sections: section one provides a clear understanding and rationale for the selection of a traditional literature review method by critically addressing the methodological issues pertaining to the systematic literature review (SLR) approach and its application in this specific programme of research. The second section of this chapter provides an analytical review of the empirical evidence that identifies the role, the function, the involvement, the needs, and the experiences of fathers/dads of children with SEN/D within the context of EI. The historical perspective of fatherhood and father/dad involvement is critically reviewed to provide a necessary context for the further understanding of the issue relating to this area. The role and the function of fathers/dads, as well as their contribution towards a child's developmental outcome is explored specifically from the attachment perspective, so that a theoretical rationale for the involvement of fathers/dads in the EI context is provided. This exploration leads to a further critical review of the recent research findings relating to the issues of father/dad involvement in the lives of children with SEN/D, as well as in the EI context. Subsequently, a deep understanding of the current picture/scenario and issues of father/dad involvement within the context of EI is gained, in which the research questions and objectives in the current programme of research is formulated.

Chapter Five describes the overall research planning, research design, and the choosing methodological approaches used to meet the objectives of the present body of research. For presentation purpose, this chapter is presented in three sections: section one provides details relating to the overall research planning and research design, which was guided by the model of ToC. A step-by-step demonstration of the methodological use of ToC in the planning and development process of the current research programme is provided. Such a demonstration sets a clear context and a strong rationale for the employment of a qualitative approach. Section two provides an overview of the qualitative interviews conducted with (i) fathers/dads; (ii) EI professionals; and (iii) mothers/mums. Pertinently, the sampling procedure and the rationale for the selection of methods, instruments, techniques, data collection process along with the methods for data analyses is presented.

Chapter Six presents the findings emerged from the qualitative data that was collected via interviews from groups of (i) fathers/dads, (ii) EI professionals, and (iii) mothers/mums.

In the final chapter, **Chapter Seven**, the findings of the thesis are discussed in relation to the research questions, theory, and previous literature. Recommendations for EI professionals and EI services are of explored. The strengths and limitations of the current research programme are outlined. Finally, the thesis concludes with an outline of the practical implications of the findings and implications for future research.

Chapter 2 – Contextual Review: Disability and Education

2.0. Chapter Overview

The current chapter presents a critical review of the pertinent historical and philosophical literatures pertaining to the term “disability”, “special educational needs (SEN)”, “inclusion”, and “early intervention (EI)”, which is a necessary context to the definition and understanding of the area under investigation - that of EI. Whilst subsequent chapters critically review the theoretical literature (Chapter Three) and empirical research (Chapter Four) regarding EI for children and families with SEN and/or disability (SEN/D), the current chapter critically reflects on two of the most invisible but important issues within the literature. The first of these is concerned with the fundamental issue as to how, or why, disability is defined from a historical perspective. Such a focus on the historical definition of disability is essential to the understanding of EI. The second of these issues reflects recent development in the understanding of the “diverse” types of concepts and terminologies in relation to the area of education for children with SEN/D. By addressing these two fundamental issues, a comprehensive and advanced understanding of disability will be provided, in which the key terms (“disability”, “SEN”, and “inclusion”) and the area (“early intervention”) of this programme of research can be operationally defined.

2.1. Historical Context of Disability

Prefacing The International Classification of Functioning, Disability and Health (ICF) published by the World Health Organization (WHO: 2001), “disability” is defined as:

> “… an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors).” (p. 213).

Such a highlight on the relationship between an individual's health conditions and their environmental factors in the definition has fully reflected the societal changes towards how disability is understood and defined (Bronfenbrenner, 1977; Caplan, 1987). Over the years, different models of disability were proposed and applied as tools for understanding and guiding the practice towards people with disabilities. From the moral model to the financial model, every model of disability has had a direct influence on the daily, lived experience of people with disabilities. In order to better understand the attributions and perceived needs of disability, a brief review of the disability models from a historical perspective is presented in the following section. However, considering the current development in the field of disability and education that underscores the significance of inclusivity and accessibility in educational environments for all individuals, the historical models of disability reviewed presents a wider focus on education and other social-economic factors, moving away from a primarily focused medical and rehabilitation perspectives.

2.1.1. Disability Models

a) *Moral Model of Disability*

In general, the medical model is always considered as a traditional model that supports disability in the literature. However, preceding the medical model, the moral model was the ground-breaking model for the conceptual understanding of disability, in which it was considered "… historically the oldest and is less prevalent today" (Kaplan, 2000, p. 353). The philosophical foundation of the moral model of disability was based in religious mythology, which regarded disability as a punishment from God. It was always viewed as a result of a/the individual's immoral behaviours and/or those of their parents. To better understand how disability was defined under the moral model, a comprehensive description was provided by Henderson and Bryan (2011):

> "… some people, if not many, believe that some disabilities

> are the result of lack of adherence to social morality and religious proclamations that warn against engaging in certain behavior. To further explain this model, some beliefs are based upon the assumption that some disabilities are the result of punishment from an all-powerful entity. Furthermore, the belief is that the punishment is for an act or acts of transgression against prevailing moral and/or religious edicts." (p. 7).

Through the ages, the extreme of the moral model placed a harmful impact on people with disabilities. Despite the abusive language used to describe an individual with disability, such as "devil's child", "processed with demons", and "freaks" (Imrie, 1997; Kaplan, 2000), prejudicial thoughts and discriminatory behaviours against people with disabilities had also encouraged a variety of inhumane treatments leading to incarceration, exorcism, and even death. Henderson and Bryan (2011), Retief and Letšosa (2018), and Rimmerman (2013) have all asserted that even though the moral model of disability is no longer as predominant as it was in the past, the underlying assumptions of the moral model in how disability is viewed is still frequently used, where some people may reason disability or illness from a religious perspective. Anderson (2013) highlights that the residue of the moral model remains in many societies as it is strongly associated with their traditional culture. As a consequence, this account of moral judgment naturally leads to a view of disability as being an act of God or higher being which is associated with shame and guilt. For people with disabilities who live in such societies, especially societies dominated by religion, severe marginalization and discrimination is demonstrated through all aspects of their lives (Retief & Letšosa, 2018).

b) Medical Model of Disability

With the rapid development of the field of medicine during the mid-eighteenth century, the significant role of the medical doctor was further enhanced in society. Gradually, the medical model of disability began to replace the moral model due to the belief that medicine could cure illnesses, aliments, and diseases (Retief & Letšosa, 2018). From this perspective, people with disabilities are expected to benefit from medical interventions or the direction provided by the medical professionals. In contrast to the moral model, disability is viewed as "… a defect in or failure of a bodily system and as such is inherently abnormal and pathological" under the medical model (Olkin, 1999, p. 26). In other words, the problem and the impairment caused by the "disability" reside within the individual and needs to be "fixed" or cured (Roush & Sharby, 2011). This is also profoundly reflected in the language and terminology that is used to describe a person with a disability (e.g., physical, sensory, intellectual, mental) from a medical model perspective, such as "invalid", "crippled", "handicapped", "schizo", or "spastic" (Devlieger, 1999; Retief & Letšosa, 2018; Shevlin & Griffin, 2007). These terms again reinforce the notion that people with disabilities are not fully functioning and are different from those who are considered "normal". Due to the fact that numerous disabilities have medical roots, many medical professionals believed that the individual with a disability should play a "sick role" (Retief & Letšosa, 2018).

The conceptualization of the "sick role" approach and the idea of "be fixed" under the medical model is fully embedded into the practical understanding of people with disabilities. As a consequence, people with disabilities have been excluded from taking the normal responsibilities of society, such as getting a job, being able to vote, and taking on family responsibilities (Kaplan, 2000). More specifically, in the context of this programme of research, children and young people (CYP) with disabilities were segregated from mainstream education and treated differently to their peers who did not have the same need for additional support. For CYP with severe disabilities, they were not able to participate in school until they were "cured". Instead, parents were expected to seek medical help and come under the authority of medical professionals for their children to get better.

c) Social Model of Disability

Throughout the past few decades, criticism against the medical model of disability was established by different groups of people including the disability community, the civil rights movement, and a better educated populace. This has encompassed a number of arguments regarding various aspects of how disability should not be viewed under the parameters of the medical model. Imrie (1997) claimed that the medical model only places negative focus on the biological impairments of individuals, and it ignores the significant role that is played by environmental factors, such as culture, policies, and societal attitude to disability. Similarly, Lutz and Bowers (2005) argued that even though the medical model has its value in terms of diagnosing biological and/or genetic related disabilities, it does not acknowledge the potential effects of the surrounding environment towards the individual. From a research perspective, concerns regarding the environmental barriers and social practices against people with disabilities under the medical model have been expressed in recent empirical studies (e.g., Brown, 2017; Temple & Kelaher, 2018). For example, people with disabilities suffer psychological distress due to disability discrimination and exclusion from the wider environment, in which the individual has their experiences and quality of life impaired (R. . Brown, 2017; Temple & Kelaher, 2018).

In order to advocate for the rights of people with disabilities, the social model of disability grew in acceptance, with a specific focus on the great influence of the social context to the lives of individuals with a disability. Under the social model, disability is viewed as a "… socially constructed phenomenon" rather than considered as an impairment residing within the individual (Retief & Letšosa, 2018, p. 1). As society became more aware of this social approach to the understanding of disability, advocates of the social model further viewed disability as a unique perspective of the human experience that should be valued and respected (Eddey & Robey, 2005). The recognition of the social model of disability has led to a dramatic change in societal attitudes towards people with disabilities. This change was firstly demonstrated via the terminologies that are used to describe people with a disability. Person-first language (e.g., "child with autism" instead of "autistic child") is strongly promoted within society as it reflects the central idea of defining a person by his/her name rather than focusing on his/her disability. In the field of education, the concept of "inclusion" has been widely adapted in educational practice for CYP with disabilities. Supported by a variety of international policies and legislations (e.g., Salamanca [United Nations Education and Science Cultural Organization: UNESCO, 1994], Dakar [UNESCO, 2000] , the term inclusion represented the rights of CYP with SEN/D to receive appropriate education and participation in daily activities as well as their peers who do not have the same needs. The shift from the traditional segregation of CYP with SEN/D to the inclusion agenda has opened a renewed understanding of disability from a practical and human centred perspective.

d) Financial Model of Disability

While the social model of disability focuses on the micro-level of an individual with a disability and his/her experiences and interactions within society, the financial model tends to view disability from the perspective of a wider context, or in other words, the macro-level and an economic level.

The financial aspect of any analysis of disability starts with the basic notion that a disability may restrict an individual's ability to work, thus influencing the financial status of an individual and also causing losses to the economy in a wider context (Osterweis et al., 1987). For example, the Institute of Medicine (US) Committee's publication "Pain and Disability: Clinical, Behavioural, and Public Policy Perspectives" (Osterweis et al., 1987) indicated the need to develop cost-effective disability programmes as early as 1987, due to the fact that disability-related expenditures had far exceeded the affordability of the US government. It was pointed out that disability benefits were so high that they had discouraged people with disabilities who were capable of working to participate in paid work (Osterweis et al., 1987). Thus, disability-related expenditures, especially disability benefits that were targeted to individuals with long-term disabilities, was described as a form of “economy pain” that the government suffers (Osterweis et al., 1987).

This economic issue relating to the financial cost of disability benefit cost still exists in many countries and has become more acute in the past two decades. According to the World Report on Disability conducted by WHO (2011), the Organisation for Economic Co-operation and Development (OECD) countries spent an average of 1.2% of GDP on disability benefits with the figure reaching 2% of GDP when sickness benefits were included, which is almost 2.5 times the spending on unemployment benefits. The direct cost of disability is around 10% of public social expenditure and up to 25% in some countries. On the one hand, it can be viewed as a positive figure which reflects the practical movement towards the social approach and human-centred perspective in understanding disability. Yet, on the other hand, concerns about affordability and sustainability by many countries were raised regarding public spending on disability benefits. The call was made by WHO to “… reduce the disability benefit dependency and to foster labour market inclusion of disabled people” (WHO, 2011, p. 43).

In order to limit the disability benefit dependency while preserving equity and adequacy, many countries have developed policies, programmes, and strategies to promote the inclusion of people with disabilities in the labour market. For example, the Work Capability Assessment (WCA) was introduced by the Department for Work and Pensions in the UK (DWP, 2008), which aimed at assessing the ability of individuals who were currently out of work and in receipt of the disability and sickness benefit payments, to work or to participant in labour activation schemes. Even though the UK government has received an overwhelming amount of criticism and negative reports against the WCA (Etherington & Daguerre, 2015; Harrington, 2010; Hudson-Sharp, Munro-Lott, Rolfe, & Runge, 2018), it was believed that applying WCA in deciding whether welfare claimants were entitled to disability or sickness benefits is beneficial to both individuals and the government from a financial perspective (DWP, 2015).

In Ireland, a ten year cross-government approach: "Comprehensive Employment Strategy for People with Disabilities 2015-2024" (Government of Ireland, 2015) was developed with an underpinning belief that "… people with disabilities can get a job and enjoy a rewarding career" (p. 6). Whereas the UK government has set a very definite line towards the disability benefits entitlement, Ireland seems to have adapted a more inclusive approach to support people with disabilities who are able to, and want to work, to be financially independent and socially included.

2.1.2. Conclusion on Historical Perspective of Disability

Presented in this section has been an exploration of the theoretical understanding of disability from a historical perspective. Two traditional models of disability (moral model and medical model) were overviewed, and the inherent limitations of each model illuminated. Subsequent to this, the shift from the medical model to the social model associated with the disability rights movement was also critically examined. While the conceptualization of the social model has demonstrated the ideological and practical success for people with disabilities in society, the attention for further development turned to a financial aspect to ensure the affordability and sustainability of the global economy (WHO, 2011). Thus, the need of reducing disability dependency while promoting the inclusion of people with disabilities in the labour market was highlighted, which is central to the financial model. This main concept of the financial model has become a significant guide for many governments and countries in their policy development towards disability expenditure. In comparison with the social model, the financial model has advanced our understanding of disability from a financial perspective at both individual level and macro-level. It is not only beneficial to the development of the economy in a wider context, but it is also a model that could help people with disabilities to achieve economic and social independence, and to make positive contributions to society as well as to receive a sense of personal fulfilment (Government of Ireland, 2015).

Owing to the development of a rights-based approach and technological advancement in modern society, while most definitions of disability in use are connected with legal entitlements to medical benefit and social measures, the overarching perspective of this research further views disability as a combination term of social and financial or could be more about "emancipation". In other words, the conceptualisation of social and financial aspect of disability is rooted in this programme of research. It has set out a conceptual guide to inform the overall outcome of current research, which is to maximise the educational and experiential outcome for children with SEN/D and their families, so that they will be able to access to high quality life in the future (e.g., equally access to work, be financially independent, and be able to contribute to society).

2.2. Defining Disability: Disability and Education

Having critically reviewed the definition and the theoretical understating of disability from a historical perspective, and determined that this programme of research is situated within the social and financial perspective of disability, attention now turns to a focus on the recent developments regarding the area of education for children with SEN/D, which is a necessary context for the understanding of the area under investigation - that of EI. Pertinent literature regarding education of children with SEN/D will be critically reviewed, with specific reference to the concept of inclusive practice in mainstream educational settings.

Definition of the term “inclusion” is investigated as well as exploration of the debate surrounding the area of inclusive education for children with SEN/D. However, before any further explorations occur, the fundamental issue in terms of defining disability in an educational context is demonstrated with a critical examination of the origins and the definitions of the key term “SEN”.

2.2.1. Terminological and Definitional Issues

Any investigation into disability and education is complicated by the fact that there are a variety of terminologies that are used to describe CYP’s additional requirements, such as “SEN”, “disability”, “developmental delay”, and “additional needs”, which could cause confusion to both “insiders” (e.g., teachers, policy makers) and “outsiders” (e.g., parents, other family members) in their general understanding of disability. Grönvik's (2009) asserts that different definitions of disability could affect the results of research studies of people’s living conditions. Extrapolating to this context, confusions caused by the variety of terminologies may also impact upon the outcome of the policies, frameworks, and/or research studies investigating education for children with SEN/D. Therefore, it is important to clarify and define the terminologies that are used in the context of this programme of research before further explorations occur. Among these terms, “disability” and “SEN” are the most two common terms that are used to describe CYP’s condition in the field of education. In order to provide a comprehensive and advanced understanding of what is meant by these two terms in an educational context, a critical examination of the definitions is presented in the following section.

2.2.1.1. Special Educational Needs and/or Disability (SEN/D)

The term “SEN/D” is one of the more recently developed terms that is used to describe CYP’s additional requirement in the field of education. However, its origin can be traced back to the arguments of education pioneers for developing provision for CYP with disabilities who were excluded from the education system during the nineteenth century (Mittler, 1995). Indeed, as early as 1587, the first documented experience about education for children who were deaf was created in Spain by Pedro Ponce de Léon (Marschark & Spencer, 2011). The documenting of the method and experience of teaching deaf children how to read, write, and pray became a remarkable milestone for the development of education for children with specific disabilities in Europe. In the mid-eighteenth century, investigations into the educational needs of children with certain types of disability, such as blindness and deafness were conducted by American and French scholars, which led to a new interest in the exploration of educational programmes for children with other disabilities in the nineteenth century (Alkahtani, 2016). Despite the fact that the main purpose of providing these educational programmes or services for children with disabilities was to protect and shelter them from the outside world due to the difficulties they had to face in adapting to everyday life, the revolutions led by the Spanish, French, and American pioneers contributed to the development of education provision for children with disabilities in special institutions or special schools (Weijers, 2000).

During the nineteenth century, the notion of special education for CYP with disabilities was supported with the emergence of international legislation regarding the creation of special education programmes for CYP with different types of disabilities and/or needs (Alkahtani, 2016). Many developed countries have immediately responded and implemented specific legislation to ensure that a minimum level of appropriate education is guaranteed for CYP with disabilities. As one of the countries that has taken the initiative to pass various legal approaches to support the education of CYP with disabilities, the UK first introduced the term "SEN" in the 1981 Education Act following the recommendation of the Warnock Report (Department of Education and Science (DES), 1978). The introduction of the term "SEN" moved away from impairment-based labelling and also re-conceptualised the education of significant numbers of children (Cara, 2013; Qu, 2015). Norwich (2016) asserted that the term “SEN” strongly emphasized the connection between a child’s character and the provision that was required for his/her learning and education, in which it has brought a broad range of children who were previously described as “handicapped” and “disabled” into the mainstream education agenda. Consequently, the term “SEN” became widely welcomed in educational, social, and political contexts.

The definition of the term “SEN” has changed over time, which has raised considerable debate among professionals, parents, and the individuals directly involved. The “unproven assumptions” associated with the concept of “SEN” has increasingly come to be seen as problematic. In the term, the word “special” has triggered extensive debate in the academic literature around one of the central questions: “Is SEN an appropriate term?” For instance, Corbett (1996) asserted that using the word “special” to describe a child’s additional requirements tends to be quite negative as it reinforces the old view that children are powerless, especially children with SEN/D. In the same vein, Gernsbacher, Raimond, Balinghasay, and Boston (2016) argue that the term may encourage discriminatory practices, since any child at any stage may have or experience difficulty in learning, in which he/she may require “special” educational support as well. A further argument yielding the term inappropriate is that it tends to “fit” children into a general category rather than considering the variations of functioning in different children (Norwich, 2016). Meanwhile, the effectiveness of the term is questioned by Dyson (2005), who claims that the term “special” fails to operationally define the learning needs of CYP and address the holistic individual educational provision.

Despite all the criticisms and the changes over the years, the term “SEN” is still widely recognised in an educational context to describe the special educational arrangement of CYP who has difficulty in learning compared to his/her peers (Shevlin & Griffin, 2007). According to the official Irish definition offered by the Education for Persons with Special Educational Needs Act (2004) (EPSEN), a child with "special educational needs" means:

> "a restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability or any other condition which results in a person learning differently from a person without that condition" (Government of Ireland, 2004b, section 1)

However, as the full implementation of the 2004 EPSEN Act in Ireland was hindered by financial limitations (Kenny et al., 2020), which resulted key provisions such as the creation of individual education plans, the provision of educational support, and an independent appeals process have yet to be fully realised, the language used within the framework of EPSEN Act (2004) may have become outdated and requires revisitation. Given the temporal distance between the legislative period during which the Act was enacted and the present, it is crucial to assess its relevancy and efficacy in meeting the needs of individuals with disabilities. The language and provisions of the EPSEN Act may no longer align with current practices and attitudes towards the education and support of CYP with disabilities. Furthermore, the compatibility of the EPSEN Act with the provisions and goals of the Disability Act of 2005 must be taken into consideration. A thorough examination and subsequent revision of the language used in the EPSEN Act is necessary in order to ensure that it accurately reflects contemporary perspectives and effectively serves the needs of individuals with disabilities.

Having critically reviewed and defined the term "SEN", it is clear that "SEN" is a legal term to describe if CYP is eligible for extra support in an educational context. While the term includes a variety of disabilities that cause difficulties in relation to a child's learning, it is important to note that it does not address other complex or long-term disabilities (Alkahtani, 2016). Shevlin and Griffin (2007) also assert that any child may have special needs, and that not all disabilities are in relation to education. For this reason, a more inclusive term "SEN/D" was generated and widely applied in the policies, frameworks, and research studies relating to the educational provision for children with SEN/D. The statutory guidance "Special Educational Needs and Disability Code of Practice: 0 to 25 years" provided by the UK Department for Education (Department for Education (DfE), 2015) clearly outlined the differences between the two terms "SEN" and "disability" in the context of education:

> "Many children and young people who have SEN may have a disability under the Equality Act 2010 – that is '… a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'. This definition provides a relatively low threshold and includes more children than many realise: 'long-term' is defined as 'a year or more' and 'substantial' is defined as 'more than minor or trivial'. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition." (p.16).

Accordingly, a child with disability does not necessarily have SEN as they may require more support towards their health, intellectual, physical, or behavioural development which is over and beyond an educational level. In Ireland, while the general definition of the term "disability" is provided in the Disability Act, 2005 (Disability Act 2005, 2005), and the term "SEN" is provided for the EPSEN Act (2004)

(Education for Persons with Special Educational Needs Act (EPSEN), 2004), there is no official Irish definition regarding the term "SEN/D" in the context of education. The term "SEN" is commonly applied to the area of education for children with SEN/D within the Irish context (Shevlin & Griffin, 2007). However, due to the interdisciplinary nature of the area under investigation (i.e., EI), the term "SEN/D" is applied to describe CYP's additional requirement in the context of this programme of research. To further explore the practical understanding of disability in an educational context, the concept of "inclusion" is presented in the following section with an examination of the definitions and discourse.

2.2.2. "Inclusion"- A Practical Form of Understanding Disability

As mentioned earlier, the recognition of the social model of disability has contributed to the concept of "inclusion" in educational practice for CYP with SEN/D. It was instigated based on the awareness of the fundamental rights of a child in respect of education, which was announced in a variety of international documents, such as; the United Nations Convention on the Rights of the Child (UNCRC), (UN, 1989), The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), (UN, 2006), the Salamanca Statement (UNESCO,1994), and the Dakar Framework for Action (UNESCO, 2000). All of these documents have firmly highlighted the right of all children to an appropriate inclusive education. According to the UNCRPD (UN, 2006), inclusive education is defined as a process of enabling all children to participate fully in the education system, regardless of their abilities. The UNCRPD General Comment No. 4 on inclusive education further elaborates on this definition by stating that inclusive education involves removing barriers and creating supportive environments where children with disabilities can learn, grow, and participate in all aspects of education and society. Specifically, it emphasises the importance of promoting the full and equal participation of all children in education, including those with disabilities, and recognises the role of education in breaking down barriers and promoting social inclusion (UN, 2006). Therefore, as Schwartz, Sandal, Odom, Horn, & Beckman (2002) asserts that the concept of inclusion is all about awareness, recognition, and acceptance. Accordingly, in some way or another, the term "inclusion" can be also viewed as a practical form of understanding disability.

Even though the term "inclusion" is commonly-used in the area of education of CYP with SEN/D, the diverse use of the term in different contexts has created different meanings for different people, which has caused a sense of confusion about the actual meaning of inclusion (Armstrong et al., 2011). Ainscow, Booth, and Dyson (2006) are in agreement and point out that inclusion is difficult to define precisely as it is a very complex term that not a single definition could represent the full meaning at both conceptual and practical levels. For example, inclusion was used to describe an integration of mainstream and special education, where students with SEN/D could receive education in mainstream placement as well as their peers (National Council for Special Education: NCSE, 2010). Nevertheless, a major problem about this definition was pointed out by a variety of research literature (Ainscow et al., 2003, 2006; Kurawa, 2010; Vislie, 2003), which collectively claim that this definition does not demonstrate the significance of the quality of the education, instead, it places a strong emphasis on providing support to the individual with SEN/D to "fit in" a "specific" education programme rather than changing the programme itself. Therefore, the focus of the definition has moved from the CYP to the design and the implementation of school programmes in relation to its appropriateness and effectiveness. A broader perspective has been adopted by researchers (Booth & Ainscow, 2002; Jones, 2011; Seebach & Walsh, 2009) who argue that inclusive education is not simply about integrating mainstream education and special education, it is a "never-ending" process and an educational provision which requires active participation with the learning process of the CYP and their families. In the same vein, Guralnick (2005) asserts that inclusion offers a maximum level of participation for CYP with SEN/D and their families, to be meaningfully engaged in all the activities within the setting and the society. While others define inclusion from the perspective of participation, Hornby (2015) takes the aspect of identity and belonging into consideration, in which he describes inclusion as "a philosophy of acceptance and belonging within a community". This view is echoed by Rodgers and Wilmot (2011), who suggest that every CYP should be valued as an individual - welcomed and included on equal terms without any form of discrimination on grounds of cultural background, socio-economic status, language, gender, religion, or disability. For instance, all CYP in an educational setting, including CYP with SEN/D should view themselves as unique individuals and feel strongly about belonging to a group.

While most scholars are thriving to explore the most appropriate definition for the term inclusion, further concerns have completely turned opposite. The provision of full inclusion of CYP with SEN/D in mainstream educational settings has been questioned by a number of scholars (e.g., Evans & Lunt, 2002; Hansen, 2012; Hornby, 2015; Malmqvist, 2016; Odom, Buysse, & Soukakou, 2011), who claim that the mainstream classroom is not always the most appropriate setting for CYP with complex needs. Conversely, it is argued that it may negatively affect the education of other CYP by demanding inconsistent attention from teachers who are not particularly trained to be able to meet the diverse needs of children with SEN/D (Wang, 2009). Commenting on this, Anastasiou and Kauffman (2011) assert that:

> "The ultimate test of good education should be whether a particular student is receiving good instruction that matches his or her needs, not the student's placement … Unfortunately, in the name of ideology, social constructionists give unconditional support to inclusion regardless of an individual's instructional needs, and avoid dealing with practical issues such as the effectiveness of inclusive practices." (p. 380).

Due to the recognition of the barriers regarding the inclusive education for all children with SEN/D at a practical level, a further definition is suggested by Hornby (2015), who describes inclusion as provision that meaningfully supports the learning needs of some children with SEN/D in mainstream settings, while maintaining special schools or classes for those who need them. Otherwise, perhaps a new term "inclusive special education" that encompasses a synthesis of the philosophies and practices of both inclusive education and special education would advance the understanding and the definition of inclusion in the area of education for children with SEN/D (Hornby, 2015).

As explored above, inclusion is a very complex term that no single definition could portray its full meaning and associated best practice. On the one hand, it looks at CYP's fundamental rights in respect of education. However, on the other hand, it also has to consider the efforts that need to be made during the transformation process from a "specific" programme to an "inclusive" programme that meets the needs of all CYP including CYP with SEN/D and their families. With regards the concept of inclusion and policy provision for the "full inclusion" of children with SEN/D in mainstream classes, it has been pointed out that it is impossible to achieve this in practice due to the complexity of some children's additional needs (Hansen, 2012; Hornby, 2015). Thus, whilst "inclusion" has become the accepted terminology choice in the area of education for children with SEN/D, the debate continues as to whether Hornby's (2015) new term "inclusive special education" for operationally defining the area is appropriate. With the existence of such a situation, a plethora of definitions continue to proliferate in the literature and impact on our knowledge and practice towards the education of CYP with SEN/D. Theories about the aetiology of SEN/D have placed significant impact on the definition of inclusion in the area of education. In the light of the awareness and growing concern of the effect of social and environmental factors towards the development and learning of CYP with SEN/D, inclusive education has been taken to its extreme within this social perspective, with suggestions that SEN/D are entirely socially constructed

(Eddey & Robey, 2005; Retief & Letšosa, 2018). However, from the perspective of the current programme of research, the important role of both biological and psychological factors in the aetiology of SEN/D need to be acknowledged. By accepting this, it is not disputing the impact of environmental and social factors in the learning of CYP with SEN/D. The knowledge base of inclusive education should concern a bio-ecological view in the aetiology of SEN/D, where a wide range of evidence-based interventions conceptualised through different disciplines (e.g., educational, medical, psychological) are provided to address the complex needs of CYP and their families in both nature-environment based settings (e.g., home, playground, school) and specialised settings (e.g., special schools, clinics).

2.2.3. Conclusion on Disability and Education

Presented in this section has been an exploration of the terminologies and concepts relating to the area of disability and education, which has provided a detailed understanding of the inherent complexities associated with work in the area of education for CYP with SEN/D. With regards to these fundamental terminological issues, the historical origin and the definitions of the various terms relating to the area were critically examined. From a historical backdrop of usage in educational legislation (e.g., Warnock Report, 1978), it has been argued that term "SEN" moved away from impairment-based labelling and re-conceptualised the education of significant numbers of CYP (Cara, 2013; Qu, 2015). From a linguistic perspective, however, it has been shown that the term "SEN" overcomes many of the terminological problems inherent in the term "handicapped"(Corbett, 1996; Gernsbacher et al., 2016), and definitional problems due to its ability in operationally defining the learning needs of CYP and address the holistic individual educational provision (Dyson, 2005). Thus, whilst "SEN" has become the accepted terminological choice in this area, a more inclusive term "SEN/D" (DeF, 2015; Shevlin & Griffin, 2007) has been generated, operationally defined, and applied in the current programme of research. The concept of inclusion was also explored with an examination of its definition and discourse around the central issues. It has been suggested whilst the term "inclusion" has become the accepted terminology choice in the area of education for CYP with SEN/D, the debate continues as to whether Hornby's (2015) new term "inclusive special education" for operationally defining the area is appropriate. Indeed, the important role of both biological and psychological factors in the aetiology of SEN/D need to be acknowledged, as well as social and environmental factors. Thus, a bio-ecological view of the aetiology of SEN/D in the knowledge base of inclusive education is considered in the current research programme, which is central to the further exploration of the area under investigation.

2.3. Defining the Area: Early Intervention

Having critically reviewed the theoretical understanding of disability and the terminologies utilised in relation to the area of education for children with SEN/D, attention now shall turn to a focus on the area of EI for children with SEN/D and their families, which is of central concern to the present set of investigations. As with pervious sections, a detailed examination of the historical origins and definitions of the term "EI" is essential to understating the field of research.

2.3.1. Defining Early Intervention

Like many of the terms explored previously, the term "EI" has been broadly used to describe a wide range of activities, such as treatment for alcohol and drug problems, which has led to a degree of uncertainty around the terminology. Thus, it is necessary here to clarify exactly what is meant by EI for children with SEN/D and their families in the context of this programme of research.

EI is generally referred to as a system which encompasses a wide range of coordinated, family-centred, team-based, and natural environment-focused services that are provided to children and their families from birth to six years who are “at risk” for developmental delay or who have a developmental disability (Dunst, 2000; Guralnick, 1993; Ramey & Ramey, 1998; Shonkoff & Meisels, 2000). Due to its unique contribution to the developmental outcome of children with SEN/D and their families, EI is described as a “continuing evolution” (Shonkoff & Meisels, 2000) which offers great opportunities to help infants and young children to reach their full potential.

Blackman (2003) sustains that “… the goal of early [childhood] intervention is to prevent or minimise the physical, cognitive, emotional, and resource limitations of young children with biological or environmental risk factors” (p. 2). Similarly, Bailey, Bruder, Hebbeler, Carta, Defosset, Greenwood, Kahn, Mallik, Markowitz, Spiker, Walker, and Barton (2006) also suggest that one great merit of EI is to strengthen families’ capacities to nurture children and function well for all members, so that their future quality of life can be improved. Thus, in order to achieve the goal effectively, Guralnick's (2001) work of the Development System Approach (DSA) has highlighted the fundamental need of promoting parent-child relationship in EI practice. To better understand the developmental mechanisms that are involved in enhancing a child’s development, Guralnick placed his focus on the quality of parental-child transactions, family orchestrated child experiences, and the child’s health and safety, as provided by the parents. For Guralnick (2001), EI is described as a carefully designed system that supports family patterns of interaction, which in turn promote the best developmental outcomes for the child. Thus, Guralnick's (2001) interpretation of EI allows for a strong developmental-oriented approach to be maintained.

While the significance of family’s input in the EI process was valued in Guralnick’s overarching framework, Dunst (2000) turned his attention to the quality of experiences that families receive during the EI process by describing EI as “the provision of supports” to communities and families of young children with SEN/D. To better explain his focus in family centeredness, Dunst (2000) highlights that EI is an array of experiences that are orchestrated to young children, their parents, and other family members during the development of pregnancy, infancy, and/or the early childhood period. This definition is also reflected in his later work with his colleagues (Dunst, Trivette, & Deal, 2011), who developed the idea of using family-system based EI practice to maximise the needs of families and their children through all stages of their lives.

While the term "EI" is defined based on the theories and empirical results of human development and child psychology by the EI pioneers that were mentioned above, the idea of "prevention" as part of intervention work for children with SEN/D and their families appears in different definitions. The following section further defines the term "prevention" within the context of EI, so that a richer and comprehensive understanding towards the research area can be gained.

2.3.1.1. Defining Prevention

The recognition of the idea of "prevention is better than cure" in public health has contributed to the initiation of the definition. The term "prevention" targets the families of children who are "at risk" for developmental delay. In this context, "at risk" has been broadened to include any established, biological, and environmental conditions that may possibly place risk on a child's optimal growth (Guralnick, 1998). In order to optimise the contribution of the idea of "prevention" as part of intervention work, Simeonsson (1991a) listed three levels of prevention strategies: (i) primary prevention, (ii) secondary prevention, and (iii) tertiary prevention.

The core aim of primary prevention is to intervene before a problem occurs and to prevent the problem from getting worse through assessments and measures of risk factors of an individual or a population. For example, providing appropriate training or guidance to parent(s)/guardian(s) of foetuses who are at risk for low birth weight that may impact on his/her optimal development during pregnancy can be seen as a primary prevention activity in the context of EI. From an individual perspective, the strategies provided by the EI professionals prepare, facilitate, and empower parents to cope with their child's condition, and also to intervene before other related developmental and health effects occur. From a social and economic point of view, primary prevention is of great help in preventing, reducing, and avoiding a number of new cases of identified conditions and problems for children and their families.

Secondary prevention focuses on reducing the number of existing cases of an identified problem in a population by identifying the prevalence of the manifested problems or conditions at the earliest stages. Applying the same example mentioned above, a secondary prevention approach would screen to identify a newborn's related developmental delays or health problems caused by low birth weight after onset of the problem appears, but before the problem is fully developed.

Tertiary prevention aims to limit or to reduce the complications associated with an identified and presented problem, so that a child's diagnosed problems can be managed through intervention and rehabilitation. Again, in the context of EI, tertiary preventions take more intervention activities into account to enhance the educational and experiential outcomes for children and their families (Simeonsson, 1991b). The key of tertiary prevention is to maximise the quality of life for children with SEN/D, which takes more effort and goes well beyond the individual level.

There is no doubt that Simeonsson's (1991a,b) work has further contributed to the development of the definition of EI, in which the term is now also referred to as "Prevention and Early Intervention (PEI)". The concept of prevention as part of EI is advocated in many other US-based EI programmes or models serve well for families of children with SEN/D, such as; the Developmental System Approach (Guralnick, 2001), the Transactional Model of Early Intervention (Sameroff & Fiese, 2000), and the Parent-Mediated Intervention Models (Mahoney, Kaiser, Girolametto, MacDonald, Robinson, Safford, & Spiker 1999). All of these have adopted the full meaning of “prevention”, in which they acknowledge and recognise the significant role that prevention plays in comprehensive EI.

In Ireland, the ideas of prevention is also reflected but further extended in the "What Works Ireland" project, in which it is a cutting-edge initiative that is focused on improving the effectiveness and efficiency of EI services in Ireland. While Simeonsson (1991a,b) emphasised the importance of early identification and intervention to prevent the development of more serious problems later in life, the project further recognises the significance of prevention in addressing social and behavioural issues and seeks to incorporate these principles into the Irish EI system (Department of Children, Equality, Disability, 2020) Furthermore, the project takes an evidence-based approach to EI and focuses on identifying and implementing best practices in the field. It works closely with practitioners, policymakers, and researchers to ensure that the latest research and knowledge is integrated into the design and delivery of early intervention services. This proactive approach to EI helps to address issues before they become more serious, leading to better outcomes for children and families. By incorporating the principles of prevention, "What Works Ireland" is helping to create a more effective and efficient EI system in Ireland that supports families of children with SEN/D in reaching their full potential.

Having explored the concept of “prevention” appeared in different EI definitions, the term EI is operationally defined. It is clear that comprehensive EI services involve intervening early in the genesis of a problem or difficulty experienced before the child is born, and also early in infanthood where necessary. Although a variety of definitions of EI have co-existed and will continue to co-exist in the future, all the definitions that were explored above certainly share a common objective, which is to maintain and/or maximise the long-term development of families and their children with SEN/D, so that their future quality of life can be improved (Bailey et al., 2006). However, in order to promote quality educational and experiential outcome among children with SEN/D and their families, the effort of EI programmes goes well beyond an individual level, which requires interrelated coordination and supports at a systematic level, while maintaining family-centred principle. In other words, EI cannot only take into consideration the health condition of a child and his/her family, but also his/her surrounding environment. This is asserted by the WHO (2001) in its publication of "*International Classification of Functioning, Disability and Health*", where a 'bio-psycho-social' model was proposed:

> "… an individual's functioning in a specific domain is an interaction or complex relationship between the health conditions and contextual factors (environmental and personal factors). There is a dynamic interaction among these entities: interventions in one entity have the potential to modify one or more of the other entities (p. 19)."

Such a highlight on the complex interaction between the health condition and contextual factors in EI has again reflected the fundamental theoretical framework – an ecological framework that proposed by Bronfenbrenner. While an ecological perspective of EI is adopted in the current programme of research, the perspective of prevention, especially the primary prevention that focuses on the child's biological condition and environmental risks before the child is born, is also viewed as a significant part of EI. Thus, the present research programme takes an integrated approach which considers both the biological and ecological realities of families and their children with SEN/D in EI. In order to provide an insight as to why EI could be defined differently from diverse perspectives, the origin of EI will be explored in the following section.

2.3.2. The Origin of EI

The historical recognition of childhood as a significant period of a person's development and life is noted as the initial origin of EI (Ramey & Ramey, 1998; Shonkoff & Meisels, 2000). From the early eighteenth century, a variety of different early childhood education programmes such as Fröbel's kindergarten (Fröbel, 1909), Margaret McMillan's nursery school (McMillan, 1921), and Maria Montessori's (Montessori, 1949) approach to pre-school education were designed for children growing up in poverty, or children living in disadvantaged backgrounds across Europe (i.e. Germany, England and Italy). Dunst (1996) highlights that these early education programmes "… serve as a means to influence behavior and development …" (p. 12).

Each of these programmes are often cited as one of the most essential "movements" that underlined the value of early childhood education and promoted the development of early childhood education programmes, even though they differed from each other in terms of practice, outcomes, and goals (Dunst, 1996). However, initial concerns for children from disadvantaged backgrounds were extended to other children who were at risk of having developmental delay or a disability owing to the investigation of in-depth child development research (Sameroff, 2010). Besides this, a number of child development and psychological theories were generated which indicated the influence of environmental circumstances in forming the behaviour and the development of a child. For example, this is exemplified in the work undertaken by Vygotsky (1978), who maintained that children are part of the environment and their learning happens in a social environmental context through a variety of social interactions. Similar to Vygotsky, Erikson (1968) also demonstrated the impact of the surrounding environment on a child's psychological growth and development through his eight stages of Psychological Development. To some extent, these theoretical orientations all had a crucial role to play in terms of building a case for EI.

With regard to the ongoing development of psychological theories regarding child development, a growing body of research literature (e.g., Barrera & Rosenbaum, 1986; Guralnick & Bricker, 1987; Ramey & Ramey, 1998) related to the area of EI were published, indicating that effective EI during the early childhood period has a positive impact on the developmental outcomes for children with SEN/D and their families. Additionally, several other theoretical frameworks, such as Bronfenbrenner's (1979) Ecological Model of Human Development, Sameroff's (2009) Transactional Model of Development, Belsky's (1984) Parenting Process Model, and Smith and Thelen's (2003) Dynamic Systems theory were also applied to the development of EI at both conceptual and practical levels. Compared with many of the psychological models, these models demonstrated the more complex interaction between environmental mechanisms and a child's development. These models contributed to answering Bronfenbrenner's (1977) critique of many of the theories of human development derived from the field of psychology: "… it can be said that much of contemporary developmental psychology is the science of the strange behavior of children in strange situations with strange adults for the briefest possible periods of time." (p. 317). Owing to the contribution of these theoretical frameworks, different EI programmes were established for the purpose of preventing and minimising young children's long term developmental problems that may arise from biological and/or environmental factors, as well as for those children with established developmental disabilities.

Guralnick (1993) concluded that the nature and progression of special education, early childhood education, and child development research have derived the concept of EI and laid a strong foundation for the development of EI. Indeed, the development of EI is guided by an extensive range of sources, such as child and family development, psychology, health, neuroscience, and education philosophy that all emphasise the interactive nature of child development. This may help to explain why EI is defined differently from diverse perspectives outlined in the previous section, due to its interdisciplinary nature.

Having explored the origin of EI, a better understating on how EI has evolved throughout history is gained. It is clear that EI has been historically influenced by various theorists, models, and research disciplines. In order to provide a richer and deeper understanding of the area of EI, a brief overview of the principles in current EI practice is required.

2.3.3. Principles of EI Practice

The following section critically reviews the core principles that are guiding the current EI practice and service delivery both nationally and internationally.

2.3.3.1. Family-centred Practice

Traditionally, EI services for children with SEN/D has mainly relied on a child-centred model. Gallagher, Malone, Cleghorne, and Helms (1997) analysed the goals contained in the Individual Family Service Plan (IFSP) for children with disability, and found that most goals in the IFSP were profoundly child-focused. Apart from this, Gallagher et al. (1997) also found that parents were more likely to require services to focus on their child's individual needs regarding the disability. This child-focused approach, however, failed to address the long-term outcome of EI programmes (Dunst, 2002).

Throughout past few decades, family-centred practice in EI was emerged and has been widely acknowledged and accepted as the fundamental principle. The ecological theory of child development (Bronfenbrenner, 1979) has largely contributed to the development of family-centred EI practice by viewing family as a whole unit that the child cannot be isolated from his/her family, as well as the environment that the child spent the most time in such as pre-school settings, community, or playground. Consequently, people who are involved in a child's micro-system are extremely significant to the development of a child with

SEN/D, and the interaction between those people could not be ignored (Carroll, 2016). For the reason that research in the area of biological, behavioural, transactional, sociological and socio-cultural have well-documented the importance of early life experiences and early relationship to a child's optimal growth (Ainsworth & Bowlby, 1991; Erikson, 1968; Feldman, 2007; Parsons & Bales, 1955; Sameroff, 2010; Vygotsky, 1978). All of these theories and approaches point to the essential impact of family on a child's development and their various roles with regard to EI services. Thus, promoting family patterns of interaction within a family-centred EI approach is currently recognised as best practice nationally and internationally (Moeller et al., 2013).

Bailey et al. (2006) maintain that the belief that parents know what is needed for their family to live successfully with their child's disability is endorsed in family-centred practice. Thus, the term "family empowerment" was portrayed by Dunst, Trivette, and Deal, (1988), who emphasised the emergent need of building partnerships with parents within family-centred EI practice as it is the key for the implementation of family-centeredness in EI. By making this argument, Dunst (2002) pointed out that true family-centred practice should promote parents' captaincy in making informed decisions, and at the same time, resources and supports should also be provided for families to care for and rear their children.

In Ireland, families are a key focus of the EI policy for young children with SEN/D within the health services (Health Service Executive (HSE), 2011). The implementation plan of the National Policy Framework for Children and Young People (Department of Children and Youth Affairs (DCYA), 2015) has set guiding principles to ensure that all services for CYP in Ireland are rights-based, equality-focused, family-orientated, evidence-informed, and outcomes-focused. However, it is noted by researcher (Hayles et al., 2015) that the principle of "family-centred" approach to EI within the health services is not reflected in the guideline and actual practice. The same argument was also made by

Fitzgerald, Ryan, and Fitzgerald, (2015), who conducted two focus groups discussion with 12 parents of children with disability from two EI services in Ireland. A wide range of problems were highlighted by Irish parents including the lack of support, inefficient delivery of services, and misappropriation of time. In other words, the professionals within the EI team are working "around" families instead of working with the families.

Even though there are still a variety of issues were addressed in Irish studies in relation to current family-centred approach to EI, there is also an acknowledgement from the Irish government that quality family-centred EI for children with SEN/D could produce optimal child growth and family outcome (Carroll, 2016). This recognition from the government suggests and also supports EI services in Ireland to strive towards quality family-centred EI practice. However, further research is needed to understand what factors that could place impact on the delivery of family-centred EI practice from both system and practice perspectives in the Irish context.

2.3.3.2. Coordinated Team-based Approach

As demonstrated in the previous section, child development is conceptualised with the progression of EI. Due to this reason, EI is interdisciplinary in nature since developmental problems of a child are very complex that cannot be addressed in a single discipline (Holm & McCartin, 1978). Therefore, different professionals from various disciplines could be involved in the EI team including Special Education/Child Development Professionals, Speech and Language Therapists (ST), Physiotherapist (PT), Occupational Therapist (OT), Psychologist, Paediatrician, Medical Doctor, Family Support Worker, and Social Worker. However, as the most important component of a child's development, people who involved in a child's micro-system such as parents and pre-school teachers are also seen as part of the team.

There are different models of team working are applied in EI including multi-disciplinary model, inter-disciplinary model, and trans-disciplinary model (Carroll, 2016). For multi-disciplinary working, each professional from different disciplines provide specific services for families (Carroll et al., 2013). However, criticism against multi-disciplinary approach were highlighted in Mccormick and Goldman's (1979) study, who found that multi-disciplinary model of service delivery is inefficient since team members conduct separate assessment and plans for intervention within their own expertise, which also leads the implementation of the plan inconsistent.

While a number of drawbacks of multi-disciplinary model were pointed out by researchers, an inter-disciplinary team approach to EI was developed. Unlike the multi-disciplinary model, inter-disciplinary approach allows each professionals conduct their own assessment based on their disciplines, followed by ongoing discussion to develop a joint plan (Carroll, 2013). Commenting on this approach, Guralnick (2000) claims that an inter-disciplinary approach allows different knowledge and skills from many individuals to be brought together, so that the complex needs of families and young children with SEN/D could be met. Yet, issues of inter-disciplinary approach were also discovered that family as one of the most important people may not be considered as team members (Hong & Reynolds-Keefer, 2014).

Trans-disciplinary model of services delivery is currently recognised as best practice for children with SEN/D and their families (Boyer & Thompson, 2013; King, Strachan, Tucker, Duwyn, Desserud, & Shillington 2009). In contrast with other two models, trans-disciplinary approach is based on information and skills sharing cross different disciplines in order to better serve the children and their families (King et al., 2009). Additionally, it well-reflects the principle of family-centeredness in EI as it views the development of the child is integrated within the environment and the social context.

Collectively, a team-based approach that involves different disciplines is extremely essential to the success of EI services that provided for children with SEN/D and their families. In Ireland, these three models of team-work were all applied in the actual practice (Carroll, 2016). However, it was noted by previously mentioned study of Fitzgerald et al. (2015) who point out that there is certain confusion within the Irish context whether multi-disciplinary, inter-disciplinary or trans-disciplinary model are implemented in the EI services. According to HSE (2017), multi-disciplinary approach is used in the assessment of the needs of children and families within the EI system. Nevertheless, Carroll et al. (2013) who as insiders working in HSE found that there is a strong acknowledgement and demonstration of using comprehensive inter-disciplinary team-based assessment approach within the EI system. In some way or another, this inconsistency between what is stated in the health system and actual practice could lead uncertainty among parents since different models of team-work contains different EI team structure.

2.3.3.3. Nature Environment-based Service

Going back to one of the theoretical foundations of EI, Bronfenbrenner (1979) states in his ecological theory of human development that for children with SEN/D, the surrounding environments and social context are an essential part of their development and learning. These surrounding environments could be any places that the child and his/her family live, play, and learn, such as early childhood settings, home, and community playground. Consequently, interaction between EI services and these "natural environments" is extremely significant in terms of promoting the efficacy of EI programmes, for the reason that they are the places that children with SEN/D practice new skills and earn the full benefits from EI team (Odom et al., 2011)

While theories and models to EI both advocate the belief of delivering natural environment-based services, Mcwilliam, Casey, and Sims (2009) developed a routine-based EI approach (RBEI) alongside with a specific strategy known as “routine-based interview” (RBI). This RBI allows professionals to assess family needs, goals, priority, and culture, so that professionals could guide families and others who involved in a child’s daily living to implement certain interventions that based on the routine of the child and his/her family. Hwang, Chao, and Liu (2013) commented that RBI to EI proactively supports families in providing experiences for their children to actively engage in learning through daily routines with the functional goals of promoting appropriate interaction with peers and surrounding environments. There is no compelling reason that RBEI and RBI reflect the value of supporting family patterns of interaction within family-centred practice that stated in Guralnick’s (2001) DSA approach.

In Ireland, the policy provision of including children with SEN/D to access and participant mainstream early childhood programmes, which to some extent has mirrored aspects of Guralnick’s (2001) DSA approach and Mc William’s (2009) RBEI. Early years’ setting is viewed as one of the most important placements for the implementation of effective EI programme. While the HSE plays a vital role in supporting the implementation of EI through providing multidisciplinary team assessments, individual and group intervention, and parental programmes for children aged 0-6 years and their families who have complex developmental needs (HSE, 2017), funding is provided to a number of crèche and pre-school services that are supported by the Early Childhood Education and Care (ECCE) scheme by the Irish Government, to ensure that supportive programmes and professional supports are available to children with SEN/D and their families (National Council for Special Education (NCSE), 2014; National Disability Authority (NDA), 2011).

Having reviewed the current core principles in EI practice and their application in EI service delivery within the Irish context, it can be seen that making EI a family-centred, coordinated team-based, and natural environment-based service for families of children with SEN/D is an essential criterion to its success. Although the provision of EI services and service delivery in Ireland has been inconsistent across the country at a practical level, there is strong evidence showing that Ireland has adopted a right-based, inclusive, family-centred, team-based, and outcome-orientated approach to help families and their children with SEN/D to thrive. Excepting for the evolution in the societal view of disability and the contribution from EI theorist and pioneers towards our knowledge and practice, what derived Ireland to a more inclusive society in terms of EI were the development of meaningful policies and legalisations. Thus, the following section reviews the legislation and policy context regards EI at both national and international levels.

2.3.4. Legislation and Policy Context

At an international level, the UNCRC (UN, 1989) and UNESCO's Salamanca Statement (1994) have set a rights-based approach towards the needs of children with SEN/D to access to educational services, which highlighted the rights of all children to receive equal opportunity in education without any form of discrimination within the mainstream education system. As one of the signatories to the UN Convention, Ireland has committed certain responsibilities in terms of investigating high quality education experience for all children.

The concept of inclusion education was brought into the Irish context on the foot of the Report of Special Education Review Committee (SERC) (Department of Education and Science (DES), 1993). A specific reference to provision for the education of CYP with SEN/D was made in the Education Act 1998, which reinforced the conception of including CYP with SEN/D in mainstream schools (Government of Ireland, 1998). Most importantly, a comprehensive framework is provided in the EPSEN Act (Education for Persons with Special Educational Needs Act (EPSEN), 2004), to ensure that CYP under 18 years of age with SEN/D are appropriately educated in the mainstream services as well as their peers who do not have the same needs.

The notion of inclusion is also extended to the early childhood education and it is addressed in a broad range of enterprises which particularly focus on the early years, such as the White Paper on Early Childhood Education: Ready to Learn (Government of Ireland, 1999), the National Strategy: Our Children: Their lives (Government of Ireland, 2000); the National Quality Framework: Siolta (Department of Education and Skills, 2006), and the Early Childhood Curriculum Framework: Aistear (National Council for Curriculum and Assessment(NCCA), 2009). These numerous range of policies and frameworks have strongly underlined the importance of inclusion in early childhood and also provided guidelines for high quality practice for children in the age range from birth to six years in Ireland. Additionally, a free pre-school year scheme (FPYS) was introduced since January 2010, which enables all children aged between 3 years old up to 5 years old to entry the Early Childhood Care and Education Scheme (ECCE) (Office of the Minister for Children and Youth Affairs (OMCYA), 2009). The introduction of the FPYS have placed a strong emphasize in actual practice towards the inclusion of children with SEN/D in mainstream early years' services.

While the maximum possible level of inclusion of children with SEN/D in mainstream early years' setting is secured, the policy development of the department of education has highlighted the need for providing EI services and multi-disciplinary specialist supports for children with a disability in the inclusive early childhood services. (Carroll et al., 2013; Meaney, 2006). In this context, the Disability Act 2005 (Disability Act 2005, 2005) is established along similar line with the Education for Persons with EPSEN Act (2004), which has addressed the issues relating to the assessment needs of persons with SEN/D. A statutory assessment approach for children under 5 years of age has been set out in the Part 2 of the Disability Act 2005, which enables parent and guardians to apply for an assessment of their children's health and educational needs. More recently, Diversity, Equality and Inclusion Guidelines for Early Childhood Care and Education (DCYA, 2016) is revised from the National Childcare Strategy 2006-2010: Diversity and Equality Guidelines for Childcare Providers (Office of the Minister for Children (OMC), 2006). The new version guidelines is accomplished by a new National Inclusion Charter and an inclusion policy template, which requires ECCE services' providers to complete and publish an Inclusion Policy towards their practice underpinning the principle and commitment to inclusion. In coupled with the Diversity, Equality and Inclusion guidelines, the Better Start Access and Inclusion Model (AIM) (DCYA, 2016a) is introduced, which provides seven different levels of support and intervention, including therapeutic support for children with SEN/D and their families to access to the ECCE programme and/or EI services. As a result of the AIM model, national training programmes are provided for service providers in terms of supporting them to adopt the guidelines and developing inclusion policy within the pre-school settings. Besides this, inclusion coordinator has been created as a new role in the ECCE services, to provide professional support and leadership for children with SEN/D to access the mainstream pre-school services, or to apply for EI support (Pobal, 2016).

2.4. Chapter Conclusion

The aim of Chapter One was to review the pertinent historical and philosophical literatures pertaining to the term "disability", "SEN", "inclusion", and the area of EI. Reviewed were two fundamental areas of concern to the present research. The first of these areas was concerned with the fundamental issues as to how, or why, disability was defined and is defined from a historical perspective. It was shown that whilst the conceptualisation of the social model has demonstrated the ideological and practical success for people with disabilities in society, the attention for further development has turned to a financial aspect to ensure the affordability and sustainability of the global economy, as well as encourage and support people with disabilities who are able to, and wanted to work to be financially independent (Government of Ireland, 2015;

WHO, 2011). Regarding the second main issue, recent development in our understanding of the "diverse" types of the terminologies and concepts in relation to the area of education for CYP with SEN/D was reviewed. The terminological and definitional issues in describing CYP's additional requirements in the area of education was highlighted and the differences between the term "SEN" and "disability" was clarified. It was shown that while the term "SEN" includes a variety types of disabilities that cause difficulties on the aspect of a child's learning, it does not address other complex or long-term disabilities (Alkahtani, 2016; Shevlin & Griffin, 2007). Therefore, a more inclusive term "SEN/D" is widely applied in the policies, frameworks, and research studies relating to the education for children with SEN/D, as well as in this programme of research. Apart from this, the concept of inclusion in the area of education of CYP with SEN/D was critically explored with a detailed examination of its definition and discourse. It was highlighted that a plethora of definitions proliferate in the literature regarding the term "inclusion" impact on our knowledge and practice towards the education of CYP with SEN/D.

Having addressed these two fundamental issues, a comprehensive and advanced understanding of disability is provided, which allowed the area of EI to be operationally defined. A critically review of the definition, historical origin, and central principles of EI was provided in coupled with a discussion of the policies and legislations provision relating to EI and the education support for CYP with SEN/D and their families within an Irish context. It has been shown that although the format of EI service delivery in Ireland has been inconsistent across the country, the provision of EI services in Ireland is in a state of change owing to the development of international and national legal frameworks.

Leading by the HSE and facilitated by various natural environment-based settings (e.g., early years' settings, community intervention network), EI in Ireland has adopted a rights-based, inclusive, family-centred, team-based, and outcome-orientated approach to aid the development of families and their children with SEN/D in their own environment. What is more important now is to merge the existing knowledge and theories in the area of EI to ensure that those who implement the policies can better serve children and families in need within an EI context. In order to achieve this, solid theoretical frameworks are needed to inform EI practice, as well as the current programme of research. Thus, the next chapter critically discusses theoretical frameworks that inform comprehensive EI system and the current research programme.

Chapter 3 - Theoretical Frameworks

3.0. Chapter Overview

The current chapter presents a critical review of the theoretical frameworks that inform the current programme of research. The first framework considered is Bronfenbrenner's Ecological Model of Development (1979, 1986), which is useful for the exploration and understanding of EI system and practice in the context of a child and a family. While a bio-ecological perspective of disability within EI is determined as the context for the current programme of research in the previous chapter, the theoretical perspective of how the wider environment of families and their children with SEN/D can be conceptualised and understood in a bio-ecosystemic manner is presented. Pertinently, a critical review and comment upon on the usefulness of Bronfenbrenner's ecological model in educational-focused research is presented. An exploration and examination of the ecology of families and their children with SEN/D in the context of EI is also presented. Meanwhile, an enhanced model of ecological development is proposed, which provides fuller understanding of the development of families and their children with SEN/D within EI context. Such a focus conceptualises the experience of families and their children with SEN/D, which is essential to the identification of the main issues within current EI practice that is under investigation.

The second theoretical model considered is the Theory of Change model (ToC) (H. Chen, 1990; Weiss, 1997), which is considered as both theory and method for the development and implementation of the current programme of research. As well, a critical review of the usefulness and its application to previous social and educational research is presented. Thus, a theoretical context is set out to guide the current programme of research, so that a number of studies can be planned and implemented logically to promote certain changes in the area of EI for families and their children with SEN/D. This will also help to further contribute to the realisation of the Sustainable Development Goals (SDGs) at both national and international levels.

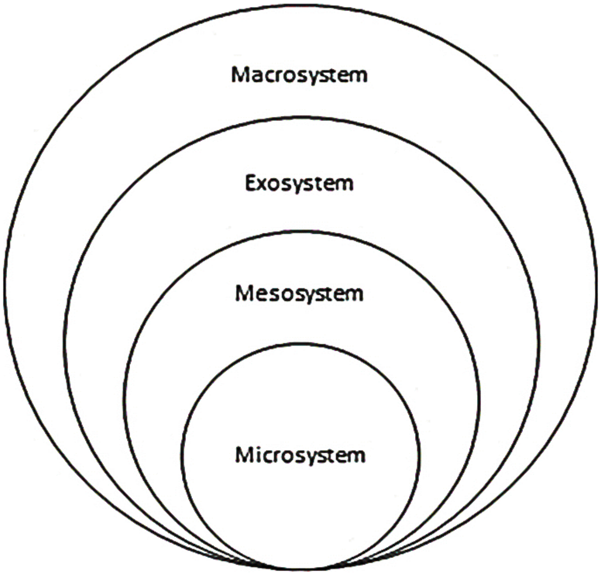
3.1. Ecological Theory of Development

The Ecological System Theory (EST), originally formulated by Bronfenbrenner (1979) has been widely used by developmental psychologists to understand the development of individuals within the context. It provides us a comprehensive view of the inherent relationship of the surrounding environmental influences on human development. From a conceptual perspective, EST has been used to clarify a range of developmental phenomena such as family influences on gender development (e.g., McHale, Crouter, & Whiteman, 2003), internet use and child development (e.g., Johnson, 2010), and behaviour problems in low-income, urban pre-schoolers (e.g., Anthony, Anthony, Morrel, & Acosta, 2005). From a research perspective, EST has been applied in developmental studies to identify intervention points that lie beyond individuals. For example, studies often examined the effect of family, schools, peers, and community microsystem to the development and learning of the child (e.g., Eamon, 2001; Weigel, Martin, Sally, & Bennett, 2011) to help to identify intervention points that focus on setting-level influences. To better understand the nature of Ecology of Human Development, Bronfenbrenner (1977) asserted:

> "The ecology of human development is the scientific study of the progressive, mutual accommodation, throughout the life span, between a growing human organism and the changing immediate environments in which it lives, as this process is affected by the relations…within and between these immediate settings, as well as the larger social contexts, both formal and informal, in which the settings are embedded." (p. 514).

Bronfenbrenner (1979) first outlined EST by organising the context of development into four ecological environment systems, which he described as “a nested arrangement of structures, each contained within the nest.” (p. 22). These systems include the Microsystem, Mesosystem, Exosystem, and Macrosystem, which are nested as it is shown in Figure 1.

Figure 1. Bronfenbrenner (1979) Nested Model of Ecological System



For Bronfenbrenner (1979), each system was viewed as arising from a setting, which he defined as “a place where people can readily engage in face-to-face interaction.” (p. 22). Accordingly, every system refers to a setting where a developing person directly and indirectly involves in the interactions. In this case, the microsystem which is at the lowest level of Bronfenbrenner's (1979) EST represents settings that provide the most immediate interaction and direct experience to the developing person. Using an example of child development, the family is the most essential setting in the microsystem since it is the first place where the child experiences direct social interaction with others (e.g., parents, siblings, other family members). The quality of interaction (e.g., reading with both parents) and experience that the child received (e.g., enjoying family outings) have a significant role to play to the holistic development of the child. As the child’s age expands, the size of the child’s micro-system increases leading to enhancements in the child’s development. More direct face-to-face interaction occurs between the developing child and other settings, such as the childcare settings, schools, and neighbourhoods.

However, social interactions between two of the focal individual's settings also appear to be crucial at this critical period. For instance, an information sharing between parents (from the child's family setting) and early years' educators (from the child's childcare setting) about the child's daily life in the setting presents a social interaction between the child's family microsystem and nursery school microsystem. Bronfenbrenner (1979) refers the interconnectedness of all the various microsystems as the mesosystems, which is nested within where microsystems are nested.

Unlike the microsystems where the settings have direct face-to-face interaction with the child, the third layer of EST – exosystem defines the larger social system which consists of connections and processes between two or more settings that the developing child does not directly participate. The schools and the education policy-making community are examples of common settings for the child, events such as implementing a new education policy occur in the policy-making community can have consequences on a child's educational experience and outcome in school even though the child is not directly involved in the making of the policy. Finally, the macrosystem, within which exosystem is nested is the last layer of Bronfenbrenner's (1979) work of EST. It is described as a culture "blueprint" that determines the ideologies and social structures in the more immediate system-level. For instance, societal attitudes towards disability moved away from the medical model to the social model have led to a shift from the traditional segregation of children with SEN/D to the inclusion agenda, which have implications for the educational experiences of these children.

The conceptualisation of the ecological environment in which human development occurs as a set of "nested structure" is a milestone in developmental theories. This approach sharply signified one of his critiques of traditional approaches, which he described as "the science of the strange behavior of children in strange situations with strange adults for the briefest possible periods of time" (p. 19). Yet, in order to fully understand the factors surrounding a developing individual, Bronfenbrenner (1979) further emphasised the significance of examining each of the nested ecological environment systems as an independent whole. In addition to this, the biological condition of the child is also recognised as important as the environment in change and growth. As a consequence to this, Bronfenbrenner (1986) later introduced an additional layer – the chronosystem in tandem with the four main ecological environment systems, which reflects change or continuity across the dimension of time as it relates to each of the other systems. Such introduction shifted the model from ecological to a bioecological model, has been an interesting addition to the theory and its usefulness. Changes or transitions such as moving to a new school, parental divorce, family bereavement, or social conditions occur within the environment are all considered as a part of chronosystem that could influence the development of the child.

Extraditing to the context of this programme of research, the development and interaction of families of children with SEN/D is more complex due to their children's additional requirements. Hence, given that nature continues on a given path, how does EI maximise the educational and experiential outcome of children with SEN/D and their families? This question is answered by Bronfenbrenner's EST in the following sections.

3.1.1. Applications of Bronfenbrenner's Model

Before we conceptualise the experiences of families and their children with SEN/D within EI context using Bronfenbrenner's model, it is important to delve into some previous examples of the application of the model, as it provides us a sense of idea of how a good theory could be transferred into practice. The ability of Bronfenbrenner in translating theoretical contemplations into empirical research models and effective social and educational policies is well reflected in many programmes serving well for children and families. Among these programmes, the Head Start programme that was co-funded by himself in 1965 has had the most remarkable achievements. Head Start is a nationwide government-sponsored program in the US that provides comprehensive family-centred and natural environment-based services to economically disadvantaged families with young children. Supports include the cognitive, social, and emotional development of children as well as parental intervention. According to the Third Grade Follow-up to the Head Start Impact Study (U.S. Department of Health and Human Services, 2012), clear evidences have shown that Head Start had a statistically significant impact on children's cognitive, social-emotional, physical, and language and literacy development. For parents who have received the parental intervention, the use of the preferred authoritative parenting style (characterized by high warmth and high control) was established, in which it produced a better quality of both microsystemic and mesosystemic interactions.

In a similar manner, Bronfenbrenner's EST also demonstrated its value among the use of Irish researchers. For example, Greene (1994) and Greene and Moane (2000) have placed the development of Irish children within Bronfenbrenner's system model, and provided a description of how young people's lives in Ireland are affected by the factors within the micro-, meso-, and macro-level. Mc Guckin and Minton (2014) demonstrated how Bronfenbrenner's EST could be applied to an educational and counselling context to address school bullying and violence and enhance lifespan psychology. Furthermore, Mc Guckin, Lewis, Cruise, and Sheridan (2014) confirmed the usefulness of the model as a framework for reviewing collected data as part of a large cross-European study regarding religious socialisation of children and adolescents within the contemporary society of the Republic of Ireland. In their analyses regarding the micro-system, they highlight the differential religious experiences and its associated impact on a range of political and social attitudes and behaviours of young people from different families. In the context of EI, the ecological model of development offers an insight view of many factors that influence EI practice. While the research of EI for children with SEN/D and their families have also referenced Bronfenbrenner's model as a part of the conceptual framework (e.g., Clare, 2016), however, there is no previous application of EST as a contemporary framework to understand EI system and to guide EI practice within Ireland. Thus, the following section applies Bronfenbrenner's framework to align the literature with current EI practice and conceptualise the experiences of families of their children with SEN/D.

3.1.2. Informing EI using Bronfenbrenner's EST

Bronfenbrenner's ecological model of child development provides a ready framework for examining the ecology of families of their children with SEN/D in the context of EI. It is particularly useful in identifying the intervention target (multi-layers of environmental factors) and its associated intervention strategies, to provide a comprehensive understanding of the EI system from an ecological perspective. Thus, as the overall goal of EI for this programme of research is to maximise the educational and experiential outcome of children with SEN/D and their families, we first start our investigation by placing "family and child" as a developing unit in the center of Bronfenbrenner's model.

3.1.2.1. Microsystem

a) Home environment

Proximal process, which is defined as a reciprocal interaction between an individual and environments, is viewed as the primary mechanism for a child's development (Bronfenbrenner & Morris, 2006). Within microsystems of the immediate environment such as the home, school, and community, EI first occurs to support the proximal process of family (interaction between the child and the parents, siblings, and other family members). However, challenge exists as the characters of both parents and the child, whether biologically or environmentally determined, have great influences on developmental outcomes (Bronfenbrenner 1995). In other words, proximal process operates either to facilitate or impede the development of the child.

Theories of EI have conceptualised this challenge within the microsystem of family. Belsky's work of the parenting process model (Belsky, 1984) suggests that personal psychological resources of parents, characteristics of the child, and contextual sources of stress and support affect family interaction and parenting style. It was highlighted that a child's temperament and developmental characteristics could change their parents' child-rearing style, and these changes could be either positive or negative (Belsky, 2005; Keilty, 2016). For example, when a child is born with a biological risk or an established disability, stress will be placed on parents as they may not have enough knowledge or confidence in terms of meeting their child's specific needs. This could cause frustration among both parents, leading to undesirable impacts on the quality of the family pattern of interaction. In the same vein, Guralnick (2005) asserts that family could also possess the ability to create negative family patterns of interaction in the absence of child characteristics stressors. For instance, Joseph and John (2008) and Mensah and Kuranchie (2013) claim that authoritarian parenting style which shows low level of parental care, high demandingness and strict physical discipline is directly associated with their children's behaviour problems. This could lead children to display notable aggressive behaviour and frequent temper tantrums as early as age three. As well, a study conducted by Karimzadeh, Rostami, Teymouri, Moazzen, and Tahmasebi (2017) highlights that pre-school children whose parents have mental health problems are at substantial risks of having behaviour problems and mental illness themselves. On the basis of the evidence currently available, it seems fair to suggest that focus on proximal process within the microsystem of the family is essential to any EI system. Obviously, a comprehensive multidimensional assessment of the microsystem of the home is essential in identifying risk factors to plan for effective intervention (e.g., parenting education and resource support).

b) Community-based settings

As it was mentioned earlier, the size of the child's micro-system increases as the child's age expands. Excepting the home environment, community-based settings (e.g., early years' settings, community-based EI programme) are the "places" where daily face-to-face interactions occur for most of young children with SEN/D. Including families of their children with SEN/D in community-based programmes and activities is the core principle in EI, as it allows the maximum level of participation for children and their families to be supported in an environment where they could participate and interact with their peers who do not have SEN/D (Blackman, 2003; Dunst, 2002; Guralnick, 2001; Mcwilliam, Casey, & Sims, 2009). The rationalisation of this inclusive approach in EI practice is in line with the research findings on the value of embedded intervention, which occurs during family and community routines (Lane & Bundy, 2012). Researchers (McKeown Kieran, 2000; Wandersman & Florin, 2003) found that families feel more comfortable when the intervention is embedded in activities within the community or the early years' settings. However, the quality of community-based early years' programmes as EI services for children with SEN/D and their families became the main issue of current EI practice. It was pointed out that many families are thriving to find a high-quality pre-school service where an inclusive environment is provided with access to appropriate professional support for their children with SEN/D. Research investigating on the quality of EI programmes within early years' settings found that the instructions (e.g., inclusive strategies, clear instructions including the use of verbal and non-verbal communications), resources, and activities (e.g., developmentally appropriate toys, teaching resources for specific disabilities, and inclusive activities) provided by the teachers or the settings have a fundamental impact on the developmental outcome of children with SEN/D and their families (DiCarlo & Reid, 2004; Macy & Bricker, 2007). The lack of training, funding, and information sharing between the EI team, parents, and early years' educators have all become a stumbling block for the implementation of successful EI.

3.1.2.2. Mesosystem

In the context of EI, there are a lot of people could be directly involved in the life of a child with SEN/D and their families. These people could be the child's parents, other family members, school teachers, and the EI team (e.g., OT, PT, ST, Psychologists, and EI specialists.) Thus, the mesosystem is more about interactions between those people within the child's micro-system. Classic examples of mesosystem are three-way relations between a child's parents, early years' settings or schools, and the EI team. As it was outlined previously, this relationship reflects a coordinated team-based approach, which is of great help in overcoming the issues and producing child change in an effective way. McWilliam, Casey, and Sims (2010) state that this three-way coordination actively involves children's families and other key people to participate in planning, decision making, and intervention delivering process, to ensure that the child is provided with experiences to actively engage in learning through daily routines with the functional goals of promoting appropriate interaction with peers and surrounding environments. However, difficulties arise as every family is unique and it has its own family code which indicates family story, family rituals, and family practice (Barrera & Rosenbaum, 1986; Sameroff & Fiese, 2000). Guralnick (2005) asserts that appropriate communication and information sharing between the EI team, early years' settings, and the parents could not occur if the cultural differences of each family are not recognised. Thus, the need for specific protocol of interaction strategies and tailored communication style to the specific family is essential to mesosystem interaction within an EI context.

3.1.2.3. Exosystem

Exosystem in EI can be understood as a network of social supports that are provided to the families of their children with SEN/D. This set of social supports can be multidimensional and any change of the network could influence the experiential outcome of children with SEN/D and their families. For instance, financial resources, family community networks, and family incomes are all considerably involved as associated factors that influence the developmental outcome of the child with SEN/D (Guralnick, 2005). From a theoretical perspective of EI, family process model (Belsky, 1984) and family stress model (FSM) (Conger & Conger, 2002) all suggest that family pattern of interaction can be greatly affected by financial conditions as it creates daily strains or economic pressures, resulting in parental depression. This is proved by an overwhelming of research investigating the relationship between economic hardship and the occurrence of stressful life events (e.g., Patterson, Kupersmidt, & Vaden, 1990; Pearlin, 1989). Another example could be found from the perspective of policy, for example, change of the education and health policy could either place a positive or negative impact on the educational and experiential outcome of children with SEN/D and their families. For families who knew their children may at risk of having a SEN/D, the length of parental leave may decide whether they can attend intensive parental intervention sessions, so that they can be more confident in terms of coping with their child's specific needs. As well, from a practical perspective, every decision made by the EI team, services providers, and the school management board could all contribute consequence on the outcome of the child, even though the child is not directly involved in the decision making process.

3.1.2.4. Macrosystem

As Bronfenbrenner (1995) describes the macrosystem as a culture "blueprint" that determines the social structure and activities that occur in a more immediate system levels, components of macrosystem within EI context include societal attitudes and understanding towards SEN/D, research findings in the area of EI and education for children with SEN/D, parental practice shaped by different cultures, and shared knowledge and belief among the EI team. Using an example that was explored in the previous chapter, inclusion agenda in international legislations for CYP with SEN/D have contributed to both educational and experiential outcome of children with SEN/D and their families. While the provision of “full inclusion” is widely acknowledged and promoted, concrete empirical researches have questioned the effectiveness of “full inclusion” practice of children with complex SEN/D and their families (Evans & Lunt, 2002; Hornby, 2015). The research findings lead to new belief and associated practice, which could promote better outcomes of families of their children with complex needs. A more specific example of macrosystem in the EI context is the organisational policies of EI services. The belief of family-centred principle among EI teams shapes the implementation of the entire EI programme.

3.1.2.5. Chronosystem

For families of children with SEN/D, their experience of challenges is different from those experienced by families of typically developing children. Among the challenges facing many parents are the life changes and transitions of chronosystem. At the early stage of EI, the first life change for families is when parents receive the diagnosis of their child's SEN/D or knowing a child with SEN/D is born into the family. Kandel and Merrick (2003) described a range of emotions, such as shock, desperate, anxiety, grief, and anger that the families experience. As a consequence of experiencing such emotional reactions and stresses, the quality of caregiving may be affected, resulting in negative family pattern of interaction. When the parents have adjusted their emotions after a period of time, challenges or demands caused by the child’s developmental needs during the early childhood years appears at certain points of time – the transition process (e.g., enter to EI programme, movement from preschool to primary school, change of the EI team, hospital to home). A common finding in the literature indicates that the strain of any transitions in the life of families of their children with SEN/D can negatively affect the health and functioning of both parents, as well as their ability to provide quality care for their children. Given the difficulties faced by parents of children with SEN/D, transition planning is viewed as one of the critical components of a range of EI programmes and models. However, the premise condition to arrange smooth transitions is to integrate EI system at all levels.

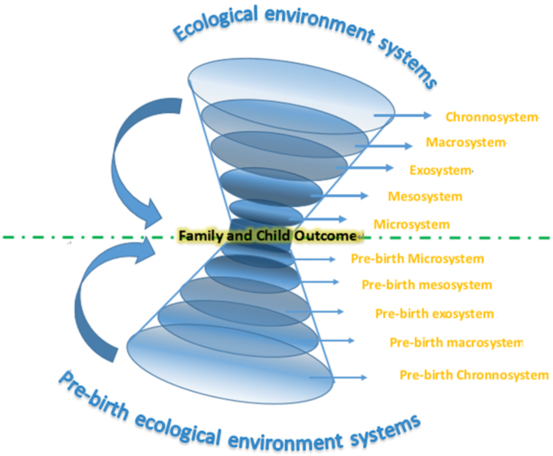
3.1.3. Conclusion on the Application of Ecological Model in EI

Applying Bronfenbrenner's ecological model in the context of EI provides a comprehensive view of how EI works at both theoretical and practical levels. By placing the child and family outcome in the centre of the investigation, the multiple-layered environmental influences surround the families of their children with SEN/D are examined in line with EI theories and current EI practice. This examination allows the experiences and the challenges of families of children with SEN/D within the current EI context to be conceptualised, which enables a further investigation into the issues relevant to the current programme of research. Meanwhile, however, the main drawback of Bronfenbrenner's ecological model as a conceptual framework for EI was discovered, as it failed to consider the effects of pre-birth environmental factors (e.g., interaction with the prevention team and paediatricians, depression during pregnancy, nutrition provided by the mother/mum) to the future development and outcome of the child and the family. Such a gap may potentially be bridged by an enhanced model of ecological development. It should also provide scholars, EI specialists, parents, teachers, and policymakers a wider perspective of the challenges they face.

3.2. Enhanced Model of Bronfenbrenner's Ecological Development

While Bronfenbrenner's ecological model has opened a new dimension for human development theory by placing the development of a child within context. However, when a child's development is considered as a whole in the context of EI, the interactions between a child's pre-birth settings that may influence the child's further development and outcome cannot be ignored. From a research perspective in a general context, an overwhelming of empirical studies such as pre-birth parent-baby interaction on parent-child attachment and communication (Lynch & Bemrose, 2005), pre-birth parent characteristics on family development and the quality of mother/mum-child interaction (Heinicke et al., 1983; Oates & Heinicke, 1985), maternal depression in pregnancy and child development (Deave et al., 2008; Schetter & Tanner, 2012) all pointed out that the pre-birth environment has a vital role to play on the optimal development of the child. Placing the development of a child in the EI context, the experiences of families of the multiple layers of pre-birth environmental interactions with other settings could be more complex, all of those interactions influence the outcome of the child and the efficacy of EI programme. In addition to this, taking a multi-layered set of nested and interconnected pre-birth environmental systems into consideration fully reflects and acknowledges the significance of pre-birth prevention in EI work. Thus, an enhanced model of Bronfenbrenner's ecological development is proposed as it is graphically represented below in Figure 2:

Figure 2. Enhanced Model of Bronfenbrenner's Ecological Development



3.2.1. Pre-birth microsystem

As well as the microsystem, family is the first setting of a child's pre-birth microsystem. However, unlike the microsystem where multiple settings are involved, interactions in the pre-birth microsystem only involve the child's family. Within the setting of family, maternal health and nutrition provided by the mothers/mums are the first determining factor that directly influences the developmental outcome of the foetus and the child. A common finding in the literature indicates that poor maternal health and nutrition provided by the mother/mum is strongly associated with their child's low birth weight, other infectious diseases, and higher risk of having a developmental delay (McEniry et al., 2008; Nyaradi et al., 2013; Ramakrishnan, 2004). Apart from the aspect of maternal health and nutrition, the mental health of both parents can have a significant impact on their newborn's mental health and early attachment, leading to negative developmental outcomes (Deave et al., 2008; Schetter & Tanner, 2012). Thus, in the case of EI, providing enough maternal nutrition is essential in prevention work. For other family members, creating a safe and healthy environment (e.g., stop smoking, support both parents' emotional well-being) is vital in terms of facilitating and promoting the mothers'/mums' maternal health.

3.2.2. Pre-birth mesosystem

The main difference between the mesosystem and the pre-birth mesosystem is that mesosystem is characterised by the relations between multiple micro-systems of the child, whereas the pre-birth mesosystem contains high levels of mesosystemic interactions between pre-birth microsystem of the child and multiple micro-systems of families during the period of pregnancy. In other words, the reciprocal interactions between both parents and their microsystems such as other family members, neighbours, workplace, and health professionals contribute to the future development of their children. In the context of EI, settings and people that are involved in a family's microsystem during pregnancy could be the doctor, paediatrician, social worker, psychologist, prevention and EI team, and other social settings. The stronger and more diverse these interactions linked with, the more powerful an influence the resulting systems will be on the child's developmental outcome. For instance, early assessment and screening of families who have family history of genetic disorder or are at risk of having mental illness as part of

EI work (Barlow et al., 2016) reflect the interaction in pre-birth mesosystem. This assessment process and information sharing between families and the EI team help to identify potential biologically-related and/or environmental-related risks that may influence the development of their newborn baby, so that associated parental intervention programmes could be planned and implemented to prevent or minimise the problem before it occurs.

3.2.3. Pre-birth exosystem

As well as the exosystem, the pre-birth exostystem focuses on the family experience of systems in a social setting in which the foetus is not involved. Researches investigating on family experience of social network and support during the period of pregnancy found that poor social support, financial income, and unhealthy working environment is strongly linked with parental maternal mental health, in which affecting the quality of maternal bond and early attachment relationship with newborn baby (Huth-Bocks et al., 2004; Jacobson & Frye, 1991). Accordingly, providing a set of system-levelled supports from the perspective of policy (e.g., flexible working time for parents to participate in prevention programmes) and practice (e.g., extra financial and resource support) to families during the period of pregnancy is significant in EI. For EI professionals, acknowledging the stress caused by wider environmental factors and be aware of the potential impact of complex pregnancy condition on the developmental outcome of families and their newborn baby is the key to prevention work (Guralnick, 2005).

3.2.4. Pre-birth macrosystem

As a level that represents influences at removed level, the influences of culture, beliefs organisational pattern, ideology of childbirth, pregnancy, and motherhood on child development could all serve as examples of pre-birth macrosystem interaction. One of the classic examples that reflects this removed layer of influences in the case of EI is the effect of the ideology of maternal alcohol intake on childbirth outcomes. While researches have well-demonstrated its associated impact on the developmental outcome of the child, including the cause of Foetal Alcohol Spectrum Disorders (FASD), delayed mental, motor, cognitive, and physical development in the infants (McCormack et al., 2018; Sundelin-Wahlsten et al., 2017), and regulation disorders of sensory processing in early childhood (C. W. Brown et al., 2010), high estimated prevalence of alcohol use during pregnancy still exist in some countries that have profound drinking cultures, such as Russia (36.5%), Ireland (60.4%), UK (41.3%), and Denmark (45.8%) (Popova et al., 2017). This example provides strong evidence of how culture and social ideology affect our practice in both the general context and EI context. For EI professionals working with families during the period of pregnancy, understanding the socio-cultural aspect of pregnancy of each family is significant as it helps to identify individualised prevention and intervention targets and its associated strategies.

3.2.5. Pre-birth Chronosystem

As well as chronosystem, there are many life changes and transitions are involved in the pre-birth chronosystem. In the context of EI, knowing that a pregnancy is imminent within a family, whether it is expected or unexpected indicates an important transition for both parents. Relevant researches have shown that family lifestyle and interaction all dramatically change in line with pregnancy, in which leads to the either optimal or negative development of the future child by affecting their parents (East, 1999; Edvardsson, Ivarsson, Eurenius, Garvare, Nyström, Small, & Mogren, 2011). For mothers/mums carrying an unintended pregnancy, the association of higher maternal depressive symptoms and high parenting stress over the first three years was found in Nelson and O’Brien's (2012) study. In the same vein, de La Rochebrochard and Joshi (2013) also found that the risk of cognitive delay of children significantly raised after unplanned pregnancies of mothers/mums who have a high level of education. Even though there are many other on-going periods of development and interactions that have a significant part to play in the development of a family and their future child within EI context, however, all evidence listed above have pointed out the importance of life changes of families due to pregnancy and its associated impact on the developmental outcome of their future child. Consequently, current EI programmes should provide more comprehensive services, such as intensive lifestyle interventions in pregnancy (Silva et al., 2018) and parental pregnancy stress coping intervention (Osman et al., 2014), to address the needs of families during the period of pregnancy, so that to promote optimal developmental outcomes of their future child.

3.2.6. Conclusion on Enhanced Model of Ecological Development

Building on the base of Bronfenbrenner's ecological model of development, an enhanced model is proposed in line with evidence-based research, to provide a critical and fuller understanding of the development of families and their children with SEN/D in the context of EI. The recognition of prevention in coupled with the aspects of the medical model in EI work is profoundly reflected in this enhanced model, which mirrors the bio-ecological perspective that this current programme of research is situated. By considering the multiple-layered pre-birth environmental interaction, the enhanced model of Bronfenbrenner's ecological development offers valuable insights of the social and environmental challenges of families and their children from the period of pregnancy to early childhood, which helped to further conceptualise EI practice in a context of a family and a child. For policymakers, service providers, and professionals working with families and their children with SEN/D from all disciplines, such an enhanced model could usefully inform the design and evaluation of future efforts to address comprehensive EI practice at a system level.

As was mentioned in the previous chapter, concrete theoretical frameworks not only useful to inform EI practice, but also to inform and guide the current research programme. Therefore, the following sections demonstrate how the enhanced model of ecological development is used to address contemporary issues that are under investigation, as well as to identify challenges associated with the issues.

3.3. Issues Relevant to the Current Programme of Research

The enhanced model of Bronfenbrenner's ecological development does not only provide an understanding of how a developing unit (child and family) is positioned in the context of EI but also useful in identifying contemporary issues of EI practice. Thus, this section presents one of the main issues that are under investigation in the current programme of research.

Within family-centred EI principle, high-quality interactions that are empowering and enabling between service providers and families of children with SEN/D have been found associated with optimal family outcomes (Dunst et al., 2007; Dunst, Trivette, Davis, et al., 1988; Dunst & Trivette, 2009; McWilliam et al., 2010). This requires a coordinated approach of partnership with both parents and other family members, to ensure that every decision that was made is beneficial to the outcome of the child and the family. However, a large body of research have pointed out that fathers are noticeably absent from EI services even though they have a positive impact on their children with SEN/D (Ingber & Most, 2012; Justin Dyer et al., 2009; Brent A. McBride et al., 2017; Mueller & Buckley, 2014; Zaidman-Zait et al., 2018). From a traditional attachment perspective, while mother/mum and child attachment is seen as the key for the holistic development of the child, Palm (2014) argues that father/dad and child attachment could not be ignored as it is an activating relationship that provides security through sensitive and challenging support. Commenting on this, Paquette and Dumont (2013) extend that fathers/dads tend to actively engage in play with their children, especially boys by encouraging risk-taking, following children's lead, and motivating and challenging them to perform a higher level of play behaviours. As well, Bögels and Perotti (2011) also assert that the unique role of fathers/dads contributes to the development of their children in a variety of developmental domains and across developmental stages. Even though the literature listed above is largely based on fathers'/dads' impact of their children without SEN/D, a similar shift in role responsibilities is expected in families of children SEN/D, as it is proved that father/dad involvement in those families can have similar positive impacts on outcomes of families and their children (Bagner, 2013; Feldman, 2007; Flippin & Crais, 2011; Fox et al., 2015). Therefore, investigating fathers/dads involvement and participation in EI services is considered as one of the main aims of the current programme of research, which is seen as a pathway that will promote the educational and experiential outcome of children with SEN/D and their families.

Promoting fathers/dads involvement in the lives of their children with SEN/D in the context of EI is not a simple task, multiple challenges and "unproven assumptions" can be found through every layer of the ecological environment as it is proposed in the enhanced model of Bronfenbrenner's framework. For example, from a pre-birth ecological perspective, pre-birth preventions and interventions are mainly mother/mum-centred in order to facilitate and foster maternal health, whereas fathers/dads' emotional well-being and stress-coping ability have been noticeably ignored, leading to the negative impact on family interaction. Another example can be seen within the microsystem of the child with SEN/D, where a low representation of male workforce in ECCE has created an "unfriendly" environment to involve fathers to share and to participate in the life of their children with SEN/D within EI context. Therefore, in order to further investigate fathers/dads involvement in EI services, a comprehensive theoretical framework with a set of controlled protocols is needed to guide the planning and implementation of the current programme of research. The following section provides a detailed and critical review of two conceptual frameworks that are widely used in terms of guiding programme development. The strengths and weaknesses of each model are discussed, so that an integrated model that suits the context of the current programme of research can be proposed.

3.4. Theoretical Framework of Programme Planning

Before creating and implementing a new programme or reviewing an existing one, it is necessary to consider a theoretical or conceptual framework to guide this planning process. While there are many models and frameworks available in terms of directing the development of programmes in the educational and health sectors, an ongoing debate regarding the efficacy of two specific models warrants exploration and analysis. These two models – the Logic Model (W. K. Kellogg Foundation, 2004) and the Theory of Change model (ToC) (Chen, 1990; Weiss, 1997) provide useful theoretical models for programme development. However, their strength also lies in their potential to act as both theory and method.

3.4.1. Logic Model

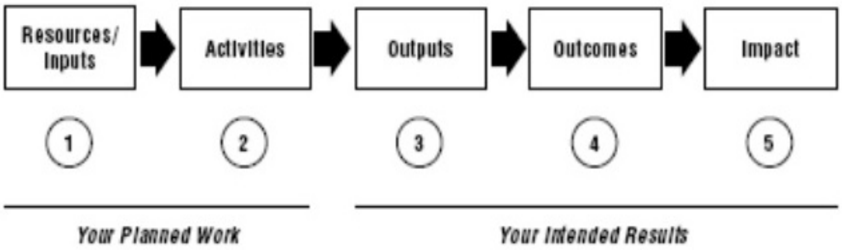
Traditionally, a logic model of programme development was extensively applied in a wide range of programmatic context at a personal, organisational, and/or community level (Fielden et al., 2007). It was defined as an effective graphical/visual illustration that represents how a programme is intended to work by identifying the connections and also the relationships between programme components, such as activities, inputs, and results that associated with the specific programme (Hayes et al., 2011; Milwaukee Public Schools Research and Development, 2014). In other words, detailed description of how activities, resources, and inputs of a programme lead to desired outcomes and goals under certain conditions is demonstrated.

The history of logic frameworks can be traced back to the1970s, where a visual display was demonstrated in Bernet's (1975) work of hierarchy in extension programme evaluation. This visual representation chains seven categories of criteria including inputs, activities, people involvement, reactions, KASA change (knowledge, attitudes, skills, and aspirations), practice change, and end results in a hierarchical order, to enable decision-makers to improve the quality of the service/programme in an effective manner. To some extent, Bernet's (1975) work regarding the hierarchy of programme effectiveness laid a strong foundation for the development of the logic model approach that we know now.

In 1996, Hatry, Houten, Plantz, & Greenway's (1996) handbook "*Measuring Program Outcomes: A Practical Approach*" was published by the United Way of America. The main components (i.e., inputs, activities, outputs, and outcome) and the structure of logic models were identified. Apart from this, a practical guide towards the process of planning, implementing, and evaluating within the logic model framework was provided along with standardized worksheets, record extraction forms, and other useful instruments. The publication of this handbook helped logic models to be recognised among the international community and it also led a renewed interest in the use of logic models in programme development.

Another milestone in the development of logic models was set by the publication of "*Logic Model Development Guide*" by the W. K. Kellogg Foundation, (2004). This publication became a central mechanism in spreading the use of logic models as appropriate frameworks for programme development. Importantly, it also brought logic models to a higher level, since it established the use of logic models for both profit and non-profit organisations (Carvalho, 2013). Figure 3 presents a basic logic model.

Figure 3. The basic Logic Model (W. K. Kellogg Foundation, 2004)



Logic models have been applied as an approach, or even a technique to plan, identify, and monitor programme outcomes for governments, organisations, companies, and communities. They have been particularly popularized in many of the social services sectors, (e.g., social entrepreneurs, health care, and education). Teachers, principals, policymakers, curriculum coordinators, school boards, and other key people involved in the area of education are often responsible for developing and evaluating specific educational programmes for both children and educators. In this programmatic context, the practicality of the logic modeling approach has been demonstrated in a number of studies (e.g., Claphama, Manninga, Williamsa, O'Brien, & Sutherland, 2017; Newton, Poon, Nunes, & Stone, 2013) as it enabled the activities and the resources of the programme to support the achievement of identified outcomes both rationally and logically.

The logic model approach is also well established in the area of EI for children with SEN/D and their families. It is seen as a useful tool for EI providers in terms of monitoring and evaluating the effect of the implementation of various interventions in relation to the child's and family's desired outcome, so that to support the continuous improvement of recommended practice. For example, Kashinath, Coston, and Woods' (2015) study presented how a specific framework using the logic model approach could guide EI services in terms of implementing and reflecting upon recommended practice for children with SEN/D and their families. In this study, an EI provider was trained to apply "The ROLE Logic Model" in her practice. "The ROLE Logic Model" was developed based on recommended, evidence-based practice in EI to assist EI providers to enhance implementation of interventions across diverse children, families, and settings. An expected outcome (outputs) in this framework was proposed, which was to deliver high-quality EI services that enhance children' and families' experiential outcomes. In accordance with the logic model, programme "inputs" in this study were directed at the child's family and the EI team, and the "activities" were illustrated as "ROLE" strategies (Relationship Building, Observation and Opportunities, Learning, and Evaluation) that could be applied by the "inputs" to deliver the "outputs". Examples of how the "ROLE Logic Model" helps the EI provider in planning and implementing for intervention for the client in different settings, routines, and activities were illustrated. The study demonstrated the efficacy of applying the logic model in developing EI frameworks. As well, it highlighted the use of the logic model in guiding and training EI professionals in their practice.

A further example of the use of logic models in the area of EI was provided in an Australia study by Ziviani, Darlington, Feeney, and Head (2011). The implementation of a cross-national EI initiative policy that was delivered by three different EI services was explored. EI professionals, services providers, and other key people who were implementing the policy were provided with programme logic workshops so that they were able to identify inputs, activities, and outcomes of the EI initiative policy from different services perspectives. While the initiative was delivered in a manner consistent with three EI services, the findings indicated that the implementation of this EI initiative policy was dependent on the various contexts of each service provider. By applying logic models at a methodological level, Ziviani et al.'s (2011) study was not only helpful to service providers in terms of evaluating their own practice, but also valuable to EI policymakers for the reason that they would be able to "close" the policy-practice gap by enhancing the provision of EI initiative policy.

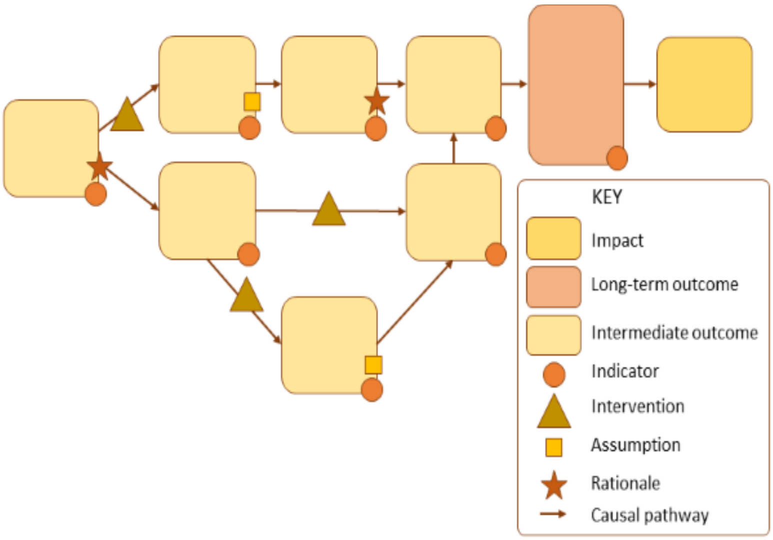
Taken together, the studies listed above provide a clear understanding of how the proposed programme applying the logic model approach could be effectively used to guide EI providers' practice, so that families of children with SEN/D could receive high-quality EI service. On the account of its success and efficacy, Knowlton and Phillips (2013) described logic models as powerful communication tools which provide stakeholders (e.g., EI teams, service providers, policymakers) an intuitive understanding of the programme in term of its impact, goals, and expected outcomes from the successful provision of services at first glance.

The use of logic models in planning, monitoring, and evaluating programme development has not escaped criticism from governments, agencies and academics, even though their efficacy has been demonstrated in several studies. Difficulties arise, however, when an attempt is made to summaries a programme at a strategic level. The ability of the logic model approach to identify different pathways and to provide critical and comprehensive explanations towards why activities are expected to show desired outcomes was questioned. Significantly, Lee (2013) pointed out that the lack of attention to detecting assumptions and risks during the process is the main drawback of logic models, for the simple reason it may fail to account for the complex connection between realities and the programme itself. Consequently, the movement towards outcome-based planning is now adopted in many programmes and/or projects managed by governments and organisations. More beneficial tools in programme development were further investigated drawing on the weakness of the logic model. As one of the most potent models that can be applied at both theoretical and methodological levels, the Theory of Change approach created a new dimension regarding programme development and evaluation.

3.4.2. Theory of Change

Theory of Change (ToC) is generally defined as a theory-based approach whereby stakeholders in a planning or evaluating process of a programme define their goals and identify the interventions to promote change at different levels (Coryn et al., 2011; Rogers, 2014; Taplin & Clark, 2012).

Figure 4. Example Theory of Change framework and key (M. Silva, Lee, & Ryan, 2014)



However, ToC differs from logic models by offering a nonlinear diagram of a programme, which maps backward to identify changes after the long-term goals are defined (Coryn et al., 2011). In other words, while logic models generally start with a programme and exemplify its components, ToC generally better to starts with a specific goal before deciding what programmatic approaches are desired.

Described as an outcome-based and theory-driven approach for programme development and evaluation, ToC first appeared in the literature in the late 1960s, where an idea of using a “chain of objectives” was introduced by Suchman (1967) in his work of “program theory”. He strongly suggested that the evaluation process of a programme needed to be viewed as a study of change, since the main purpose of programme evaluation is to test the programme hypothesis(es) (desired outcome(s)). Distinguishing the evaluation study in this way, Suchman (1967) explained that “…the activity A will attain objective B because it is able to influence process C which affects the occurrence of this objective.” (p.117).

Suchman also extended his argument on the significance of developing a programme’s implicit theory of action (Bowen & Brown, 2012). He asserts that failure to identify and implement implicit activities or pathways is the main reason for an unsuccessful programme. This belief became a keyword and a distinguishing character “assumption” in ToC models is currently used that we know today. Accordingly, Suchman’s work regarding program theory provided a comprehensive and advanced understanding of the relationship between programme, objective, and interventions in conducting evaluative research. This pioneering work inspired many scholars to expand underlying assumptions so as to describe, clarify, and predict outcomes in programme development and evaluation (Carvalho, 2013).

However, Suchman was not the only scholar who contributed to the development of ToC. many other theorists such as Glaser and Strauss (1967), Chen and Rossi (1983), and Carol Weiss (1997) have all facilitated the establishment of ToC. Among these, Carol Weiss (1997) in particular, had made a great contribution to the development of the underlying assumption in programme development and evaluation at a practical level. She strongly recommends the use of programme theories in programme design and evaluation processes in the area of educational policy and organizational decision making. In order to improve the efficacy and to better facilitate the identification of assumptions or risks responsible for outcomes, Weiss (1997) suggested a more effective and inclusive model of programme design, which was to integrate the main idea of programme theory (underlying assumption) within the parameters of logic models. By combining two theoretical and conceptual models, a particular programme model approach emphasizing ToC became one of the most widely used models in programme design and development. Furthermore, Chen's (1990) publication “*Theory-Driven Evaluations*” finally standardised the theory-based approach, which attracted many scholars to advocate for an evidence-based approach and theoretical modeling. Due to its distinguishing features at the strategic level, ToC is currently and widely used in the social services sector to develop and support the planning and evaluation of large-scale community change projects.

3.4.3. Rationale for Applying ToC in the Current Research Programme

As previously mentioned, this research programme focuses on fathers'/dads' role and involvement in families of children with SEN/D, and the research was conceptually situated in the area of EI - which is referred to as a complex and interdisciplinary system that is provided to children and their families from birth to six years who are "at risk" for developmental delay or who have a developmental disability (Michael J. Guralnick, 1993). Due to the inherent complexities associated with work in this area, a variety of settings (e.g., home, schools, clinic-based settings), professionals from different disciplines (e.g., speech and language therapists, social workers, medical professionals), and clients (e.g., families of children with SEN/D) were critically involved in the context of the current research program. This involvement was important for the research. Without such involvement, the research programme would not have been able to account for the variations in stakeholders' perceptions of father/dad involvement in EI and the complex connection between realities and the program itself, the desired research outcome, and its associated long-term change would not be achieved.

To demonstrate a well-considered understanding of the various important steps that must be articulated during the research planning process, a ToC approach is needed to guide the conceptualising, planning, and development of this outcome-oriented and complex research programme. The application of ToC as both a theory and method would help to conceptualise what these "outcomes" and "outputs" might be and, importantly, how to operationalise these steps and ensure that the research plan enabled these to be attained through the research questions and methodology. More importantly, it enables the current research programme to be located within a wider analysis of how change comes about, so that "a prior" contribution can also be made to the realisation of SDGs at both national and international levels.

From here it is now essential to discuss how this programme of research to makes “a prior” contribution to SDGs in both national and international development community.

3.5. Research Goals Relating to National and International Development

The use of ToC as both theory and method in this programme of research will contribute to the realisation of the Sustainable Development Goals (SDGs), which were proposed by the United Nations (UN). These goals cover a wide range of social, economic, political, and environmental development issues. Poverty, hunger, health, well-being, education, climate change, gender equality, water, sanitation, energy, urbanization, environment, and social justice are considered as the 17 interrelated SDGs (see Figure 5), which are also known as “Transforming our World: the 2030 Agenda for Sustainable Development” (United Nations (UN) General Assembly, 2015).

Figure 5. UN Sustainable Development Goals (SDGs)

The history of the SDGs can be traced back when its predecessor the Millennium Development Goals (MDGs) came to the deadline (see Figure 6). There were eight goals were composed in the MDGs (namely eradicating hunger, promoting education and gender equality, reducing child mortality, improving maternal health, combating HIV/AIDS, creating a global partnership for development and ensuring environmental sustainability) (United Nations (UN) General Assembly, 2000).

Figure 6. UN Millennium Development Goals (MDGs)

In 2015, the report outlining a 15-year effort of achievement of global MDGs was published by the UN (United Nations (UN) General Assembly, 2015). Remarkable changes and significant gains were made in all eight proposed goals, especially in the area of health, education, and human welfare in many countries around the world. The publication of this report drew a successful conclusion for the aspirational goals set out in the Millennium Declaration, while also embraced new ambitions for the new development era in the next 15 years.

Building on the experience and accomplishment of MDGs, the UN officially launched a bold new agenda that calls on 193 countries of the UN General Assembly to make efforts to transform the world through 17 SDGs in the next 15 years (UN General Assembly, 2015). Different from MDGs, the development of SDGs becomes to be considered as a universal system to be realized through multidimensional and interrelated layers rather than to be achieved through the enhancement of individual conditions (UN, 2018). On the account of this, independent campaigns regarding the realisation of SDGs were organised, which has provided a platform for each country to communicate, to share, and to interact with the wider societies to succeed a truly universal and transformative agenda.

Ireland as one of the featured countries has played a significant role in the development and adoption of the 2030 Agenda on Sustainable

Development. A "whole of government approach" was applied as the SDGs are implemented (Government of Ireland, 2018a). In March 2018, the first SDG National Implementation Plan was launched with detailed strategic plans for Ireland to fully achieve by 2030. To date, Ireland is already making steady progress in relation to various goals (e.g., SDG 1: No Poverty, SDG 2: Zero Hunger, SDG 3: Good Health and Well-being, SDG 4: Quality Education) owing to the strong cooperation between governments, civil society organisations, businesses, and communities (Government of Ireland, 2018a). Apart from the SDG, a long-term overarching strategy – Project Ireland 2040 (Government of Ireland, 2018b) was launched in February 2018, in which it was the first time in Irish history that planning and investment have been linked. As part of the initiative, The National Development Plan 2018–2027 (Government of Ireland, 2018c) was published along with 10 strategic outcomes and investment priorities to guide national, regional, and local planning and investment decisions in Ireland (see Figure 7).

Figure 7. National Strategic Outcomes

Drawing on the provision of international development and national development plan in Ireland, the current programme of research has been planned to make theoretical, methodological, and practical contributions towards some of the 17 SDGs within the context of Project Ireland 2040 at a national level and the development of SDGs at an international level.

3.5.1. Research Contribution Relating to SDGs within the Irish Context

At a national level, SDG Goal 4: Quality Education and National Strategic Outcome 10: Access to Quality Childcare, Education and Health Services can be easily interpreted to national policies that can enhance the experiential and educational outcome of children with SEN/D and their families within the context of EI, so that children and their families can be meaningfully included and fully supported in a natural environment. Additionally, the contribution of this programme of research towards SDG Goal 4 and National Strategic Outcome 10 is not only limited in addressing the needs of children with SEN/D, but also helps to promote positive attitudes towards identity, ability, equality, diversity, and differences among typically developing children and even the entire early years' sector. This is also supported by a large amount of research literature stating the educational value in embracing diversity, equality, and inclusion to all children's learning and holistic development. By meaningfully involving families of their children with SEN/D in all aspects of daily activities within mainstream early childhood settings and other nature environment-based settings, an inclusive, participative culture and environment will be demonstrated to others, in which a positive attitude towards disability and inclusion will be enhanced.

Enhancing the accessibility of education and health services and improving the quality of education for all children including children with SEN/D in the context of EI is also of help to address Goal 1: No Poverty. EI serves families and their children with SEN/D, as well as children of families who grow up in disadvantaged backgrounds (e.g., poverty, impaired parental mental health) that may possibly increase risks on the child's optimal growth (Guralnick, 1998). In Ireland, 17.9% of children were at risk of poverty in 2015, which is below the EU-28 average of 21.1% (DCYA, 2017). However, Ireland's experience had not been exceptional when it was compared to other European countries, since it was ranked 10th of the 28 state members (DCYA, 2017) Therefore, investigating high-quality EI services for families and children who are "at risk" of having SEN/D is vital in reducing child poverty. This is also supported by the National Policy Framework for Children and Young People: Better Outcomes Brighter Futures (BOBF) (DCYA, 2017) with its paper detailing the whole of Government approach to tackling child poverty, which described prevention and early intervention programmes as effective responds to child poverty. A provision of developing a lifecycle approach to the needs of children and their families through EI programmes is also highlighted.

As was previously mentioned that all of these 17 global goals are inter-related, though each has its own targets to achieve. The logical and natural association between these goals is strongly reflected in this programme of research. The contribution of this programme of research could be made over and beyond a policy level. Apart from contributing to SDG Goal 1 (No Poverty) and Goal 4 (Quality Education), Goal 5: Gender equality is also considered at the beginning when this programme of research was planned. Investigating the involvement of fathers/dads in EI was considered as one of the main goals that could have a certain impact on the promotion of Goal 5 (Gender equality). On the one hand, it could help to raise awareness of the significance of fathers/dads in all children including children with SEN/D's holistic development and well-being. On the other hand, promoting fathers'/dads' participation in EI and ECCE could challenge the traditional stereotyped ideas such as "women are good at caring", "childcare is women's work", and "second hand chance career for men". Moreover, it could also have a positive impact on the participation of male workforce in ECCE in Ireland. Since there is only 1 percent of male workforce are involved in ECCE which is the lowest representation in Europe (Early Childhood Ireland (ECI), 2018). Thus, demonstrating the positive contribution fathers/dads have in all children's lives would help to create a more gender-balanced environment in the field of EI and ECCE. As well, it is essential to challenge gender-stereotyped ideas in society as any type of stereotype could lead to discrimination.

While a series of contributions will be made towards SDGs from different perspectives within the Irish context in this programme of research, certain contributions are also considered to be made at an international level.

3.5.2. Research Contribution Relating to SDGs at an International Level

As was previously mentioned, there are 193 "developed" and "developing" countries of the UN General Assembly adopted the 2030 Development Agenda for global sustainable development. There is no doubt that sustainable development has become the core value of international development. Accordingly, linking sustainable development with this programme of research at the very beginning of the planning process has already made a certain contribution at a "conceptual" level internationally. This programme of research will be able to address the international level push to 2030 Agenda in transforming our world. Additionally, cooperating sustainable development in this programme of research can also be seen as a call for researchers from the area of education and social science to be aware of the "whole context" of international development before planning a programme of research.

Collectively, using ToC as both theory and method in this programme of research could make a modest contribution towards SDGs from different perspectives at national and international levels, which will help to push to 2030 Agenda in transforming our society. It clearly illustrated how certain social changes could be promoted by focusing on some of the SDGs, especially Goal 4: Quality Education and Goal 10: Reducing Inequality. In the context of EI, providing inclusive and high-quality education and/or services in coupled with specialised support for families and their children with SEN/D enhance the experiential, educational, and developmental outcome of children and their families, so that their future life quality will be improved. The interrelationship nature of SDGs also enabled this programme of research to address more than one goal by focusing on specific goals. A living example concerning how Goal 1. No Poverty can be addressed by promoting the quality of education for all children in the context of EI was illustrated. Again, the evidence also can be clearly seen in the case of promoting Goal 5. Gender Equality, where a more gender-balanced environment will be created among the ECCE sector and EI services by demonstrating the importance of male role models in all children's lives and promoting fathers'/dads' involvement of their children with SEN/D.

3.6. Chapter Conclusion

The aim of chapter two was to review the theoretical frameworks underpinning the conceptualisation, planning, development, implementation, and evaluation of the current programme of research. The first framework reviewed was Bronfenbrenner's Ecological Model of Development (1979, 1989), which provided a theoretical perspective of how the wider environment of families of their children with SEN/D can be conceptualised and understood in a bio-ecosystemic manner. Whilst multiple layers of environmental influences were demonstrated in the context of a child and family and their involvement in EI, a noticeable drawback of Bronfenbrenner's framework and its application as a conceptual framework in the context of EI was discovered, as it failed to consider the effects of pre-birth environmental factors to the future development and outcome of the child and the family. Thus, an enhanced model integrating the aspects of pre-birth ecological environment and the origin of Bronfenbrenner's ecological development was proposed, which is well-matched to explore the experiences of families and examine the ecology of families and children from pre-birth period to early childhood period within an EI context. Such an examination offered a fuller and critical understanding of family-centred EI practice, which also helped to identify the issues relating to fathers/dads involvement in the current EI practice.

In order to further investigate on the issues relevant to current research, two theoretical models – Logic model (W. K. Kellogg Foundation, 2004) and ToC (Chen, 1990; Weiss, 1997) were reviewed. As a result, ToC as an integrated model is considered to be used as both theory and method for guiding the planning, development, and implementation of the current programme of research. At last, examples of how contributions of the current programme of research can be made on the realisation SDGs at both national and international levels by promoting certain changes on the area of EI for families and their children with SEN/D were clearly illustrated.

Chapter 4 – Review of the Literature

4.0. Chapter Overview

Whilst the previous Chapter provided an advanced understanding of EI within the context of a child and family from a theory-driven perspective, this chapter provides an analytical review of the empirical evidence that identifies the role, the function, the involvement, the needs, and the experiences of families, especially fathers/dads within the context of EI. Ideally, a Systematic Literature Review (SLR) is considered as the most appropriate method to yield robust results required to guide the programme of research. However, challenges arose when the SLR was firstly conducted and eventually, a traditional literature review approach was adopted to inform the current research programme. Therefore, for presentation purpose, this chapter is divided into two sections. Section one critically addresses the methodological issues pertaining to the SLR approach and its application in this specific programme of research, so as to provide a clear understanding and rationale for the selection of a traditional literature review method.

Section two presents a critical and analytical review of the literature regarding the topic of father/dad involvement within an EI context. However, before any review take in place on this topic, the history of fatherhood and father/dad involvement in the childbearing family is critically reviewed as it is a necessary context for the further understanding of the issue relating to this area. The role and function of father/dad, as well as their contribution towards the child's developmental outcome is explored from the attachment perspective, so that a better explanation of the ways in which contemporary fathers/dads are influential is provided. Such an exploration will lead to a further critical review of the recent research findings relating to the issues of father/dad involvement in the lives of children with SEN/D, as well as in the EI context. Subsequently, a deep understanding of the current picture/scenario and issues of father/dad involvement within the context of EI is gained, leading to the formulation of research questions and objectives in the current programme of research.

4.1. Section One: Selecting a Strategy for Literature Review

Literature reviews are recognised as a strategy to assist in the development of research concepts, as well as an essential research method that helps to provide an overview of areas in which the research is disparate and interdisciplinary (Snyder, 2019). Webster and Watson (2002) stress that an effective and well conducted review represents powerful information sources and creates a strong foundation for advancing knowledge, facilitating theory development, and generates new knowledge.

The main aim of the current programme of research is to gain a deep true understanding of fathers'/dads' experiences, role, and involvement in the lives of children with SEN/D within an EI context. In order to provide an insight into the current picture/scenario of the topic under investigation, a comprehensive literature review that synthesises all available material in the area of father/dad involvement in EI while offering a scholarly critique of theory and methodology is needed. Ideally, a Systematic Literature Review (SLR) is considered as the most appropriate method to yield robust results required to guide the programme of research. SLR is widely recognised as the most scientific, reliable, and comprehensive approach in generating empirically derived answer to a focused research question (Mallett et al., 2012; O'Brien & Mc Guckin, 2016). Its ability in identifying, synthesizing, and assessing all available evidence, quantitative and/or qualitative has been well-documented in educational, social science, and international development research. However, challenges arose when the SLR was firstly conducted to inform the current research programme. As a consequence to this, a traditional literature review approach was adopted to inform the research programme. The following section critically addresses the methodological issues pertaining to the systematic literature review in this specific programme of research, so as to provide a clear understanding and rationale for the selection of the traditional literature review.

4.1.1. Methodological Issues Pertaining to the Systematic Literature Review

The systematic literature review (SLR) has been widely recognised as the gold standard among the predominant methods of literature review (Snyder, 2019). It aims to identify all evidence retrieved from multiple studies, regardless of theoretical or methodological characteristics, to answer a particular research question and/or to summarise evidence for practice (Newman & Gough, 2020). Furthermore, a SLR also allows for mapping out and identification of areas of uncertainty while highlighting areas where further research is needed by following a scientific approach. In the current programme of research, one of the objectives is to provide an overall picture/scenario on father/dad's role and involvement in the life of children with SEN/D within EI context. Thus, it was essential to provide an analytical review of the empirical finding from an international perspective across relevant databases that identifies the role, the function, the involvement of fathers/dads within the context of EI, as well as its associated outcome. Bearing this in mind, a SLR approach was firstly dominated as an appropriate method to inform the current research programme.

The SLR gains its strengths by following a scientific approach, where a set of strictly controlled protocols are to be followed to minimise bias and ensure transparency. While there are many guidelines available for conducting a SLR, O'Brien and Mc Guckin (2016) set a particular useful guidelines in terms of guiding the development of search strings in SLR and the implementation of SLR. This guideline was adopted by the researcher to implement the SLR.

Following O'Brien & Mc Guckin's (2016) guidelines, search strategies were developed and search was piloted and performed in five databases (see Table 1) with the help of a Subject Librarian at Trinity College Dublin with a remit in the field of education that had proficient expertise in this area. A set of keywords and synonyms (e.g., “father* OR dad* OR male caregiver*” AND “involvement OR participation” AND “children OR child” AND “disability OR developmental delay OR special needs” AND “early intervention OR early childhood intervention”) were developed for the database searches. Table 1 shows the search result of five databases.

Table 1. SLR search results

Database	**Search Result**
Education Resources Information Center (ERIC)	39
Education Full Text	9
PsyINFO	34
Social Sciences Full Text	4
JSTOR	26

Having deleted duplicates results and assessed for eligibility, the total number of articles following the implementation of inclusion and exclusion criterion were 14. This was an undesirable result as it indicated that a great deal of material was not being included, and thus, the search string may be too specific or accurate. The researcher again sought advice from the Subject Librarian and performed another search using border and less search terms (e.g., father* AND children with disability; father* AND early intervention OR early childhood intervention). Again, similar results filtered out.

Based on the results of the systematic search, a cautious conclusion was made that a SLR might not be feasible for all types of research programmes (Garg et al., 2008; Snyder, 2019), especially research programmes that contain a lot of words and/or phrases in common, in this context, such as “fathers”, “dads”, “life of children with disability”. An example can be found when the same set of keywords was entered in a general Google search, led to about 45,000,000 results. Therefore, while the SLR is perhaps the most scientific and rigorous approach to a literature review, it is not suitable for the current programme of research. By saying this, it is not disputing its applicability in this field of research, but only suggesting that a SLR approach may require a narrow research question as well as specific terms rather than common terms. Considering the aim of this chapter is to provide a deep and comprehensive understanding of the current picture/scenario on fathers/'dads' role and involvement within the context of EI, a traditional literature review method was eventually adopted to inform the current research programme as it enables a wide array of research literature on this specific topic to be critically examined and summarised, so that an overall picture pertaining the topic can be gained. The following sections present and discuss evidence from the literature concerning the area of fathers'/dads' role and involvement in the lives of children with SEN/D within an EI context. To begin with, this historical perspective of fatherhood is critically explored.

4.2. Section Two: The Definition and Historical Perspective of Fatherhood

This section presents a critical review of the definition and historical information on how fatherhood has changed over time. The exploration of the historical evolution of father/dad role and its associated responsibilities is presented with a focus on the western perspective. A brief examination of the relevant theory and research regarding the historical change in the conceptualisation of parental roles and father/dad involvement is also presented. A critical review of the recent trends and research findings on the importance and involvement of father/dad in the care and education of their children is presented with specific references made to the attachment perspective. As well, the developmental consequence of modern fathering is also reviewed.

4.2.1. Defining Fatherhood

Like many other terminologies that appeared in the previous chapters, the concept of “father/dad” must be defined before any discussion of contemporary fatherhood occurs. As will be discussed in more detail in the next section of this chapter, the definition of “father/dad” was always focused on the biological perspective of physical resemblance and genetic inheritance. In other words, the term “father/dad” referred to the biological parent of the child under the traditional view of father role. However, change on the notion of a “father/dad” was made when a shift occurred in the conceptualisation of fatherhood, where research literature indicated the significance of father/dad involvement, participation, and day-to-day care in the aspect of father/dad-child relationship. Consequently, in an attempt to clarify the nature of fatherhood, scholars (Lamb, 1987; McKeown, Ferguson, & Rooney, 1998; Pleck, 1987, 2010) argued that biological links only represent one aspect of father/dad-child relationship. The real relationship is to be established between a child and a male adult who deeply involves in the day-to-day care, interaction, play, and rearing of his children. Furthermore, excepting from a professional literature perspective, this view is also supported by the legal definition of “father/dad” in many countries, clarifying that a paternal father/dad may not has automatic parental rights in relation to his child solely based on biological relation, where father/dads such as “step” father/dad and/or “adoptive” father/dad who have established a relationship with the child may fulfil legal and practical responsibilities as a parent (McKeown & Sweeney, 2001).

Thus, it seems wildly accepted in both academic literature and legal context that in order to be the “father/dad” of a child, a level of relationship and responsibilities towards the child need to be established whether the male is the paternal father/dad or not. This concept of “father/dad” and fatherhood explains the rationale for using the term “father/dad/dad” in the current programme of research. While “father/dad” represents the biologically related father/dad to the child, “dad” refers to the male who plays a father/dad role that encompasses level of emotional, psychological, and behaviour relationships with, and responsibilities towards the child. By including both father/dad and dad in the investigation of current research regarding the area of EI, the research implication and its associated outcome is maximised.

4.2.2. The History of Fatherhood: Father/dad Role and Father/dad Involvement

Having operationally defined the concept of "father/dad" and determined that this programme of research is situated within a more socially constructed perspective of father/dad, attention now turns to a discussion of contemporary fatherhood in both international countries and Irish society from a historical perspective. Thus, an exploration of changing roles and responsibilities of fathers/dads is presented as a background to the understanding of further discussion of father/dad involvement. As well, the changing conceptualisation of modern fatherhood from father/dad absence to father/dad involvement is also critically reviewed.

4.2.2.1. The Historical Role of Father/Dad

a) The Moral Teaching Perspective

In many western countries, such as the United States, England, and French, father/dads were traditionally viewed as the family's unquestioned ruler that their source of power and authority was the control and ownership of the family (Lamb, 1987). Lamb (2005) describes this as the earliest phase of father/dad role, where fathers/dads acted as the moral teacher who were primarily responsible for moral teaching, discipline, and education of their children. Since the role of the moral teacher was the one that extended from Puritan time and it is strongly associated with religious, Demos (1982) and Lamb (1987) point out that teaching literacy to their children was the main priority to fathers/dads – not because it is valued in their own right, but because it advances their role as moral guardian by ensuring their children's ability in reading, studying, and understanding religious materials. Consequently, being a "good father/dad" was being a role model to their children by demonstrating good Christian living as well as versing their children in the Scriptures (Demos, 1982; Lamb, 1987; E. Pleck & Pleck, 1997). Under the traditional view of father/dad role, the early father/dad-child relationship has been always described as both emotionally and physically distant, cold, and morally instructive. It was also led to believe that father's/dad's authority will be challenged if too much affection was giving, ruining the spiritual growth of their children. (Pleck & Pleck, 1997).

Within the Irish context, this moral model of father/dad role was also reflected in Irish rural family life. Similar to Lamb (1987) and Pleck and Pleck (1997)'s description, Arensberg and Kimball (1968) assert that the use of corporal punishment was considered acceptable for rural Irish father/dad to retain his moral authority over his son into their middle age. As McKeown, Ferguson, and Rooney (1998) conclude the moral teaching aspect of father/dad responsibilities by tracing the traditional role of Irish father/dad far back to the Catholic religion, once also powerfully dominated many other countries such as France and Italy, where:

> "God is the father and ruler of heaven and earth; the king is the father and ruler of his people; the priest is the father of his flock and the man is the father and head of his family... In the Christian tradition, the father is a central image of God. The unseen father in the New Testament is incomprehensible but intimately involved with human affairs." (p.14)

b) The Breadwinner Role

While innovations in agricultural and industrial technology were centralised in the 18th century in European countries and North America in the 19th century, a shift occurred regarding the conceptualisation of traditional father/dad role (E. Pleck & Pleck, 1997). The rise of industrialism and urbanization was associated with huge economic changes, which had led to a decrease in the mortality of children and adults and improved standards of living (Linn et al., 2015). Under the circumstance, father/dad role started to be viewed and defined from the perspective of breadwinning instead of moral teaching (Lamb, 1987, 2005; Linn et al., 2015). This definition was widely adopted in the western society such as Europe and especially in the United States, where a predominant type of family included two biological parents (a single male breadwinner and his wife who was committed to housekeeping and childcare roles) and their children (Janssens, 1997). Based on this gender division of parental roles, Pleck (1987) further describes father/dad as the "provider" of resource and security within the family, where mother/mum continues to be the "carer" of children. Under the dominant view of the breadwinner of father/dad role, negative pattern of interaction between father/dads and their children was again demonstrated. Ferry (2015) asserts that father/dad-child relationship was not surprisingly emotionally detached for over a century due to the hard-fought social conditions and financial provision. In the same vein, Eberly (1999) further describes the characteristic of the "breadwinning father/dad" as rule-driven, emotionally flat, and authoritarian male in family interaction and life.

It Ireland, the separation of parental role in terms of father/dad as "provider" and mother/mum as "carer" was strongly supported within the Irish constitution. For example, while fathers'/dads' role was not specified, the importance of mother/mum as "carer" for the benefit of Irish society was enshrined in the Constitution of Ireland (1937), which states that "… mothers shall not be obliged by economic necessity to engage in labour to the neglect their duties in the home. " (41:2:1) Even though the father/dad was mentioned in addition to the mother/mum, has a role to play in the aspect of their children's education in the constitution, McKeown et al., (1998) argues that it is still clear father/dad's main responsibility lies outside home as breadwinner within the Irish society. Another example was reflected in the introduction of a national legislation in 1932, which was commonly referred to as the "marriage bar" (Sheehan, Berkery, & Lichrou, 2017). Women who were employed were required to leave paid employment once they became married (Sheehan et al., 2017).

Although the marriage bar was lifted in 1957 for primary teachers and for civil servants in 1973, it is not surprised that it once again reinforced the gendered division of parental role within Irish society.

c) The New Fatherhood

Over the last few decades, however, both our understanding and conceptualisation of father/dad role and parental role have considerably changed even though breadwinning and moral teaching remained significant. This change started with the focus of social science research and literature on the needs of fathers/dads as strong gender models to the development of their children, especially boys. As Silverstein and Auerbach (1999) argue in their critical analysis, "Fathers are understood as having a unique and essential role to play in child development, especially for boys who need a male role model to establish a masculine gender identity." (p. 197). This important argument well-reflected the third phase of Lamb's (1987) father/dad role evolution – the sex-role model, where fathers'/dads' unique character and masculinity shapes the many ways of their children's behaviour, both sons and daughters, leading to optimal development of their children.

However, further debate regarding the function of father/dad as sex-role model in child development research has extended due to the publication of many research literature investigating child development, gender-role behaviour, and gender identity of young children. Among these research literature, Lynn (1976) critically points out one common myth in the area of research studying fathers/dads masculinity and their sons' gender-role development, that many researchers assume that boys become masculine by patterning fathers'/dads' masculinity where girls demonstrate more feminine behaviours by imitating mothers/mums. In contrast, his imitation study of 90 boys found that boys were no more likely to imitate their fathers/dads than they were to imitate their mothers/mums or a man who was a stranger. Followed by a comprehensive literature review, Lynn (1976) explains:

> "Like father, like son," implying sons' greater similarity to fathers than to mothers, must be rejected as a generalization and accepted only for specific traits… Masculinity in a son appears to be related not to father's masculinity but to a combination of his nurturance, dominance, and participation in his son's care. (p. 403).

This statement is also strongly supported by Pleck (2010), who systematically analysed the “essential father/dad” hypothesis and its penitential inter-relationships between fatherhood-masculinity and their complex possible connection to child outcome from the prospects of theory, research, and practice. It was indicated that fatherhood-masculinity linkage unrelated the developmental outcome of the child. Again, a highlight was made on the importance of a combination of father/dad involvement, participation, nurturance, and affection in the daily care of their children.

Based on the evidence that is listed above, it is clear that the unique sex-role characteristic of father/dad or a male does not directly contribute to the optimal development of their children. By saying this, it is not disputing the "essentialist position" and inputs that fathers/dads have in the aspect of child development. Rather, it broadens the definition of the term “father/dad” from the traditional view of “biologically constructed” to “socially constructed”, where fathers/dads are also substitutable. Explaining this new fatherhood, Connor and White (2006) broadly describe fathers/dads as men/males who provide a "significant degree of nurturance, moral, and ethical guidance, companionship, emotional support, and financial responsibility in the lives of children" (p. 6). This description of the new fatherhood and father/dad role led to a widespread identification of father/dad image as active nurturer, who is affectionate, sensitive, loving, and playful. It also resulted the subsequent reshaping of gender roles and reexamination of both womanhood, manhood, and family in academic literature. As a consequence of this reconceptualization, professional interest in the father/dad nurturance and involvement in day-to-day child care and its associated child developmental outcome soon followed.

4.2.2.2. Father/Dad Involvement

The changing conceptualisations and recognition of fatherhood as a socially constructed phenomenon have reshaped the diverse image of father/dad, in which the nature of fatherhood has been further defined through examination of the concept of “father/dad involvement”. As part of this movement, an increasing level of father/dad involvement in the care of their children was reported in a number of research studies of two-parent family (Brent A. McBride & Mills, 1993; Yeung et al., 2001). For example, Yeung, Sandberg, Davis-Kean, and Hofferth's (2001) US national representative study investigating the time fathers/dads spend together with their children found that a child spends an average of about 2.5 hours with his/her father/dad on a weekday and 6.3 hours on a weekend day. In comparison with the studies conducted previously that were reviewed by Pleck (1997), an increased level of father/dad involvement in the lives of their children was indicated.

While new research literatures on father/dad involvement were blossoming in the international research community, Irish research on the level of father/dad involvement in childcare and domestic tasks was comparatively limited. Two wide-scale Irish studies (Kiely, 1996; Nugent, 1987) conducted in the same period as other international studies both showed that fathers/dads continue carrying the responsibilities of providing finical support to the family whilst mothers/mums continue to be the “person” who is in charge of childcare and domestic tasks. Even though Kiely's (1996) study has reported a certain level of father/dad-involvement in childcare, the interaction was limited in a form of pleasurable activities such as play. Nevertheless, both studies found that fathers/dads in the middle-class families where both parents worked are more likely to be involved with their children. This finding was in line with a number of social science studies (e.g., Hanafin & Lynch, 2002; Kohn, 1963; Waller, 2010) investigating family social class and child-rearing practice, where economic structure within the family has a vital role to play in the involvement of fathers/dads in family life.

The first wave of research studies examining the level of father/dad involvement has provided a fuller understanding of new fatherhood. Meanwhile, however, some of these studies examining father/dad involvement, which solely based on the time fathers/dads spent with their children have suffered from some serious criticisms. Among these criticisms, Lamb (1987) pointed out the main drawback of those studies was that researchers have ignored the quality of interaction and engagement between fathers/dads and their children because they failed to fully define the components of father/dad involvement. Consequently, inaccurate measure of father/dad involvement was provided, led to an illusion to the area of research.

Following his criticisms, Lamb and colleagues (Lamb et al., 1985) proposed one of the most influential conceptual frameworks of father/dad involvement. This broadly used model consists three elements of father/dad involvement: 1) engagement – the father/dad interacting with the child directly through play and caretaking; 2) accessibility – the father/dad being both physically and psychological accessible and available to the child; and 3) responsibility – the father/dad being responsible for the actions and decisions he takes which may affect the care and welfare of the child. According to Pleck (2010b), this model successfully integrated the behavioural elements of father/dad role in the examination of father/dad involvement and father/dad-child relationship, so that the researchers are able to measure and compare the level of father/dad involvement in family life while minimising the bias.

The redefined concept of father/dad involvement has led to a new interest in research focus, methodologies, and direction in the area of research studies in parental involvement. Among these studies, a variety of methods such as interviews, time diaries, observations, and experiences sampling method were used to examine a wide array of father/dad involvement (both biological and non-biological) aspects and its associated outcomes in child development, father/dad-child relationships, and co-parental relationships (Ross D Parke, 2000). As a consequence of the "father/dad essential" awareness along with conceptual advances and research literature, fathers/dads are more involved in the care and education of their children than ever before. However, while an extensive number of empirical research and noticeable fatherhood scholars such as (Lamb, 1977, 1987; Lamb et al., 1985; Lamb & Stevenson, 1978; Paquette & Dumont, 2013; Pleck & Pleck, 1997; Pleck, 2010a, 2010b) have greatly focused on the involvement and relationship of fathers/dads with their typically developing children from both historical perspective and present context, research literature seems got lost when it came to father/dad and their children with SEN/D. In addition to this, fathering children with SEN/D was not mentioned as a feature in the history of fatherhood and even in recent times, the literature is extremely limited. Thus, a question needs to be asked for the further exploration of contemporary fatherhood – Are fathers/dads important in the life of their children with SEN/D? This question is answered in the following sections with a specific focus on the attachment and ecological perspective of fatherhood.

4.2.3. Conclusion on the History of Fatherhood

Having stepped back historically and examined the changing role and responsibilities of fathers/dads, it is clear that the concept of fatherhood was changed dramatically in the past few decades. From the moral teacher to the breadwinner, advancing into the sex-role model, it seems fair to suggest that our expectation and culture ideology of father/dad role had mainly relied on a "biological essentialist" view of gender and labour. From a wider perspective, this ideology somehow reflects precisely the current issues regarding gender-stereotypes and its associated assumptions in many ways in society. In the context of a child and family, viewing fathers/dads as “moral authority” and “primary breadwinner” has distanced father/dad-child relationship, contributing to negative family pattern of interaction and child developmental consequence. Fortunately, recent change on the conceptualization of fatherhood due to economic activities within the family and research investigation had led to a renewed image of father/dad, as well as the concept of “father/dad involvement”. This change was firstly reflected in the definition of father/dad, where the term “father/dad” was extended to include both “biological” father/dad and “social” father/dad. Following this definitional revolution, a variety of research studies were flourishing in the professional literature in the field of father/dad involvement. Even though some of these studies did not escape from serious criticises, it provided us an insight into the level of father/dad involvement in families. Based on what was available, the concept of father/dad involvement was advanced by (Lamb et al., 1985) as it integrated the behaviour elements of fathers/dads into the examination of father/dad involvement. Whilst a generation of research focusing on an extensive aspect of father/dad-involvement in families of typically developing children started to blossom, the involvement of fathers/dads in the lives of their children with SEN/D were barely mentioned. This led us to explore further why fathers/dads are essential in the lives of children with SEN/D? Perhaps a critical examination of the role of father/dad in the development of all children, including children with SEN/D from an attachment perspective could help to answer this question effectively.

4.3. The Role of Father/Dad in Child Development

After briefly reviewing the historical perspective of fatherhood, a critical examination of the contribution of modern fathering towards the child’s developmental outcome is needed, as it is a necessity for the examination of contemporary concern with about fatherhood, as well as providing a stronger rationale for further investigation of the EI issues relating to the area of father/dad involvement in the current programme of research.

Thus, the following section sets out to answer a specific question: How and why fathers/dads are significant in the development of all children, including children with SEN/D and their families within an EI context? To answer this question efficiently, a discussion of father/dad-child relationship from an attachment perspective is ideal to start with.

4.3.1. Attachment Perspective

This section critically explores the significant role that fathers/dads play in the development of their children from the attachment perspective. To begin with, a brief introduction of the attachment theory is provided.

4.3.1.2. Attachment Theory

Attachment theory, originally developed by John Bowlby (1969/1982) has long been recognised as the predominant framework for exploring and understanding early parent-child relationships and the impact of early relationships on the development of the child. Bowlby (1969/1982) describes attachment as an intensive bond that serves as a source of emotional security between children and their caregivers. It was suggested that this bond helps to establish adaptive pattern of parent-child interaction, which is essential in terms of promoting healthy functioning across many developmental domains of children (Palm, 2014).

In attachment constructs, mothers/mums were seen as the primary focus for the development of this earliest relationship with their infants. Thus, the role of sensitivity for mother/mum-child secure attachment has long privileged in attachment theory and research literature, suggesting that children are more likely to securely attached to mothers/mums who respond to their cues in a warm, prompt, caring, sensitive, and appropriate manner (M. Ainsworth & Bowlby, 1991; Kochanska, 1995; Lamb, 1977). As such, infants are able to explore the world freely and at the same time, knowing there is a “safe haven” to return to in times of distress through crying and seeking proximity for security (Collins & Feeney, 2000; Kerns et al., 2015). This acknowledgement among attachment theorists was strongly supported in the first empirical evidence of attachment theory, where – The Strange Situation was conducted to investigate how attachments might vary between children (Ainsworth, Blehar, Waters, & Wall, 1978). The results led to three classifications of parent-child attachment: 1) secure attachment – primary caregiver tends to be sensitive and responsive; 2) insecure avoidant –primary caregiver is likely to be insensitive and rejecting of children's needs; and 3) insecure ambivalent/ resistant – primary caregiver ignores or have inconsistent level of response towards the child's needs. Extending on Ainsworth's work, Main and Solomon (1986) added the fourth classification of parent-child attachment – disorganised attachment, which indicates that children may experience their primary caregivers as frightening or terrified.

4.3.1.3. Father/Dad as Attachment Figure

While mothers/mums were targeted as the primary focus in attachment theory and mother/mum-child attachment is seen as the key to the holistic development of the child, attachment scholars and child development professionals argued that father/dad-child attachment could not be ignored since it is as essential as mother/mum-child attachment to the optimal development of the child (Ahnert & Schoppe-Sullivan, 2019; Bretherton, 2010; Cowan, 1997). Thus, the notion of father/dad as potential attachment figure was evolved in line with theoretical advances and the publication of recent research literature. From a traditional theoretical perspective in child development, Freud (1924) stressed the important role of father/dad when a child enters the phallic stage of development about the age of three, where children begin to form an incestuous desire for their opposite-sex parent. Freud's consideration of the significance of father/dad beyond infancy was also acknowledged in Bowlby's (1969) attachment theory at later stage, where he believes:

> "A young child's experience of an encouraging, supportive,

> and cooperative mother, and a little later father, gives him a sense of worth, a belief in the helpfulness of others, and a favorable model on which to build future relationships … By enabling him to explore his environment with confidence, and to deal with it effectively, such experience also promotes his sense of competence" (p. 378).

From a research perspective, it has been widely recognised that fathers'/dads' involvement with their infants has a host of long-term positive outcome for children, as well as their mothers/mums. Classical studies by (Lamb, 1977; Lamb & Stevenson, 1978) proved the capability of fathers/dads in terms of responding to infants sensitively to form a secure attachment with their infant. Followed by more empirical investigation on the impact of secure father/dad-child attachment to the child's developmental outcome, the results indicated that the cognitive development of the child and skills acquisition, as well as social and emotional development, could be greatly fostered through strong father/dad-child attachment (Bretherton et al., 2005; Dumont & Paquette, 2013). Additionally, the consequences of attachment appear to carry on well beyond the first few years of life when it is first established. A host of long-term positive outcomes were found in the adulthood of those children who were strongly attached to fathers/dads in early childhood (G. Brown et al., 2007). For fathers/dads whose children were securely attached to them in the strange situation, they were more likely to have greater involvement in their children's later life, led to the positive developmental outcome (Cox et al., 1992).

In the light of evidence listed above, it seems fair to suggest that as well as mothers/mums, fathers/dads have an equal role to play in a child's attachment security and development and learning. However, it is widely acknowledged that parental sensitive behaviour is one of the main determinants of attachment security, and it has been highlighted that in father/dad-infant attachment security, sensitivity is a weak predictor (Lucassen et al., 2011). Thus, a question needs to be asked, how fathers/dads establish such secure relationships with their children since their sensitivity is weaker than mothers/mums? Perhaps a different definition of "sensitivity" needs to be applied when considering father/dad-infant attachment and this will be explored in the following section.

4.3.1.4. Father/Dad as Play Mate

While mothers'/mums' sensitivity in attachment theory is broadly referred to warmth and responsiveness, fathers/dads may express their sensitivity and interact with their children differently, in which it made the father/dad-child relationship so unique. Obviously, the most unique approach for fathers/dads to build relationships with their children is to provide challenging and sensitive support through the process of play. Studies comparing father/dad-infant and mother/mum-infant interaction found that fathers/dads tend to excite their children and to engage in more physical play with their children whereas mothers/mums try to contain them and engage in caregiving routines (Parke & O'Leary, 1976; Pedersen, 1980; Yogman, 1981). It has also shown that fathers'/dads' play with infants tend to be more physically stimulating as they tend to encourage children to explore, take initiative in unfamiliar situations, and overcome obstacles (Kromelow et al., 1990). Lamb (1997) reported a similar finding, which he asserted that while mothers/mums are primarily perceived by children as sources of well-being and security by engaging in cognitive object-mediated play and role-play with their children, especially girls, fathers/dads are the preferred playmates, particularly by boys.

Based on the classic research findings listed above, play is served as a media in terms of facilitating the establishment of father/dad-child attachment and relationship. This is supported by (Paquette, 2004), who has theorised father/dad-child attachment by developing the concept of the "activation relationship" based on the current understanding of attachment, interactions between fathers/dads and their young children, gender behaviour, and human-specific adaptations. Paquette (2004) describes this father/dad-child activation relationship as an affective bond that allows fathers/dads to inciting children to use initiative in unfamiliar situations and act as catalysts for risk-taking through a series of physical play, so that children are facilitated to explore environment freely and open their box to the outside world.

The function of fathers/dads in terms of opening children to the world can be mediated through many forms of father/dad-child play. For instance, fathers/dads were believed as the linguistic bridge to the outside world in some research studies as they tended to use more complex forms of language or unfamiliar words related to problem-solving and action demands, while mothers/mums have a tendency to verbalise emotion-related content (Ely et al., 1995; Marcos, 1995; Ratner, 1988; Tomasello et al., 1990). As a consequence of this, children are encouraged to use varied vocabulary with their fathers/dads, as well as formulating and reformulating their thoughts in order to be understood by social partners other than their mothers/mums, which is essential in language, cognitive, and social development (Rowe et al., 2004; Tomasello et al., 1990). Besides this, other developmental outcomes were also found associated with this father/dad-child activation relationship. Youngblade, Park, and Belsky's (1993) study have shown that children who frequently interact with their fathers/dads at age of 3 through Rough-and-Tumble Play (RTP) have been shown to interact more positively with peers 2 years later. In the similar line, MacDonald and Parke (1984) have also submitted that fathers/dads who exhibit high level of physical play with both boys and girls at the age of 3-4 years lead their children to the highest peer popularity rating. Commenting on the findings, Parke et al. (2002) further suggest that fathers/dads play a much superior role than mothers/mums in the organisation of children’s aggressive impulses and anger regulation, which is essential to children’s emotional wellbeing and mental health. To conclude the argument of father/dad as playmate and their unique sensitivity regarding father/dad-child play, a 16-year longitudinal study (Grossmann et al., 2002) in Germany explored fathers’/dads’ as compared to mothers'/mums' specific contribution to their children's attachment representation at ages 6, 10, and 16 years. It underscored that fathers'/dads' sensitive and challenging interactive play behaviour in a toddler–parent play situation is a strong predictor of the child's attachment representation, as well as the child's emotional security and self-confidence during adolescence.

Considering play as a unique way for father/dads to express their sensitivity adds to the expansion of attachment relationships. While mothers/mums deliver psychological security through caregiving routines, fathers/dads participate in exciting and challenging practices to form a secure base of exploration. In this regard, both mothers/mums and fathers/dads play two distinct but equally important roles for a child's development and learning. However, unlike mothers/mums, the role that father/dads play continues to be overlooked in the field of educational, developmental psychology, and parenting research. Although a large amount of research focused on questions regarding how fathers/dads interact with their children, to what extent fathers/dads involve in childcare, and what effect fathers/dads place on children's development, most studies rely too heavily on quantitative analysis of father/dad role and involvement in the development of children. If the representation of fathers/dads with typically developing children in research continues to be limited, a second question emerges from the perspective of the current research programme: How about fathers/dads of children with SEN/D? This question is answered in the following sections.

4.3.2. Fathers'/Dads' Role and Involvement in Families of Children with SEN/D

Having critically examined the current understanding of father/dad's role and involvement from an attachment perspective, an insight of the significant role that fathers/dads play in the development of their children is provided. It was clear that the attachment-related role of fathers/dads as playmates and protectors create a secure base for children to explore and take risk, while at the same time providing safety and security through sensitive support. Such unique support generated by fathers/dads is crucial to the development of their children in a variety of developmental domains and across developmental stages. Extrapolating this into the context of the current research programme, it is believed that a similar shift in role responsibilities of fathers/dads and their involvement is expected in families of children with SEN/D. However, research literature to date on fathers'/dads' role and involvement has mainly focused on fathering within the context of families of typically developing children. This knowledge gap is problematic considering that families of children with SEN/D have been found to experience higher levels of stress and face multiple challenges. Thus, in order to provide a comprehensive understanding of the importance of fathers'/dads' involvement in the lives of children with SEN/D within an EI context, as well as a strong rationale for the investigation of current research programme, the following sections review limited but evident research literatures pertaining to father/dad's role and participation in the context of a child and family, as well as EI. To begin with, the role that fathers/dads play in families of children with SEN/D and its associated outcome is critically explored.

4.3.2.1. Fathers'/Dads' Role in Families of Children with SEN/D

For families of children with SEN/D, it is widely recognised that they often suffer high levels of parental stress and experience unique circumstances. Indeed, an overwhelming of research have documented lower rates of employment, lower rates of social participation, and higher rates of divorce in families of children with SEN/D compared to parents of children who are typically developing (Darling & Gallagher, 2004; Hartley et al., 2010; Olsson & Hwang, 2001; Scherer et al., 2019; Seltzer et al., 2001; Venter, 2011). As it was suggested in a number of theories and models (e.g., family system theory, ecological system theory, parenting process model), high levels of parental stress may affect family well-being, leading to destructive family pattern of interaction and negative developmental outcome of the child and the family (Belsky, 1984;

Bronfenbrenner, 1979; Trivette et al., 2010).

Within the case of EI, high levels of parental stress was also shown as a strong predictor for the lack of efficacy in EI programme (Bagner, 2013; Ingber & Most, 2012). In some way or another, mothers/mums seem to be the main "victims" as evidence suggest that they tend to experience higher general levels of stress than fathers/dads considering their greater caregiving role in families of children SEN/D (Bujnowska et al., 2019; Olsson & Hwang, 2001). For example, Bujnowska, Rodríguez, García, Areces, and Marsh's (2019) recent study compared 167 parents of children with developmental delay to a group of 103 parents of children with typical development indicated that mothers/mums of children with developmental delay had a higher level of stress, particular child-related and future anxiety than fathers/dads of children with and without developmental delay. Another example can be found in a recent systematic review and meta-analysis on the evidence related to the mental health of fathers compared with mothers/mums in families of children with intellectual disabilities. Among the 17 studies that were reviewed, a total of the 14 studies reported poorer mental health and well-being for mothers/mums compared with fathers of children with intellectual disabilities (Dunn et al., 2019). Such high levels of stress among mothers/mums may have direct effect on fathers'/dads' stress, as a growing number of studies have reported that fathers'/dads' positive parenting experience and stress level is greatly predicted by mothers/mums mental health (L. L. Dyson, 1997; R. Giallo et al., 2015; Hastings et al., 2005). In other words, while mothers/mums may particularly at risk for experiencing higher level of child-related stress and depression because of the greater role they play in their child's primary care, fathers/dads tend to experience more partner/relationship-related stress that caused by mothers'/mums' mental health in families of children with SEN/D.

Taken together, overall, it seems fair to suggest that one of the keys for promoting optimal family well-being and pattern of family interaction is to support mothers/mums and help to reduce their stress, anxiety, and depressive symptoms. In this case, fathers/dads - as one member of the immediate family have been proved to have a particularly significant role in facilitating the well-being of families and their children with SEN/D (Erickson & Upshur, 1989; Simmerman et al., 2001). For instance, Erickson and Upshur's (1989) study, which explored the perceived burden of care of mothers/mums of children with a developmental disability found that when the father/dad participated in tasks and provided emotional support, mothers'/mums' perception of the caretaking burden was lighter. Building partially on that study, Laxman et al., (2015) studied the association between fathers'/dads' routine caregiving, literacy, and responsive caregiving involvement at 9 months and maternal depressive symptoms at 4 years in families of children with autism spectrum disorder (ASD). The finding indicated that fathers'/dads' early literacy and responsive caregiving involvement were strongly associated with lower levels of depressive symptoms for mothers/mums of children with ASD. In the same vein, another longitudinal study conducted by Simmerman et al.,'s (2001), which quantitatively explored fathers'/dads' and mothers'/mums' perceptions of father/dad involvement in families with young children with intellectual disabilities also reported that mothers' /mums' satisfaction with fathers'/dads' help in the areas of playing, nurturing, discipline, and deciding on services related more strongly to indicators of family well-being than the actual amount of help father/dad provided. Despite the findings from above classic quantitative studies, a recent qualitative study (Cummings et al., 2017) exploring parents' perspectives towards parental engagement with their infants and toddlers with SEN/D in rural families also showed positive outcome regarding father/dad involvement in child care. All 10 married mothers/mums out of 13 participated in focus group interview indicated the importance of fathers'/dads' participation in family well-being and learning of their children. For mothers/mums whose husbands are not involved, they reported it as a constraint to their children's development and parental engagement.

The finding reported above appear to support the argument that fathers'/dads' involvement can make an important contribution to the enduring relationships in families of children with SEN/D, lead to optimal child and family developmental outcomes. Although there are multiple dimensions in the reciprocal relationship between mothers/mums and fathers/dads in such families, the role fathers/dads play continues to be critically significant, given the fact that high level of parenting stress and negative family relationship have no intervention outcomes for children with SEN/D and their families (Neece et al., 2012). Thus, directly involving fathers/dads in EI programme may affect positively the entire family system and in turn may maximise the educational and experiential outcome for families and their children with SEN/D, as well as the effectiveness of EI programme. In order to draw a better picture of the current scenario on fathers'/dads' involvement in EI programme, as well as to provide a stronger rationale for the investigation of the current research programme, the next section critically reviews limited research pertaining fathers'/dad's role and participation in EI services.

4.3.3. Fathers/Dads Involvement in EI: What do we know?

Drawing on important contributions from the research disciplines that were reviewed in this chapter so far (e.g., historical perspective of father/dad role and father/dad involvement, father/dad-child attachment, family system, and well-being), it suggests that fathers'/dads' involvement during early years can lead to positive outcomes in the development of the children with and without SEN/D and their families. However, the recognition of fathers'/dads' role and their involvement in the lives of children with SEN/D and their families does not appear be the case in the context of EI. Regardless of the shift from a "child-centred" to a "family-centred" approach that is greatly focused on the participation of caregivers, mothers/mums continue to be seen as the primary EI target and often exclusive participants in both EI service delivery and EI research. This knowledge gap is strongly reflected in recent studies on parental involvement in EI, indicating that mothers/mums are the predominant research focus (Bagner, 2013; Bagner & Eyberg, 2003; Curran, 2003; Zin & Nor, 2017), yielding inconclusive findings about the impact of directly involving fathers/dads in EI programmes. Thus, this section critically reviews the existing research literature that identifies the assumptions and issues relating to fathers'/dads' involvement and EI from different perspectives. By providing a deep understanding of the current picture/scenario and issues of father/dad involvement within the context of EI, research questions and objectives in the current programme of research are formulated.

4.3.3.1. Outcome of Father/Dad Involvement in EI

Among all limited empirical studies investigating father/dad involvement and EI, the examination of the impact of father/dad involvement on parenting intervention outcome within an EI context is probably the most popular topic in this neglected, but important area. Significant differences in parental training outcome between families with a father/dad involved in parenting intervention compared with families without a father/dad involved in parenting intervention were highlighted in a certain amount of studies (Doherty et al., 2006; Webster-Stratton, 1985). For example, Bagner and Eyberg (2003) found the participation of fathers/dads in parental training programmes for children with oppositional defiant disorder is associated with better maintenance of intervention gains at 4-month follow-up. It also suggested that fathers/dads can be successfully involved in family therapy at a rate similar to mothers/mums when opportunities were provided and encouraged. Similarly, in a more recent quasi-experimental study examining the impact of father/dad involvement in parent-child interaction therapy among 44 families of children with developmental delay, Bagner (2013) found that single-mother/mum families were significantly more likely to drop out the therapy than two-parent families. For families who completed the training programme, immediate outcome was shown as lower levels of behaviour problems in children were reported in father/dad-involved families than families in which the father/dad did not participate.

Directly involving fathers/dads in EI programmes not only promotes the effectiveness of intervention programmes within the context of a family and a child with SEN/D, but also enhance fathers'/dads' understanding of their role identity as individuals, lead to higher levels of engagement in EI-related activities, vocal communication, and parental sensitivity (Roopnarine & Yildirim, 2019). Such examples can be seen in several studies evaluating the impact of specific father/dad intervention programmes on fathering within an EI context. From a clinical perspective, in studies examining the effect of father/dad-infant skin-to-skin contact – an evidence-based intervention that benefits low birth weight /preterm infants, Chen, Gau, Liu, and Lee (2017) and Deng, Li, Wang, Sun, and Xu (2018) found that father/dad engagement in early father/dad- infant skin-to-skin contact with both moderately pre-term infants and full-term infants could promote father/dad-infant attachment relationship, as well as fathers'/dads' role identity, lead to more positive pre-term and full-term infant care behaviours. From a prevention perspective, researchers (Jay Fagan & Iglesias, 1999; Pfannenstiel & Honig, 1995) investigating the effects of father/dad involvement programmes for families of children who are "at risk" (e.g., low-income family, low-education fathers/dads) on fathering behaviours also showed positive outcomes. The results of both studies indicated that fathers/dads, especially first-time fathers/dads who were experiencing the transition to parenthood demonstrated substantial gains in the amount of time spent with children/infants in direct interaction, accessibility, and support for learning. Besides this, gains in the quality of father/dad-child interaction were also recorded for fathers/dads who participated in the specific father/dad-targeted EI programmes.

Although not as fully developed, the emerging evidence highlighted above suggests that directly involving fathers/dads in EI services could make "a priori" contribution to the developmental outcome of the child, family, and EI programmes. In the view of the potential role that fathers/dads can play when their children and families receiving EI services and in the licit of current trends towards greater father/dad involvement with their children with SEN/D, it is logical to expect greater father/dad participation in current family-centred EI practice. However, despite such positive impact that fathers/dads may place on family and child outcome, recent review of literatures highlight that they are noticeably absent from the EI services. This issue leads to a central question: what are the significant barriers that limit fathers'/dads' participation in EI?

4.3.3.2. Barriers to Father/Dad Involvement in EI

Although the barriers and factors to father/dad involvement in childbearing families have been well-explored in the general context, barriers that limit the participation of fathers/dads in the context of EI remain unclear as very little empirical evidence is available. However, within the existing literature and research findings, several potential barriers that may affect the participation of fathers/dads in EI were highlighted in a few studies. For example, fathers'/dads' work was identified as a main factor affecting involvement in McBride et al.'s (2017) study who explored the perceptions of EI service providers in terms of father/dad involvement using a mixed-method approach. Results from the qualitative data indicated that that lack of father/dad presence in EI services (e.g., meetings, appointments, parental training) was because they were working and thus it was difficult for EI professionals to build partnerships with fathers/dads. This finding was reflected in several studies (Ferguson, 2015; Kellar-Guenther et al., 2014; Parish & Cloud, 2006) examining the parental engagement in EI services, where the division of labour was reported as a major contributor to the involvement of parents. While work was identified as a barrier for involvement, fathers/dads interviewed in Sicouri et al.'s (2018) study explained that this barrier was attributed to the traditional gender roles regarding parenting. It was reported that fathers/dads perceived mothers/mums were "better" parents and felt that being a more actively involved father/dad conflicted with their belief about gender roles. Such findings fall along with the literature on traditional gender roles at societal, family, and individual level, where the fathers/dads are providers and mothers/mums are caregivers (Demos, 1982; Lamb, 1987; Pleck & Pleck, 1997).

The perceptions of EI professionals towards father/dad involvement was suggested as a potential barrier in previous research (Flippin & Crais, 2011). This was also reflected in McBride et al.'s (2017) study, where EI professionals further reported that they view fathers/dads as inappropriate and ineffective targets due to their lack of presence thus they tended to provide more mother/mum-focused or gendered services. Commenting on this research finding, other researchers (Ferguson, 2015; Flippin & Crais, 2011; Raikes et al., 2005) suggest a slightly more complicated picture, where they indicate that this may be attributed to the lack of awareness among EI professionals of their perceptions and roles and how might affect the participation of fathers/dads in EI, or indeed, the lack of training to provide gender-sensitive services. For example, in a UK study exploring the patterns of engagement and non-engagement young fathers/dads in EI and safeguarding work, Ferguson (2015) interviewed twenty-four “at risk” fathers/dads (e.g., teenager fathers/dads, fathers/dads in prison) about their experiences of a specific home visitation EI programme in the UK. Shocking findings were revealed as some partial and non-engaged fathers/dads reported that they were annoyed with the ways that professionals communicating with them, asking questions, and making them felt embarrassed and vulnerable in this relationship. For fathers/dads who were fully engaged, while positive experiences with the professionals and services was reported, it was also indicated that EI professionals sometimes fail to understand the needs of fathers/dads and fail to communicate with fathers/dads effectively.

Turing the attention to the perspective of EI professionals, the same issue relating to the difficulty of building partnerships with fathers/dads was again highlighted in McBride et al.'s (2017) study. EI professionals and service providers suggested that since EI is a female-dominated profession, fathers/dads often feel uncomfortable working with females and taking directions and advice from female professionals. In turn, professionals also reported that they found difficult to communicate appropriately with fathers/dads or men after being involved in such all-female working environment for years.

Although much research is needed, the limited but evident literature reviewed above offered a slight insight towards the current picture of the participation of fathers/dads in EI services from the perspective of outcome, practice, and experiences. It is clear that while the involvement of fathers/dads in EI service may make “a prior” contribution to the developmental outcome of the child and family, mothers/mums continue to be the predominant focus in family-centred EI service delivery. This gap may somehow be explained by the research literatures investigating the potential barriers that may affect the participation of fathers/dads in EI services, where a disconnection in knowledge, perceptions, and practice between fathers/dads and EI professionals towards father/dad involvement was highlighted. Among all the studies that were reviewed, however, most studies only examined the perceptions of EI professionals towards father/dad involvement. As the interdisciplinary nature of EI and its involvement of a variety of settings in services delivering, a number of professionals (e.g., EI specialists, early childhood practitioners, services’ providers) from different disciplines, and families of children with a wide range of SEN/D, the currently existing research cannot account for variations in stakeholders’ perceptions of father/dad involvement in EI. In addition, while there is a paucity of research investigating fathers’/dads’ low participation rates in EI programme, particularly the parental intervention programme, the studies conducted to date have mainly focus on fathers/dads of typical developing children and/or “at risk” fathers/dads (e.g., teenager fathers/dads, low-income family). For fathers/dads of children with SEN/D, their voices and perceptions towards their own involvement with EI services are not represented. More knowledge regarding fathers’/dads’ expressed need for support and perceived barriers to, and preferences for EI service, as well as the adequacy of information support systems which are available to fathers/dads is critical in supporting EI professionals to develop initiative services for fathers/dads who might be struggling in such parenting context. Furthermore, the core value of family-centred EI is to support the empowerment of both parents as active decision-makers so that they are able to advocate for their children's unique needs (Dunst, Trivette, Davis, et al., 1988; Fox et al., 2015). Thus, exploring the views and perceptions of mothers/mums towards father/dad involvement in EI is also significant as directly involving fathers/dads in EI services may ease the overall workload for mothers/mums, leads to reduced levels of stress and positive child and family outcome (Flippin & Crais, 2011).

Having reviewed the literature relating to father/dad involvement and EI, it can be concluded that more research is strongly needed to influence the area of EI to attend more fully on fathers/dads and to promote more balanced family-centred EI practice. However, an important aspect regarding the involvement of fathers/dads in EI is to first understand fathers/dads' experiences of, perceived barriers to, and preferences for EI services, the role and perceptions of EI professionals in supporting and promoting the involvement of fathers/dads, as well as the wider perspective (mothers'/mums' perception) towards fathers/dads' involvement in the lives of children with SEN/D within an EI context. By investigating deeply on the "lived" experiences and perceptions of individuals who are critically involved in such context, a path that leads to the desired outcome in the area of EI and father/dad involvement, as well as long-term contribution in the international development community is hewed. Therefore, in an effort to influence on the knowledge, attitudes, behaviour, and relationships amongst stakeholders/actors within an EI context in Ireland, the next section presents the research questions and objectives that have arisen as a result of the literature review that has been presented in this chapter.

4.4. Research Questions and Objectives

The overall aim of the current programme of research is to gain a deep understanding of the role of fathers/dads and their involvement in EI services. This will be achieved by meeting a number of specific objectives, which are:

1. To explore fathers'/dads' experience of accessing EI service.
2. To identify the barriers that may influence the participation of fathers/dads in EI.
3. To explore fathers'/dads' preference for EI service.
4. To explore EI professionals' perceptions towards fathers'/dads' involvement in EI.
5. To explore the perceptions of mothers/mums in relation to father/dad role and involvement in the lives of their children with SEN/D, as well as in EI.

The three research questions underpinning the current research are:

1) What are fathers'/dads' (i) experiences of, (ii) perceived barriers to, and (iii) preference for EI service?

2) What are the perceptions of EI professionals and their roles in supporting the participation of fathers/dads in EI services?

3) What are the perceptions of mothers/mums in relation to fathers'/dads' role and their involvement in the lives and education of children with SEN/D within EI context?

In order to meet the objectives, and research questions of the current research programme, a qualitative design was applied. The rationale for this methodology and the structure of the current programme of research are presented in the next chapter (Chapter Five). Before this, a summary of the current chapter is provided in the next section.

4.5. Chapter Conclusion

The critical and analytical review of the literature in the present chapter highlights the gap in research relating to how we understand the role and the involvement of fathers/dads, as well as their contribution towards the child's developmental outcome, particularly within the context of families of children with SEN/D and EI. As a necessary context for the understanding of the issue, the historical perspective of fatherhood and father/dad involvement in the childbearing family was critically reviewed. It was clear that recent change on the conceptualisation of fatherhood had led to a renewed image of father/dad, as well as the concept of "father/dad involvement". From a "father/dad absent" to a more "father/dad present" society, fathers/dads are now more involved in childbearing activities than ever before.

The involvement of fathers/dads is crucial in the development of the child, in which it was demonstrated in the literature exploring the role of fathers/dads and their contribution to a child's development and learning. From an attachment perspective, fathers'/dads' unique interaction style and the way they express their sensitivities form a secure base for the child to explore the outside world(Dumont & Paquette, 2013; Palm, 2014). From a child development perspective, high-quality father/dad-child attachment relationship is essential in all aspects of a child's learning and development (Bretherton et al., 2005; Paquette, 2004; Youngblade et al., 1993). Although the literature investigating father/dad role and involvement is largely based on the context of families of children who are typically developing, a similar shift in role responsibilities is expected in families of children SEN/D, as it is proved that father/dad involvement in those families can have similar positive impacts on outcomes of families and their children (Bagner, 2013; Feldman, 2007; Flippin & Crais, 2011; Fox et al., 2015).

Given the increased evidence of greater fathers'/dads' role in parenting context, one would expect greater participation of fathers/dads in EI. However, the recognition of fathers'/dads' role and their involvement in the lives of children with SEN/D and their families does not appear to be the case in family-centred EI. Mothers/Mums continue to be seen as the primary EI target and often exclusive participants in both EI service delivery and EI research (Flippin & Crais, 2011). Within very limited empirical research exploring father/dad involvement and EI, research has suggested that there is a lack of knowledge among EI professionals on how to provide appropriate and gender-sensitive service to fathers/dads of children with SEN/D (Flippin & Crais, 2011; Brent A. McBride et al., 2017; Raikes et al., 2005). Subsequently, a disconnection in knowledge, perceptions, and practice between fathers/dads and EI professionals towards father/dad involvement was highlighted. The current programme of research will bridge this gap by investigating deeply on the "lived" experiences and perceptions of individuals who are critically involved in such context, so that new knowledge can be provided to this area.

Chapter 5 – Methodology

5.0. Chapter Overview

The current programme of research explores the role of fathers/dads and their involvement in the lives of children with SEN/D and within an EI context, specifically focused on the following research questions:

1) What are fathers'/dads' (i) experiences of, (ii) perceived barriers to, and (iii) preference for EI service?

2) What are the perceptions of EI professionals and their roles in supporting the participation of fathers/dads in EI services?

3) What are the perceptions of mothers/mums in relation to fathers'/dads' role and their involvement in the lives and education of children with SEN/D within EI context?

The use of appropriate methods to collect data from key informants enables the research questions to be answered. The current chapter provides insights into the chosen methodological approaches from which the current programme of research was conducted. To provide detailed information of research structure and rationale for the selection of research design and methodology, the current chapter is divided into three sections.

The first section begins with a presentation on the overall research planning process, which was guided by the model of ToC. Whilst Chapter Two critically examined the usefulness of ToC as a theoretical framework to guide the research planning, development, and implementation of the current research programme through the exploration of its application in previous educational research, this section demonstrates the methodological use of ToC in the overall research planning and development. Key stages involved in the research planning process using the ToC are discussed with visual illustrations. Such a demonstration is significant as it set a clear context and a strong rationale for the employment of a qualitative approach. It also makes a contribution in knowledge use ToC – as both theory and method, which has not been used in such context before to the knowledge of the researcher.

The second section provides an overview of the three empirical research activities which make up the current thesis. Pertinently, the rationale for the selection of particular methods, instruments, techniques, and data collection process pertaining to: (a) interviews with fathers/dads (Activity Two); (b) interviews with EI professionals, (Activity Three); and (c) interviews with mothers/mums (Activity Four) is presented.

The third section explores the sampling procedure and the methods for data analyses. Pertinently, a detailed exploration of how the sample group and participants within the group were identified, and the form of analyses employed during each methodological stage is provided. The role of the researcher from a personal and experiential perspective is explored, as well as the reflexive process. This section also addresses the importance of the ethical considerations pertinent to the current programme of research.

5.1. Section One: Overall Research Structure

The present programme of research was undertaken with the purpose of exploring fathers/dads' experiences of, and involvement in the lives of their children with SEN/D within EI context. This endeavour aimed to gain insight regarding the preferences and needs of fathers/dads to be actively engaged in EI services, the role of the EI professionals, the perceptions of mothers/mums towards the involvement fathers/dads, the wider environment in supporting and promoting fathers/dads' involvement, and the short-, medium-, and long-term implications and outcomes associated with this event.

As discussed earlier, one challenge in researching education of young children with SEN/D within the EI context relates to the breadth and depth of the topic, complex connection amongst the various stakeholders, and the implications towards policy and practice. To overcome such challenges, ToC as an integrated model to was applied to guide the conceptualizing, planning, development, and implementation of the current research programme. Such an approach helps to demonstrate how a realisable plan works and moves from an aspiration level to be operationalised through implementation and measurement towards attainable goals and outcomes of the area under investigation. Thus, the following section provides an overview of the overall research structure that emerged as a result of applying ToC as both theory and method.

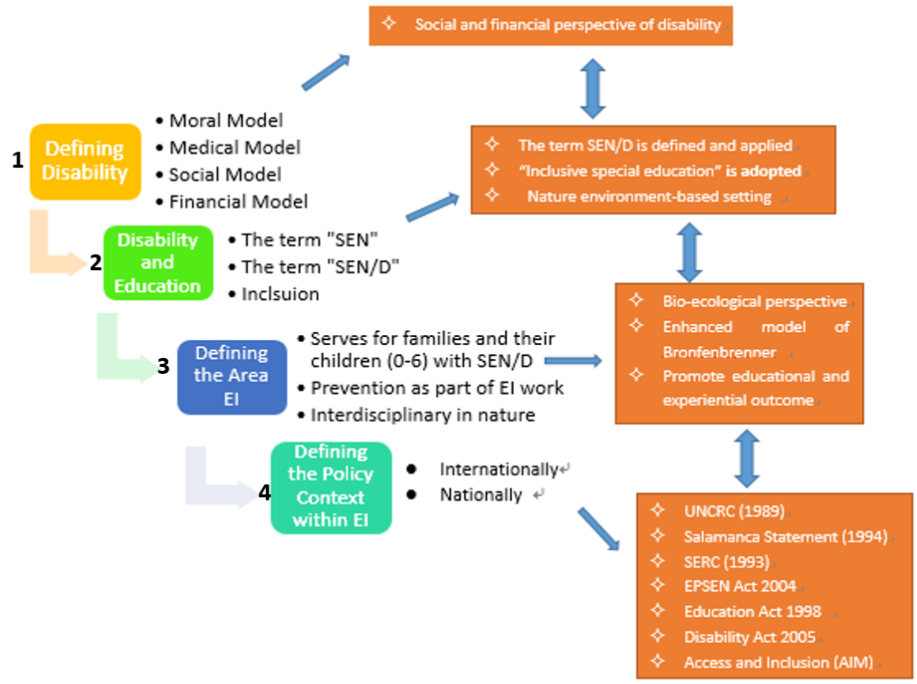
5.1.1. Research Planning Using ToC

At the very beginning of the research planning phase, a participatory approach was applied through the form of a series of discussions and meetings between the researcher and research supervisor, and consultation with other professionals (e.g., a professor in education) who are specialising in the area of EI, as well as the literature to develop a ToC map. There were a number of stages involved in the planning process, and each stage is presented in a graphic manner through the following sections.

Stage 1: Defining and Analysing the Context

Defining and analysing the context in ToC for the research programme is extremely important as it provides a contextual rationale for the research design, ensuring that it is focused on the most relevant issues. Especially for the current programme of research, defining and analysing the context at the start of the planning process provided a fuller and advanced understanding of the inherent complexities associated with work in the area of EI. Additionally, it also generated information on the existing issues, factors, evidence, and practice within the area of EI, which enabled the key questions (e.g., Who are the beneficiaries?, How issues currently affect people?, What are the main factors that influence the issue?) to be addressed in further planning. Thus, Figure 8 below shows how the general information was gathered and the context was defined for the current programme of research.

Figure 8. Context analysis of the current research programme



As illustrated in Figure 8 above, the context analysis of the current research programme started with an exploration of the historical context of disability (i.e., yellow box number 1), followed by an examination of the recent developments regarding disability and education (i.e., green box number 2). The analysis of the progressive relationship between disability and disability in the educational context served as a necessary context for the understanding of the area of EI (i.e., blue box number 3). This allowed the general information on existing evidence, issues, assumptions, practice, as well as policy within the area of EI (i.e., green box number 4) to be gathered and presented in an overall picture for further planning of the research programme (see Chapter Two for detailed definition of context and description of contextual relationship).

Stage 2: Identifying stakeholders, actors, and networks in the context

Having the context critically analysed and operationally defined the context for the current programme of research, the research planning process moved to the next stage, which was to identify stakeholders, actors, networks, and power relations within the research context. Due to the interdisciplinary nature of EI and its involvement of a variety of settings in services delivering, a number of professionals (e.g., EI specialists, early childhood practitioners, services' providers) from different disciplines, and families of children with a wide range of SEN/D, this stage was a key for the current research programme as it helped to clearly outline the relationships between multiple stakeholders, potential collaborators, influencing partners, as well as contextual and environmental conditions in the area of EI within the Irish context. Figure 9 below presents the interrelationships between main stakeholders and networks they situated in.

Figure 9. Inputs/stakeholders relationships and networks in the context

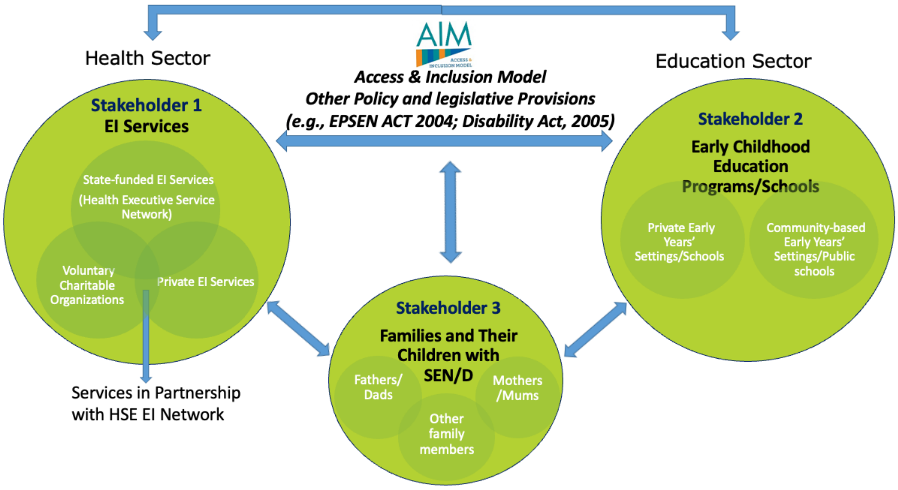


Figure 9 above presents the identification of three priority stakeholder groups in the area of EI within the Irish context. the stakeholder groups are all co-related to each other (i.e., the blue arrows). While two stakeholder groups (i.e., stakeholder group 1 - EI services and stakeholder group 2 - early childhood program/school) from both the health and education sector are incorporation regarding EI service delivering as per Access and Inclusion Model (AIM) and other policy and legislative provisions, families and their children with SEN/D are defined as the third stakeholder group as they are recognised central target of EI practice. Within these three main stakeholder groups, a variety of inputs were identified. This helped to set out specific investigation targets and intervention points for the current programme of research (see Chapter Two for a detailed review of stakeholder group connections and networks).

In summary, the types of EI services found in Ireland include:

Health and medical services: This includes services such as speech and language therapy, occupational therapy, and physiotherapy (e.g., Enable Ireland, HSE services, community-based services)

Education services: This includes early childhood education programs, special provision and/or placement in schools, special education needs services, and home-based programs (e.g., special schools, mainstream schools, units housed in mainstream schools)

Social services: This includes support for families, such as parent and child support groups, family support services, and respite care (e.g., Special Needs Parents Association; Down Syndrome Ireland)

The specific types of EI services that a child may receive depend on their individual needs and the services available in their local area.

Stage 3: Define the Long-term Outcomes and Associated Mid-term and Short-term Outcomes

Having the research context mapped out from Stage 1, the focus is shifted to the ultimate outcomes before desired long-term impact can happen. This is significant as it provides opportunities to think backwards through the ToC to identify the best ways to achieve desired outcomes and articulate the reasons why planned research activities would attain these outcomes. Thus, the third stage of the planning process was carried out to define conceptual clarity about the realistic long-term impact and the associated mid- and short-term outcomes to guide the further development of research activities.

Phase One: Articulate the Long-term Outcomes

As the current research was planned to demonstrate a modest contribution to the UN SDGs, especially Goal 4: Quality Education and Goal 10: Reducing Inequality, a set of long-term outcomes needed to be achieved before the impact can be placed at an international development level. Therefore, the long-term outcomes focused on the changes in experiential issues of fathers/dads' participation in EI, as well as the developmental and educational outcome of families and their children with SEN/D, which are:

1. Fathers/dads have enhanced experience and feel more comfortable towards their participation in EI.

2. EI professionals have enhanced knowledge and skills to work with fathers/dads, feel confident to include fathers/dads in practice.

3. Maximised experiential, educational, and developmental outcome for families of children with SEN/D by having more fathers/dads actively involved.

Phase Two: Mapping Mid-term Outcomes backwards

Once the long-term outcomes were identified, the main focus was to consider what changes need to happen before the long-term outcomes can occur. In the current research, that the implementation of a series of

Research Implications to national policies and practices would be the "pre-conditions" for achieving long-term outcomes, which are:

1. Development of father/dad inclusive policy regarding EI and education for children with SEN/D.

2. Establishment of a father/dad-friendly framework/models in EI services and a more balanced approach to family centeredness.

Phase Three: Identify Short-term Outcomes

In order to support changes in policy and practice in the area of EI, the short-term outcomes focused on the knowledge, perceptions, and relationships amongst stakeholders (fathers/dads, EI professionals, and mothers/mums) relating to the issue of father/dad involvement in EI. As these outcomes in a ToC are often achieved through the use of research outputs of the research project (Vogel, 2012), these set of outcomes were identified as the **Research Objectives** of the current research programme, which are:

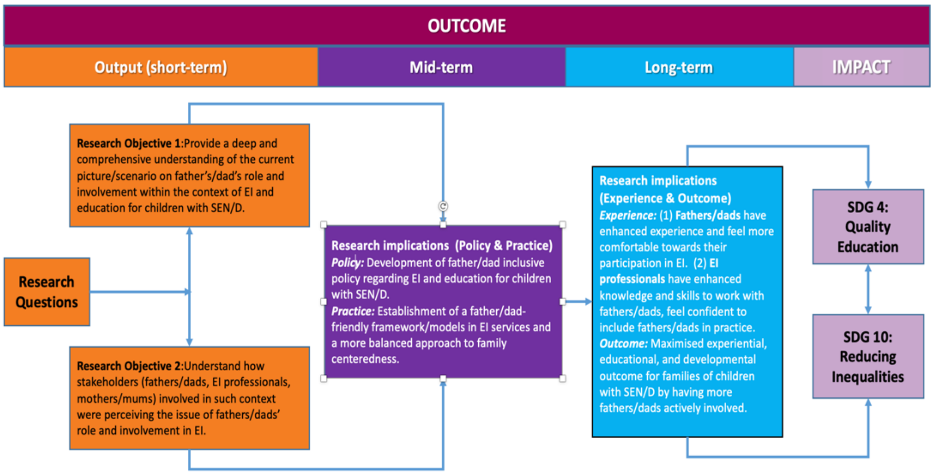
1. Provide a deep and comprehensive understanding of the current picture/scenario on father's/dad's role and involvement within the context of EI and education for children with SEN/D.

2. Understand how stakeholders (fathers/dads, EI professionals, mothers/mums) involved in such context were perceiving the issue of fathers/dads' role and involvement in EI.

Figure 10 below summaries the defined outcomes and changes in the area of EI from the perspective of policy, practice, experience, and outcome (PPEO) that has been planned in the current programme of research. This is based on the longitudinal research of outcome-focused approach in inclusive education, early intervention, and family support. (Child and Family Agency (Tusla), 2013; Skerrett, 2010). For example, the 4 year longitudinal study - Project IRIS (Inclusive Research in Irish Schools) (Rose et al., 2015) identified PPEO as the core focus in promoting inclusiveness in schools. It highlighted that the quality of provision/practice made by schools and support services, the effectiveness of policy, the experiences of students, teachers and families and the learning outcomes for students in schools are the key in promoting the experiential and educational outcomes for pupils with SEN and their families (Richard & Shevlin, 2017; Zhao et al., 2021).

As illustrated below, these anticipated changes in the current research programme are interrelated, in which it reflects impact on stakeholders'/actors' behaviour, their understanding of the issue, and associated outcome in relation to the change. By doing this, values, worldviews, and philosophies in the international development community were addressed as the current programme of research is also sought to contribute to the realisation of SDGs.

Figure 10. Defined the Outcomes and impact in the current research programme



Stage 4: Research activities anticipated to lead to the desired long-term change

Once the identification of the long-term outcomes was completed, and the short-, and medium-term outcomes were mapped backwards, attention turned to mapping out the research activities and sequence of these activities (Figure 11).

In order to achieve the desired outcome and promote certain changes in the area of EI, the research programme itself was seen as one of the contributors in the stage of planning. The conduction of the research will have the greatest potential for influence on the knowledge, attitudes, behaviours, and relationships amongst key stakeholders and actors. Therefore, mapping out backwards the research activities/sequence of research events provides connections between the research programme and desired long-term change and contribution in a robust way.

Figure 11. Sequence of research activities.

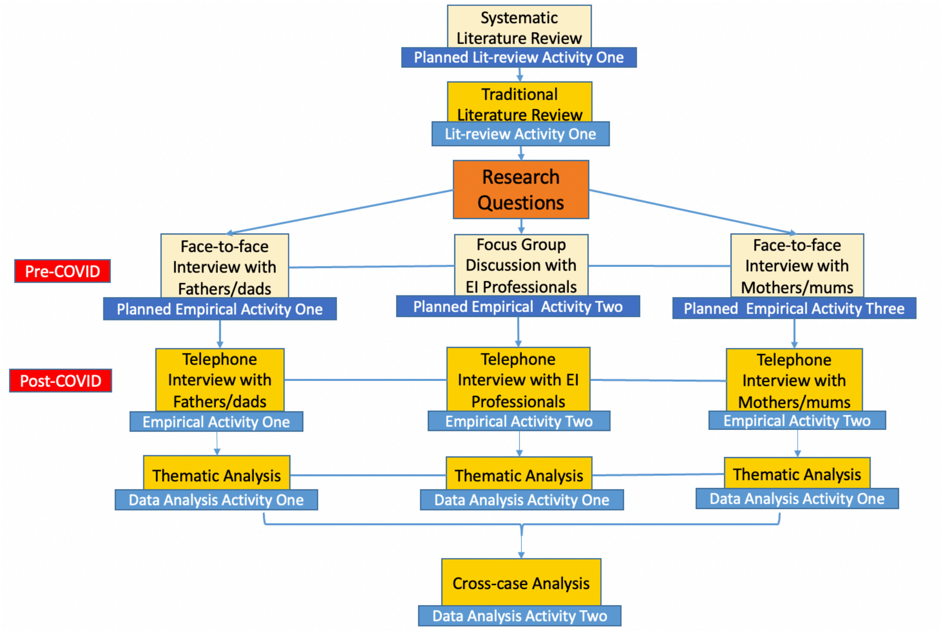


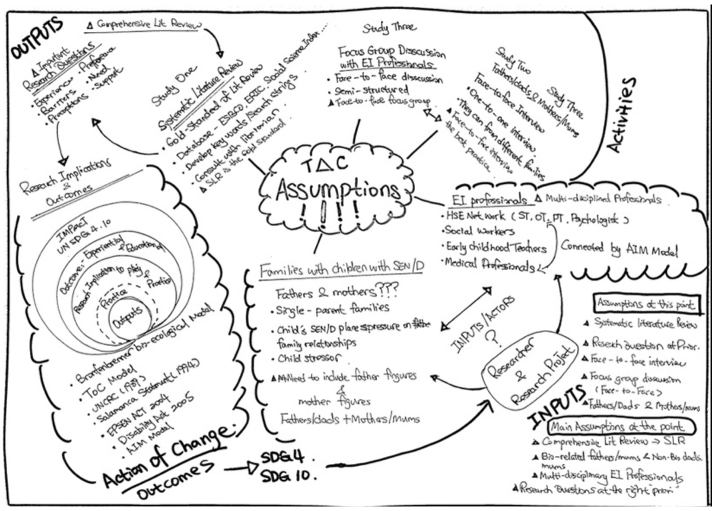
Figure 11 above illustrates research activities that were planned in line with evidence-based practice. At the beginning of this process, a SLR (Planned Lit-Review Activity One) of the empirical findings on fathers'/dads' role and involvement in the lives of children with SEN/D within an EI context was planned as activity one to inform the current programme of research. However, it was discovered that a SLR may not be the most appropriate approach to literature review in the current research programme. The detailed exploration regarding the methodological issue of a SLR is presented in section 4.1.1., Chapter Four. Therefore, a traditional literature review (Lit-review Activity One) regarding the topic of father/dad involvement in EI practice was conducted. By doing this, research questions were formed and three empirical research activities that have potential to lead to the desired outcome and long-term contribution were planned. These empirical research activities focused especially on exploring the "lived" experiences, views, and perceived barriers of individuals who are critically involved in such a context, so that an insight into the perceptions and perceived barriers towards fathers'/dads' participation in EI was gained. In corresponding to the empirical research activities, two data analysis activities were also identified. In this way, findings emerged from the research data contributes directly to the achievement of the short-term outcomes identified in the previous stage. As the research was conducted during the time of the COVID -19 pandemic, some planned empirical activities (i.e., focus group discussion with EI professionals) were replaced with telephone interviews.

Stage 4. Clarify Assumptions

Assumptions represent individual beliefs, values, professional experiences that inform the interpretations that researchers and stakeholders bring to bear on the process of change, they are the conditions that need to be in place to make a ToC work (Chen, 1990). Previous examples of eliciting and addressing assumptions in the ToC literature include the use of ongoing consultation and group discussions. For instance, in a study aimed at planning education reform in urban communities, researchers Connell and Klem (2000) used roundtable discussions with stakeholders, teachers, students, administrators, and parents from urban schools to elicit assumptions about the key factors in enhancing quality teaching and learning. They then addressed these assumptions by engaging in group discussions with community members and stakeholders to identify the most promising and effective stratgies. Therefore, articulating the underlying assumptions about how change occurs is an important procedure as it ensures the reliability of the change framework.

For this programme of research, in order to clarify the assumptions underlying ToC, mind-maps were used at the research planning process to articulate and explain the logic behind the overall research programme (e.g., the links from one outcome to the next, the roles played by inputs/actors, the overall research rationale). Once a stage of planning was completed, an "assumption mind-map" was drawn to document the basic assumptions and the external factors that would affect the current research programme. By doing this, an "assumptions bank" was built on the mind map throughout the planning process (Figure 12).

Figure 12. Assumption mind map



The assumptions identified in the current research programme are:

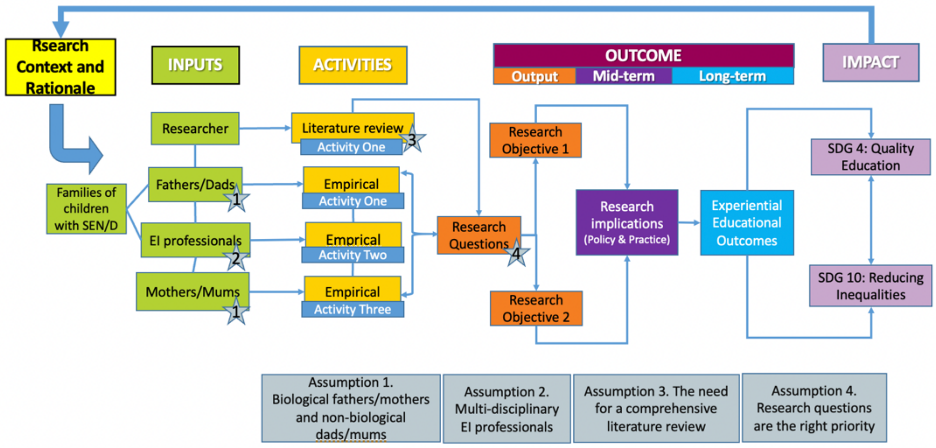
Assumption 1: Biological fathers/mothers and non-biological dads/mums - the definition of "father" and "mother" in this research programme included both biologically related "father" and "mother" and non-biologically related "dad" and "mums" to the child.

- *Assumption 2*: Multi-disciplinary EI professionals - as EI is interdisciplinary in nature, EI professionals who are involved in the research program must be from various disciplines for the outcomes to be achievable.
- *Assumption 3*: The need for a comprehensive literature review - a comprehensive literature view on the issues of fathers/dads involvement and EI was needed to formulate the research questions and the anticipated empirical research activities.
- *Assumption 4*: Research questions are the right priority - this was to ensure the lastest evidence generated from this research programme is considered when seeking implications to national policy and practice.

Stage 5. Mapping out the overall research structure

Having systematically followed the above steps, a strong and robust ToC is developed. The last stage involved in the planning process was to graphically map out the overall research structure. Figure 13 below presents the overall research structure of the current research programme.

Figure 13. Overall research structure



5.1.2. ToC Derived Research Design

The use ToC as a method in research planning and development mapped out the overall research structure, as well as the current thesis. Evidence presented from earlier chapters (Chapter Two, Chapter Three, and Chapter Four) in coupled the ToC maps above show that fathers'/dads' role and involvement in the lives of children with SEN/D within the EI context is an area with an exiguous research and literature base. It also suggests that multiple realities and pathways to long-term outcomes exist as there is no generalised and agreeable consensus about the intervention context where fathers/dads of children with SEN/D are situated in. Thus, suggestions have emerged for improving the quality of father/dad involvement research, which include the use of qualitative method (Hawkins & Palkovitz, 1999; Brent A. McBride et al., 2017), with recommendations indicating that qualitative methods improve the quality and findings of EI research, especially when it is related to experiential issues (Brotherson, 1994; Erwin et al., 2011; Sandall et al., 2002). Given the paucity of research evidence within the current area under investigation, it was necessary to employ a qualitative approach so as to explore the contemporary issues on the role and involvement of father/dad in EI services.

5.1.3. Rationale and Philosophical Assumption for the Qualitative Design

As it was mentioned in the previous section, each EI service/programme for families and their children with SEN/D within the Irish context is unique and coupled with no national uniform model informing practice (Carroll, 2016). In order to understand the diversity of EI service delivering and investigate on the experiences and needs of target research populations involved within the diverse context, qualitative exploration was employed due to its ability in gathering context-based insights, experiences, descriptions, and clarifications when exploring a particular phenomena from the participants' perspectives (Daher et al., 2017; Patton, 2014).

The aim of the study and the interpretivist philosophical stance underlying the study derived the design of a qualitative paradigm. Interpretivists consider that multiple, constructed realities exist instead of a single absolute truth (Meyer & Schutz, 2020). From this viewpoint, reality is subjective and shaped through human perception and interpretation and seeks to understand the meaning and perspectives of participants in their own terms. The participants' experiences and perceptions, along with the context of the situation and social environment, all play a role in shaping reality. Additionally, Riese (2018) highlights that the interpretivist epistemology recognises the dynamic relationship between the researcher and participant in creating this reality, in which it enables opportunity for close and dynamic interactions to co-create an understanding of the phenomenon. Importantly, the axiology of interpretivism also allows the researcher to acknowledge and express their values. Therefore, The interpretivist paradigm is considered appropriate because it recognises the existence of multiple realities and the role of the researcher and participant in shaping it. Such view is well suited for exploring complex, subjective, and context-dependent experiences and phenomena.

In the context of the current research programme, the researcher sought answers for research by forming and underpinning diverse viewpoints of different individuals (fathers/dads, EI professionals, mothers/mums) from different groups (service providers, services users), in which it was very important when researching an area that is interdisciplinary in nature within the educational context. Furthermore, a lack of research in the area of father/dad's role and involvement within the EI context reinforced the use of a qualitative approach. It provided the researcher with opportunities to engage in dynamic interactions with research participants, to understand the research environment through self-interpretation, to construct multiple realities in a given context, and to finally translate the lived experience of participants into words and meanings that helps to inform the practice (Merriam, 2014). Additionally, the use of a qualitative approach was also in line with the two main theoretical frameworks - the Enhanced Model of Bronfenbrenner and ToC that are guiding the current programme of research. By using this inductive and inclusive approach, knowledge, and intellectual progress on the area of EI and father/dad involvement was achieved, which enabled evidence-informed practice to be applied to promote certain changes at different contextual levels through multiple pathways.

5.2. Section Two: Empirical Research Activities Overview

The previous section demonstrated the methodological use of ToC as a method to inform the research structure and research design in the current research programme. As a consequence of this approach, three empirical research activities: (a) interviews with fathers/dads; (b) interviews with EI professionals; and (c) interviews with mothers/mums were planned and conducted. This section outlines the rationale for the selection of particular methods, instruments, and techniques of each research activity, providing clear and resolute reasoning for their selection and use.

5.2.1. Empirical Research Activity One: Interviews with Fathers/Dads

This section details Empirical Research Activity One, which involved seven interviews with fathers/dads of children with SEN/D who had experience receiving EI services in Ireland. Details relating to interview design, pilot study, and data collection are explored. However, before the presentation of these details, relevant demographical information on the seven participants is first presented in the table below.

Table 2. Demographical information of fathers/dads

Participant	Nationality	Child's Diagnosis	EI service provider
Father 1	Chinese	Autism Spectrum Disorder (ASD)	HSE local EI service

Father 2	Slovakia	Congenital Central Hypoventilation Syndrome (CCHS) & Speech and Language Delay	HSE local EI service
Father 3	Irish	Down Syndrome	HSE local EI service
Father 4	Irish	Autism Spectrum Disorder (ASD)	HSE local EI service
Father 5	Irish	Down Syndrome	HSE local EI service and Parental Support Service
Father 6	Irish	Down Syndrome +Congenital Heart Disease (CHD)	HSE local EI service
Father 7	Irish	Down Syndrome	HSE local EI service

5.2.1.1. Empirical Research Activity One: Interview Design

Empirical Research Activity One explored fathers'/dads' experiences of, perceived barriers to, and preference for EI services. Considering the exploratory nature of this research, a qualitative methodology was employed to generate rich and detailed accounts form a particular subsection of participants within this population. Goulding (2005) states that a flexible engaging approach that allows for the exploration of these individual experiences is essential in research design and therefore the interviews were semi-structured in nature.

The semi-structured interview with open-ended questions were designed and guided by an extensive literature concerning fatherhood, fathers'/dads' role and involvement within the EI context in Chapter Four. The interviews, which involved a one-to-one, qualitative, and in-depth discussion with individual participants began with the questions exploring participants' general view and personal experience of, and involvement with EI service. For example, participants were asked: *Do you think early intervention service delivery is predominantly focused on mothers/mums? If yes, why do you think of that based on your experiences? Do you think the role of father/dad is valued in EI services in general? If yes, how your role is valued?* What follows were the questions exploring the barriers and factors to engagement, as well as fathers'/dads' preference for EI service. Examples of the questions were for fathers/dads: *What are the barriers or factors that affected you to be highly involved with early intervention services as fathers/dads? From your own perspective, what service or support provided by the early intervention services are most useful to you? When you have doubts and/or worries in relation to your role as a father/dad who can you count on (e.g., family, friends, services, others)?* And last, the importance of supports and provisions from the wider environment to the involvement of father/dad were explored with the question: *Except for the supports provided directly from the early intervention service, what other supports in the wider environment (e.g., early years' settings, policy) are important to you as a father/dad of children with special educational needs and/or disability?*

This set of investigation provided a comprehensive overview of participants' lived experiences, so that further interventions and supports were identified to enhance and maximize the experiential outcome. By portraying the perspective of the particular group of service users using in-depth semi-structured interview, the results were also led to better understand the experience's meaning in the process of EI service.

Having provided an overview of interview design in Empirical Research Activity One, attention now turns to the pilot interview with one fellow researcher while the details relating to the recruitment of fathers/dads the procedure for the study are presented (Section 5.3.1).

5.2.1.2. Empirical Research Activity One: The Pilot Study

A pilot study took place with one Ph.D. candidate, where a mock interview was held and feedback was given on interview technique (see Appendix 1 for the original interview questions). It was pointed out that some elements of the language and phrasing needed to be modified to ensure that questions were easily understandable. Feedback also indicated that questions could be organised into different sections rather than presented in a random manner to ensure logical flow.

While the Ph.D. candidate partaking in the pilot study has expertise in the area of EI, she deemed it is not particularly significant, or even a disadvantage. For the simple reason that some "phrases" and "terminologies" relating to EI in the interview questions may be unfamiliar to fathers/dads, especially fathers/dads who are not very involved in the lives of their children with SEN/D. Therefore, a second pilot study was conducted with a friend of the researcher who was a father and had the experience of EI service in Ireland using the revised version of interview questions based on the first pilot study (see Appendix 2 for the revised interview questions). Feedback strongly indicated that plain language and straightforward questions need to be asked. For example, some questions aimed to explore fathers/dads general view about EI included the term "family-centred practice", it was indicated that this term was to technique for the research participants, instead, using the phrase "focus on the needs of the family and the child" may be more appropriate. Furthermore, feedback also suggested that interview questions should be sent to interview participants prior to the interviews, as this would allow them a period of deliberation in relation to the areas that the researcher was planning to discuss (see Appendix 3 for the finalised interview questions). None of the data recorded in these two pilot studies were used in the data analysis.

Having provided an outline of the pilot study for the Empirical Research Activity One interview with fathers/dads of children with

SEN/D, the following section provides the procedure of data collection for the research activity.

5.2.1.3. Empirical Research Activity One: Data Collection

Semi-structured and audio reordered in-depth interviews were used to collect data on participants' experiences of EI service for Empirical Research Activity One. As the research was conducted during the time of the COVID -19 pandemic, a blended approach to data collection was applied. While some face-to-face interviews with fathers/dads (n=2) were conducted, one-to-one telephone interviews (n=5) were also used as a data collection method when the government lockdown and restrictions were imposed in Ireland. As one participant comes from the same ethnic background as the researcher, he expressed the preference for using Mandarin throughout the interview. Therefore, to establish a richness of data and facilitate better understanding of the interview questions, one face-to-face interview was conducted in Chinese language. As well, study information (Appendix 4), consent form (Appendix 5), and interview questions (Appendix 3) were also translated into Chinese.

Two double password protected mobile phones were used for audio recordings for back-up purposes. Two semi-structured face-to-face interviews took place in the participants' home, others took place via the telephone. The average length of the interviews was 42 minutes. In total approximately 4.91 hours of audio recording was transcribed verbatim and all identifiable information was removed to ensure the anonymity of the participant. A master list links participant identifiers (i.e., names to the code, ID numbers) was created and stored in a locked fire-proof cabinet. It was only accessible to the researcher and her supervisor. The transcribed interviews were subject to qualitative analysis (see section 5.3.2). All audio-recordings and transcripts were saved on a password-safe area on the researcher's computer, with all original recordings being deleted from the audio-recorder.

Prior to commencing, each interviewee was asked to give informed consent and provided with opportunities to ask any questions that they would like to omit. For face-to-face interview participants, they were asked to sign a consent form (see Appendix 5). Participates who participated in telephone interviews received a copy of the consent form a week before the interview and they were provided with two ways to give their consent, which are: 1) return the consent form using an electronic signature and 2) give verbal consent at the start of the telephone interview.

While the signed consents were stored in locked fireproof cabinet with access solely by the researcher, recording of the verbal consents were stored in a separate, password protected folder in the researcher's computer. At the beginning of each interview, general discussion regarding issues of confidentiality, the right to withdraw at any time, and the focus of questions took in place. Any questions that arose were answered and permission was obtained from each participant to establish informed consent. Participants were assured that the interview would be audio recorded and stored in a safe manner.

The semi-structured interviews were conducted using a person-centred approach. The researcher was aware that creating a positive relationship with participants as well as establishing a relaxed and comfortable interview atmosphere is of paramount importance in ensuring in-depth data collection (McGrath et al., 2019; Ryan et al., 2009). Therefore, during the interview process, the researcher played a role as a "listener" who actively observed and listened to the views of participants. By listening more but also listen actively, the researcher was able to reflect on whether the questions were being understood properly and to adjust the questions before the next interview when necessary (Råheim et al., 2016).

5.2.2. Empirical Research Activity Two: Interviews with EI Professionals

This section outlines the details of Empirical Research Activity Two, which involved three interviews with EI professionals in Ireland. Details relating to the interview design, pilot study, and data collection method is explored. To begin with, the following section will provide details regarding the design and content of the interview for Empirical Research Activity Two participants. Table 3 below presents the demographic information of three EI professionals participated in the study.

Table 3. Demographic information of EI professionals

Participant	**Gender**	**Profession**	**EI team/network**
EI professional 1	Male	Social care professional	HSE local EI network
EI professional 2	Female	EI specialist	Private EI service
EI professional 2	Female	ASD intervention Teacher	ASD specialist school/setting

5.2.2.1. Empirical Research Activity Two: Interview Design

Empirical Research Activity Two explored the EI professionals' perceptions toward the issue of father/dad involvement, as well as their roles in supporting the participation of father/dad in EI service. As outlined previously, due to Covid-19 pandemic and the implications that this has for planned fieldwork, planned focus groups discussion with EI professionals was replaced with one-to-one telephone interviews (see Appendix 14 for planned focus group design and pilot study). Thus, a semi-structured one-to-one interview, with open-ended questions, was re-designed based on the focus group discussion questions (see Appendix 6 for focus group discussion question). These questions were guided by an extensive literature concerning the role of father/dad in EI to investigate the topic. The finalised semi-structured interview questions and probed questions (see Appendix 7) were developed across three sections, which are:

(1) EI professionals' general view and beliefs
(2) The involvement of father/dad in EI service
(3) Engaging fathers/dads in EI service

The first section (EI professionals' general view and beliefs), involved three questions: the first two explored the attitudes and views of EI professionals towards father/dad's role and involvement and the third concerned a specific criticism from the literature that EI is predominantly mother-focused. For example, one of the first two questions was: *Can father/dads be seen as the effective targets for intervention in EI practice? If so, to what extent?* Regarding the third question, EI professionals were asked: *What do you think about the statement that "father/dad is absent from EI services as EI is predominantly mother-focused?*

The second section (the involvement of father/dad in EI service) involved six questions that explored the professionals' general experience working with fathers/dads as well as the challenges they encountered when working with fathers/dads. Besides this, the types of EI tasks and/or activities that fathers/dads involve the most and the least were also explored. An example of questions in this section was: *What is your general experience working with fathers/dads? What early intervention tasks or activities do fathers/dads involve the most?*

The third section (engaging fathers/dads in EI services) included four questions that explored the professionals' view on how to increase fathers'/dads' participation in EI services, as well as the supports that are needed for EI professionals and services to facilitate the involvement of fathers/dads. Examples of the questions were: *What would help to encourage and promote fathers'/dads' participation in EI? What supports or provision would help EI services/EI professionals to engage* *fathers/dads more?*

Having provided an overview of the content and design in the Empirical Research Activity Two interviews with EI professionals, details relating to the recruitment of EI professionals and the procedure for the research activity are presented (Section 5.3.1). The next section outlines the pilot study with one early years' educator with expertise in the area of EI in Ireland.

5.2.2.2. Empirical Research Activity Two: The Pilot Study

As the interview questions were re-designed based on the focus group discussion questions, a pilot study was conducted with one of the early years' practitioners who participated in the pilot focus group discussion. None of the data recorded in this pilot study was used in the data analysis.

Useful feedback was provided that enabled the researcher to re-draft the one-to-one interview questions. For example, this pilot study presented a few themes that informed the reduction of sections of questions that were designed for focus group discussion. On a structure level, it was suggested that more open questions could be added to allow for further expansion on areas where interview participants would have expertise. From the perspective of the researcher's personal interview skills, feedback indicated that it is also important to use pauses and probing follow-up questions for additional insights during the interview process.

Having provided an outline of the pilot study for the Empirical Research Activity Two interview with EI professionals, the next section presents the method for data collection.

5.2.2.3. Empirical Research Activity Two: Data Collection

Semi-structured, one-to-one telephone interviews provided the primary source of data collection with EI professionals. For the back-up purpose, two double-password encrypted mobile phones were used for audio recordings in case one did not work properly.

Each interviewee was provided with a study information sheet (Appendix 8) as well as a consent form (Appendix 9) before the scheduled one-to-one telephone interview. Participants were given two options to give their informed consent: 1) return the consent form using an electronic signature and 2) give verbal consent at the start of the telephone interview. All three participants provided verbal consent at the beginning of the interview. Depending on the participant's time constraints and/or narrative flow, the shortest interviews lasted 30 minutes, and the longest lasted 59 minutes. Once semi-structured interviews were complete, all audio recordings were transcribed verbatim and all identifiable information regarding individual EI professional and EI service was removed and labelled with ID codes, to ensure the data can no longer be attributed to a specific data participant without the use of additional information. A master list links participant identifiers (i.e., names to the code, ID numbers) was created and stored in a locked fire-proof cabinet. The transcribed interviews were subject to qualitative analysis (see section 5.3.2. for details regarding the approach to data analysis). All data were stored on a password-protected area on the researcher's computer. It was only accessible by the researcher and her supervisor and only for the purpose of agreed analysis. Following each telephone interview, the interviewees were provided with the contact details of the researcher so that contact could be made if they had any further queries about the study.

5.2.3. Empirical Research Activity Three: Interview with Mothers/Mums

This section details Empirical Research Activity Three, which involved five interviews (i.e., three face-to-face interviews and two telephone interviews) with mothers/mums whose husband/partner participated in the research, as well as mothers/mums of children with SEN/D who had experience receiving EI services in Ireland. Details relating to interview design, pilot study, and data collection are explored. Table 4 below presents the demographic information of five mothers/mums who participated in the study.

Table 4. Demographic information of mothers/mums

Participant	**Nationality**	**Child's Diagnosis**	**EI service provider**	**Remarks (one family)**
Mother 1	Chinese	Autism Spectrum Disorder (ASD)	HSE local EI service	Father 1
Mother 2	Chinese	Non-verbal Autism	HSE local EI service	
Mother 3	Irish	Congenital Central Hypoventilation Syndrome (CCHS) and Speech and Language Delay	HSE local EI service	Father 2
Mother 4	Irish	Autism Spectrum Disorder (ASD) and 5 other medical conditions	HSE local EI service	
Mother 5	Irish	Down Syndrome	HSE local EI service and	Father 5

			Parental Support Service	

5.2.3.1. Empirical Research Activity Three: Interview Design

Empirical Research Activity Three explored the perceptions of mothers/mums in relation to fathers'/dads' role and their involvement in the lives of children with SEN/D within the EI context. A flexible research design was applied to allow for the exploration of the individual experiences, views, interpretations, and understandings and therefore the interviews were semi-structured in nature.

The semi-structured interview with open-ended questions was derived from an extensive review of the literature concerning the role of mothers/mums in promoting father/dad involvement in EI, as well as from a volume of reading regarding the field of family studies, parental roles, and gender roles etc. (see Appendix 11 for the finalised interview questions). Using a similar structure as the Research Activity Two interview design, the one-to-one, qualitative and in-depth interview also began with questions exploring mothers'/mums' general view and belief about EI. For example, one of the questions was *Do you think early intervention service delivery is predominantly focused on mothers/mums? If yes, why do you think of that based on your experiences?* What follows were the questions exploring mothers/mums' views about the involvement of fathers/dads in EI. Examples of the questions were: *Do fathers/dads have an important role to play in the life of a child with special educational needs and/or disability, as well as in early intervention service? If yes, what role do they play? Could you share some of your stories about your husband/partner/the child's male caregiver's involvement with the service? Do you think a highly involved father/dad could contribute to intervention outcome? If yes, how?* Having asked these set of questions, the role that mothers/mums play in promoting fathers'/dads' involvement was explored using the question: *Do you have a role to play in terms of your husband/partner's involvement with early intervention service? If yes, what role do you play?*

Having provided an overview of interview design in Empirical Research Activity Three, attention now turns to the pilot interview while the details relating to the recruitment of mothers/mums and the procedure for the research activity are presented (Section 5.3.1).

5.2.3.2. Empirical Research Activity Three: The Pilot Study

Considering that the interview schedule and protocol to be used was developed by the current researcher, best practice dictated that a pilot study be conducted at this point so as to explore the validity of the research instrument. Thus, one pilot interview was conducted with a friend of the researcher who is mother of a child with SEN/D. None of the data recorded in the pilot study was used in the data analysis. Because the researcher has already gained some experiences and skills by designing interview questions and conducting professional interviews in Empirical Research Activity One and Two prior to the pilot interview of Activity Three, there was only one minor change indicated in the feedback (see Appendix 10 for the original interview questions). It was suggested to change the phrase "your husband/partner" to "your child's father/dad/male caregiver" when interviewing mothers/mums since some of the participants may be single mothers/mums.

5.2.3.3. Empirical Research Activity Three: Data Collection

Semi-structured, audio-recorded interviews were conducted with each participant. While three mothers/mums participated in face-to-face interviews, two participated in telephone interviews. As well as interviews with fathers/dads, two participant comes from the same ethnic background as the researcher expressed the preference for using Mandarin throughout the interview. Therefore, a person-centred and flexible approach was applied as interview language were adjusted based on the two participants' preference as to ensure a relaxed and comfortable interview atmosphere. Importantly, study information (Appendix 12), consent form (Appendix 13), and interview questions (Appendix 11) were also translated into Chinese.

Prior to commencing, each face-to-face interviewee was asked to sign a consent form. For interviewees participated in telephone interviews, verbal consents were giving at the beginning of the interview. Participants were provided with opportunities to ask any questions that they would like to omit. The signed consents were stored in locked fireproof cabinet with access solely by the researcher. At the beginning of each interview, general discussion regarding issues of confidentiality, the right to withdraw at any time, and the focus of questions took in place. Any questions that arose were answered and written permission was obtained from each participant to establish informed consent. Participants were assured that the interview would be audio recorded and stored in a safe manner.

Interviews lasted between 22 and 46 minutes and were subsequently transcribed verbatim by the researcher. Two double-password encrypted mobile phones were used for audio recordings. A master list links participant identifiers (i.e., names to the code, ID numbers) was created and stored in a locked fire-proof cabinet. The transcribed interviews were subject to qualitative analysis, drawing on Braun and Clarke (2006) version of thematic analysis (described in Section 5.3.2). All data were stored in a password-protected area of the researcher's computer.

5.3. Section Three: Participants and Data Analysis

This section explores the recruitment procedure and the method for data analysis. The measures taken to ensure the reliability and validity of the studies is also addressed. As well, the importance of the ethical considerations pertinent to the current programme of research is addressed. To begin with, the recruitment procedure is presented.

5.3.1. Recruitment Procedure

In order to approximate an appropriate sample for the current programme of research, a two-staged approach to sampling integrating a purposive and a snowball sampling framework were initially employed to recruit fathers/dads, EI professionals, and mothers/mums in Ireland. However, due to Covid related issues and the implications that this has for planned fieldwork, much of the participants, especially EI professionals were not as readily available for interview as they were when initially recruited. In fact, two EI services and one early years' service who agreed to participate/facilitate the research withdrawn from the research because of Covid related government lockdown (see Appendix 15 for details regarding initial sampling procedure). Consequently, the researcher decided to use social media as the post-Covid recruitment tool considering many services were not in the position to facilitate the recruitment of potential participants and/or participate in the research.

Passive recruitment approach that involved distributing recruitment posters (see Appendix 16 for recruitment posters) on various social media sites (i.e., Twitter, Facebook, LinkedIn) and groups/organisations that families with children with SEN/D can opt into joining was applied, with the aim of attracting potential participants to contact the researcher for more information and for consideration of participation. In terms of inclusion criteria for participant selections, the initial criteria for selecting fathers/dads and mothers/mums were described as being fathers/dads (biological fathers and male caregivers) and mothers/mums (biological mothers and female caregivers) of children (0-6) with SEN/D who are currently receiving EI services. However, as the researcher has received several emails inquiring if families with older children who had received EI services were eligible to participant, the inclusion criteria was broadened to include families who have a child with SEN/D and received EI services in Ireland. Similarly, for EI professionals, the poster stated inclusion criteria as being professionals who worked with families of children with SEN across all disciplines (e.g., therapeutic, early years, social work/care, family support, etc.) within the EI context in Ireland.

A total of fifteen participants including fathers/dads (n=7), EI professionals (n=3), and mothers/mums (n=5) in Ireland were recruited. Ten participants (i.e., five fathers/dads; three EI professionals, and two mothers/mums) were recruited directly via social media advertisements, or posters circulated to groups/organisations that offered EI services and parenting support services to families of children with SEN/D. Other participants including two fathers/dads and three mothers/mums were recruited indirectly, where the researchers' friends circulated the recruitment post on the researchers' own social media page to the potential participants they knew.

5.3.2. Data Analysis

While the previous sections provided details relating to the sampling procedure for the current programme of research, this section provides the rationale for the selection of the qualitative data analysis method as well as the steps involved in the analysis of the qualitative data derived from Empirical Research Activities One (interview with fathers/dads), Two (interviews with EI professionals), and Three (interview with mothers/mums). To begin with, the rationale for selecting a dual-approach to the analyses of data for the three studies is provided.

5.3.2.1. Rationale for a Dual-Approach to Data Analysis

Due to the qualitative nature of current research, different data analysis methods were considered for their appropriateness, such as; discourse analysis, thematic analysis, and phenomenological analysis (IPA). These methods are commonly used in educational, social science, and psychological research, where issues could not be adequately addressed by a quantitative scale.

The purpose of qualitative data analysis is to understand the data that emerged from the individuals, and then reconstruct meaning from the data to generate ideas so that they can be broadly applied in many contexts (Sutton & Austin, 2015; Thorne, 2000). Since the present programme of research was undertaken with the purpose of exploring the role of fathers/dads and their involvement in the life of their children with SEN/D within the EI context, qualitative investigations were carried out to explore the issues from the perspective of EI professionals, fathers/dads, and mothers/mums by using audio-recorded and semi-structured group interview and one-to-one interview data collection methods. In order to understand and reconstruct meaning from the data that were collected in Research Activity One, Research Activity Two, and Research Activity Three, as well as present the data in a scientific manner, thematic analysis was first considered as the appropriate method for data analysis. Thematic analysis has been recognised as a foundational method for qualitative analysis whilst there has been debate regarding whether it is considered a tool or a method for such analysis (Nowell et al., 2017). However, Braun and Clarke (2006) argue it should be recognised as a method in its own right due to its flexibility and compatibility. Thus, the selection of thematic analysis for use in the research activities was well suited to the theoretical frameworks that are guiding the current programme of research. By using this approach, the researcher was enabled to elicit information about the lived experiences and insights from the perspective of EI professionals, fathers/dads, and mothers/mums towards the particular phenomena that was under investigation.

While thematic analysis provided a theoretically flexible approach which enabled a rich and detailed, yet complex account of data being extracted, reconstructed, and analysed from each individual transcript, concerns were raised that it may not fulfil the requirement of the current programme of research. As it was previously mentioned, the current programme of research was planned to have influence on the knowledge, attitudes, behaviour, and relationships amongst stakeholders/actors (see Figure Two above) within the EI context in Ireland, so that changes can be promoted to aid long-term contribution within the area of EI, as well as the UN SDGs (e.g., Goal 4 Quality Education, Goal 10 Reducing Inequality). Bearing this in mind, further analysis of the data is needed to enhance the researcher's capacities to understand how relationships may exist among three participant groups (fathers/dads, EI professionals mothers/mums) and how influences on relationships can be made by exchanging, refining, and accumulating knowledge. Therefore, a cross-case analysis method was considered to explore commonalities and differences that emerged following the thematic analysis of each transcript from three different participant groups, since its ability in facilitating the mobilization of attitudes, views, experiences, and behaviours across individual participant groups who are suited in a diverse and interdisciplinary context is widely recognised (Khan & VanWynsberghe, 2008). The application of a cross-case analysis in this programme of research will also enable the researcher to delineate the combination of perspectives and views from all three participant groups, so as to seek and construct unique findings, concepts, hypotheses, and/or theories that would aid the long-term outcomes and contribution within the area of EI, as well as international development research.

Having provided a rationale for the use of a dual-approach to data analysis in the current programme of research, the following section provides detailed steps that the researcher undertook during the data analysis process.

5.3.2.2. Dual-Approach to Analysis

This section presents the application of a dual approach during the analyses of the qualitative data for Empirical Research Activity One (interview with fathers/dads), Empirical Research Activity Two (interview with EI professionals), and Empirical Research Activity Three (interview with mothers/mums) of the current programme of research. There were two steps included in this approach, which are: a) thematic analysis of all transcripts in all three research activities; and (b) cross-case analysis of the emerging themes in all three research activities. The section below describes the first stage of data analysis process, which is the thematic analysis.

Stage One: Thematic Analysis of Empirical Research Activities One, Two, and Three

In the current programme of research, thematic analysis was used for identifying and analysing patterns in qualitative data derived from Research Activities One, Two, and Three during the first stage of data analysis process. While there are many guidelines available for conducting a thematic analysis, Braun and Clarke (2006) set a particularly useful guideline which consistent with a six-phase guide to conduct thematic analysis. This guideline was adopted by the researcher to perform thematic analysis of all research activities.

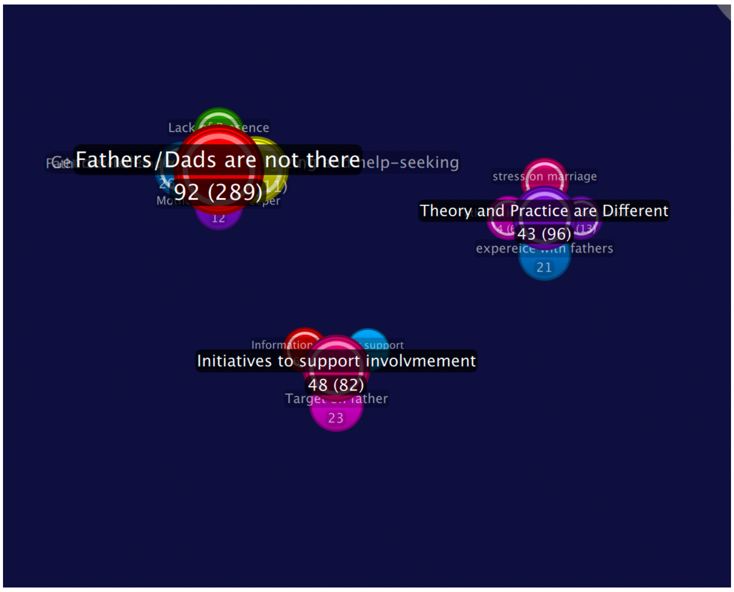
A GDPR complaint data analysis software named “Quirkos” was used to facilitate the analysis of the qualitative data collected from the interviews. While there are some misconceptions about software to support qualitative data analysis, Paulus and Lester (2020) point out that it enables the researchers to engage in multiple data management and analysis activities in an efficient and effective way. Following Braun and Clarke's (2006) guideline, the researcher “immersed” herself in the data by transcribing it, reading, and re-reading it, and taking notes of any ideas or themes that emerged. All those steps helped the researcher to become familiar with the data, which was essential to the further development and definition of the entire analysis. Once all the data were transcribed from the interviews, initial codes were generated to code interesting features and potential themes of each participant groups (see Figure 14 for an example).

Figure 14. Example of coding

Participant A: Yes, I think the service is focusing on my wife. Because…I give you an example… my son stays most time with his mother because I' m always at work. At a daily basis, when I go to work in the morning, my child is stil in bed, and when I come home from work, my child is asleep. if early intervention have any meetings, the mother is the one who attends because I don' t have time, I' m at work.

Moving to the next step, the identified themes were refined and reviewed to ensure full and equal attention was given to each potential themes (Braun & Clarke, 2006). This step involved looking at the initial codes, grouping themes, splitting themes, and collating codes. For example, when several themes (e.g., mother cares the child more, mother attend meeting) relating to the same issue (e.g., fathers'/dads' work) were identified and grouped together under one theme. Themes that were very broad (e.g., traditional gender role) were split down further into separate themes and sub-themes (e.g., gender role regarding help-seeking). Depending on how many participants agreed with the theme, some themes were also eliminated. By doing this, codes were collated into potential themes in a systematic manner across the data set, with all relevant data gathered to each suggested theme. According to Alhojailan and Ibrahim (2012), this step enabled each order of coding to become increasingly interpretive. Having collected all potential themes and sub-themes and coded all extracts of data, the themes were then reviewed again by ensuring that they were appropriate with respect to the coded extracts and the entire data set. This step led to the creation of a thematic map of the analysis. Once the thematic map was created, the data in each theme was examined to check that they formed a pattern to ensure that they were related to the entire data. Following this, themes were then defined and named in order to refine the specific aspects of each theme (see Figure 14 for an example).

Figure 15. Themes emerged from EI professionals' interviews



Once all the relevant data had been represented and the overarching themes, main themes, and sub-themes provided were interpretive and meaningful, the first stage of data analysis was completed.

Having provided details regarding how the thematic analysis method was applied to analyse the qualitative data for Empirical Research Activity One (interview with fathers/dads), Empirical Research Activity Two (interview with EI professionals), and Empirical Research Activity Three (interview with mothers/mums) during the first data analysis stage, the next section provides information regarding the second stage in the analytical process for three research activities, which was a cross-case analysis.

Stage Two: Cross-Case Analysis for Empirical Research Activities One, Two, and Three

In order to provide a more in-depth, intensive, and sharply focused exploration of issues pertaining to father/dad involvement in EI from different perspectives of each individual participant groups, as well as to understand relationships and links between these groups, a cross-case analysis was performed to explore commonalities and differences that emerged following the thematic analysis of each transcript from three different participant groups (fathers/dads, EI professionals, mothers/mums). The following sections detail the steps during the cross-case analysis.

At the beginning of the process, all themes identified and emerged from the thematic analysis from each participant groups were reviewed in order to form higher order themes. Commonalities and differences between these themes were explored and a new set of codes were generated and listed to facilitate this comparison. Different codes were sorted into potential themes by checking relatedness of meaning and if extracts were representative of a potential theme. This step led to further reviewing, collapsing, and re-coding of themes and relocation of extracts to form coherent patterns of themes. According to Khan and VanWynsberghe (2008), constant reviewing of themes at this stage is key to the outcome of the analysis as it helps to merge the preservation of the uniqueness of the theme. Bearing this in mind, themes were further combined, contrasted, reviewed, and refined to ensure that they are representative of significant meanings evident in the data, as well as the objectives and aims of the current programme of research. Once the entire data was reviewed for reliability and validity, the process was completed and the findings of the current programme of research were produced (see Chapter 6).

The use of a dual-approach to data analysis in research activities one, two, and three enabled a rich and detailed account of data being extracted, reconstructed, compared, and analysed. It also helped to facilitate the mobilisation of attitudes, views, experiences, and behaviours across individual participant groups, in which it fulfilled the requirement of the current programme of research. What follows is a critical exploration of the researcher's positionality and the reflexive process.

5.3.3. Positionality and Reflexivity

Kim England famously asserted that "Research is a process, not just a product" (England, 1994, p. 82). Considering that the value of research must lie beyond a sense of completion, there is perhaps nowhere more in need of England's advice than the research that is qualitative in nature. Therefore, this section critically examines the research process in the context of the researcher's positionality. The role of the researcher from a personal and experiential perspective is explored, as well as the reflexive process which was central to the data collection.

At an undergraduate level, the researcher developed her research interest in gender imbalance in the childcare workforce in Ireland while she was completing her undergraduate degree in early childhood studies. This interest has been extended with continued study of a master's degree in EI. The course opened a new dimension to the researcher, which led her to develop new research focus on father/dad role and involvement within the EI context. From a research perspective, a range of research literature that researcher explored during the course of study have well-documented the significant role that fathers/dads play in the development of their children in a variety of developmental domains and across developmental stages. It is believed that a similar shift in role responsibilities is expected in families of children SEN/D. Within the context of family-centred EI practice, father/dad participation is critical for intervention effectiveness. However, the reality is that fathers/dads are noticeably absent from EI services and there has been very little research conducted to understand this phenomenon. From a personal perspective, the researcher who as a early childhood educator specialising in inclusive practice, has experienced how severe that fathers/dads are absent from the early years' setting as well as the lives of children with SEN/D. Drawing on the researcher's academic background and personal experiences, she strongly feels that her future research efforts should be placed on exploring the role of fathers/dads and their involvement in the lives of children with SEN/D within the EI context, and indeed, she believes such an investigation will facilitate the maximisation of the experiential and educational outcome for families and their children with SEN/D, as well as contribute to knowledge in the area of EI.

As a critical researcher who was conducting a programme of research that was qualitative in nature, the researcher understood the role she played was vital for research to be valuable from the perspective of process over product. Bourke (2014) asserts that in qualitative research, researchers are set to be the research instrument for data collection. If Bourke's statement is true, the construction of meaning from data is influenced by the researcher's involvement, beliefs, and cultural background, etc. Thus, continuous process of evaluating and reflecting on the researchers' roles and methodological concerns during the research process is key to the research findings.

Regarding reflexivity, the research kept two written records throughout the research process: a fieldwork-journal and a reflective journal. The fieldwork-journal was used mostly for the qualitative data collection. From the perspective of learning and self-development, the feedback towards all pilot studies and the researcher's interview skills were written in order to aid the further development of the research. This fieldwork-journal was kept from the day the researcher received her ethical approval. Unlike the fieldwork-journal, the reflective journal was kept throughout the course of study. This journey recorded and summarised the researcher's Ph.D. learning journey (e.g., new concepts, theories, research skills, literature, and professional and academic practice), which enabled the researcher to reflect critically and analytically on her personal learning and progress. It also helped to facilitate the write up of the thesis by evaluating the limitations and/or potential of the work undertaken, tracing methodological concerns, creating new ideas, and keeping record of the thesis progress.

Having detailed the critical reflection of the positionality and reflexivity that the researcher undertook during the duration of the research programme, the next section addresses the importance of the ethical considerations which were paramount to the development and implementation of the research programme.

5.3.4. Ethical Consideration for the Current Programme of Research

The current programme of research was guided by the ethical principles and protocols of the British Psychological Society (The British Psychological Society, 2014), the Psychological Society of Ireland (The Psychological Society of Ireland (PSI), 2019), and the British Educational Research Association (British Educational Research Association (BERA), 2018), as well as adhered to the School of Education's policy on ethics in educational research and Trinity College Dublin's Policy on Good Research Practice (School of Education, 2019). Ethical approval was granted from the School of Education Research Ethics Committee at Trinity College Dublin (see Appendix X).

The current programme of research adopted an "ethics as a process" (Ramcharan & Cutcliffe, 2001) approach, which was previously used in (Bell et al., 2017) study within an educational research context. As a consequence, ongoing communication between the researcher and participants in relation to study rationale, progress, and findings was conducted to ensure the participants were being faithfully represented. The voluntary nature of participation was emphasised to all participants at all phases of the research. Consent was re-established on a regular basis, as did the option to withdraw from the research at any time without providing a reason. Permission to record the interviews was sought from all participants before commencement of interviews. Anonymity was assured for all participants. Neither the participants nor the services were named in the final thesis or associated dissemination activities.

In terms of data processing, all personal data was removed immediately and labelled with ID codes, to ensure the data could no longer be attributed to a specific participant without the use of additional information. For interview transcripts of the audio recordings, a period was provided for participants to view and amend before the data analysis phase begins. All data was stored in a locked fireproof cabinet, electronic files were password protected and available only to the researcher and research supervisor. All data will be destroyed in line with the recent General Data Protection Regulation (GDPR) and Irish Data-Protection legislation.

Consistent with the “ethics as a process” approach, the examination of potential for power relations between two groups of participants (service implementers and service users) was carried out carefully, to ensure that interpretation of the research findings would not impact the participation of an individual family and / or their children with SEN/D in EI services, as well as EI professionals regarding their practice within the EI services. Such an example has demonstrated that every effort was sought to safeguard the respect and ethical integrity of all the participants throughout the whole research process.

5.4. Chapter Five Conclusion

The present chapter addressed the methodological approach in which the current programme of research was conducted. Section One outlined the overall research planning process and the rationale for the selection of the qualitative approach, which were guided by the model of ToC. The methodological use of ToC in research planning and development was demonstrated with visual illustrations. Such a demonstration led to a priori contribution to knowledge as research was planned in a manner that may be understood as demonstrating a modest contribution to the UN SDG goals (e.g., Goal 4 Quality Education, Goal 10 Reducing Inequality). The use of ToC as both theory and method also makes a contribution in knowledge, which has not been used in such context before to the knowledge of the researcher.

Section Two addressed issues pertaining to: (a) interview with fathers/dads of children with SEN/D (Empirical Research Activity One); (b) interviews with EI professionals (Empirical Research Activity Two); and (c) interviews with mothers/mums (Empirical Research Activity Three). The rationale for the selection of particular methods, instruments, techniques, and the process of data collection was presented. Reasons pertaining to the selection process of each individual method were delineated, providing clear and resolute reasoning for their selection and use.

Section Three provided a detailed exploration regarding sampling/recruitment procedure as well as the form of analyses employed during each methodological stage. Covid related issues and its implications to planned fieldwork were highlighted. Consequently, a passive recruitment approach that involved distributing recruitment posters on various social media sites and groups/organisations that provide supports to families with children with SEN/D was applied to recruit appropriate sample of participants for the current programme of research. Regarding data analysis, a dual approach to analyses began with the thematic analysis of all transcripts in all three research activities, followed by the cross-case analysis of the emerging themes in all three studies. Such analysis method enabled the requirement of the current programme of research to be fulfilled. This section also explored the role of the researcher from a personal and experiential perspective as well as the reflexive process which was central to the data collection. The importance of ethical considerations was addressed.

The next chapter (Chapter Six) provides findings of Research Activity One (interview with fathers/dads), Research Activity Two (interview with EI professionals), and Research Activity Three (interview with mothers/mums).

Chapter 6 – Findings

6.0. Chapter Overview

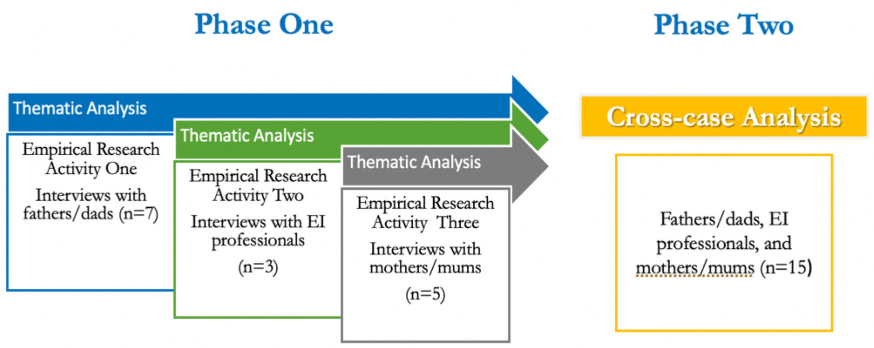
Whilst the literature review (Chapters Two, Three, and Four) and the methodology (Chapter Five) for the research undertaken were critically examined, this chapter presents the results obtained from the programme of research. As was noted in the previous chapters, the research questions examined the knowledge, attitudes, behaviours, and relationships amongst stakeholders in EI in Ireland (see Figure Two). The aspiration for the research is that it will inform and promote long-term contribution to the area of EI, and national policy, as well as making a modest contribution to the UN SDG. (e.g., Goal 1. No Poverty; Goal 4. Quality Education; Goal 5. Gender Equality; Goal 10. Reduced Inequalities).

With this in mind, the qualitative data that was collected via interviews from groups of (i) fathers/dads, (ii) EI professionals, and (iii) mothers/mums was analysed using Braun and Clarke's (2006) approach to thematic analysis. In doing so, there were two phases to the thematic analysis:

- **Phase One** focused on identifying and analysing patterns in the interview data from the groups of (i) fathers/dads, (ii) EI professionals, and (iii) mothers/mums.

- **Phase Two** then focused on exploring the commonalities and differences that emerged from the results of the analyses of each participant groups (fathers/dads, EI professionals, mothers/mums). Diagram X below outlines this two-phased data analysis procedure.

Figure 16. Two-phased data analysis procedure



In combination, these two phases of data analysis enabled a fuller understanding of the relationships that may exist among fathers/dads, EI professionals, and mothers/mums.

In terms of presentation, the results of the analyses will be presented in the following order:

1. Presentation of the cross-case analysis of the superordinate themes identified in the analyses of the interviews conducted with each of the three informant groups (i.e., the extent to which themes were common across groups and participants).

2. Presentation of the findings from the thematic analysis in terms of the research questions:

    1) What are fathers'/dads' (i) experiences of, (ii) perceived barriers to, and (iii) preference for EI service?

    2) What are the perceptions of EI professionals and their roles in supporting the participation of fathers/dads in EI services?

    3) What are the perceptions of mothers/mums in relation to fathers'/dads' role and their involvement in the lives and education of children with SEN/D within EI context?

Having introduced the structure of the current chapter, the next section presents the core research findings that emerged from the cross-case analysis of the three different participant groups (fathers/dads, EI professionals, and mothers/mums). However, as the current research programme is guided by the Enhanced Model of Bronfenbrenner's Bioecological Development, the research findings need to be contextually understood within other personal and socio-environmental factors. To facilitate the linking of individual quotations to the rich contextual and demographic information that pertains to each participant, participants' profile as well as the coding scheme is presented in the following section.

6.1. Overview of Participants

The current section provides an overview and brief biography of all 15 participations (i.e., 7 fathers/dads, 3 EI professionals, and 5 mothers/mums) that took part in the study. This information is important to add meaning and contextual understanding to the cross-case analysis and thematic analysis. Each individual case is described across two areas: (a) background information and (b) contextualisation.

6.1.1. Profile of Fathers/Dads and/or Mothers/Mums

Father 1 (F1) and ***Mother 1 (M1)*** was the first family the researcher interviewed. M1 made contact after seeing the recruitment information that her friend circulated to her and asked F1 if he would like to be interviewed. He aggreged. Their one-to-one interview took place in person at home.

The family immigrated to Ireland from China a few years ago. They have two children. At the time of the interview, their oldest son was eight and their youngest son was six. F1 works full-time in a Chinese restaurant in Eastern Ireland while M1 stays at home and looks after their two children. Due to the nature of F1's job, he has to work very late so when he gets home, his children are already asleep. By the time he gets up in the morning, his children are more likely in school. Because of this, he identified himself as partially involved in his children's daily lives (e.g., caring, playing) but actively involved in his children's education-related activities.

Their oldest son was diagnosed with autism spectrum disorder at the age of four. After being on the waiting list for two years, their family received their first EI appointment when the son was six. Although F1 actively attends education-related school meetings/activities, he had only been to EI service once with his son for speech and language therapy. Otherwise, his wife M1 was the main agent for communication with EI professionals. However, both F1 and M1 expressed their disappointment with the EI services their family has received due to the lack of access to therapeutic-levelled support for their son. They struggle daily in terms of understanding their son's communication needs and dealing with behavioural problems.

Mother 2 (M2) was the second mother who participated in the interview. She expressed her willingness to participate in the research to a friend of her (also my friend) who shared the research poster. With her permission, her friend provides the researcher with her contact information, and the researcher contacted her. M3 invited the researcher to conduct the interview at her home.

M2 and her family immigrated from China a few years ago. Her husband works in a Chinese supermarket in Eastern Ireland while she stays at home full-time taking care of their children. Although she has repeatedly expressed her desire to have her husband participate in the study, her husband did not agree.

M2 has three children, while the eldest boy is still in China, the other two boys are in Ireland under her care. M2 and her family became involved in EI when she noticed her boy's "strange" behaviours. Their GP referred them to the local EI team and after more than a years' waiting, her son was diagnosed with non-verbal autism. M2 felt that her husband does not accept their son's diagnosis as he is very resultant to get involved in EI and EI-related activities.

Father 2 (F2) **and** ***Mother 3 (M3)*** were the second family the researcher interviewed. F1was originally from Slovakia but he attended third-level education in Ireland. Similarly, M1 was from Malaysia and came to Ireland for third-level education. M3 saw the recruitment poster online and asked if F1 would also like to participate. He agreed. The second interview was conducted in person at their home.

F2 works as an IT consultant in Eastern Ireland while his wife M3 stays at home taking care of their two children. Although F1 works full- time, he has a very accommodating and flexible job, which enabled him to be actively involved in his daughters’ day-to-day caring, as well as in EI service. His daughter (3-year-old) showed symptoms of apnea and cyanosis from birth and was diagnosed with Congenital Central Hypoventilation Syndrome (CCHS). At 5 months, a tracheotomy surgery was performed, and his daughter now requires invasive mechanical ventilation via tracheostomy during sleep. When his daughter was discharged from the hospital, his family was referred to the local EI team straight away.

F2 and M3 indicated some very positive experiences about the prevention and EI services they received at the hospital, however, M1 indicated that they had only received the Speech and Language Therapy (ST) twice from the local EI team after the daughter was discharged from the hospital. While M2 felt that more therapeutic-levelled support would be beneficial, F2 expressed a preference for not having “too many” professionals involved in their family life.

Father 3 (F3) was the first father who volunteered to participate in this study who has a child with Down Syndrome. After seeing the researcher’s recruitment post, F3 expressed joy at the idea of sharing his experiences in an interview. His interview took place via telephone due to COVID-related restrictions. His wife did not participate in the study.

F3 is a father of three children, a daughter, and a set of twins (a boy and a girl). His daughter was six and his twins were two at the time of the interview. He works full-time as an IT planning manager while his wife is at home taking care of their three children. F3 is fully engaged in caregiving for his children, especially after the birth of his son who was diagnosed with Down Syndrome. His family became fully involved in EI when the son was about two months old. His son wasn't meeting milestones in the same way as his twin sister. They spent most of their time discussing the very basic elements of their son's life (e.g., feeding, caring, muscle tone) with the EI team. F3 carries strong positive feelings toward the EI programmes and he describes his relationships with the EI professionals as quite good. He volunteered to be interviewed as he wanted to raise awareness among fathers/dads, to be more actively involved in the lives of their children with SEN/D.

Father 4 (F4) is the fourth participant the researcher interviewed. His interview took place via telephone. His wife did not take part in the research.

F4 is Irish but his wife is Filipino. Because of this, they divide their parental roles based on each other's strengths. F4 takes a lead in dealing with his son's educational and health needs such as attending appointments, communicating with EI professionals while his wife works as a chef. They have one child (7 years old) who was diagnosed with autism. F4 initially became worried when his son was about twenty-two months based on a developmental check-up and his family immediately applied for the assessment of needs. However, due to the long waiting list and bad coordination among EI teams, they paid thousands of euros for his son to be assessed and diagnosed privately.

F4 volunteered to participate in the research as he rates his overall experience in EI as extremely negative. His experience of the majority of the EI was course courses for parents. He vividly remembers that his son only received six-floor time sessions within about ten months. When he recalled his experience attending parental training sessions, he felt that it is a “waste of time” as “they [EI professionals] just did PowerPoints and give you massive, big handouts” that “contain different lots of theories of various aspects of development”.

Mother 4 (M4) volunteered to participate in the research after seeing the recruitment poster that was being circulated on social media. Her husband also agreed to be interviewed but due to personal issues, the scheduled interview did not take place. When a follow-up text was sent, there was no reply. M4's interview was conducted via telephone.

M4 has three children. Their family started their EI journey when they discovered that their youngest girl (9 years old when the interview was conducted) often fell over when she was crawling. After a series of health check-ups and assessments, their daughter was diagnosed with autism and other five medical conditions. They started to receive EI service when the daughter was about 18 months old.

Although M4 expressed some negative experiences about EI, she certainly felt very positive towards her husband’s involvement. She indicated that her husband’s activity involvement has helped their daughter’s development and the entire family. For her as a mother, she reported that having a supportive husband often helps her to reduce pressure and stress, and gives her some personal time doing the things that she wanted to do.

Father 5 (F5) and ***Mother 5 (M5)*** volunteered to participate in the research when they saw the recruitment poster being circulated on social media. Their one-to-one interviews were conducted via telephone.
F5 works full-time while M1 stays at home looking after their children. They have three children, including a set of twins and a daughter. Their

youngest daughter has Down Syndrome and she was 19 years of age when the interview was conducted. Although their daughter's age has significantly exceeded the initial recruitment criteria, I felt it would be beneficial to include their story as F5 chairs a parenting support organisation in Eastern Ireland and has an array of experience towards the issue regarding father/dad involvement in EI. Throughout the interview, F5 talked extensively about other fathers'/dads' experience of EI services during the interview.

Regarding their involvement, their family came to interact with EI services when the daughter was about two years old. As M5 took a primary role in interacting with EI professionals and attending appointments, she often felt very stressed and overwhelmed by many "unessential" appointments with professionals. When recalling their early experience, M5 also described that EI therapy was more like a mother-toddler group, where all the mothers sat together with their babies doing different activities following the instructions of a practitioner. For F5, he indicated that he was not involved with the EI services but has become more involved when the daughter got older.

Father 6 (F6) was the sixth father the researcher interviewed. He volunteered to participate in the study after his wife circulated the requirement poster to him. His wife did not take part in the interview. F6's interview was conducted via telephone.

F6's son (17 years old) has Down Syndrome and he was diagnosed with cardiac conditions at birth. Because F6's mother was a well-known doctor in the local area, his family got heavily involved in the EI services as they understood the importance of intervening early in their son's development. Unlike many participants involved in the study where they had to wait for a long time for assessment of needs or EI, F6 believed that his mother's position in the health service had somehow helped. Furthermore, due to his son's medical condition, they received EI services as soon as the son was diagnosed.

F6 played an active role in caring for his son as well as in interacting with EI professionals. He expressed a mix of both positive and negative experiences about his EI journey. As both he and his wife work full-time, he often felt that they were overwhelmed with many "unnecessary" EI appointments and phone calls, which was very frustrating. He felt that these appointments/EI sessions should be prioritised based on the needs of their family and son.

Father 7 (F7) was the last father who participated in the telephone interview. He was excited to offer his story about EI. His wife did not participate in the study.

F7 and his wife have two little girls and the youngest girl (4 years old) has Down Syndrome. They were referred to the local EI team shortly after their daughter was discharged from the hospital, but they did not have too many interactions until the daughter was about six months. F7's wife took a primary lead in interacting with EI professionals during the early days as she was on maternity leave while F7 was working full-time. When his wife went back to work, they took an equal share to attend EI appointments and EI-related activities.

F7's experience with EI services was quite positive in the early days. He identified himself as highly involved. His initial expectations to EI were to provide their family with guidance and advice in the caring of their daughter. He felt that the services they received were very beneficial to both the daughter and him as parents. He felt that they were always provided with opportunities to talk and to speak their concerns. Importantly, regular visits from the key workers and EI professionals have reassured his family.

6.1.2. Profile of EI Professionals

EI professional 1 (E1) is the only male professional who participated in the study. He is a registered social care professional working on a local EI network in the East of Ireland. His work involves coordinating service, supporting families to develop the extra skills needed in parenting a child with a disability, and finding resources in the community that may be of benefit to the child and family.

E1 volunteered for the research when he saw the recruitment poster on my social media site. His interview was conducted via telephone. E1 was very open to sharing his views and experience toward father/dad involvement in EI from a perspective of a male professional. He strongly believed the traditional view regarding gender and labour in the Irish culture has a long-lasting impact on fathers'/dads' involvement in children's lives, especially children with SEN/D. More importantly, as EI, health service, and education related to young children are mainly female-dominated profession, he described that for some fathers/dads, attending appointments were like an "interrogation". When recalling is experience working with families and their children with SEN/D, he indicated that many fathers/dads would prefer sitting in the car rather than going to the service.

EI professional 2 (E2) volunteered to participate in the research when she saw the recruitment poster on social media. She is a private EI practitioner who is specialised in behaviour modification, paly-based therapeutic sessions, and parental support. She has been working in the field for about twenty years, proving support to families of children with SEN/D as well as families of children who are "at-risk" for developmental delay.

E2 openly shared her experiences working with fathers/dads. Throughout the interview, she talked extensively about the challenges and barriers she faced when trying to engage fathers/dads in EI. While she strongly believed that fathers'/dads' involvement could make a big difference to the outcome of the EI programme and the family, she was hastate to view fathers/dads as an effective EI target.

EI professional 3 (E3) was very excited to share her views towards fathers'/dads' involvement in EI when she saw the recruitment poster. She made contact with the researcher via Twitter and her interview took place via telephone.

E3 is an autism intervention teacher who works in an early intervention class within a mainstream school in the West of Ireland. She has been working with children with autism for sixteen years. She does not view fathers/dads as effective EI targets although she acknowledges the significant role fathers/dads play in the lives of children with SEN/D. When recalling her experience, she vividly remembers that there were only three fathers/dads involved in her work over the years. While she expressed some challenges working with these three fathers/dads, she also saw the changes that were made to the families and their children. E3 indicated that the reason that fathers/dads are not involved was that five out of ten children in her class were from single-parent families where fathers/dads were not in the picture. Although E3 only had a few experiences working with fathers/dads, she talked extensively about the underlying issues associated with the topic based on her experience.

6.1.3. Coding System

In order to present the findings effectively, a code scheme is developed to code the participant responses according to their position (e.g., F1 = father 1). This helps the reader to glean insights and perspective and acquire more knowledge about lenses.

Table 5. Coding System for all participants

Coding System	
Fathers/Dads	Father 1 = F1; Father 2 = F2; Father 3 = F3; Father 4 = F4; Father 5 = F5; Father 6 = F6; Father 7 = F7

Mothers/Mums	Mother 1 = M1; Mother 2 = M2; Mother 3 = M3; Mother 4 = M4; Mother 5 = M5
EI Professionals	EI professional 1= P1; EI professional 2= P2; EI professional 3= P3
Fathers and Mothers from One Family	F1 and M1; F2 and M3; F5 and M5

6.2. Cross-case Analysis

This section presents the findings pertaining to the issues towards fathers'/dads' involvement in EI from the perspectives of (i) fathers/dads; (ii) EI professionals; and (iii) mothers/mums. In order to provide an in-depth, intensive, and sharply focused exploration of the relationships and links between these three stakeholder groups, findings are presented under three cross-case superordinate themes – namely: (1) perceptions on fathers'/dads' involvement in EI; (2) barriers affecting the involvement of fathers/dads; and (3) fathers'/dads' preferences and needs for service.

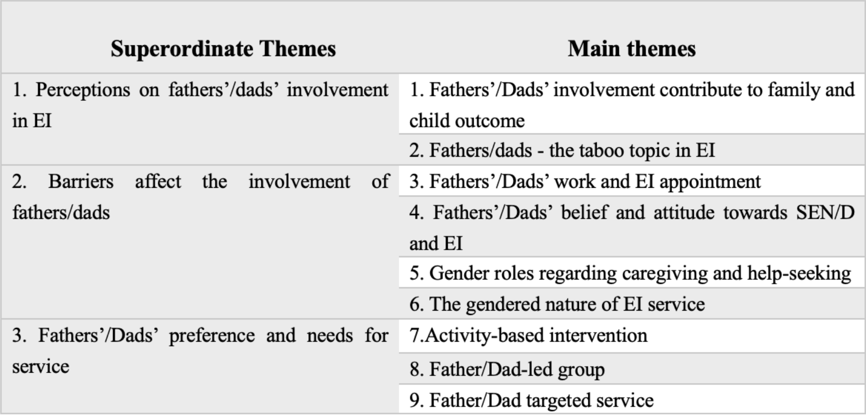
Theme 1: Perceptions on fathers'/dads' involvement in EI - this theme label refers to the comparison of both positive and negative perceptions expressed by fathers/dads, EI professionals, and mothers/mums on the involvement of fathers/dads in the lives and education of their children with SEN/D in the context of EI.

Theme 2: Barriers affecting the involvement of fathers/dads - this theme label refers to the views and contradictions between fathers/dads, EI professionals, and mothers/mums on the barriers to the involvement of fathers'/dads' in EI.

Theme 3: Fathers'/Dads' preferences and needs for service - this theme label refers to fathers'/dads' preference for existing EI services and their needs for the establishment of other EI-related services/activities, as expressed by fathers/dads, EI professionals, and mothers/mums.

These three superordinate themes were developed from the nine main themes, which were comprised of three stakeholders specific main themes and sub-themes because while fathers/dads, EI professionals, mothers/mums discussed the similar issues, their perceptions and experiences were often different or even conflicting (see section 6.4.1.1., 6.4.2.1., 6.4.3.1.for sub-themes). Table 2 below illustrate the nine main themes that were extracted from the thematic analysis identified by the three groups, in which the themes are common and recurring:

Table 6. Cross-case analysis themes



Superordinate Themes	Main themes
1. Perceptions on fathers'/dads' involvement in EI	1. Fathers'/Dads' involvement contribute to family and child outcome
	2. Fathers/dads - the taboo topic in EI
2. Barriers affect the involvement of fathers/dads	3. Fathers'/Dads' work and EI appointment
	4. Fathers'/Dads' belief and attitude towards SEN/D and EI
	5. Gender roles regarding caregiving and help-seeking
	6. The gendered nature of EI service
3. Fathers'/Dads' preference and needs for service	7.Activity-based intervention
	8. Father/Dad-led group
	9. Father/Dad targeted service

Having introduced the thematic structure of the cross-case analysis, the following section examines the main themes regarding the three superordinate themes.

6.2.1. Superordinate Theme 1: Perceptions on Father/Dad Involvement in EI

This section examines the stakeholders' (fathers/dads, EI professionals, and mothers/mums) perceptions and beliefs about father/dad involvement in EI. These views and beliefs were understood in terms of their impact on the stakeholders’ personal experiences. Similar views towards fathers’/dads’ participation in EI as reported by fathers/dads, EI professionals, and mothers/mums were highlighted, which mainly cantered on two topics (main themes): (1) fathers’/dads’ involvement contribute to family and child outcome, and (2) fathers/dads - the taboo topic in EI (see Table 7 below). The following section presents findings regarding the views of fathers/dads, EI professionals, and mothers/mums on fathers’/dads’ involvement in EI based on the two topics emerged.

Table 7. Cross-case analysis superordinate theme 1

Superordinate Theme 1. Perceptions on fathers’/dads’ involvement in EI		
1. Fathers’/Dads’ involvement contribute to family and child outcome	1. Fathers’/Dads’ involvement contribute to family and child outcome	1. Fathers/Dads’ involvement contribute to family and child outcome
2. Fathers/Dads - the “taboo” topic in EI	2. Fathers/Dads - the “taboo” topic in EI	2. Fathers/Dads - the “taboo” topic in EI
Fathers/Dads	EI professionals	Mothers/Mums

Fathers’/Dads’ involvement contribute to family and child outcome

Fathers’/Dads’ involvement contribute to family and child outcome is a common theme emerged from all three participant groups. All the fathers/dads, mothers/mums, and EI professionals interviewed believed that the active participation of fathers/dads in EI and in the education of their children with SEN/D would make a positive contribution to the development of children with SEN/D and their families. For fathers/dads, a need for them to be equally involved in the lives of their children with SEN/D was highlighted. As F5 reported:

“…you need to be there…it's a constant battle.” (F5)

Such belief was mainly based on the unique roles that they play in the lives of their children with SEN/D, as well as their responsibilities in their families who are experiencing more challenging situation compared with families whose children are typically developing. For mothers/mums, the participation of their husbands/partners contribute to family and child outcome in many different forms, such as EI-related decision making, long-term plan, reduce mothers'/mums' pressure, etc. All these contributions would enable "the whole family stand on the same battlefield, fighting for the same goal" (M1). From the perspective of EI professionals, the significant role fathers/dads play in the development and learning of all children, including children with SEN/D was highlighted when sharing their professional view towards fathers'/dads' involvement in the lives of children. This is also supported from a practical point of view, which was based on EI professionals' previous experiences that the participations of fathers/dads do have a positive impact on their intervention work with families. Thus, EI professionals perceive that "fathers are very important, they can be more important" (P1) within the case of EI for families of children with SEN/D.

Fathers/Dads - the taboo topic in EI

While all three stakeholder groups have expressed a positive attitude towards fathers'/dads' involvement in the education of children with SEN/D and EI, the finding also suggest that fathers/dads could be seen as a taboo topic in EI. Some of the fathers/dads interviewed believe that the professionals tend to avoid mentioning about fathers/dads as many families of children with SEN/D are father/dad-absent. For example, F4 reported that:

> ". . . they don't want to talk about fathers because a lot of time fathers are not in the picture." (F4)

This was a common utterance by the fathers/dads in the sample. This was a similar finding from the mothers/mums. For example, mothers/mums frequently reported how a child with SEN/D could "…put so much strain in the relationship" (M4), so that "…there's so many houses there that they don't have dads" (M5). When asked about EI professionals' experience of working with fathers/dads, all three participants reported that they generally do not mention about fathers/dads at work. Even if there is a need to talk about fathers/dads with families, they need to be cautious when communicating with mothers/mums, to ensure that mothers/mums of single-parent families are not offended, "… you have to word it very carefully" (P1).

6.2.2. Superordinate Theme 2: Barriers Affecting the Involvement of Fathers/Dads

Barriers that may affect the involvement of fathers/dads in EI is examined in this section. While the conflictive views between fathers/dads, EI professionals, and mothers/mums on the barriers that contribute to the lack of presence of fathers/dads in EI services is examined, which are main themes (3) fathers'/dads' work and EI appointment (4) fathers'/dads' belief and attitude towards SEN/D and EI, and (5) gender roles regarding caregiving and help-seeking, similarly views on the barrier relating to (6) the gendered nature of EI service were also explored. The table blow illustrates similarities and differences in views regarding this issue (differences highlighted in red).

Table 8. Cross-case analysis superordinate theme 2

Superordinate Theme 2. Barriers affect the involvement of fathers/dads		
3. Fathers'/Dads' work and EI appointment	3. Fathers'/Dads' work	3. Fathers'/Dads' work and EI appointment
❌	4. Fathers'/Dads' belief and attitude towards SEN/D and EI	4. Fathers'/Dads' belief and attitude towards SEN/D and EI
5. Gender roles regarding help-seeking	5. Gender roles regarding caregiving and help-seeking	5. Gender roles regarding caregiving and help-seeking
6. The gendered nature of EI service	6. The gendered nature of EI service	6. The gendered nature of EI service
Fathers/Dads	EI professionals	Mothers/Mums

Fathers'/Dads' work and EI appointment

Fathers'/Dads' work was perceived as a barrier to their involvement in EI by all participants; but the degrees of belief varied, across three stakeholder groups. EI professionals were more convinced that fathers'/dads' work has directly contributed to the lack of presence of them in EI-related appointments, activities, and parental training sessions, and therefore it is hard for EI professionals to engage with fathers/dads in their intervention work. This was reflected when asked about the most heard reason when fathers/dads are absent, where similar answers "dad isn't there, he's at work…" (P3) were given by all EI professionals.

For fathers/dads and mothers/mums, while many of them also perceived fathers'/dads' work is (somewhat) a barrier to their participation in EI, however, they expressed more frustrations about the form of EI appointment, particularly the time of the appointment. For example, when sharing her family's experience on attending EI appointments, M1 stated:

> "…the time of the early intervention activities never matched
> my husband's time." (M1)

For fathers/dads, in addition to inflexible appointment time, some of them were also distressed about being giving short notice for EI appointments, "I can't! They can choose their time alright!" (F1)

Fathers'/Dads' belief and attitude towards SEN/D and EI

Fathers'/dads' belief and attitude towards their children's SEN/D and EI was also indicated as a barrier to fathers'/dads' involvement, mainly by EI professionals and mothers/mums. All the EI professionals interviewed perceived fathers/dads as being absent and they believed that many fathers/dads of children with SEN/D seems to be not interested in EI.

Professionals reported that fathers/dads sometimes can be “private” about the diagnose of their children’s SEN/D and “reluctant” (P1) towards outside help, and they believed even if fathers/dads get involved in EI, they are often “overprotective” (P3) and therefore it is hard to gain trust from them, “… there seems to be a mistrust of outside help” (P2). It was further reported that only when fathers/dads begin to see concrete and measurable outcomes in relation to the development of their children’s behaviour, language, and social skills, they may then get (slightly) more involved. However, this would often take a long time and great effort within the case of EI.

For mothers/mums, fathers’/dads’ level of interest in EI seems to be more dependent on their acceptance of their children’s SEN/D, and this was indicated as a barrier by all the participants. Mothers/mums of their husband/partners who are quite involved believed that the reason behind some fathers’/dads’ lack of involvement is because they don’t accept their children’s SEN/D, “I just think a lot fathers don't accept it” (M4). Similar views were reported by mothers/mums whose husband/partners are not very involved, where they were firmly convinced that fathers/dads just use work, being tired, and busy as excuses for not getting involved, in fact they could not accept the child’s SEN/D.

Different perceptions were raised by fathers/dads, especially when sharing their narrative of becoming a father/dad of a child with SEN/D. Whilst some participants did acknowledge that there are individual fathers/dads who do not accept their children’s SEN/D, many reported the feelings of being shocked, uncomfortable, hurt, and traumatised when knowing their child has been diagnosed with a disability. As F6 emotionally said, “… father is actually still dealing with trauma and the unexpected news,” and therefore they were not ready to attend appointments and face the professionals.

Gender roles regarding caregiving and help-seeking

Traditional gender roles regarding caregiving and help-seeking were mentioned by all three groups of participants and it is seen as a barrier to fathers'/dads' participation in EI. In terms of gender role regarding caregiving, at a societal and cultural level, both mothers/mums and EI professionals strongly believed that fathers/dads tend to perceive mothers/mums as the primary caregiver, and they take for granted that mothers/mums should be the person to attend EI-related activities. As M4 indicated, "… just the man being the man" (M4). In contrast, while acknowledging that fathers'/dads' beliefs about gender roles served as a barrier to fathers'/dads' involvement in EI, fathers/dads interviewed also believed that attitudes about fathers'/das's role are gradually shifting in society. Indeed, many of them no longer identify themselves with the traditional breadwinning role (provider), rather, they perceived themselves as part of the parenting team.

Whilst fathers/dads expressed different views on caregiving from mothers/mums and EI professionals, similar views regarding gender role related to help-seeking were shared among three participant groups. Fathers/dads reported stigma associated with asking for help when they encounter difficulties relating to the education of their children with SEN/D and their parenting skills. Not only they viewed this as a sign of show weakness, but also in the way in which they believed it is an indication that they were not coping, or they were not "good" parents. When commenting on this, F3 further explained that this is because "men are funny, in some respects to be contradictory," and one EI P1 said, "… it can be a sense of bravado."

The gendered nature of EI service

It was very noticeable throughout all the interviews with all three groups of participants that EI service is perceived as a gendered service, and this is indicated as a key barrier to the participation of fathers/dads. For example, many mothers/mums reported that due to the gendered nature of EI services where an all-female environment is created, fathers/dads often feel embarrassed and uncomfortable attending EI activities, such as parental training programmes and workshops. As M2 reported:

> "…he [my husband] felt uncomfortable and inferior being the only man sitting in the class." (M2)

For some fathers/dads, same concerns were also raised, where they perceived it can be "weird" as the only father/dad in group sessions. This is further reflected when asked fathers/dads if EI is predominantly focused on mothers/mums, many of them said, "EI doesn't tend to focus on mothers" (F6), but resignedly expressed, "that's just the way it is" (F5). For EI professionals, while perceiving EI is mother-focused services, they also acknowledged that EI is a female-dominated profession. As P2 stated:

> "…I have to accept that the reality…we are perceived as a female-lead occupation." (P2)

The consequence of having a gendered services not only contributed (somehow) to the lack of presence of fathers/dads in EI services, but also EI professionals' lack of knowledge in working with fathers/dads. When asked if fathers/dads can be seen as an effective EI target, EI professionals interviewed believed that it would be very hard to achieve in practice although it might sound good in theory. Indeed, professionals expressed uncertainty on how to engage with fathers/dads regarding communication and information sharing. This issue was also addressed by mothers/mums, where several of them believed that EI professionals "…might not know like… what to talk to father" because "they are all use to talk mum instead of daddy" (M3).

6.2.3. Supraordinate Theme 3: Fathers'/Dads' Preference and Need for Service

This section examines fathers'/dads' preference for existing EI services and their needs for the establishment of other EI-related services/activities. As well as previous themes, fathers'/dads' preference and need of service were understood in terms of stakeholders' personal experiences. While main theme (7) activity-based intervention was reported as one of the most important intervention features to the involvement of fathers/dads by both fathers/dads and EI professionals, and mothers/mums (somehow), the needs for establishing (8) father/dad-led group was strongly highlighted by all three participant groups and (9) father/dad-targeted service was indicated as being important in encouraging the participation of fathers/dads in EI by fathers/dads and mothers/mums (see Table 9)

Table 9. Cross-case analysis superordinate theme 3

Superordinate Theme 3. Fathers'/Dads' preference and needs for service		
7. Activity-based intervention	7. Activity-based intervention	❌
8. Father/Dad-led group	❌	8. Father/Dad intervention group
9. Father/Dad targeted service	❌	9. Father/Dad targeted service
Fathers/Dads	EI professionals	Mothers/Mums

Activity-based intervention

Activities that were both relevant and interesting to fathers/dads were highlighted as a key preference by EI professionals and fathers/dads. Within the existing EI service, interventions that are relevant to a child's physical and motor development such as occupational therapy and physiotherapy were reported as being favourable to fathers/dads by EI professionals. As P2 stated:

> "…there's more of a buy-in if there's a physical joining in." (P2)

In contrast, intervention relating to speech and language work, table top activities and/or intervention sessions aiming at supporting the emotional well-being of the child and the parents have the least uptake. For fathers/dads themselves, a preference for interventions to be activity/event-based or run in social settings (e.g., outdoor, a pub, sport veuve) was highlighted. This was strongly reflected when interviewing fathers/dads who are partially involved, where they believed that they "might take the lead" if there are activities that they "naturally have an interest in"(F7), that is, to the extent of a physical join in. Additionally, other activities such as Special Olympics or events that are organised only for families of children with SEN/D were also highlighted as a key preference by fathers/dads within the context of EI.

Although many mothers/mums interviewed did not directly mention about activity-based intervention, they indicated more about why fathers/dads may perceive activity-based intervention as being important. Indeed, throughout interviews mothers/mums consistently expressed how their husbands/partners contribute to the development of their children with SEN/D through the process of physical play. Therefore, this may somehow explain why activity-based intervention is of favourite among fathers/dads as "this is a father's strengths...nature" (P1).

Father/Dad-led group

A need for establishing father/dad-led support group was highlighted, strongly by fathers/dads. Although fathers/dads acknowledged the benefits of having two parents attending EI appointments, they reported a need for having support groups established "for the fathers run by the fathers" (F6). Relatedly, fathers/dads also reported a preference for having fathers/dads who have experiences on parenting a child with SEN/D to run the father/dad-only support group, so that the relationships and trust amongst group members would be established. For mothers/mums, while they believed a father/dad-led support group is crucial in supporting the involvement of fathers/dads in EI, they further stated the need for establishing intervention sessions that are offered only to fathers/dads, or fathers/dads and their children with SEN/D. Such session needs to be run for existing group of fathers/dads, based on their strengths and parenting needs. Similar to mothers/mums, although EI professionals did not directly mentioning about the needs for establishing father/dad-led group, some of them did indicated the importance of having group-based intervention sessions for fathers/dads as it would allow them to "feel part of something, they feel part of the group, they feel included" (P2).

Father/Dad targeted service

Fathers/dads and mothers/mums indicated the significance of developing father/dad targeted services as they believed it would encourage and promote the participation of fathers/dads in EI, as well as the lives and education of their children with SEN/D. Fathers/dads stressed that EI service should make a specific effort to target fathers/dads and make them feel more welcomed, "fathers do need to feel that they can be involved" (F6). This includes specifically addressing them on letters, information leaflets, and workshop invitations. Beside this, direct communication from the EI services along with wide advertisement in relation to fathers'/dads' role in the lives of children with SEN/D were indicated, in which it would raise fathers'/dads' awareness and "getting the fathers to realize they have an equal role" (F6). This is supported by mothers/mums as believed such actions would "give them the option to show up" (M4). For EI professionals, while one professional interviewed believed developing father/dad-targeted service "it's just a matter of being mindful" (P2), others reported that it would be very hard to achieve in practice, and even if these strategies are being implemented, they are not sure if it would have a great uptake.

6.3. Summary of Cross-case Analysis

This section presented the results obtained from the cross-case analysis that focused on exploring the commonalities and differences that emerged from the results of the analyses of each participant groups (fathers/dads, mothers/mums, EI professionals). Issues towards fathers'/dads' involvement in EI from the perspectives of (i) fathers/dads; (ii) EI professionals; and (ii) mothers/mums were presented under three cross-case superordinate themes, which were (1) perceptions on fathers'/dads' involvement, (2) barriers affect the involvement of fathers/dads, and (3) fathers'/dads' preference and needs for service. While similarities on views and perceptions regarding fathers'/dads' role in families of children with SEN/D and their involvement in EI were shared among fathers/dads, EI professionals, and mothers/mums, disconnections in knowledge relating to perceived barriers affect fathers'/dads' involvement and fathers'/dads' preferences and needs for EI services were also highlighted. Based on the findings emerged from the cross-case analysis, it is clear that a significant gap in knowledge, perceptions, and relationship exist among fathers/dads, EI professionals, and mothers/mums towards the issue of fathers'/dads' involvement in EI. Such disconnection will be discussed in relation to previous literature in the next chapter (Chapter Seven). Moving on now to consider the presentation of the findings from the Phase One thematic analysis that focused on identifying and analysing patterns in the interview data from the groups of (i) fathers/dads, (ii) EI professionals, and (iii) mothers/mums.

6.4. Thematic Analysis

This section presents findings emerged from the Phase One thematic analysis of the interview data from the groups of (i) fathers/dads, (ii) EI professionals, and (iii) mothers/mums in terms of the research questions:

1) What are fathers'/dads' (i) experiences of, (ii) perceived barriers

to, and (iii) preference for EI service?

2) What are the perceptions of EI professionals and their roles in supporting the participation of fathers/dads in EI services?

3) What are the perceptions of mothers/mums in relation to fathers'/dads' role and their involvement in the lives and education of children with SEN/D within EI context?

For presentation purpose, the thematic analyses process and thematic structure which emerged from the findings of each participant group are firstly presented. Such presentation provides the reader a rich and detailed description of the data set as well as meaningful narratives underlying the overarching themes that emerged. To begin with, thematic analysis of all seven interviews with fathers/dads is presented in the following section.

6.4.1. Thematic Analysis of Fathers/Dads

The current section presents findings emerged from the thematic analysis of seven interview transcripts of fathers/dads in terms of the research question:

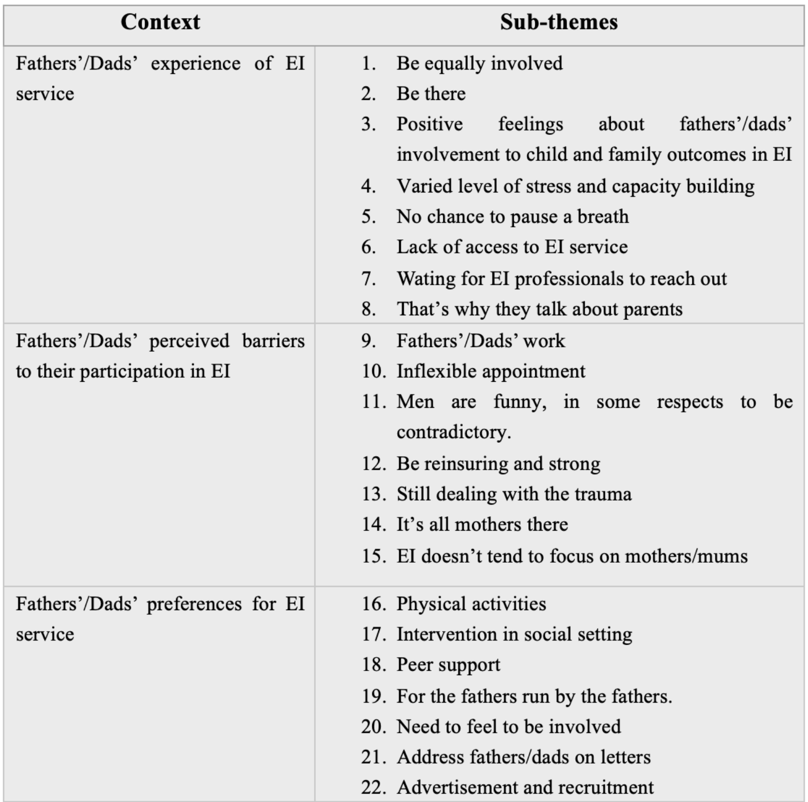
1) What are fathers'/dads' (i) experiences of, (ii) perceived barriers to, and (iii) preference for EI service?

In order to answer the research question effectively, data is presented across three contextual areas of interview questions that explored: (a) fathers'/dads' experience of EI service, (b) fathers'/dads' perceived barriers to their participation in EI, and (c) fathers'/dads' preference for EI service. As a result to the analysis process, a total of 22 sub-themes emerged, which were then characterised within 9 main themes, across three contextual areas of interview questions (shown in Table X). Diagrams outlining the subthemes and their corresponding data are also provided for an exposition of how the various things are grouped and how they contribute to the overarching themes.

6.4.1.1. Thematic Structure of Fathers/Dads

In the first stage of the thematic analysis, all 7 interviews were analysed individually, as this was the appropriate method for ". . . identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2006, p. 79). Details regarding the thematic analysis of transcripts has been outlined in detail in Chapter Five, Section 5.3.2.2. 22 districts and separate sub-themes were identified, which can be seen in Table 10. The sub-themes were then reviewed by ensuring that they were appropriate with respect to the coded extracts and the entire data set, leading to the creation of main themes in the next part of analysis.

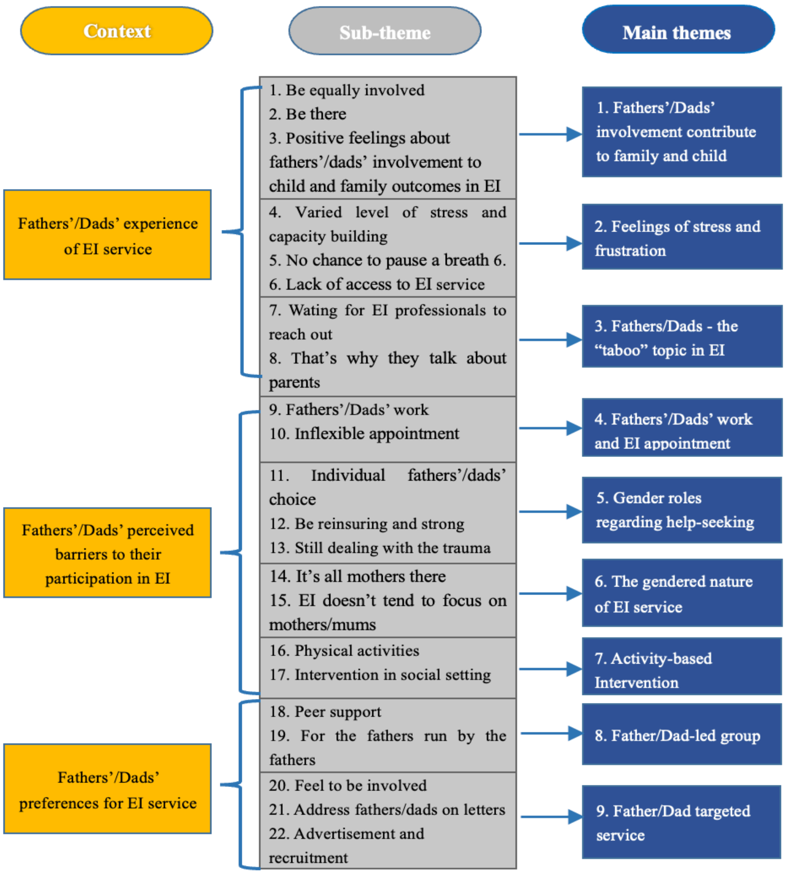
Table 10. Thematic analysis sub-themes of fathers/dads



Context	Sub-themes
Fathers'/Dads' experience of EI service	1. Be equally involved 2. Be there 3. Positive feelings about fathers'/dads' involvement to child and family outcomes in EI 4. Varied level of stress and capacity building 5. No chance to pause a breath 6. Lack of access to EI service 7. Wating for EI professionals to reach out 8. That's why they talk about parents
Fathers'/Dads' perceived barriers to their participation in EI	9. Fathers'/Dads' work 10. Inflexible appointment 11. Men are funny, in some respects to be contradictory. 12. Be reinsuring and strong 13. Still dealing with the trauma 14. It's all mothers there 15. EI doesn't tend to focus on mothers/mums
Fathers'/Dads' preferences for EI service	16. Physical activities 17. Intervention in social setting 18. Peer support 19. For the fathers run by the fathers. 20. Need to feel to be involved 21. Address fathers/dads on letters 22. Advertisement and recruitment

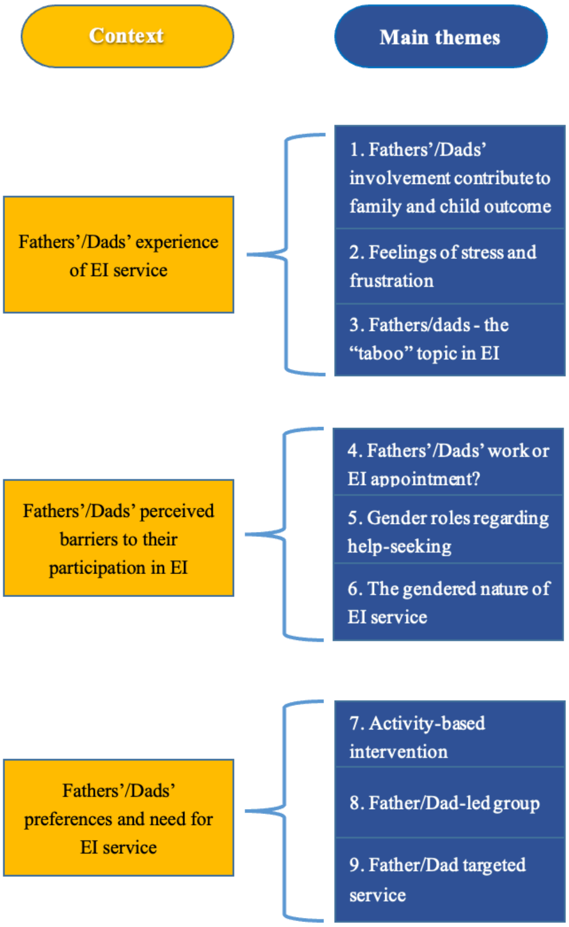
The sub-themes that were emerged from 7 interview were further analysed in the second phase of the thematic analysis. Upon reflection on the 22 sub-themes, it was found that these were able to meaningfully contribute in different ways to the creation of 9 new themes (main themes). These included (1) Fathers'/Dads' involvement contribute to family and child outcome; (2) Feeling of stress and frustration; (3) Fathers/Dads - the "taboo" topic in EI; (4) Fathers'/Dads' work and EI appointment; (5) Gender roles regarding help-seeking; (6) The gendered nature of EI service; (7) Activity-based intervention; (8) Father/Dad-led support group; and (9) Father/Dad targeted service. For an exposition of how the various sub-themes are grouped and how they contribute to the main themes within three contextual area of interview questions, a Figure is presented below (Figure 17)

Figure 17. the creation of main themes (fathers/dads)



The process of this two-staged data analysis was completed in a systematic manner across the data set. The main themes and sub-themes were then reviewed, ensuring that they were appropriate with respect to the coded extracts and the entire data set, leading to a thematic map of the analysis. The three contextual areas of interview questions and the thematic structure that emerged from the findings of fathers'/dads' interview transcripts can be viewed below in Figure 18.

Figure 18. Thematic analysis results of fathers/dads



Having detailed the thematic analysis process and described how it was conducted to identify sub-themes and main themes within the qualitative data, the next section explores findings relating to fathers'/dads' experience of EI service.

6.4.1.2. Fathers'/Dads' Experience of EI Service

This section explores the main themes that arose from the interviews with fathers/dads relating to their narratives of EI service. These included (1) Fathers'/Dads' involvement contribute to family and child outcome; (2) Feeling of stress and frustration; and (3) Fathers/Dads - the taboo topic in EI. The next section explores the positive feelings fathers/dads expressed towards their involvement in EI to the child and family outcome.

Fathers'/Dads' involvement contribute to family and child outcome

All the fathers/dads in this study, believed their involvement in EI would positively contribute to the outcome of their children with SEN/D and their families. Such belief was mainly based on the unique roles they identified they play in the lives of their children with SEN/D, as well as their responsibilities in their families. Although fathers/dads interviewed identified their level of involvement in EI differently (i.e., highly involved, partially involved), they all believed that in any family, whether in families of children whose typically developing or families of children with SEN/D, parenting should be "divided equally" between mothers/mums and fathers/dads. However, for families of children with SEN/D, many fathers/dads perceived that their equal participation in the child's life is even more crucial. As one father said：

> ". . . all parents should be equally involved with their children, but more so, more, so much more important with . . . with a child with special needs, it needs both parents equally involved." (F6)

Indeed, several fathers/dads even expressed the need for them to "be there" constantly; because:

> “. . . having a child with special needs is unfair and unreasonable that one parent take the majority of the running.” (F3).

Therefore, many fathers/dads considered “be there” as a vital father/dad role in the development of a child with SEN/D：

> “. . . you need to be there, making yourself aware of where you need to be and what you need to do to get to where you need to be.” (F5).

The emphasis on “be equally involved” and “be there” may be associated with the challenges and unique circumstances families of children with SEN/D experienced; because many fathers/dads frequently described how their responsibilities may differ from families of children without SEN/D. For example, when describing the experience of being a father/dad of a child with SEN/D, one father said:

> “. . . It’s not the same as any other children… There's a lot of work involved in, in terms of research, phone calls, and talking to people and trying to get things done that you never had to deal with the other children . . .” (F5).

While fathers’/dads’ views on their involvement and their roles in the lives of children with SEN/D seems to be derived due to the multiple challenges encountered by their families, positive feeling about their involvement to the outcome of their children with SEN/D and families was expressed by all fathers/dads. When asked about in what way their involvement is beneficial to the child and the family, fathers/dads explained that their active participation ensures them to understand the child’s “different ability” and be able to “see for the child’s point of view” (F7); to become a “role model” for the child (F1), and to “release some pressure from mum” (F2). All these benefits would in turn contribute to the enduring relationship within the family in the EI context, so that the child who has SEN/D is given “the best chance in life” (F3).

Feelings of stress and frustration

Feelings of stress and frustration throughout fathers’/dads’ involvement/family involvement in EI was a common theme emerged across all fathers’/dads’ narratives. Although the source of frustration and the factors contributed to stress varied for each father/dad, seven fathers/dads interviewed all expressed the feelings of being stressful and frustrating during their journey in EI.

For many fathers/dads, especially fathers/dads whose children have the most complex SEN/D, feelings of stress were associated with the unexpected diagnose of their children’s SEN/D at birth. When recalling their experiences, words such as “fear and guilt (F3)”; “shock and depressed” (F2); “couldn’t handle” (F5); and “emotional” (F6) were used by fathers/dads to describe their feelings. Besides this, preoccupation with the event of their children’s SEN/D diagnose continued in weeks, months, and even years afterwards; as being “very emotional and very difficult to deal with it” (F3). In fact, many fathers/dads reported that they can still “remember” the day and the night that their children got diagnosed with a SEN/D, and still feel “quite emotional for us to get our heads around” (F6).

For some fathers/dads, interactions with health professionals regarding “what to do next” straight after receiving their children’ diagnose not only did not help the situation but adding extra frustration. Three fathers/dads described the difficulties in processing the information/plan professionals provided due to the state of “shock” they were in, so that they were not “paying attention” (F1) to such conversation. One father felt overwhelmed as “there's no chance to pause a breath” (F6), anger and frustrations towards the lack of post-diagnostic emotional support to parents were also expressed:

> "…there was nobody there saying, hang on parents, 'how are you too? What...what do you two need?' You know… 'are you okay?' There was nobody anywhere in the system, taking a step back and looking at the parents and saying, 'here, we can reach out and help you through this process." (F6)

Frustration relating to parenting the child with SEN/D compared to parenting children whose typically developing were also reported. Although this was not common utterance by the fathers/dads in the sample, two fathers, who descried their parenting style as being "old-fashioned" and "strict" reported such experience.

F1 described his parenting style as being "very strict" as it is where he inherited from his parents:

> "…my parents were very strict to me, so I think I need to be very strict to my children." (F1)

However, while such parenting style may work for his older child who is typically developing, F1 discovered that it certainly did not work for his younger son who was diagnosed with autism. When sharing his parenting story, F1 reported great frustrations towards his parenting style as he struggles daily in understanding the son's communication needs and managing challenging behaviours:

> "…I use a very strict approach, but I don't know whether he gets it or not…I told him many times but every time the same thing happens… although I told him no, he still does the same." (F1)

Much Like F1, F3 found parenting was very challenging, especially in the early days. He described that parenting in his house was based on the "older view of things", where his wife "…likes daddy to be the bad guy". When recalling his experience, he believed such "old-fashioned" parenting style had (somehow) contributed to his stress as he used to have the same expectation to his son who has down syndrome as the other two children:

> "…I took everything for granted, um…he walks, he eats, he go(es) to school, he will do very well." (F3)

Therefore, F3 experienced great stress related to his son's behaviour challenges, communication needs, and other basic elements in life (e.g., feeding, self-feeding, muscle tone) at the early days.

Whilst two fathers' stress and frustration were both related to parenting their children with SEN/D, their experiential outcome were entirely different. Owing to the help from the family's EI service, F3's stress and frustration were quickly eased. He repeatedly mentioned how the EI professionals provided support for their family and made him to realise and understand his son's different needs by acknowledging his feelings, while also encouraging him to work on different parenting techniques. When asked about the overall impact of EI to him as a father of a child with SEN/D, F3 said emotionally:

> "…the key lessons I've taken is that if your child has any sort of a challenge, you don't ignore it, based on what's there, get as much help as you can, get whenever you're entitled to, you know, because your child's need is underneath the problem." (F3)

Unlike F3, F1 continued to struggle daily and experience challenging situations in parenting his son who has autism due to the low-quality EI service provided to his family. He believed his relationship with EI services served as stressors rather than support systems. When asked what support could be benefit to him and his family, he angrily said:

> "…they should give us a plan on how to teach our child! If the professionals provide us with a good plan with good strategies, I can learn from the plan and apply these strategies into daily interactions with my son, so we can get better outcome." (F1)

However, after a few seconds of pause, he shook his head and said helplessly:

> "…If there is something wrong with my son's behaviour, we just wonder what's wrong now, we ask why…ask many whys." (F1)

While F3's relationship quality with their family's EI providers seemed exacerbated his level of stress and frustration during his involvement in EI, same experiential issues were also reported by other four participants. For example, F5 recalled his experience on an appointment they had with EI professionals regarding his daughter's transition to school, where he felt:

> "…some of professionals are a bit of a misnomer. They don't really… you know, anyway, they come and tell you, they come on tell you what's based on absolutely no knowledge of your child."

Such experience caused by what professionals "assumed" has contributed to his worriers and concerns related to determining what the long-term plan/progress for the daughter would be.

F4, and F7, who identified themselves as highly involved reported that their participation in EI was extremely frustrating at times due to the lack of access to public EI service and the lack of direct communication with EI professionals. As F4 expressed:

> “...I think a lot of time… is spent a lot of time actually trying to get the services more time than actually getting them. So I think more time in our intervention was actually spent chasing them.”

This view was also mirrored by F5 as he reported:

> “...physiotherapy you might get one session a year, speech therapy from the HSE [Health Department] is non-existent.”

Finally, for F6, the form of EI service delivering and bad coordination between EI professionals have impacted his experiences in EI, in which it has directly contributed a huge amount of unnecessary stress and frustrations to their families:

> “...there was nobody that for us sitting on was taking a helicopter view of the whole thing and saying, ‘okay, we know you've got these fifteen things you need to be doing for this child.’ But actually, in terms of prioritization, this is…this is where you need to know. Nobody was doing that; everybody was coming at it from the angle of their own individual specialty.” (F6)

Fathers/Dads – the “taboo” topic in EI

Fathers’/dads’ narratives indicated that they found they seemed to be considered as a “taboo” topic in EI, where professionals often avoid mentioning about fathers/dads in their practices and communications with families. This is a common theme emerged throughout six fathers’/dads’ retelling of their experiences.

For fathers/dads who identified themselves as highly involved, although they felt they were valued and never excluded by the EI professionals, they certainly believed that their active participation in EI was mainly because they played an active role in connecting with the EI service and communicating with the professionals, rather than passively waiting for an invitation to participate. Indeed, many involved fathers/dads, except one father (F2) whose daughter has strong medical needs stated that they were never given the impression that they were invited unless they make a specific effort to build relationship with EI professionals:

> "…we were never given the impression that it was an expectation that both parents would attend." (F4)

Therefore, one father said when recalling his early experience of EI:

> "…it was up to me to turn up." (F6)

This view was mirrored by other involved fathers as they felt:

> "…I don't think they [EI professionals], I do…I don't think they discovered the man [fathers/dads]." (F3)

One father (F1) who identified himself as partially involved raised the same concern as he felt EI professionals are "afraid" to clarify with the families if there is a father involved in the child's life. He provided an example where EI service got his son's surname wrong just because the professionals "assumed" that they were a single-parent family judging on his appearance in the setting:

> "… when my eldest son got into the early intervention service, they even got my son's surname wrong! In their record, my son has the same surname as my wife!"

He further stated that even though they made the EI service aware that their son’s surname should be his surname, EI services did not try to clarify with them:

> “…They know it but they didn’t do anything and we can’t do anything. So now when they give us any information sheet, record, or report relating to my son, he’s using his mother’s surname.”

The reason that EI professionals tended to avoid mentioning about fathers/dads in their practices was suggested by fathers/dads, from the perspective of how children with SEN/D could bring strain on marriage in a family context. For example, one father said:

> “…I've noticed a lot, a lot of people's marriages break down when they have kids with special needs. Probably lack of sleep and just a general stress of dealing with health and education.” (F4)

As a result of this, fathers/dads believed that there are many single parents, especially single mothers of children with SEN/D:

> “…I think they just afraid to talk about fathers as there are many single mothers out there.” (F1)

Therefore, fathers/dads felt that EI professionals were being cautious when talking about fathers/dads:

> “…They very sort of sitting on the fence like on things about like, fathers or mothers or because they don't want to say the wrong thing.” (F4)

The fathers'/dads' narratives indicated that they experienced a mix of both positive and negative elements throughout their participation in EI. Although each fathers/dads identified a different level of involvement in EI, they all expressed positive feelings towards their involvement as they unanimously believed such involvement would positively contribute to the developmental outcome their children's with SEN/D and their families. While fathers/dads all reported the feelings of stress and frustration at different stages during their EI journey, the quality of relationships fathers/dads experienced with EI professionals as well as support they received from the EI services seemed either mitigate or exacerbate their stress, in which it has also directly connected to their level of competence in parenting their children who have SEN/D. However, the relationship building between fathers/dads and EI professionals may be affected by the "assumption" where fathers/dads believed that many families of children with SEN/D are father-absent, so that EI professionals tends to avoid mentioning about fathers/dads in their practices.

6.4.1.3. Fathers'/Dads' Perceived Barriers to Their Participation in EI

Having explored fathers'/dads' experience of their participation in EI, this section examines the barriers perceived by fathers/dads to their involvement in EI. Four main themes including (4) Fathers'/Dads' work and EI appointment (5) Gender roles regarding help-seeking, and (6) The gendered nature of EI service were highlighted by fathers/dads as barriers affecting their participation. The next section explores main themes (4) Fathers'/Dads' work or EI appointment?

Fathers'/Dads' work and EI appointment

Time constrains were reported as a main barrier to fathers'/dads' participation in EI. This included fathers'/dads' work and the time of EI appointment. In terms of fathers'/dads' work, all fathers/dads (involved and partially involved) interviewed indicated that work had somehow affected their engagement in different types of EI-related appointments and activities. For example, F1 reported that:

> "…if early intervention have any meetings, the mother is the one who attends because I don't have time, I'm at work." (F1)

This was a common utterance by the fathers/dads in the sample, with some of them further indicated the impact of having a "demanding" job to fathers'/dads' participation:

> "…a lot of men probably are in jobs that, you know, they're not very accommodating or flexible." (F4)

Although fathers'/dads' viewed that their work may somewhat contributed to their lack of presence in EI service and EI-related activities, they firmly perceived the time of the EI appointment served as a key barrier to their engagement. For instant, F7 reported that:

> "…it's just, it's just hard, like most of time, it's really it's just um the time of the appointment, the time of the assessment, phone calls or sometimes it's just a short notice given to you to do something." (F3)

Indeed, angers were expressed by many fathers/dads regarding such issue, where one father said:

> "…it's not you tell the early intervention team when you are free in terms of the meeting, they tell you the time to come to the meeting!" (F1)

Gender role regarding caregiving and help-seeking

Fathers/dads indicated that their beliefs about gender roles regarding caregiving and help-seeking served as a barrier to their involvement in EI. In terms of caregiving, although all fathers/dads interviewed believed that attitudes about fathers'/das's role are gradually shifting in society, they did reported that some fathers/dads/men they personally knew would still perceive mothers/mums/women as the primary caregiver. For example, F4 expressed his view by saying that:

> "… I think, I think there's still that sort of traditional notion that men work and women do the parenting." (F4)

Fathers/dads indicated that this may be associated with the unique culture in the Irish context, where historically, Ireland had a strong tradition of gender segregation in education, labour, and parental role. As F6 said:

> "… It's very... could our culture makes it very easy for the father to say, I'm too busy." (F6)

While this view was mirrored by many other fathers/dads, F1, who immigrated to Ireland from China further expressed his views regarding the issue from a cultural perspective:

> "…when you look at the Irish community, anything to do with children is mother, mother, and mother… Ah! In china um…you know that fathers are very important and very included when it has something to do with the child, but it's not the case here." (F1)

Gender role regarding help-seeking was another barrier indicated by fathers/dads. Unlike the issue relating to caregiving where a gradual shift had occurred in society, fathers/dads reported that gender role regarding help-seeking still has a profound influence on their views.

Fathers/dads reported stigma associated with asking for help when they encounter difficulties relating to the education of their children with SEN/D and their parenting skills. For instance, the following father/dad said:

> "…men can find it harder to actually turn around and say, um this is a...a challenge or a problem or whatever." (F3)

This was a common utterance by the fathers/dads in the sample. In fact, fathers/dads indicated that such belief and attitude towards helps-seeking had also led to their inaction in seeking for peer support regarding their children's education. As F5 said:

> "…What we did notice is that where there are groups or forms or reasons for the women to get together to have coffee and chats, the men don't do that." (F5)

A few fathers/dads concurred this view by further reporting that fathers'/dads' stigma associated with asking for help may (somehow) also impact their understanding and attitude towards their children's SEN/D as they tended to keep it very "personal" (F2) , and found harder to "handle" (F5) their children's diagnoses:

> "… I think maybe in some cases, you might find that the father is actually still dealing with trauma and the unexpected news." (F7)

Gendered nature of EI services

Fathers/Dads perceived the gendered nature of EI services provided as a barrier to their participation. This gender bias was not necessarily reflected in the content of intervention or EI-related activities, but it was indicated to be evident in the high rates of female attendance and high rates of female professionals working in the EI services.

When asked fathers/dads if EI is predominantly focused on mothers/mums, many of them believed that EI only focuses on mothers/mums because of the virtual circumstances. For instant, F4 felt that:

> "…I don't think it targets mothers. I just think it's, it's sort of, maybe part of the reality certainly." (F4)

This view was mirrored other fathers/dads, indicating that such issue was formed by the "reality" where mothers/mums are the only ones who attend EI appointment. For example, F3 described how an intervention session/group looks like when sharing his experiences:

> "… I think from what I've seen the mothers tend to be the only ones there, um…because I've been at a few of the groups. Often, I'm the only male presence." (F3)

The situation of being the only male attending groups with mothers/mums was also experienced by other fathers/dads, with some of them reported the feeling of "uncomfortable" and "weird". Furthermore, stigmas associated with attending an all-female environment was also reported by fathers/dads, not only because attending groups with mothers/mums, but also due to the fact of high rates of female professionals working in the EI services. For example, F6 stressed that:

> "… the fact that the typically the teams in the early intervention services are predominantly female, and I suppose that is an issue because they, you know, as a man, I wouldn't try to try and second guess, watch how a woman is feeling at any point in time." (F6)

To conclude the context of interview questions that explored barriers to fathers'/dads' participation in EI, it is clear that fathers'/dads' perceived barriers are mainly time constrain-related and gender-related. From the perspective of time, fathers'/dads' work seemed directly impacted the participation of them in EI services. However, through many examples provided, fathers/dads interviewed, especially those who have demanding jobs stressed the influence of inflexible EI appointment on their involvement. As angers and frustrations expressed due to the lack of choices in time regarding EI appointments and EI-related activities, those fathers/dads who were willing to be involved/involved more struggled to attend. In terms the barriers that were gender-related, including gender role regarding caregiving and help-seeking and gendered nature of EI service, fathers/dads felt these barriers may be associated with the tradition gender views at a societal and cultural level within the unique context in Ireland. These traditional views regarding parental roles and labour had somehow affected fathers'/dads' choices as individuals in participating in EI services, as well as the lives of their children with SEN/D and their families.

6.4.1.4. Fathers'/Dads' Preferences and need for EI Service

This section reports the context of interview questions that explored fathers'/dads' preference for EI services. Several preferences for EI relating to the intervention content and features under the main theme (7) activity-based intervention were highlighted. Also, fathers/dads reported the need for establishing (8) father/dad-led support group, and (9) father/dad targeted service. The following section explores fathers'/dads' preferences regrading main theme (7) activity-based intervention.

Activity-based intervention

Fathers/Dads indicated a preference for EI to be activity/event-based and reported they would be less likely to participate in intervention sessions that were lecture-based such as parental courses/trainings. For example, F4 shared the reason that why he did not like to attend parental training courses by saying:

> "… they [the professionals] just did PowerPoints and give you massive, big handouts. I doubt anyone ever read lots of different, lots of theories of various different aspects of development!" (F4)

His view was shared among other fathers/dads, where they felt such intervention sessions are not what they "have an active interest in" (F3). In contrast, intervention that were both interesting and relevant to fathers/dads were highlighted as a key preference. Fathers/Dads reported a preference for interventions to be activity/event - based or run in social settings (e.g., outdoor, a pub, sport veuve). For example, F1 expressed his preferences for an "ideal" parental training:

> "…I hope they can organise parental training in a way…like organising family-outing activities to museums, somewhere like parks, or museums, picnic." (F1)

Such activities would provide him with opportunities to "…learn more about how to interact with my son" in a more relaxed environment. Much like F1, when asked if there is anything EI services can do to promote the participation of fathers/dads, F5 answered quickly:

> "…Yes, like even does some Special Olympics" (F5)

Through these examples provided, intervention activities with a physical join in seemed to be favourable to fathers/dads. This was reflected throughout the interviews where many fathers/dads frequently described their involvement and roles in promoting the physical development of their children with SEN/D. For example, F3 felt the development of his sons "…the physical um... interactions, the motor skills and feeding skills are very important," so that he worked hard on different techniques to support his sons' physical and motor development. For F7, despite of having a demanding job, he certainly believed that he has a place in interventions that are relevant to his daughter's physical development:

> "… I like, I might take the lead on that, say…it's physical education or just getting active or whatever." (F7)

Father/Dad-led support group

Fathers/Dads interviewed highlighted a need for establishing father/dad-led support group in the EI services. This was indicated should be a group "…for the fathers run by the fathers." (F6).

The reason for the existence of this "requirement" was mainly related to the fathers'/dads' perceived barriers regarding help-seeking and time constrain. As it was mentioned earlier, due to the stigma associated with asking of help and fathers'/dads 'work, fathers/dads interviewed believed that they had less opportunities than mothers/mums to form their social group/support groups and reported they would be less likely to seek for such groups. For example, F6 explained the reason for the need to establish support groups among fathers/dads:

> "… The mothers themselves, met other mothers at similar stages and created their own network. They had quite a strong network, which typically, certainly my experience, father was not part of that network." (F6)

This view was shared among other fathers/dads as they believed the establishment of such peer support group would "… encourage more father's involvement at some more social level." (F7)

Relatedly, fathers/dads also reported a preference for having fathers/dads who have experiences on parenting a child with SEN/D to run the father/dad-only support group, so that the relationships and trust amongst group members would be established. F5 provided an example of how he felt when he attended a father support group for the first time that was organised by a charitable organisation outside the EI services:

> "…it was it is a shock to the system, supposedly the first time, but the dads do keep coming. They do show up and they do keep coming."

Father/Dad targeted service

Fathers/Dads indicated the significance of developing father/dad targeted services as they believed it would encourage and promote the participation of fathers/dads in EI, as well as in the lives of their children with SEN/D.

Fathers/Dads stressed that EI service should make a specific effort to target fathers/dads and make them feel that "…they can be involved" (F6). Although fathers/dads acknowledged the benefits of having two parents attending EI appointment and EI-related activities, they especially reported that the concept of a father/dad targeted service should be a "father/dad only thing". As F3 said:

> "…Sometimes that they should specifically target just for the father. Not saying that that's, that's the right thing to do, but sometimes you need to say, 'well this is a father's only thing.' And it will go, 'oh, oh, oh it's for me,' that means I can't give it to my wife, or I can't give to the family, you have to be daddy to go."

The idea of "father/dad only thing" was a common point raised by fathers/dads. This includes specifically addressing them on letters, information leaflets, and workshop invitations. Like F4 said:

> "…I think unless they specifically asked for fathers to get fathers to attend, get them to attend." (F4)

Besides this, fathers/dads noted that direct communication from the EI services/professionals should be an important element within a father/dad targeted service. This would keep fathers/dads updated with the child's progress, rather than getting second-hand information. For example, F7 believed that such communication would help the EI professionals to understand fathers'/dads' needs, especially fathers/dads who are not very involved.

> " …you certainly need to find what's…what's the barrier. And that's, that's by talking to the parent, the father, not the father through the mother either." (F7)

Also, for fathers/dads who have demanding jobs but willing to be involved, F2 felt that direct communication and information sharing from the professionals would "…give [fathers/dads] them the option" as:

> "…if he doesn't get…how to say, if nobody tells him that there is option he will never know." (F2)

Furthermore, in an effort to raise fathers'/dads' awareness and "...getting the fathers to realize they have an equal role," (F6), fathers/dads indicated the need for having wide advertisement in relation to fathers'/dads' role in the lives of children with SEN/D.

As can be seen from this section, many fathers/dads indicated a preference for EI to be activity-based or run in social settings, and addressed the importance of having father/dad-led support groups and father/dad-targeted EI services to their participation in EI. It is evident that intervention that are both relevant and interesting to fathers/dads was a key for engaging fathers/dads in EI. Importantly, fathers'/dads' expressed needs for support was essentially based on a social level. The next section provides a summary of the thematic analysis of fathers/dads interviews.

6.4.1.5. Summary of the thematic analysis of fathers/dads

The current section detailed the thematic anyalsis process and provided the findings emerged from the thematic analysis of seven interview transcripts of fathers/dads in terms of the research question:

1) What are fathers'/dads' (i) experiences of, (ii) perceived barriers to, and (iii) preference and needs for EI service?

To answer the research question effectively, data was presented across three contextual areas of interview questions that explored: (a) fathers'/dads' experience of EI service, (b) fathers'/dads' perceived barriers to their participation in EI, and (c) fathers'/dads' preference and needs for EI service. As can be seen from the detailed analysis of the seven interview transcripts, the fathers'/dads' narratives indicated that they experienced a mix of both positive and negative elements throughout their participation in EI. While positive feelings towards their involvement to the outcome of their children with disabilities were expressed, stress and frustration at different stages during fathers'/dads' EI journey were also reported. Importantly, a number of perceived barriers including (i) fathers'/dads' work or EI appointment; (ii) gender-role regarding caregiving and help-seeking; and (iii) gendered nature of EI service were reported. Finally, fathers/dads described the preference for activity-based intervention and the need for developing father/dad-led support group and father/dad-targeted EI services. The finding emerged from fathers'/dads' interview transcripts will be discussed in relation to the research question in the next chapter (Chapter 7). For now, findings obtained from interviews with three EI professionals are presented in the following section.

6.4.2. Thematic Analysis of EI Professionals

The current section presents findings emerged from the thematic analysis of three interview transcripts of EI professionals in terms of the research question:

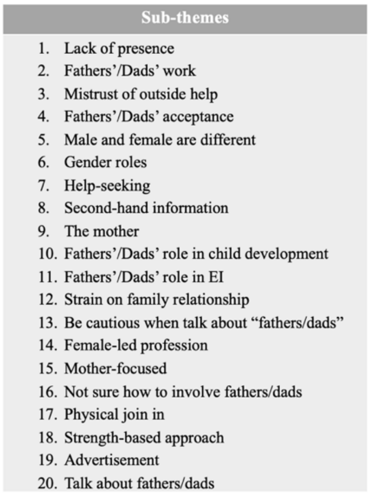
> 2) What are the perceptions of EI professionals and their roles in supporting the participation of fathers/dads?

Data is presented under three overarching themes: (1) fathers'/dads' are not there; (2) theory and practice are different; (3) initiatives to support fathers'/dads' involvement. Narratives are provided to consolidate the overarching themes that emerged. Diagrams outlining the subthemes and their corresponding data are also provided.

6.4.2.1. Thematic Structure of EI professionals

In the first stage of the thematic analysis, all 3 interviews were analysed individually. Details regarding the thematic analysis of transcripts has been outlined in detail in Chapter Five, Section 5.3.2.2. As a result of this, 20 districts and separate sub-themes were identified, which can be seen in Table 11 below.

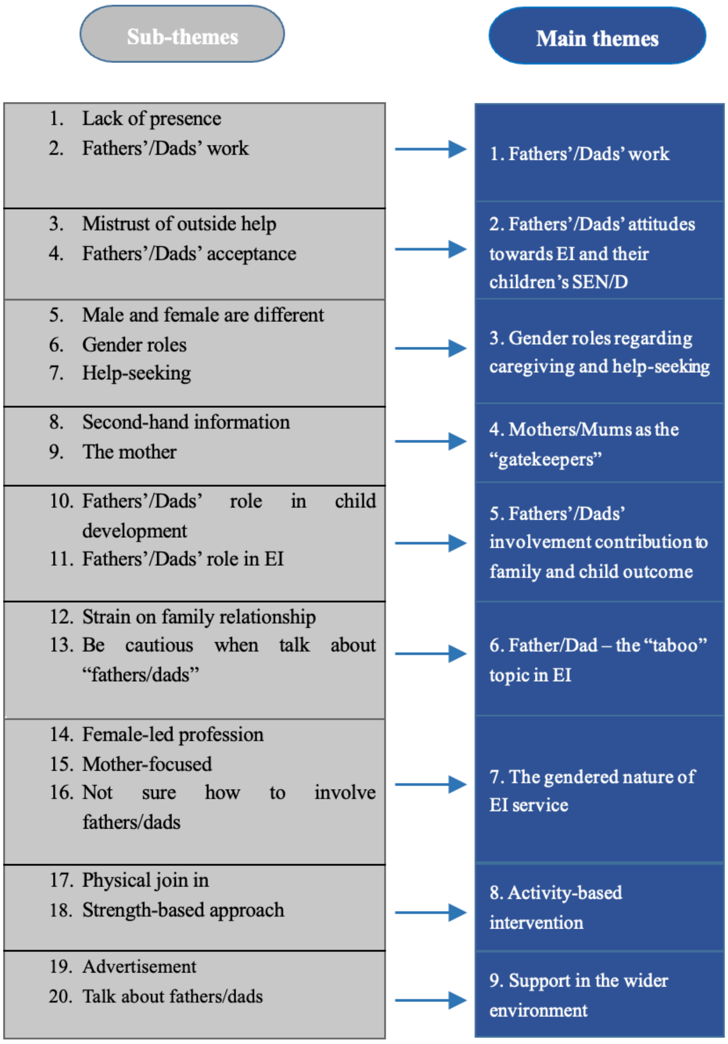
Table 11. EI professionals' sub-themes



Sub-themes
1. Lack of presence
2. Fathers'/Dads' work
3. Mistrust of outside help
4. Fathers'/Dads' acceptance
5. Male and female are different
6. Gender roles
7. Help-seeking
8. Second-hand information
9. The mother
10. Fathers'/Dads' role in child development
11. Fathers'/Dads' role in EI
12. Strain on family relationship
13. Be cautious when talk about "fathers/dads"
14. Female-led profession
15. Mother-focused
16. Not sure how to involve fathers/dads
17. Physical join in
18. Strength-based approach
19. Advertisement
20. Talk about fathers/dads

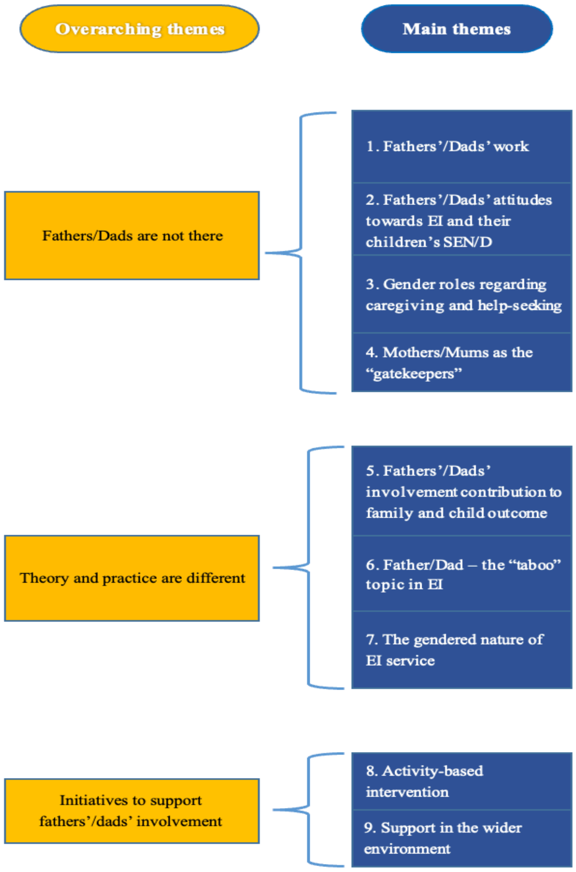
The 20 sub-themes that were emerged from 3 interviews were further reviewed by ensuring that they were appropriate with respect to the coded extracts and the entire data set. Upon reflection on the 20 sub-themes, it was found that these were able to meaningfully contribute in different ways to the creation of 9 new themes (main themes). The diagram below presents how the various sub-themes are grouped and how they contribute to the main themes (Figure 19)

Figure 19. the creation of main theme (EI professionals)



As a result of re-reading and taking note of the emerging themes, the researcher identified cyclical features where the 9 main themes were able to differentially contribute to the construction of 3 overreaching themes labeled as (1) fathers/dads are not there; (2) theory and practice are different; and (3) initiatives to support fathers'/dads' involvement. The refined overarching themes and main themes can be viewed in Figure 20 below.

Figure 20. Thematic analysis results of EI professionals



Having detailed the thematic analysis process and described how it was conducted to identify sub-themes, main themes, and overarching themes within the qualitative data, the next section explores findings relating to the overarching themes (1): fathers/dads are not there.

6.4.2.1. Overreaching Theme 1: Fathers/Dads are Not There

This section examines the EI professionals' experience of working with fathers/dads and their perceptions on the issue regrading fathers'/dads' involvement in EI. These views were understood in terms of their impact on the EI professionals' personal experiences, where they perceived fathers/dads as being absent. Reasons behind the lack of presence/involvement of fathers/dads in EI were reported, which were centred on four topics (main themes): (1) fathers'/dads' work; (2) fathers'/dads' attitudes towards EI and their children's SEN/D; (3) gender roles regarding caregiving and help-seeking; and (4) mothers/mums as the "gatekeepers". The following section presents findings regarding the experiences and views of EI professionals regarding fathers'/dads' involvement in EI based on the four topics emerged.

Fathers'/Dads' Work

The EI professionals narratives indicated that they found fathers/dads are being noticeably absent in their work with families of children with SEN/D, and one of the reasons behind this was fathers'/dads' work. For example, EI professional One (E1) - a registered social care professional working on a local EI network in the East of Ireland reported:

> "…I would say the majority of the cases they would not be involved, mainly because of time." (E1)

This was a common utterance among all the participants in the sample. When asked what was the most heard reason when fathers/dads did not attend appointment, EI professional Two (E2) - a private EI specialist said:

> "…dad is at work, so he's not able to take time off work." (E2)

To highlight how work has affected fathers'/dads' involvement, EI professional Three (E3) - E3 is an autism intervention teacher shared a story of how a father she worked with actively participated in EI appointments and EI-related activities when the mother was at work:

> "…that's kind of probably an unusual case. But again, he [the father] was able to get involved because mum was at work, and he was at home." (E3)

Fathers'/Dads' Beliefs and Attitudes Towards EI and Their Children's SEN/D

EI professionals' experiences working with fathers/dads suggested that fathers'/dads' beliefs and attitudes towards EI and their children's SEN/D had an impact on their participation. In terms of fathers'/dads' beliefs about EI, all the EI professionals interviewed reported there was a lack of interest among fathers'/dads' in participating EI programmes. Professionals reported that fathers/dads sometimes can be "resultant" towards the advises (e.g., advice on parenting skills, child's progress) made by the professionals:

> "…somebody will think that because they're a parent they are right. It regardless of what you do, and it regardless of what the outcome will be. A parent teaching their…child is correct. Somebody from see um... professional trying to help me will be wrong." (E1)

Importantly, professionals felt that such "advices" they made to fathers/dads may "…brings out a very protective streak in them [fathers/dads]," (E2) and therefore it was harder for progressions to connect and gain trust from fathers/dads:

> "… I think what happens with fathers that they tend to become, you know, even more protective. And that's, and then, of course, when it comes to choosing a therapist for intervention or choosing an intervention teacher, they're very careful about who they, who they want to around their children." (E2)

While agreeing on this view, E3 further reported that only when fathers/dads were "given proof of the benefits of their involvement" in the child's development, they may then get slightly more involved:

> "…you have to probably convince them [fathers/dads] to kind of evidence-based that this [intervention] works." (E3)

Apart from fathers'/dads' beliefs about EI, professionals in the sample also indicated that fathers'/dads' acceptance to their children's SEN/D may also affect their involvement. For example, E3, an autism intervention profession said:

> "…they don't, they just don't seem to engage, or they don't seem to get it. They don't seem to get autism some of them, and if they get it, they wanted to fix it."

E2 also expressed the same view by sharing her experience working with a family who child was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) where the father did not accept the diagnose:

> "…everything is excused because he thinks that the child isn't being disciplined. So there's sometimes won't accept that there's an ADHD diagnosis there, because they say this is just a discipline matter." (E2)

Much like E3 and E2, E1 believed that some fathers/dads could be also "…very private about the fact that their child has special needs", so that they "certainly wouldn't like a stranger [professional] coming up to them" and talk about their children's SEN/D and development.

Gender Roles Regarding Caregiving and Help-Seeking

EI professionals indicated that fathers'/dads' beliefs about gender role has also contributed to their lack of presence in EI appointments and EI-related activities. Professionals believed that fathers/dads in Ireland still perceived mothers/mums as the primary caregiver. For example, E2 reported:

> "…fathers tend to fall into that traditional role of being the breadwinner or going to work and coming home." (E2)

While this view was commonly expressed by all the professionals, they further indicated that fathers/dads may also feel that being actively involved conflicted with their traditional role. As E1 said:

> "…it's not that the father doesn't care and it's not the father probably doesn't want to, but it's not...he would... he would be...He would be exceeding his role." (E1)

Fathers'/Dads' beliefs about traditional gender roles were not only reflected in terms of parenting and caregiving, but also help-seeking. The EI professionals narratives indicated that fathers/dads tend to put up a "masculine wall" (E2) and hide their emotions and feelings. As E3 said:

> "…fathers tend to be less...um less...demonstrative. They don't really show their feelings, um even to their own children." (P3)

Indeed, EI professionals believed this "masculine wall" led to fathers'/dads' stigma associated with asking for help as they felt it is a sign of shown weakness. For example, E2 reported:

> "… there's a fear of asking questions because they don't want to be seen as weak, they want to be seen as in control, and that they have control of this situation where there is no control." (E2)

EI professionals also highlighted that fathers'/dads' beliefs about help-seeking may in turn affect their levels of acceptance to their children's SEN/D because there are too many fathers/dads who can't cope with their children's diagnoses emotionally. As E3 said:

> "…It just, it's just too difficult. It's too hard. And I think emotionally, maybe fathers just can't deal with this, with this diagnosis." (E3)

Mothers/Mums as the "Gatekeepers"

EI professionals' narratives indicated that mothers/mums role as the "gatekeepers" may somehow negatively affect fathers'/dads' involvement in EI. Professionals believed that at a cultural level, Irish mothers/mums not only "…tends to take over most of the caregiving roles" (E2), but also tend to be dominating. As E1 said:

> "All the mothers in Ireland and I've seen and dealt with tend to um...no matter how, no matter what they are like, what their experience, how young or old they are, many children they've had, they take the primary role regardless of what the husband's opinion is." (E1)

Therefore, it was reported that mothers/mums can sometime "…seek to exclude the father" (E2) as they felt that they know the best regarding their children's development and needs. This may also reflect in terms of information sharing between mothers/mums and fathers/dads, where professionals reported:

> "…The mothers gets the final say, in what happens, the father gives an input but he doesn't the full information. It's the mother herself to filter it." (E1)

6.4.2.2. Overreaching Theme 2: Theory and Practice are Different

Theory and practice are different was the second overarching theme emerged from the interview transcripts of three EI professionals. This theme label refers to professionals' views on the importance of fathers'/dads' involvement in EI and the challenges they encountered in their practice to promote and encourage the participation of fathers/dads. While professionals reported that fathers'/dads' involvement contribute to family and child outcome (main theme 5), uncertainties on how to encourage and promote the participation of fathers/dads was also highlighted due to the challenges regarding main theme 6: fathers/dads – the "taboo" topic in EI and main theme 7: the gendered nature of EI.

Fathers'/Dads' involvement contribute to family and child outcome

Throughout the interviews, EI professionals frequently reported how the participation of fathers/dads in the education of their children with SEN/D and EI is significant. As one autism intervention profession said:

> "…whether they have a diagnosis of autism or not, the value of having the father engaged in their development is so important." (E3)

EI professionals believed that fathers/dads have a unique role to play in the lives of all children, especially for children with SEN/D. While P1 descried fathers'/dads' role as "protectors", "guides", and "helpers" in families of children with SEN/D, E2 further indicated that such role is unreplaceable by saying:

> "…For some reasons, they [fathers/dads] have an energy and a dynamic about them that you just cannot replace. There's something about a father's love that is quite unique." (E2)

Although the professionals expressed the importance of fathers/dads in the lives of families and their children with SEN/D from a professional point of view, they also provided examples of how EI outcome may look different when there was a father/dad involved. For instance, E3 shared a story based on her previous experiences working with a family where the father was actively involved:

> "…the dad was so involved with that child, and the difference that made to that family and that child… dad would did a lot of stuff with him [the child], he would check into appointments, he would often see them out together doing stuff , and he was very involved, and the child reaps the reward ." (E3)

Fathers/Dads – the "taboo" topic in EI

While perceiving fathers'/dads' participation in EI would produce more favourable EI outcomes for families and their children with SEN/D, EI professionals in the samples expressed uncertainties on how to encourage fathers'/dads' involvement in their work. Professionals' narratives indicated that fathers/dads are often a "taboo" topic in their practice. This was due to the "fact" (professionals experiences) that many families of children with SEN/D are father/dad-absent. As E3 reported:

> "… they [families] didn't start with single mums, they came in, they started as a couple but then, but then there was a breakup."

Professionals further explained that the reason behind this "fact" was the "… stress of navigating the daily life of having a child with a disability", so that "a lot of couples split up when there's a child with a disability." (E2)

Therefore, in order to avoid being “offensive” to the mothers/mums who might be the single parent of a child with SEN/D, P1, the only male professional participated in the interview reported that they needed to “word it very carefully” when talking about fathers/dads as “…we don't want to get our head biting off” by mothers/mums. (E1)

The gendered nature of EI service

The gendered nature of EI service was another challenge highlighted by the EI professionals. Although professionals indicated that EI “…shouldn't be just the mother” (E3), they firmly believed that for various reasons, the service they provided is “…definitely one hundred percent” mother-focused (E1) because:

> “… the mother is the one who is giving us something back. Mothers are the ones who are on this there. I've never ever had a situation where I had just the daddy turn up.” (E2)

Professionals in the sample reported that such gendered nature in EI service delivery was shaped by the “reality” where “…all um… the officials in the health boards and everything else are for women” (E1), and in turn, professionals working in the field of EI are all female. As E2 said:

> “…we are perceived as a female lead occupation. and, you know, there's…there's, you know, there can be issues with that as well. Very similar to how early years educators are viewed, you know... it's a cultural barrier.” (E2)

The consequence of working in an all-female environment also contributed to EI professionals’ lack of knowledge on how to engage with fathers/dads. Indeed, two female professionals in the sample reported this issue. For E3, she struggled to communicate with fathers/dads during meetings:

> "… I've had parents, fathers just sitting in front of me who haven't said a word, and just sat there, haven't spoken, and haven't looked at me. I think it was because he just couldn't, didn't want to hear what I was saying. It was just too hard." (E3)

Same as E3, E2 didn't know what can she do to take the first step to involve fathers/das in her practice:

> "… I've actually gone out of my way to involve fathers in my intervention, and I'll get a very sort of quiet response. You know, they won't say too much, they won't come out and say, openly and honestly, that they feel a bit embarrassed and a bit awkward playing with their child in front of me." (E2)

6.4.2.3. Overarching Theme 3: Initiatives to Support Fathers'/Dads' Involvement

The third overarching theme to emerge presented the EI professionals' view on the initiatives that may encourage and promote fathers'/dads' participation in EI. Initiatives that need to be implemented at a service level (i.e., main theme 8: activity-based intervention) and support in the wider environment (main theme 9) were highlighted by EI professionals in the sample.

Activity-based intervention

To encourage the participation of fathers/dads, EI professionals in the sample highlighted a need to develop interventions that are activity-based where fathers/dads can traditionally get involved with. This was based on the professionals' previous experiences with fathers/dads, where professionals believed that:

> "…there's more of a buy in if there's a physical joining in, if the actual aspect of being involved means physically moving." (E2)

While this was a common utterance among EI professionals, they also reported that intervention relating to speech and language work, table top activities and/or intervention sessions aiming at supporting the emotional well-being of the child and the parents have the least uptake. As E3 reported:

"…it's more physical, as opposed to, you know, sitting and doing, you know, teaching, teaching PICS, or teaching them um... doing some speech and language work." (E3)

In contrast, interventions that are relevant to a child's physical and motor development such as occupational therapy and physiotherapy were reported as being favourable to fathers/dads. For example: E2 reported:

> "…they (fathers/dads) like if we do...you know, there are many little things, occupational therapy games, you know, for instance, if you blow a straw, and you blow up, let's say, like a piece of crunched up tissue." (E2)

Therefore, in order to encourage more fathers/dads to participate in EI, a need for developing activities-based interventions that both are relevant and interesting to fathers/dads were highlighted by the all the professionals. For instance, E3 reported:

> "…you could recommend, you know, like, say, recommended dad gets involved in the occupational therapy aspects. Maybe

> if the child needs to go for a run or needs to go on a trampoline, the dad would do that." (E3)

E1 also agreed this view as from the perspective of a male professional, where he stated:

> "…if you make it more attractive to a man in the sense that it would be more activity there, so where you would second in the sense that into talking about his child and the child talking about their activities, and getting them to do things." (E1)

Support in the wider environment

Apart from developing initiatives at a service level, the professionals also highlighted that efforts need to be made at a societal level in order to promote the involvement fathers/dads in the lives and education of their children with SEN/D within an EI context. As gender-related issues (i.e., gender role regarding caregiving and help-seeking, the gendered nature of EI services) was one of the main issues reported that may negatively impact the involvement of fathers/dads in EI, professionals in the sample reported such issue need to be addressed to promote more fully on fathers'/dads' involvement. This included wide-advertisement to raise fathers'/dads' awareness about their roles in the development and learning of a child with SEN/D at a societal level. As E1 said:

> "…you would have to advertise it, they would have to make the first step." (E1)

E2 and E3 concluded such action is all "…about getting the message out there" (E2) and "…encourage and explain [to fathers/dads] how important it is." (E3)

Importantly, encouraging professionals in other educational context (e.g., schools, early years' settings) to involve fathers/dads was indicated. For example, E2 expressed:

> "…if you prompt early year's educators or special needs teachers, to, to remember and to be mindful of the father, and to be aware of the father, and to always involve the father, in any discussions that you have." (E2)

At last, E3, speaking from a male professional pointed of view participated stressed the needs to tackle the issue related to gender stereotypes in schools, especially within the Irish context:

> "… it's not taught at schools. It's not taught as children as young men, we don't notice we, we as men assume that women know more of a children than we do. So we tend to take a step back." (E3)

6.4.2.4. Summary of the Thematic Analysis of EI Professionals

The current section reviewed the research findings emerged from the thematic analysis of three interview transcripts of EI professionals regarding the research question:

2) What are the perceptions of EI professionals in supporting the participation of fathers/dads in EI services?

Data was presented under four overarching themes (1) fathers/dads are not there; (2) theory and practice are different; and (3) initiatives to support fathers'/dads' involvement. As can be seen through the examples provided, EI professionals in the sample perceived fathers/dads as being absent in their work with families of children with SEN/D, and therefore it was difficult for them to include fathers/dads in their practice. The professionals' narratives indicated that there were factors contributed to lack of presence/involvement of fathers/dads in EI, which were mainly time-related (i.e., main theme 1) and gender-related (i.e., main theme 2, 3, 4). While professionals interviewed acknowledged the significant role fathers/dads play in the lives and education of their children with SEN/D within an EI context, challenges and uncertainties in encouraging the participation of fathers/dads in EI were also highlighted. Importantly, professionals suggested a number of initiatives to be developed at both service-level and societal-level to promote more fully on fathers'/dads' involvement. The next section provides findings obtained from interviews with five mothers/mums.

6.4.3. Thematic Analysis of Mothers/Mums

Having presented findings obtained from the both fathers/dads (n=7) and EI professionals (n=3) interview transcripts and outlined how the thematic analysis process was conducted on these transcripts, the current section turns the focus to the thematic analysis of five mothers/mums interview transcripts regarding the research question:

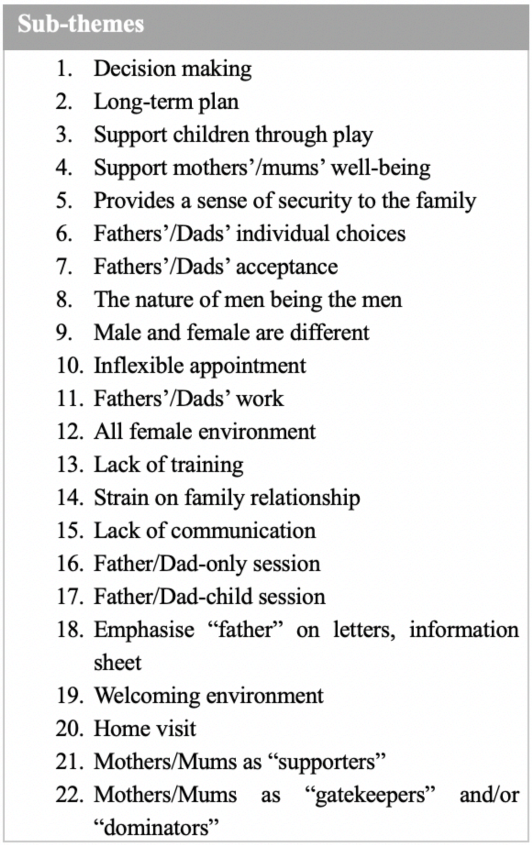
> 3) What are the perceptions of mothers/mums in relation to fathers'/dads' role and their involvement in the lives and education of children with SEN/D within EI context?

As well as the previous sections, the thematic structure which emerged from the findings of mothers/mums are firstly presented. Findings emerged from the five interview transcripts of mothers/mums are then presented under four overarching themes: (1) father/dad involvement contribute to family and child outcome; (2) both internal and external barriers affect fathers'/dads' involvement; (3) father/dad-friendly service promote father'/dads' participation in EI, and (4) mothers'/mums' role varies in different families. Diagrams outlining the main themes and subthemes and their corresponding data are also provided for an exposition of how the various things are grouped and how they contribute to the overarching themes.

6.4.3.1. Thematic Structure of Mothers/Mums

In the first stage of the thematic analysis, all 5 interviews were analysed individually. Details regarding the thematic analysis of transcripts has been outlined in detail in Chapter Five, Section 5.3.2.2. As a result of this, 22 districts and separate sub-themes were identified, which can be seen in Table 12 below.

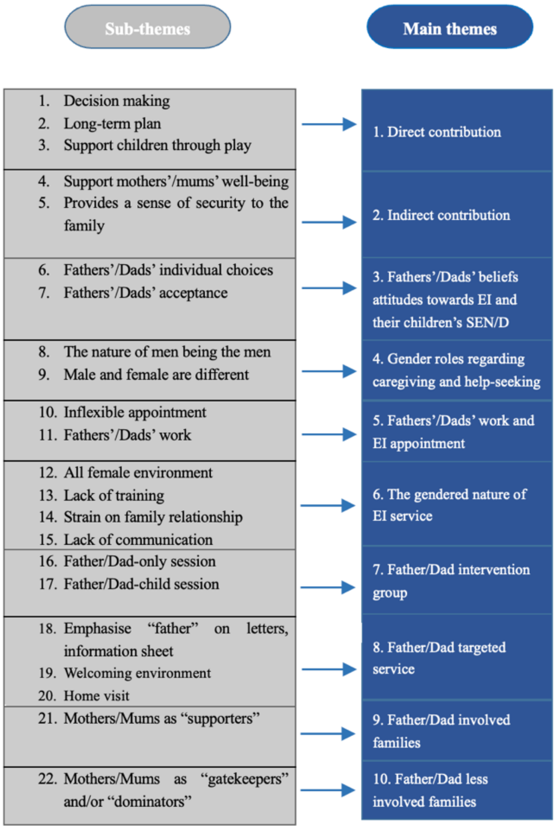
Table 12. Thematic analysis sub-themes of mothers/mums



Sub-themes
1. Decision making
2. Long-term plan
3. Support children through play
4. Support mothers'/mums' well-being
5. Provides a sense of security to the family
6. Fathers'/Dads' individual choices
7. Fathers'/Dads' acceptance
8. The nature of men being the men
9. Male and female are different
10. Inflexible appointment
11. Fathers'/Dads' work
12. All female environment
13. Lack of training
14. Strain on family relationship
15. Lack of communication
16. Father/Dad-only session
17. Father/Dad-child session
18. Emphasise "father" on letters, information sheet
19. Welcoming environment
20. Home visit
21. Mothers/Mums as "supporters"
22. Mothers/Mums as "gatekeepers" and/or "dominators"

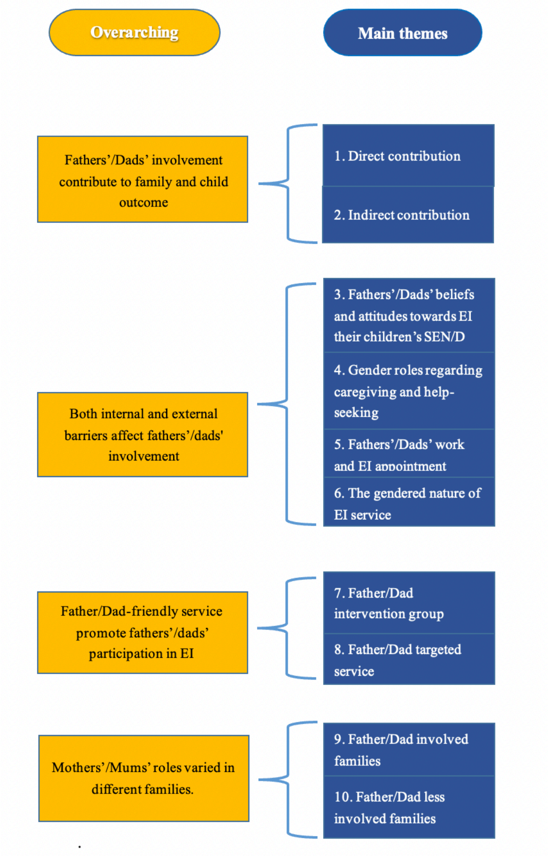
The 22 sub-themes that were emerged from 5 interviews were further reviewed by ensuring that they were appropriate with respect to the coded extracts and the entire data set. Upon reflection on the 22 sub-themes, it was found that these were able to meaningfully contribute in different ways to the creation of 10 new themes (main themes). For an exposition of how the various sub-themes are grouped and how they contribute to the main themes, a diagram is presented below (Figure 21).

Figure 21. The creation of main themes (mothers/mums)



In order to identify whether current main themes contain sub-themes can lead to further depth of themes, the final reflection of the data analysis of 5 interviews were carried out. As a result of re-reading and taking note of the emerging themes, the researcher identified cyclical features where the 10 main themes were able to differentially contribute to the construction of 4 overreaching themes labeled as (1) fathers'/dads' involvement contribute to family and child outcome; (2) both internal and external barriers affect fathers'/dads' involvement (3) father/dad-friendly service promote fathers'/dads' participation in EI; and (4) mothers'/mums' role varies in different families. The refined overarching themes and main themes can be viewed in Table X below.

Figure 22. Thematic analysis results of mothers/mums



Having detailed the thematic analysis process and described how it was conducted to identify sub-themes, main themes, and overarching themes within the qualitative data, the next section explores findings relating to the overarching themes one: fathers'/dads' involvement contribute to family and child outcome.

6.4.3.2. Overarching Theme 1: Fathers'/Dads' Involvement Contribute to Family and Child Outcome

The first overarching theme to emerge stated that fathers'/dads' involvement would somehow directly and indirectly contribute to the outcome of the child and the family within an EI context. In terms of

main theme 1: Direct contribution, many participants reported that the involvement of their husbands/partners can help with the decision-making process that is related to EI activities and their children's education. When sharing her family's journey in EI, Mother/Mum One (M1) believed that her husband's involvement always helped her family to make "meaningful decisions" for their son who has autism:

> "…we are singing on the one line and making meaningful decisions for our children." (M1)

For Mother/Mum Three (M3) whose daughter has strong medical needs and often requires decisions to be made carefully, she felt more confident when her husband attending EI appointments with her:

> "…I will feel like it will be great if he can come over and join the meeting, so he knows…like what does the doctor recommended and stuff…, because… there is like stuff that we will need to make decision together, instead of just myself." (M3)

While similar experiences were also mentioned by Mother/Mum Four (M4) when she was sharing a few stories where the family had to make a decision for their daughter during an EI appointment, she further explains why her husband is helpful in making EI-related decisions:

> "…he'd [husband] be the one that has the logic and to say 'look, uh, hang on a minute, let's run this test before we roll that out.' While the mother is very emotional like… you're like 'oh my god,' you're just hear one thing and run with it." (M4)

Except for decision making, participants also mentioned about their husbands' help in formulating the long-term plan for their children with SEN/D and their families. M1 reported that the participation of her husband helped the family to come up "…some sort of agreements and plan for the education of our children." For Mother/Mum Five (M5), she believed that fathers/dads are very assertive in planning ahead for their children who have SEN/D especially on looking for schools:

> "…men would be better at that end of it... writing letters, looking for support in school before she was starting school." (M5)

M3 thinks the involvement of her husband has not only provided "…a bigger picture about like…what is our daughter doing at the moment and what do we need to do next.", but also provided adequate information for EI professionals, so that the professionals could plan for the family and the child:

> "…whenever we have um meeting with like…the hospital or the speech and language therapist, like both of us can give a bit of our thought, so they can get a bigger picture…so we can get a more appropriate plan, stuff to do…or suggestion…for us to do with our daughter." (M3)

Apart from contributing to the family outcome through decision making and long-term planning, support children through play was a common sub-theme that emerged throughout the transcripts, with many participants describing how father/dad promote the intervention outcome for the child through the process of play. For example, when asked if the involvement of the father would make a difference to the child's outcome, Mother/Mum Two (M2), whose husband is less involved certainly agreed and provided the reason:

> "…it will promote better outcome. Both of my children actually love to play with their father, they are so happy when they are playing together." (M2)

Similar to M2, M1 described a variety of learning opportunities offered to her children when playing with their father:

> "…the father provides more hands-on experiences…to teach the boys how to be strong, self-reliance, courage, and …problem solving…those are the things mothers can't offer." (M2).

For M3, she also believes that playing with the father has helped her daughter's development and she further describes how this father-daughter play has in turn facilitated her husband to communicate with EI professionals:

> "…he knows our daughter as well, like he plays with her so he knows what is her progress, so he can talk to the speech and language therapist about…like what does he think." (M3)

While mothers/mums reported a range of direct contributions that fathers/dads bring to the outcome of the child with SEN/D within an EI context, a host of ***indirect contributions (main theme 2)*** were also indicated. All mothers/mums reported that their husbands'/partners' involvement would help them to reduce pressure and provide them with "mental" support. For example, M2 explained how her stress was related to her son's characteristic and how her husband's involvement helped her in terms of stress relief:

> "… it's really hard to control your temperament as a mother if you have to face a special needs child all the time…you can't do anything because the child is taking over your whole life… for me as a mother, his involvement will help me to get a better mood…" (M2)

This view was mirrored by other mothers/mums, stressing the importance of their husbands'/partners' involvement to their mental health and psychological and emotional well-being.

Importantly, many mothers/mums also reported that having fathers/dads involved could offer them and their family a sense of security as:

> "…We as mothers of children with special needs…are facing many problems…we are sensitive to the way that other people think of us, all the judgments to our children and ourselves, and we also need to deal with our children's relationships with others." (M1)

Therefore, the "protective role" (M4) fathers/dads play in families of children who are vulnerable ensures the voices and the rights of the family and the child to be heard. M5 felt strongly about this by saying:

> "…I think they (fathers/dads) would stand um... I think the… whatever you'd call these professionals would deal with a man differently than with a woman. And, yeah, I think they'd kind of had more respect maybe for a man than they do like mothers, just tell her what to do." (M5)

From these examples provided, mothers/mums of children with SEN/D believed that fathers'/dads' involvement could contributions to the optimal outcomes of the child and the family. Such contribution was be reflected in many different forms, both directly and indirectly, and not only within an EI context but also in the education and the lives of children with SEN/D.

6.4.3.3. Overarching Theme 2: Both Internal and External Barriers Affect Fathers'/Dads' Involvement

The second overarching theme emerged from the interview transcripts of five mothers/mums indicated the barriers affecting the participation of fathers/dads in the education of their children with SEN/D within an EI context. Internal barriers - barriers at an individual level (i.e., main theme 3: fathers'/dads' belief and attuites towards their children's SEN/D; main theme 4: gender role regarding caregiving and help-seeking) and external barriers – barriers presented in the wider environment (i.e., main theme 5: fathers'/dads' work and EI appointment; main theme 6: the gendered nature of EI service) were highlighted by mothers/mums.

At an individual level, ***fathers'/dads' beliefs and attitudes towards their children's SEN/D (main theme 3)*** was indicated as a barrier to their participation by several mothers/mums. Reports from these mothers/mums suggested that fathers'/dads' level of participation was highly depending on their acceptance to their children's SEN/D. As one mother whose husband is not involved reported:

> "…I think if he [her husband] get involved, that means he accepts our special needs son, he acknowledges me." (M2)

For other mothers/mums, they believed that some fathers/dads would find harder to accept their children's SEN/D than mothers/mums due to personal beliefs and attuites towards having a child with SEN/D. For instance, M4 indicated:

> "… I do think that a lot of men, I just, I think some of them might be just embarrassed." (M4)

However, mothers/mums further suggested that fathers'/dads' belief and attuites towards their children's SEN/D might be associated with their views on ***gender roles regarding caregiving and help-seeking (main theme 4)***, indeed, mothers/mums described how fathers'/dads' belief on tradition gender roles contribute to negative niches towards their involvement. As one mother said:

> "…the father thinks it's my responsibility to look after our children, it's none of his business." (M1)

This was a common utterance by mothers/mums, with some of them indicating:

> "… mothers are the main caregiver; fathers don't spend much time with their children." (E2)

In turn, for mothers/mums themselves, they felt such traditional view on gender roles regarding caregiving also affected their role in the education of their children with SEN/D. For example, M4 explained:

> "… I think the mother just accept unconsciously, and just, just fought along. As they are Irish mother, they want to make sure they do every mother does, you know yourself." (M4)

Apart from caregiving, fathers'/dads' belief about gender role related help-seeking was also highlighted by mothers/mums as an internal barrier to fathers'/dads' participation, particularly within an EI context. This was based on "…the difference between men and women" (M2), where "...men don't really open up" (M5). Therefore, mothers/mums believed that fathers/dads are very reluctant to ask for help. P2 shared her experience by saying:

> "…For my husband, I know he was trying to hide his feeling because sometimes he cries you know…" (M2)

The examples provided above clearly illustrate how internal barriers relating to the person views and beliefs affect the involvement of fathers/dads in the lives and education of their children with SEN/D, as well as in EI. As personal views often reflect upon on the societal views towards the issue, external barriers that affect fathers'/dads' participation including ***main theme 5: fathers'/dads' work and EI appointment***; and ***main theme 6: the gendered nature of EI service*** were also indicated by mothers/mums.

Time constrains and financial constrains regarding fathers'/dads' work was reported as key barriers affecting the participation of fathers/dads in EI. All mothers/mums interviewed indicated that work had directly affected their husbands/partners engagement in different types of EI-related appointments and activities. When asked about what contributed to the fathers'/dads' lack of presence in EI services, mothers/mums reported "… it must be work." (M4)

Mother/Mums explained the issue of work might be associated with the fathers'/dads' beliefs about gender roles, as one mother said:

> "…maybe fathers, it's more important for them to work" (M2)

This was a common utterance by mother/mums in the sample, with some of them indicated the financial strain in families, where fathers/dads "had to" work to provide families with resources:

> "…dad has to go to work, like there must be some…some people to make money…to support the life." (M3)

This was frequently addressed by M1, whose family immigrated from China to Ireland:

> "…we are the first generation of immigrants, so we have a bit more financial strain than other families…so I say this is one of the barriers that affected my husband's participation." (M1)

While mothers/mums believed that work has contributed to fathers'/dads' lack of involvement in the lives and education of their children with SEN/D within an EI context, they further indicated the barriers related to EI appointment time. For instant, M5 reported that:

> "…men are in work nine to five, the appointments happen nine to five." (M5)

Similarly, M1 expressed her views with anger:

> "…the time of the early intervention activities never matched my husband's time" (M1)

When asked what would help to get her husband more involved, M2 said:

> "…it will be nice if they ask me when is the father free, just like what you did, letting me decide the time and the date for today's interview" (M2)

Another external barrier mentioned by mothers/mums was ***main theme 6: the gendered nature of EI service.*** Mothers/Mums perceived EI as a gendered and mother-focused service. This was evident in the content of intervention, EI professionals' lack of training on how to involve fathers/dads, and high rates of female attendance.

In terms of intervention content, mothers/mums indicated that most time interventions are mother-focused. For example, M1 shared her experience on completing a parental training workshop where she had to record her interaction with her son:

> "…they looked at the video and correct me, telling me what to do in terms of interacting with my son…they never mentioned to record the interaction between my son and his father. So it's definitely mother-focused. " (M1)

This view was mirrored by other mothers/mums, indicating the mothers/mums are the primary focus of the EI services. As one mother said:

> "…I think that just the early intervention, they just accept the mother, mother, mother." (M4)

Importantly, the professionals' lack of training on how to involve fathers/dads was noted. Mothers/Mums reported that EI professional may not know how to engage with fathers/dads, especially fathers/dads who are not actively involved. For instance, M3 indicated:

> "…when there is daddy is there…like they [EI professionals] will still welcome but maybe not…like talking that much because they are used to talking to mum all the time." (M3)

M2 echoed this view and stressed:

> "…we need professionals to be more encouraging and active in this relationship, just like if you don't come to us, we come to you." (M2)

For other mothers/mums, they believed that due to the lack of training, EI professionals often tended to avoid mentioning about fathers/dads in their practice, especially when they were collecting family information. M4 shared her experience towards this issue:

> "… they [EI professionals] just have like, the like, just my husband's name and yeah, his phone numbers and things like that. They probably don't know more of the... more background about the other thing…I think just a question that they should have on their sheet. Is the father involved in the child's relationships?" (M4)

While several mother/mums had the similar view, they further reported that this might be associated with the fact that "…there's so many houses there that they don't have dads" (M5). To explain this, mothers/mums described how stress related to the child's characteristic could place strain on family relationship. As one mother said:

> "…I know lots of families got divorced because of their children's special needs…yeah a lot, so I feel lucky that at least my husband and I are still together." (M2)

This was evident from other mothers/mums in the sample, indicating that this might be one of the reasons why EI professionals are reluctant to mention fathers/dads in their practice.

At last, the consequences of having gendered EI services that focus on mothers/mums had immediate effect on fathers'/dads' presence and levels of engagement in EI services and EI-related activities, in which it was the creation of an all-female environment. One mother described her experience in attending EI services; "…it was all mothers…" (M5)

Because of this, mothers/mums reported fathers'/dads' stigma associated with attending parental workshops/training sessions where they were the only man in the setting. As one mother said:

> "…he [my husband] said to me once that he felt uncomfortable and inferior being the only man sitting in the class." (M2)

To conclude the consequences of having a gendered service, P1 shared what her husband said after experiencing the "only man situation":

> "…he [my husband] came back and said to me that he wouldn't go there again because he felt uncomfortable." (M1)

6.4.3.4. Overarching Theme 3: Father/Dad-Friendly Service Promotes Fathers'/Dads' Participation in EI

The third overarching theme emerged from mothers'/mums' interview transcripts reported mothers'/mums' views on the types of EI services/activities that would encourages more fully on fathers'/dads' involvement in EI and the education of their children with SEN/D. A number of intervention features, contents, and practical factors were reported under the ***main theme 7: father/dad intervention group*** and ***main theme 8: father/dad targeted service.***

In terms of ***main theme 7: father/dad intervention*** **group,** mothers/mums reported a need for EI services to established father/dad-only and/or father/dad-child intervention sessions. As mother said:

> "…they should set up a separate time for the father to do his own thing with the child." (M4)

Mothers/Mums believed such action may promote the involvement of fathers/dads and provide them with opportunities to know their children. As one mother explained:

> "…if men were sitting in the waiting room, and it was just men and babies there, well, then they would have to talk about the children and not their football." (M5)

For M2, whose husband is less involved, she also believed that "…sitting with other men might help" her to husband participate in more EI-related activities.

Apart from having father/dad intervention group, mothers/mums also stressed the importance of having father***/dad targeted service (main theme 8)*** in EI. To take the first step, mothers/mums believed it would be significant to emphasise fathers/dads in letters, information leaflets, and workshop invitations. As one mother said:

> "… I think they could write on their e-mail or information sheet that they encourage fathers to attend rather than one parent" (M2)

Mothers/Mums believed such action would help fathers/dads to raise awareness and "…their understanding to their role as fathers" (M1) in the development of their children with SEN/D within an EI context.

In terms of the practical factors, home visit programme was highlighted as a key solution to the issue related to fathers'/dads' work. While two mother described her husbands'/partners' positive interaction with EI professionals through the home visit programme as "…my husband made sure he's always here" (M4), two mothers/mums in the sample indicated the need to have regular home visits for families that fathers/dads are less involved, as it would provide fathers/dads with opportunities to participate in appointments, as well as to engage in direct communication with EI professionals. As M2 said:

> "…maybe when the day that father's off and stays at home, they could come for a home visit and spend some time with the father, helping him, training him, teach him how to help the child." (M2)

To conclude the Overarching Theme 3: Father/Dad-friendly services promote fathers'/dads' participation in EI, P3 underlined the importance of a "welcoming environment" to fathers'/dads' participation – that is, to have more male professionals working in the services:

> "…if they have any idea or there are more supportive environment, or maybe have more…like male staff…maybe it will help…to get father more involvement." (M3)

6.4.3.5. Overarching Theme 4: Mothers'/Mums' Role Varies in Different Families

Mothers/Mums in the sample believed they had a role to play in fathers'/dads' involvement. This role variers in different families, mainly depends on the fathers'/dads' levels of involvement in the lives and education of their children with SEN/D. For ***father/dad involved families (main theme 9)***, mothers/mums perceived their role as the "supporters" as they often encourage their husbands/partners to spend time with the child, attend EI appointments, interact with EI professionals and teachers, and participate in different EI-related activities. As one mother reported:

> "… I encourage him to get involve because it's our kid, like it's not…so I will feel like it will be great if he can come over and join the meeting" (M3)

While this was a common utterance among mothers/mums whose husbands/partners are actively involved, M1 shared how her encouragement and support changed her husband's attitudes from "do not want to be involved" to "willing to be involved" in the child's education and EI:

> "…I let the father and encourage him to involve in the caring of my sons, like communicating with the teachers…something like that. So in terms of parent-teacher communication, I let the father to do it, and he's very willing to get involved." (M1)

However, throughout the interview, M1 also descried how her role placed "a bad influence on" her husband's involvement at the early stage as she felt:

> "…the father did not spend enough time with my eldest son since the day he was born…so he doesn't know the son…if the professionals ask the questions he can't answer…that's why I just thought ok, you'd better not to go and I went myself." (M1)

This was very common among ***father/dad less involved families (main theme 10)***, where mothers/mums perceived their roles as the "gatekeepers" or indeed the "dominators". For example, M5 reported:

> "…I always had the opinion from she was born, I said, No, I go and do everything." (M5)

M4, whose husband's actively involved also agreed based on her experiences talking to other mothers/mums of children with SEN/D:

> "… I think they [mothers/mums] just want to cope with themselves. They just won't let them [fathers/dads] go and just go themselves [mothers/mums]? You know, like, I've been into a lots of appointments and I've meeting a lot of women, they think they just there on their own with kids." (M4)

For M2, she perceived her role as more of a "dominator" because she desperately wanted her husband to get involved:

> "…when he comes back from work he doesn't communicate with our children, ten sentences are the max…you tell me how can this help with the child who has special needs. Actually, ah…sometimes I force him to communicate with the child" (M3).

This view was also agreed by M1 when sharing her family's journey in EI:

> "…I you know I'm a bit dominating in our relationship, you may know from the way I'm talk…I have a strong personality. So I've prevented him to communicate with the early intervention team before…if I was not that dominating, I may said to him all the time that I need your help…and I believe he will help. So maybe at the start I cut his communication with the professionals." (M1)

As can be seen through the examples provided above, mothers'/mums' do have a role to play in their husbands'/partners' involvement. However, depending on the dynamic of family relationships, mothers'/mums' role may differ in families. In families where fathers/dads were actively involved, mothers/mums tended to be the "supporter" to encourage such involvement. Conversely, families where fathers/dads were less involved, mothers/mums perceived themselves as the "gatekeepers" and/or the "dominators". Therefore, it seems to be fair to suggest that the varied roles mothers/mums play do have a direct impact on fathers'/dads' participation. In turn, fathers'/dads' levels of involvement and their attitudes towards their roles in the lives and education of their children with SEN/D may also subtly influence mothers'/mums' role.

6.4.3.6. Summary of the thematic analysis of mothers/mums

Findings emerged from the thematic analysis of five interview transcripts of mothers/mums were presented in the current section to answer the research question:

3) What are the perceptions of mothers/mums in relation to

fathers'/dads' role and their involvement in the lives and education of children with SEN/D within EI context?

Mothers'/Mums' narratives were grouped into four overarching themes, which are (1) fathers'/dads' involvement contribute to family and child outcome, (2) both internal and external barriers affect fathers'/dads' involvement, (3)father/dad-friendly service promotes fathers'/dads' participation in EI, and (4) mothers'/mums' roles varies in different families. These themes were presented in the light of mothers'/mums' experiences towards their husbands'/partners' roles and involvement. Through mothers'/mums' narratives, it can be seen that the involvement of fathers/dads would contribute to the enduring relationships within a family, which would in turn lead to optimal child and family developmental outcome. Although mothers/mums highlighted a number of barriers that may affect the participation of fathers/dads, they also indicated how the role they play in the family may shape their husbands'/patterner's' involvement. More importantly, specific intervention content and intervention features were reported as means to promote fathers'/dads' participation.

6.4.4. Chapter Six Summary

The current Chapter presented the results obtained from the qualitative data that was collected via interviews from groups of (i) fathers/dads (n=7), (ii) EI professionals (n=3), and (iii) mothers/mums (n=5), as well as indicating the type of analysis involved (i.e., thematic analysis and cross-case analysis). As the research questions examined the knowledge, attitudes, behaviours, and relationships amongst stakeholders in EI in Ireland (see Figure Two, page number), the results of the analyses were presented in two main sections. The first section presented the results obtained from the cross-case analysis that focused on exploring the commonalities and differences that emerged from the results of the analyses of each participant groups (n=15) pertaining to the issues towards fathers'/dads' involvement in EI (i.e., the extent to which themes were common across groups and participants). Narratives that illustrate the relationships and links between these three stakeholder groups towards the issues regarding fathers'/dads' involvement within an EI context were provided. The second section presented findings emerged from the thematic analysis of the interview data from the groups of (i) fathers/dads, (ii) EI professionals, and (iii) mothers/mums in terms of the three research questions:

4) What are fathers'/dads' (i) experiences of, (ii) perceived barriers to, and (iii) preference for EI service?

5) What are the perceptions of EI professionals and their roles in supporting the participation of fathers/dads in EI services?

6) What are the perceptions of mothers/mums in relation to fathers'/dads' role and their involvement in the lives and education of children with SEN/D within EI context?

The thematic analyses process and thematic structure which emerged from the findings of each participant group were firstly presented to provide the reader a rich and detailed description of the data set. Meaningful narratives that illustrate the emerging overarching themes and main themes were provided

The next chapter, Chapter Seven, will involve a discussion of the results emerged from: (a) the thematic analysis results of each participant group in terms of the three research questions and (b) the cross-case analysis of the superordinate themes identified in the analyses of the interviews conducted with each of the three informant groups (i.e., fathers/dads, EI professionals, mothers/mums).

Chapter 7 – Discussion

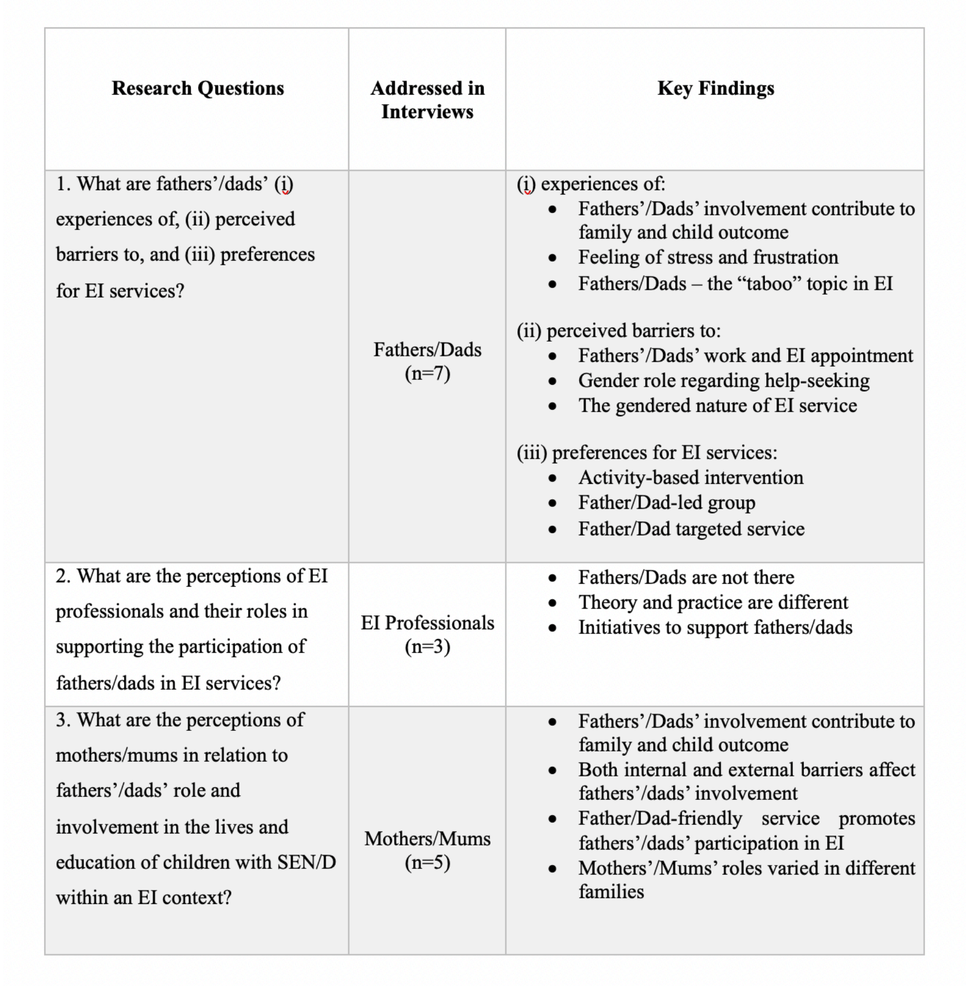
7.0. Chapter Overview

A central aim of the current research programme was to provide a comprehensive understanding regarding fathers'/dads' experiences of, perceived barriers to, and preferences for EI services, the perceptions of EI professionals in supporting and promoting the involvement of fathers/dads, as well as mothers'/mums' perceptions towards fathers'/dads' involvement in the education and lives of young children with SEN/D in an EI context. Importantly, the current programme of research also sought to explore the disconnections in knowledge, attitudes, behaviours, and relationships amongst stakeholders (i.e., fathers/dads, EI professionals, mothers/mums) who are critically involved in such context. In presentation from the data for the research programme (i.e., Chapter Six), attention was directed towards experiential, practical, and conceptual issues that arose regarding these findings. Therefore, the aim of the current chapter is not to address each of these issues again. Rather, it focuses on (i) discussing the implications and meaning of the results that were presented in Chapter Six and explore how the results relates to the research questions, (ii) discussing the contribution and the impact of the current research programme, and (iii) critically reflect upon theoretical and methodological approach of the current research, and (iv) offering suggestions and directions for further research. However, prior to this, a brief summary of the key findings and the results relating to the three research questions is firstly highlighted.

7.1. Summary of Key Findings in the Research Programme

This section summarises the key findings in the analyses of the interviews conducted with (i) fathers/dads, (ii) EI professionals, and (iii) mothers/mums towards the issue of fathers'/dads' involvement in EI. The research questions and key findings in relation to each question are summarised below in Table 9.

Table 13. Summary of thesis findings



Research Questions	Addressed in Interviews	Key Findings
1. What are fathers'/dads' (i) experiences of, (ii) perceived barriers to, and (iii) preferences for EI services?	Fathers/Dads (n=7)	(i) experiences of: - Fathers'/Dads' involvement contribute to family and child outcome - Feeling of stress and frustration - Fathers/Dads – the "taboo" topic in EI (ii) perceived barriers to: - Fathers'/Dads' work and EI appointment - Gender role regarding help-seeking - The gendered nature of EI service (iii) preferences for EI services: - Activity-based intervention - Father/Dad-led group - Father/Dad targeted service
2. What are the perceptions of EI professionals and their roles in supporting the participation of fathers/dads in EI services?	EI Professionals (n=3)	- Fathers/Dads are not there - Theory and practice are different - Initiatives to support fathers/dads
3. What are the perceptions of mothers/mums in relation to fathers'/dads' role and involvement in the lives and education of children with SEN/D within an EI context?	Mothers/Mums (n=5)	- Fathers'/Dads' involvement contribute to family and child outcome - Both internal and external barriers affect fathers'/dads' involvement - Father/Dad-friendly service promotes fathers'/dads' participation in EI - Mothers'/Mums' roles varied in different families

Key findings in the present study, as illustrated in Table 9 above, were related to the three research questions that addressed the perceptions and experiences of each groups of stakeholders towards the issues on fathers'/dads' involvement in EI. The key findings are discussed, with reference to the frameworks of the study, relevant research studies, theoretical literature, and the best practice in the following section.

7.2. Discussing the Findings

This section discusses the findings emerged from the interviews conducted with groups of (i) fathers/dads, (ii) EI professionals, and (iii) mothers/mums and explores how the findings relates to the research questions. To begin with, a discussion of the findings from the interview with the groups of (i) fathers/dads is presented.

7.2.1. Interview with Fathers/Dads: Discussing the Findings

The findings emerged from the seven interview transcripts with fathers/dads provided an insight into how a sample of fathers/dads of children with SEN/D perceive their involvement in EI services in Ireland. Their answers addressed Research Question One:

1) What are fathers'/dads' (i) experiences of, (ii) perceived barriers to, and (iii) preferences for EI services?

Importantly, the findings from their narratives extended our current knowledge in research relating to how we understand fathers'/dads' expressed needs for support and perceived barriers to, and preferences for EI service, as well as the adequacy of information support systems which are available to them in Ireland. This is critical in supporting EI professionals to develop initiative services for fathers/dads who might be struggling in a such parenting context. To provide a clear and a fuller understanding of how such findings contribute to the previous literature and theory in the field of EI, the following sections discuss the meanings of the findings and how it addressed each element of the Research Question One.

7.2.1.1. Fathers'/Dads' experience of EI

In discussion regarding fathers'/dads' experiences of accessing EI services, the findings reflects that fathers/dads in this sample experienced a mix of both positive and negative elements throughout their participation in EI. While positive feelings towards their involvement was reported, feelings of stress and frustrations throughout their EI journey was also indicated.

Throughout the interview, although each father/dad identified a different level of involvement in EI, they all expressed positive feelings towards their involvement. The importance of "being equally involved" and “being there” was highlighted as parenting a child with SEN/D is “not the same as any other children”. Such emphasise may be derived due to the multiple challenges and unique circumstances their families experienced, where previous research (Cummings et al., 2017; R. Giallo et al., 2015; Hastings et al., 2005; Laxman et al., 2015; Olsson & Hwang, 2001) indicated that fathers’/dads’ active participation would help to reduce mothers’/mums’ stress, anxiety, and depressive symptoms, which could in turn contribute to the enduring relationship and promote family well-being. Furthermore, fathers/dads in the sample frequently reported how their involvement positively contributed to the developmental outcome of their children with SEN/D. This finding was in line with a number of studies (Bagner, 2013; Bagner & Eyberg, 2003; Louis & Kumar, 2015; Zin & Nor, 2017), where fathers’/dads’ levels of participation was found to be associated with optimistic EI outcomes and better maintenance of intervention gains.

Feelings of stress and frustration was reported by father/dads in the sample. For many fathers/dads, especially fathers/dads whose children have the most complex SEN/D, feelings of stress were associated with the unexpected diagnose of their children’s SEN/D. Such emotional upheaval was noted in an Irish study exploring fathers’/dads’ narratives of becoming a father of a child with intellectual disability, where negative emotional responses irrespective of whether the diagnosis was at birth or more gradual over the child’s early developmental period was reported by the participants (Marsh et al., 2018). However, fathers’/dads’ narratives in the current research further suggested that the quality of support they received from the EI services seemed either mitigate or exacerbate their stress, frustration, and emotional upheaval, not only related to the diagnosis of their children, but also during their EI journey. Multiple issues such as the lack of post-diagnostic support and the lack of access to service were reported. This finding could be conceptualised within the Enhanced Model of Bronfenbrenner’s Ecological Development as proposed in Chapter Three (see section 3.3). When families and the child with SEN/D are positioned as a “developing unit” in the EI context, such experiential issue seemed to be directly related to fathers'/dads' microsystem level relationships with EI professionals and providers. Importantly, several fathers/dads expressed how stress and frustration has also directly connected to their level of parenting competence. This supports Dunst et al.,'s (1988) and Dunst's (2002) notion of using the term "family empowerment" in EI, where building quality parentships with both parents is the key to promote a family's captaincy in parenting, caring, rearing of their children with SEN/D, as well as informed decision making.

While fathers/dads in the interview indicated they clearly felt that relationships with professionals were important, however, they perceived partnership with professionals seemed to be difficult to establish. Fathers/Dads perceived communication as one of the contributing factors to their relationships building and reported challenges related to the lack of direct and clear communication with professionals. This finding supports Ferguson's (2015) qualitative study in the UK, where the same experiential issue regarding the communication process was reported by twenty-four fathers/dads. In fact, as early as 1995, findings from Hadadian and Merbler's (1995) quantitative research noted the significance of effective and tailored communication with fathers/dads in encouraging and engaging the participation of them in family-centred EI practices. Therefore, to develop a full picture of the issues related to the communication process, further research could aim to investigate the role of both the father/dad and the EI professional in this process.

7.2.1.2. Fathers'/Dads' Perceived Barriers to Involvement

Fathers/Dads in the sample reported a number of barriers that affect their participation in EI. These barriers were indicated to be mainly time-related and gender-related.

Time-related barriers such as work was reported, particularly by fathers/dads who have a demanding job. This supports findings in several studies (Ferguson, 2015; Kellar-Guenther et al., 2014; Parish & Cloud, 2006), where the division of labour was highlighted as a major contributor to the involvement of parents. While fathers'/dads' viewed that their work may somewhat contributed to their lack of presence in EI service and EI-related activities, they also perceived the inflexible EI service hours served as a key barrier to their engagement. This finding was somewhat unexpected as it was not reflected in previous empirical studies from the fathers'/dads' perspectives within an EI context. Rather, it was often noted as a recommendation/strategy to promote father's/dad's involvement in family and child service (McBride et al. 2017). Hence, the results further confirm such "unproven" recommendations, suggesting that offering weekend services or flexible appointment is the key for promoting the participation of fathers/dads.

Other barriers that emerged from the interview with fathers/dads were mainly gender-related. Fathers'/Dads' beliefs around gender roles regarding caregiving and help-seeking, combined with the gendered nature of EI service indicated how such barriers may exist at both an individual level and a societal level. While the finding from fathers'/dads' narratives are in accord with research (Cosson & Graham, 2012) indicating that fathers/dads no longer identify themselves with the traditional provider role, tensions between masculine norms (men are strong) and fathers'/dads' help-seeking behaviour was reported. This finding not only supports Sicouri et al.'s (2018) qualitative study, but also supports considerable previous research (Isacco et al., 2015; Tully et al., 2017) which shows that fathers/dads are less likely than mothers/mums to seek for help, ranging from parenting support (e.g., family welfare services, general intervention programmes) to mental health counselling services. Importantly, an Australia study examined fathers'/dads' help-seeking behaviour further reported that fathers/dads who are experiencing higher level of psychological distress are less like to seek for, and access to parenting advice (Rebecca Giallo et al., 2017). Hence, considering fathers/dads of children with SEN/D may experience more challenging situations, this finding has important implications for EI services to develop targeted and accessible informal support to fathers/dads who are struggling in such a parenting context. However, as help-seeking behaviour is likely to be associated with the traditional views regarding gender roles and parenting responsibilities (Tully et al., 2017), significant efforts such as public messaging and wide advertisement to raise awareness are required to tackle this issue.

7.2.1.2. Fathers'/Dads' Preferences for EI

Fathers/Dads reported a preference for activity-based intervention and surprisingly, they also expressed a need for developing father/dad-led peer support group.

Unlike Sicouri et al.'s (2018) study where a clear preference for father/dad-only intervention with a male instructor was indicated, fathers/dads in the current sample expressed the need for establishing peer support group/network that is led by fathers/dads who have previous experiences on parenting a child with SEN/D. It is important to consider the reasons why fathers/dads in the current sample may have expressed a need for peer support groups/network rather than father/dad-only intervention session. A possible explanation for this is that fathers/dads may simply be more comfortable and more able to discuss specific issues with other fathers/dads, considering men as leaners prefer receiving feedback from peers rather than from an instructor (Grossman & Grossman, 1994). In contrast, women as leaners, by extension mothers/mums, would prefer to receive explanations, directions, and feedback from instructors (Grossman & Grossman, 1994). This differences on female and male learning style may add an extra explanation of why family-centred EI services are traditionally focus on mothers/mums (Flippin & Crais, 2011). Furthermore, given that the previous research has highlighted the positive influence on peer learning and shared group experience on parents' levels of psychological distress and their ability to cope with being a parent of a child with a disability

(Bray et al., 2017), fathers/dads may perceive that their concern would be better understood by other fathers/dads who have experience. Also, being engaged in such a father/dad-led peer group may enhance their feelings of validation and inclusion as an active family member in the education of their children with SEN/D.

The appeal of including physical activities/events in EI and intervention-related paternal training was also highlighted by fathers/dads as key a preference. A possible explanation for this might be that activities-based intervention is something that fathers/dads would naturally have an interest in. Considering play as a unique way fathers/dads contribute to the development and learning of their children (Paquette, 2004), embedding interventions in different types of play activities might be a path to encourage the participation of fathers/dads in EI. A study identified the effects of activity-based interventions and parent involvement on social interaction skills in children with autism reported the parents perceive activity-based intervention as an important feature towards their involvement, as well as occupational performance (Mike & Eichhorn, 2019). In a similar line, Love et al.,'s (2016) study, which included gaming features in an online parenting intervention for vulnerable parents had very high levels of engagement. Both studies supported the value of activity-based intervention and indicated that activities as part of an intervention feature may increase parental engagement, especially for fathers/dads as it is based on their strength.

Having reviewed the findings emerged from interviews with fathers/dads, it is evident that there is a lack of tailored and targeted supports for fathers/dads who are struggling in such a parenting context. While fathers'/dads' positivity towards their roles and involvement in the education of their children with SEN/D and in EI was clearly evident, a number of time-related and gender-related barriers have affected their engagement. Therefore, El professionals and service providers have a significant role in promoting and supporting the involvement of fathers/dads. Factors which require consideration include recognising that each father's/dad's experience is unique, ensuring the content and delivery of interventions meets the needs and preferences of fathers/dads, and building awareness and knowledge about effective strategies for engaging fathers/dads. The next section explores the findings from interviews with five EI professionals in relation to the research question.

7.2.2. Interview with EI Professionals: Discussing the Findings

This section discusses the meaning of the findings that emerged from three interview transcripts with EI professionals (male, n=1; female, n=2). These findings addressed the Research Question Two:

2) What are the perceptions of EI professionals in supporting the participation of fathers/dads in EI services?

As the findings from the interviews provided important insights into EI professionals' views on philosophies and practices regarding father/dad involvement in EI, it has important implications on how best to implement family-centred services that include the entire family in Ireland. Hence, the next section discusses such the meanings of such findings in relations to theory and practice.

7.2.2.1. EI Professionals' View on the Impact of Father/Dad Involvement

EI professionals interviewed perceived that fathers/dads play a significant role in the lives and education of their children with SEN/D. They indicated that the active participation of fathers/dads would lead to enhanced child outcomes as well as benefits to mothers/mums, fathers/dads, and the entire family unit within an EI context. Importantly, fathers'/dads' role were reported as "unreplaceable" in families of children with SEN/D by which the participation of them would promote family outcome such as support for mothers/mums and a strengthened marital partnership. Such findings support previous research exploring the role of fathers/dads in facilitating the well-being of families of children with SEN/D. For example, Simmerman et al.,'s (2001) longitudinal study found father's/dad's involvement leads to high level of martial satisfaction. In a similar line, lower levels of maternal depressions were found in father/dad involved families (Laxman et al., 2015).

7.2.2.2. EI Professionals' View on the Challenges in Involving Fathers/Dads

While examples on how fathers'/dads' involvement may make difference in the development of an entire family unit were provided, yet EI professionals were much more hastate to view fathers/dads as effective targets in actual EI practice. This findings is consistent with McBride et al.,'s (2017) study, where a disconnection in professionals' perceptions of fathers'/dads' impact on child development compared with their perceptions of fathers/dads as target for EI services was highlighted. EI professionals in the sample perceived fathers/dads as being noticeably absent in their work with families of children with SEN/D, and therefore it was difficult for them to include fathers/dads in their practice. This concurs with evidence from previous research (Flippin & Crais, 2011), which suggests that professionals' perceptions may be influenced by the lack of father/dad involvement in EI services.

Comparison of the findings with those of other studies (Bezdek et al., 2010; Hornby, 2000; Hornby & Lafaele, 2011; Lawlor et al., 2009) confirm that professionals' perceptions may serve as a barrier to parental involvement, the findings emerged from EI professionals' narratives indicated that EI professionals in the sample did not perceive their own perceptions as a barrier to father/dad involvement. Rather, they highlighted a number of factors that contributed to the lack of presence/involvement of fathers/dads in EI. Fathers'/Dads' work was reported as a major factor contributed to their lack of presence in EI services and thus it was difficult for professionals to build partnership with fathers/dads. While McBride et al.,'s (2017) study suggests that professionals' emphasis on work reflected their perceptions of gender roles and family values, the findings from fathers'/dads' narratives in this research demonstrate that it is a key issue that needs to be addressed. Parents in previous research have reported that it fitting intervention/therapy into family routines is important, thus provides need to consider family needs when scheduling EI appointments and EI-related activities (Campbell, Chiarello, Wilcox, & Milbourne, 2009).

EI professionals' experiences working with fathers/dads suggested that fathers'/dads' beliefs and attitudes towards EI and their children's SEN/D had an impact on their participation. Issues related to fathers'/dads' lack of trust to professionals and acceptance to their children's SEN/D were reported to influence fathers'/dads' decisions to participate in EI. These results corroborate the findings of a great deal of the previous work in parental attitudes towards disability and disability diagnose (Al-Dababneh & Al-Zboon, 2018; Hazarika et al., 2017; Świerk, 2019). For example, while the negative parental attitudes were found to have an indirect impact on their participation in the education and care of their children who have SEN/D in previous research (Al-Dababneh & Al-Zboon, 2018), other research (Hazarika et al., 2017) indicates that the parents, both mothers and fathers, though had love and acceptance towards their children's SEN/D, but were frustrated, disappointed, and highly overprotective. In both these previous studies, no differences in parental acceptance of the child's disability diagnosis were shown between mothers and fathers, whereas the qualitative data from EI professionals in the current research indicated that fathers/dads may find more difficult to cope with their children's diagnose and thus they were not interested in EI. These findings may be explained by the relative experiences indicated by fathers/dads in this research, where that lack of emotional support combined with fathers'/dads' beliefs on gender role regarding help-seeking could affect their transition to becoming a father of a child with SEN/D and engagement with EI services.

Although EI professionals have identified a several important initiatives/factors at boeth service-level and societal-level (e.g., activity-based intervention, wide-advertisement to raise fathers'/dads' awareness) that may become targets for encourage the participation of fathers/dads, findings from the thematic analysis also seem to indicate that there is a lack of further training for EI professionals in working with fathers/dads. The factors identified in the sub-theme such as *Fathers/Dads – the "taboo" topic in EI* and *the gendered nature of EI service* underscore several dimensions related to EI professionals' knowledge and ability to adapt. Hence, many of these themes may serve as additional targets to intervene with professionals. Further professional training related to how to provide gender-sensitive services, engage fathers/dads as part of parenting team, create more father/dad-friendly environment, and avoid a deficit model of fathering are reaccommodated. However, in order to fully encourage and promote fathers/dads to assume more active roles in EI services, changes need to be addressed at a both service-level and system-level.

Having reviewed the findings from the interviews with EI professionals, it is evident that formalised training for all professionals and service providers through continues professional development (CPD) is required. The next section will explore the findings emerged from the five interview transcripts with mothers/mums in terms of the Research Question Three from Table 9 above.

7.2.3. Interview with Mothers/Mums: Discussing the Findings

This section discuss the essence of the findings that emerged from the five interview transcripts with mothers/mums, in which it addressed Research Question Three:

3) What are the perceptions of mothers/mums in relation to fathers'/dads' role and involvement in the lives and education of children with SEN/D within an EI context?

As most studies that explored mothers'/mums' perspectives on fathers'/dads' involvement were mainly situated in the context of children who are typically developing, the interviews with mothers/mums set out to understand their perceptions on the involvement of fathers/dads in families of children with SEN/D. The questions asked endeavoured to explore the roles, the function, and the involvement outcome of fathers/dads in the lives and education of their children with SEN/D within a EI context. The answerers from the mothers/mums further extends current research literature by providing an important insight into how the dynamics relationship within a family context may affect fathers'/dads' involvement.

7.2.3.1. Mothers'/Mums' Perceptions On Fathers'/Dads' Role and Involvement

Mothers/Mums in the sample clearly stated that fathers'/dads' involvement played a major role in influencing the well-being of the family, as well as the positive developmental and educational outcome of their children with SEN/D in an EI context. At a family level, mothers'/mums' emphasize on fathers'/dads' contribution to family well-being and family relationship further supports the original idea for directly involving fathers/dads in EI programmes, as such involvement would serve as a means of lower mothers/mums maternal stress and depression (Laxman et al., 2015) and increase maternal marital satisfaction (Simmerman et al., 2001), and foster higher parenting quality (Keller & Honig, 2004). Additionally, mothers/mums saw specific mechanisms by which father/dad involvement would promote family and EI outcomes such as by ensuring meaningful and high-quality EI-related decision-making during highly vulnerable times for families. Such specific outcome suggested has been confirmed in the literature, where fathers'/dads' participation in decision making was found to be beneficial to family's ability to cope with the parental role in both educational and clinical settings (Aarthun et al., 2018; Love et al., 2017).

At a child level, the findings from mothers'/mums' interviews demonstrated that fathers/dads do have a unique role to play in a child's development and learning, and such role is "unreplaceable". While this supports decades of research (e.g., Bretherton et al., 2005; Brown et al., 2007; Pleck, 1997; Youngblade et al., 1993) indicating the positive association between fathers'/dads' active involvement and young children's early learning outcome, however, caution is warranted when interpreting this finding. It does not simply mean that the degree of influence fathers/dads in the lives of a child with SEN/D overweight mothers'/mums' influence. This may be explained by the fact that mothers/mums in families of children with SEN/D may place a greater value on their husband's participation considering families of children with SEN/D often experience multiple challenges and unique circumstances (Boyer & Thompson, 2013). Furthermore, mothers'/mums' in the sample consistently expressed how their husbands/partners contribute to the development of their children with SEN/D through the process of play. These findings seem to further corroborate the ideas of Paquette (2004), who suggested that play is served as a media in terms of facilitating the establishment of quality father-child relationship. Again, this observation may somehow explain why activity-based intervention was clearly indicated as a preference by fathers/dads in the sample.

7.2.3.1. Mothers'/Mums' Perceptions on the Role They Play Towards Fathers'/Dads' Involvement

Mothers/Mums in the sample reported they also have an important role to play in their husbands'/partners' involvement. Mothers/Mums indicated that their beliefs and attitudes towards fathers'/dads' competency in caregiving may serve as both facilitating and restricting factors in their husbands'/partners' involvement. For fathers/dads involved families, mothers/mums indicated they had always encouraged the participation of their husbands/partners in the lives of their children with SEN/D, as well as in EI. In contrast, mothers/mums whose husbands/partners are less involved reported that they acted as "gatekeepers", for the reason that they perceive themselves as having greater competence than fathers/dads in parenting skills, particularly in parenting the children who has SEN/D. These findings broadly supports the work of other studies (Fagan & Barnett, 2003; McBride et al., 2005) examining the role of mothers/mums in father/dad involvement within the context of families whose children are typically developing, where mothers/mums maternal beliefs and behaviours towards father/dad involvement was seen as a predictor to the level of father/dad involvement. Importantly, previous research suggests that mothers/mums negative perception towards fathers'/dads' parenting abilities (e.g., teaching responsibility, facilitating homework, understanding the child's needs) has shown to restrict fathers'/dads' access to children (Ngai et al., 2010). In turn, Schoppe-Sullivan et al.,'s (2008) study shows that mothers/mums who perceive their spouse as having lower childrearing abilities also share less responsibilities in child care activities with the father/dad (e.g., attending parent teacher meeting, picking up the child from school; interaction with other parents). Therefore, given the fact that fathers/dads of children with SEN/D may find it more challenging to become or remain involved in EI, raising awareness among mothers/mums and educating them on the impact of the roles them play on father/dad involvement may be a path way to promote the participation of fathers/dads in the lives and education of their children with SEN/D within a EI context.

Having provided and discussed the findings emerged from the interviews with the groups of (i) fathers/dads; (ii) EI professionals; and (iii) mothers/mum in relation to the three research questions (see Table 9), the next section demonstrates the research implications to policy and practice.

7.4. Understanding the Disconnection: Research Implications to Policy and Practice

Based on the research findings, the significant gap in knowledge, attitudes, practice, and relationships amongst stakeholders (i.e., fathers/dads, EI professionals, mothers/mums) in the current sample were mainly reflected in the perceived barriers to fathers'/dads' involvement. Results from the cross-case analysis indicated that whilst EI professionals perceived fathers'/dads' work as a major barrier to their participation, both fathers/dads and mothers/mums reported the time and the form of EI appointment have a direct impact on fathers'/dads' involvement. A possible explanation for this disconnection might be that fathers'/dads' work and EI professionals' work all occur at the same time. Therefore, the issue of work must be addressed if we indeed want to encourage more fathers/dads to participate in EI services. Wider support from a policy perspective that allows fathers/dads of children with SEN/D to take extra time off work with full pay may address such issue. For EI services, financial incentives from the government are needed to encourage EI providers to provide evening and weekend services for families of children with SEN/D.

Through the current research programme, the gendered nature of EI service was noticeably highlighted by fathers/dads, EI professionals, and mothers/mums as a barrier to father/dad involvement. Unlike previous study (Sicouri et al., 2018), where fathers reported a belief that EI services are predominantly mothers/mums-focused, both fathers/dads and mothers/mums in our study believe that EI does not tend to focus on mothers/mums, rather, it is due to societal view on gender roles. Similarly, views were also expressed by EI professionals, highlighting that EI is a gendered service and they are perceived as a female-dominated occupation. Although such finding was consistently reported in other research (McBride et al., 2017), it is more noticeable in our research considering historically, Ireland had a strong tradition of gender segregation in education, labour, and parental role (Sheehan et al., 2017). It is possible that such traditional gender views still have a long-lasting impact on Irish society. Therefore, there is a need to implement strategies that raise societal awareness on father/dad involvement in the lives of young children with SEN/D and EI in general.

Another disconnection in knowledge that emerged from this study related to fathers'/dads' beliefs and attitudes towards their children's SEN/D and EI. Both mothers/mums and EI professionals perceive this as a barrier to fathers/dads' involvement, with the views that many fathers/dads do not seem to accept their children's SEN/D. However, the findings from the fathers/dads themselves demonstrate that this is not the case. Many fathers/dads expressed how deep they are emotionally affected by the diagnosis of a child's SEN and/or disability, and thus they are not ready to be fully involved in EI. This has been highlighted in previous research (Marsh et al., 2018) exploring fathers' experiences of parenting a child with a disability. Such finding indicates a need for EI services to develop post-diagnostic support for families, especially fathers/dads of children with SEN/D. Training for EI professionals in supporting fathers'/dads' needs through this emotional upheaval is also important.

Having discussed the disconnections amongst the stakeholders towards the issue of father/dad involvement, the current research has four recommendations for policy and practice to promote, encourage, and engage fathers/dads in EI:

(a) improved EI policy to facilitate fathers/dads to participate in EI activity by offering financial incentives to EI services/providers to provide weekend and evening services to families of children with SEN/D;

(b) developing models/framework to engage fathers/dads in EI services, as well as creating father/dad – friendly recruitment and information content;

(c) providing post-diagnostic emotional support/counselling services for families, especially fathers/dads;

(d) providing training for EI professionals to work with fathers/dads.

The next section demonstrates the contribution that the current programme of research has made to new knowledge in the area of EI and education of children with SEN/D in Ireland.

7.3. Contribution of the Current Research Programme

Historically, there has been a lack of attention to the issue of the fathers'/dad's role and involvement in EI. This has resulted in limited research that has represented the voices and perceptions of fathers/dads of children with SEN/D. This programme of research was conceptualised, planned, implemented, analysed, and produced in a manner that would help to bridge the disconnection in knowledge, perceptions, and practice towards this important area. Importantly, it was also planned from the beginning to have direct influence in the area of EI as well as implications to national policy and practice. Furthermore, the implementation of this porogramme of research was planned in manner to be understood as making an "a priori" contribution to the realization of the United Nations (UN) Sustainable Development Goals (SDGs) in the international community, particularly SDG4 (Quality Education) and SDG10 (Reducing Inequalities).

The current programme of research is, to the best of the researcher's knowledge, the first of its kind to explore the issue regarding father's/dad's role and involvement in EI from the perspectives of (i)fathers/dads; (ii) EI professionals; and (iii) mothers/mums in Ireland. The traditional literature review (Chapter 3) highlighted both the theoretical and empirical rationale for engaging fathers/dads in the lives of children with SEN/D. Also, it supported previous research regarding the lack of knowledge relating to the experiences and views of stakeholders who are involved in such a critical context towards the issue that is under investigation. This literature review makes a unique contribution to our understanding of the current scenario/picture regarding the role and the involvement of fathers/dads, as well as their contribution to the developmental and educational outcome of their families and children with SEN/D, as well as in EI. Furthermore, it may provide guidance at an international level to countries of similar historical view and cultural and economic status towards fatherhood and father role.

One of the theoretical frameworks of the current research programme is based on the work of Bronfenbrenner's (1979) Ecological Model of Development (see Chapter Two, Section 2.2 for more detail). While this is useful for the exploration and understanding of the development of a child with SEN/D, the review regarding the disability and education combined with family-centred EI theories and perspectives (see Chapter One, Section) further noted the need for viewing family and child as the "developing unit" when applying Bronfenbrenner's (1979) work in the context of EI. Importantly, to provide a fuller understanding of the inherent complexities associated with work in EI system and practice, an enhanced model considering the effects of pre-birth environmental factors (e.g., interaction with the prevention team and paediatricians, depression during pregnancy, nutrition provided by the mother) was proposed and conceptualised in line with evidence-based research (see Chapter Two, Section 2.3 for more detail). The application of this enhanced model of Bronfenbrenner's ecological development allow the current research to recognise in unique way in which families, especially fathers/dads of children with SEN/D experience EI service in Ireland, as well as noting the impact that, for example, the social and environmental challenges of families and their children from the period of pregnancy to early childhood. For policymakers, service providers, and professionals working with families and their children with SEN/D from all disciplines, such an enhanced model could usefully inform the design and evaluation of future efforts to address comprehensive EI practice at a system level.

The current research programme also made two significant methodological contributions. The first of these is considered with the use of ToC as both theory and method to guide the conceptualizing, planning, development, and implementation of this complex research programme. While the use of ToC enabled the current research programme to account for the variations in stakeholders' perceptions of father/dad involvement in EI and the complex connection between realities and the programme itself, the desired research outcome, and its associated long-term change associated with SDGs (e.g., SDG4: Quality Education, SDG10: Reducing Inequalities), it is also a robust and effective approach that can be used in a wide range of educational research settings throughout the project cycle, from the outset of the research design, to demonstrate a well-considered understanding of the various important steps that must be articulated in terms of demonstrable work practices. Such methodological contribution was consolidated through its acceptance in publication in SAGE Research Method Cases for use in teaching of research methods. The second contribution related to the data collection tool and process. As the research was conducted during the time of the COVID -19 pandemic, where the government lockdown and restrictions were imposed in Ireland, telephone interview replaced some of the planned face-to-face interviews. This unexpected change to the data collection method was beneficial. When interviewing fathers/dads of children with SEN/D about their perceptions of their involvement, role, and responsibilities, the telephone interview provided a more relaxed, less-threatening and personal, and comfortable platform for them to engage in in-depth conversations with the researcher. Furthermore, in all the interview, a strong rapport trust was built with participants which was facilitated by the researchers' interview skills. Giving the researcher's training as a SEN preschool teacher, it is likely that these skills enhanced participants (both parents and professionals) willingness to present openly about their views towards the issue of father/dad involvement in EI. It also provided an insight into the experiences of EI professionals working with fathers/dads, the majority of whom identified the uncertainty on how to promote and engage fathers/dads in EI.

Having outlined the contribution of the current research programme to the literature, theory, and methodology, the next sections critically reflects the limitations of the current research.

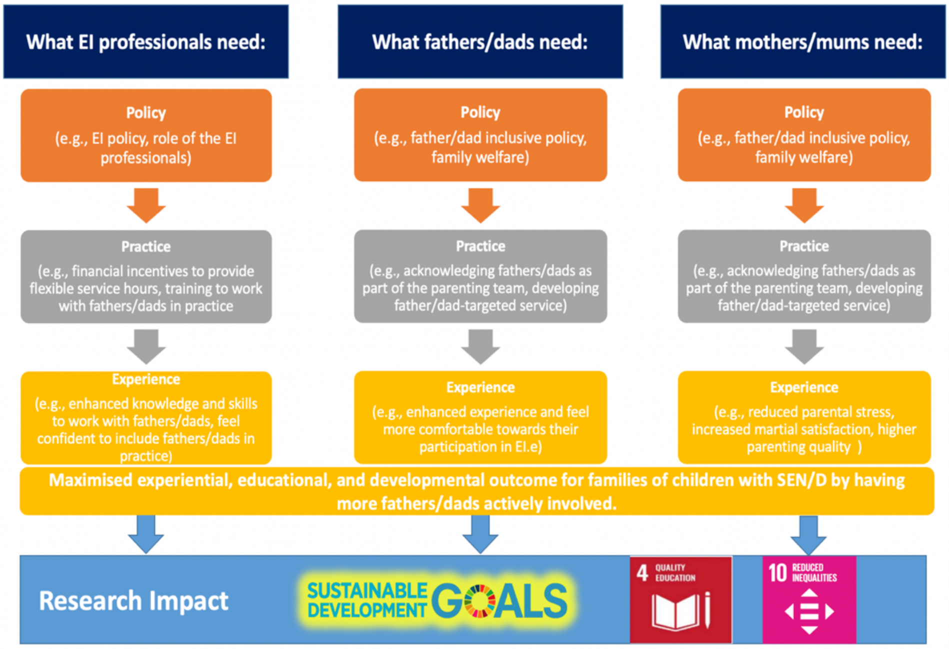
7.4. Limitations of the Current Research Programme

In considering the findings of the current research, it is also important to discuss its limitations. The current section identifies two potential limitations of the current research programme. Firstly, some participants of fathers/dads involved in this research programme were recruited through three organisations that offered EI services and parenting support services to families of children with SEN/D in Ireland. It is possible that when identifying potential participants, organisations tended to distribute flyers and/or recruitment information to fathers/dads who are actively involved considering that they may not have direct access to fathers/dads who are not involved. It is evident in the fathers'/dads' self-description regarding the levels of involvement, where all fathers/dads in the study identified them as highly involved in their children's lives and EI or partially involved in EI. It could be a great advantage to hear the voices and explore the perceptions of fathers/dads who are less-involved. However, it is important to note that not all participants made contact as a result of invitation emails distrusted to the three organisations, some made contact on Twitter, and others were provided with the researchers contact info by a friend who had seen the social media advertisements/posters. Hence, great effort need to be made in the future to involve fathers/dads who are under-represented in research relating to family-centred EI, as well as the education of children with SEN/D.

EI professionals in this research was originally defined as including five professionals (i.e., ST, OT, PT, Psychologist, Social Worker) that are completely operational by HSE, as well as EI Specialist, Paediatric, and Early Childhood Specialist etc. subject to the availability of information of each EI service/team. However, as the COVID-19 pandemic occurred at the end of research recruitment stage, many of the professionals were not as readily available for interview as they were when initially recruited. Thus, the inclusion criteria was broadened to include professionals from all disciplines (e.g., therapeutic, early years, mainstream, family support) who have experiences working with families of children with SEN/D. As a consequence to this change combined with COVID-related issues, the EI professionals involved in this research consisted of a small sample. Furthermore, two of the three participants were from the educational sector, thus limiting the diversity in the analysis due to the fact that EI is interdisciplinary in nature. Therefore, it would have been interesting to engage a sample of therapeutic professionals who are working with an EI team. A more diverse sample may result additional or different themes be emerged.

Despite limitations, the current research programme extended our current knowledge on the issues regarding father/dad involvement in the lives and education of their children with SEN/D, as well as in EI from individuals who are critically involved in such a context. It provided an insights into how to support family-centred interventions that are inclusive of father/dad involvement based on the "lived" experiences of (i) fathers/dads, (ii) EI professionals and (iii) mothers/mums, as well as the disconnections in knowledge, practice, and relationships amongst the stakeholders. The figure below (Figure) summarises the changes needed to bridge the gap and promote father/dad involvement in the education of their children with SEN/D within an EI context. The implementation of such changes would make an "a priori" contribution to the realisation of the UN SDGs in the international community, particularly SDG4 (Quality Education) and SDG10 (Reducing Inequalities).

Figure 23. Changes needed to bridge the gap



7.5. Implications for Future Research

While the current programme of research has practical implications for the provision of EI services for families of children with SEN/D, it also has implications for future research related to the area of father/dad involvement within a variety of context (e.g., school, clinic settings, early years' education) and across different disciplines (e.g., social science, psychology, nursing).

For example, research has concluded that clinicians do not have adequate knowledge and skills to involve and support fathers/dads in clinical practice (Etheridge & Slade, 2017; Ogourtsova et al., 2021). The issue regarding father/dad participation is not isolated to EI in the field of education; this is indeed a societal issue in the countries of similar historical view and cultural and economic status. The role of fathers/dads and their experiences of having a child with SEN/D need to be understood and discussed at an societal level. Some exciting research has begun to explore unique ways to increase participation of fathers/dads of children in paediatric care and with behaviour problems (e.g., Allport et al., 2018; Fabiano, 2007). Future research could explore similar ways to encourage fathers'/dads' participation in different settings that related to the development and education of their children with SEN/D.

Most of the current research available about fathers'/dads' involvement in EI did not take family culture into consideration, or indeed, many studies use culturally biased methods (Curtiss et al., 2021; Jarrett et al., 2015). While two participants (one mother/mum and one father/dad) from culturally diverse background mentioned how culture affects father/dad involvement, EI professionals in the current research did not make such consideration. A recommendation for future research is to explore EI professionals' perspectives towards culture and the dynamic relationships between families and EI services. Perhaps a qualitative case study of an entire EI team including the parents, professionals, and service coordinators would help to effectively identify strategies for building partnerships with fathers/dads, especially when there are cross-cultural and linguistical differences between fathers/dads and EI professionals.

In terms of methodological and theoretical issues, it is clear that when this topic had been researched previously, the focus tended to jump from identifying a problem to choosing ways of improving it, rather than articulating the reasons why taking a certain course of action would have direct influence in the area of EI as well as implications to national policy and practice. The use of ToC as both theory and method in the current research programme demonstrates that this is a suitable approach to guide the planning, development, and implementation of research programmes, not only in the field of EI, but across general educational context. However, while the application of ToC enabled the research program to be located within a wider analysis of how change comes about, so that the links between the research implications and long-term outcomes associated with SDGs (e.g., SDG4: Quality Education, SDG10: Reducing Inequalities) could be connected, its ability to provide a step-by-step guide towards the management of each activity (see Diagram X) in the process of planning, developing, monitoring, and evaluating within the programme of research is insufficient. A set of controlled protocols and guidelines in terms of how to manage a specific activity within the research programme need to be carefully considered. Therefore, future research could deliberate an integrated model which cooperates ToC and some knowledge and the skills (e.g., time management, communication plan) of Project Management Professional (PMP) to improve the efficiency of the research programme.

7.6. Conclusion

The aim of the current research programme was to provide a comprehensive understanding of the current picture/scenario regarding father/dad involvement in the lives and education of children with SEN/D within a EI context. It also aimed to influence knowledge, perceptions, practice, and relationships amongst the stakeholders who are critically involved in such a context. Although both in Ireland and internationally, research has explored the issue of father/dad involvement in education for children with SEN/D, most of the current studies available in EI exists in isolation from each other. Therefore, the current programme of research has extended and provided new knowledge to the area, in which it has contributed a number of implications for both research and practice.

An overview of the literature highlighted the significant role fathers/dads play in the lives all children, especially children with SEN/D and their families. It is clear that fathers'/dads' active involvement would positively contribute to the outcome of parenting intervention and EI programmes, promote optimal family well-being, reduce mothers'/mums' stress and anxiety, and enhance fathers'/dads' role identity. Therefore, it is of social, pedagogical, and national interest to optimise the EI service provision for fathers/dads who are struggling in such as parenting context considering families are a key focus of the EI policy for young children with SEN/D in Ireland (HSE, 2011). More support and father/dad-inclusive policy needed to be developed, delivered, and implemented to enhance the experiential, developmental, and educational outcomes for families of children with SEN/D.

Acknowledgement of this research will raise awareness of the issues related to the potential barriers that affect fathers'/dads' participation in EI. As historically Ireland had a strong tradition of gender segregation in education, labour, and parental role (Sheehan et al., 2017), gender-related barriers (e.g., gendered-nature of EI service; gender role regarding caregiving and help-seeking) were noticeably reflected in the current research. This has somehow contributed to the lack of awareness, knowledge, and skills of EI professionals in working with fathers/dads as they often hesitate to view fathers/dads as effective EI target. Hence, additional resources and training for EI professionals, educators, and reception staff are required in order to encourage, promote, and support the participation of fathers/dads in their children's education. Moreover, recognising and acknowledging fathers/dads as part of parenting team is critical. Clear guidelines and information to formally state the role of the EI professionals and educators in supporting fathers'/dads' involvement is needed, both at a national and international level.

Based on fathers'/dads' narratives and their expressed preference for EI service, further research is to explore the effective strategies for engaging fathers/dads in a variety of settings related to the development and education of children with SEN/D. More importantly, identifying how culture affects fathers'/dads' involvement may also help to develop strategies to engage fathers/dads who are from culturally and linguistically diverse backgrounds. EI professionals, educators, services, as well as researchers all have an integral role to play in building awareness and knowledge about effective strategies for engaging fathers/dads, so that the desired outcomes and change in the area of EI and father/dad involvement, as well as long-term contribution in the international development community is hewed. As one father/dad reminds us: "dads are there, they are not gone missing…" (F5), connecting with fathers/dads and understanding of father/dad-inclusive policy and practice at a system level is a shared responsibility. It is an important pathway to maximise the experiential and educational outcomes for children with SEN/D and their families within an EI context.

References

Aarthun, A., Øymar, K. A., & Akerjordet, K. (2018). Parental involvement in decision-making about their child's health care at the hospital. *Nursing Open*, *6*(1), 50–58. https://doi.org/10.1002/nop2.180

Ahnert, L., & Schoppe-Sullivan, S. J. (2019). Fathers from an Attachment Perspective. *Attachment & Human Development*, *21*. https://doi.org/10.1080/14616734.2019.1589054

Ainscow, M., Booth, T., & Dyson, A. (2006). Inclusion and the standards agenda: negotiating policy pressures in England. *International Journal Of Inclusive Education*, *10*(4–5), 295–308. https://doi.org/10.1080/13603110500430633

Ainscow, M., Howes, A., Farrell, P., & Frankham, J. (2003). Making sense of the development of inclusive practices. *European Journal Of Special Needs Education*, *18*(2), 227–242. https://doi.org/10.1080/0885625032000079005

Ainsworth, M., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist*, *46*(4), 333–341. https://doi.org/10.1037//0003-066x.46.4.333

Ainsworth, M. D., Blehar, M., Waters, E., & Wall, S. (1978). A psychological study of the strange situation. In *Patterns of attachment*. Erlbaum.

Al-Dababneh, K. A., & Al-Zboon, E. K. (2018). Parents' attitudes towards their children with cerebral palsy. *Early Child Development and Care*, *188*(6), 731–747. https://doi.org/https://doi.org/10.1080/03004430.2016.1230737

Alhojailan, M. I., & Ibrahim, M. (2012). Thematic Analysis : A Critical Review of Its Process and Evaluation. *WEI International European AcademicConference Proceedings*, *1*(1), 39–47.

Alkahtani, M. A. (2016). Review of the Literature on Children with Special Educational Needs. *Journal of Education and Practice*, *7*(35), 70–83.

Allport, B. S., Johnson, S., Aqil, A., Labrique, A. B., Nelson, T., KC, A., Carabas, Y., & Marcell, A. V. (2018). Promoting Father Involvement for Child and Family Health. *Academic Pediatrics*, *18*(7), 746–753. https://doi.org/10.1016/j.acap.2018.03.011

Anastasiou, D., & Kauffman, J. M. (2011). A Social Constructionist Approach to Disability: Implications for Special Education. *Exceptional Children*, *77*(3), 367–384. https://doi.org/10.1177/001440291107700307

Anderson, D. . (2013). *Reaching out and Bringing In: Ministry to and with Persons with Disabilities*. WestBow Press. https://books.google.ie/books/about/Reaching_Out_and_Bringing_In.html?id=1VuTAAAAQBAJ&printsec=frontcover&source=kp_read_button&redir_esc=y#v=onepage&q&f=false

Anthony, J. B., Anthony, G. L., Morrel, M. T., & Acosta, M. (2005). Evidence for Social and Behavior Problems in Low-Income, Urban Preschoolers: Effects of Site, Classroom, and Teacher. *Journal of Youth and Adolescence*, *34*(1), 31–39. https://doi.org/10.1007/s10964-005-1334-y

Arensberg, C. M., & Kimball, S. T. (1968). *Family and Community in Ireland* (2nd ed.). Harvard University Press.

Armstrong, D., Armstrong, A. C., & Spandagou, I. (2011). Inclusion: by choice or by chance? *International Journal of Inclusive Education*, *15*(1), 29–39. https://doi.org/10.1080/13603116.2010.496192

Bagner, D. M. (2013). Father’s role in parent training for children with developmental delay. *Journal of Family Psychology*, *27*(4), 650–657. https://doi.org/10.1037/a0033465

Bagner, D. M., & Eyberg, S. M. (2003). Father Involvement in Parent Training: When Does It Matter? *Journal of Clinical Child and Adolescent Psychology*, *32*(4), 599–605. https://doi.org/10.1207/S15374424JCCP3204_13

Bailey, D. B., Bruder, M. B., Hebbeler, K., Carta, J., Defosset, M., Greenwood, C., Kahn, L., Mallik, S., Markowitz, J., Spiker, D., Walker, D., & Barton, L. (2006). Recommended Outcomes for Families of Young Children with Disabilities. *Journal of Early*

Intervention, *28*(4), 227–251. https://doi.org/10.1177/105381510602800401

Barlow, J., Dawe, S., Coe, C., & Harnett, P. (2016). An Evidence-Based, Pre-Birth Assessment Pathway for Vulnerable Pregnant Women. *British Journal of Social Work*, *46*(4), 960–973. https://doi.org/10.1093/bjsw/bcu150

Barrera, M., & Rosenbaum, P. (1986). The transactional model of early home intervention. *Infant Mental Health Journal*, *7*(2), 112–131. https://doi.org/10.1002/1097-0355(198622)7:2<112::AID-IMHJ2280070204>3.0.CO;2-R

Bell, S., Devecchi, C., Mc Guckin, C., & Shevlin, M. (2017). Making the transition to post-secondary education: opportunities and challenges experienced by students with ASD in the Republic of Ireland. *European Journal of Special Needs Education*, *32*(1), 54–70. https://doi.org/10.1080/08856257.2016.1254972

Belsky, J. (1984). The determinants of parenting: a process model. *Child Development*, *55*(1), 83. https://doi.org/10.1111/j.1467-8624.1984.tb00275.x

Belsky, J. (2005). Differential susceptibility to rearing influence: An evolutionary hypothesis and some evidence. In B. Ellis & D. Bjorklund (Eds.), *Origins of the social mind: Evolutionary psychology and child development* (pp. 139–163). Guilford Press.

Bernet, C. F. (1975). Up the hierachy. In *Journal of Extension*.

Bezdek, J., Summers, J. A., & Turnbull, A. (2010). Professionals' Attitudes on Partnering with Families of Children and Youth with Disabilities. *Education and Training in Autism and Developmental Disabilities*, *45*(3), 356–365. https://doi.org/https://www.jstor.org/stable/23880110

Blackman, J. A. (2003). Early Intervention: An Overview. In S. L. Odom, M. J. Hanson, J. A. Blackman, & S. Kaul (Eds.), *Early Intervention Practices around the World* (p. 2). MD: Paul H. Brookes Publishing.

Bögels, S. M., & Perotti, E. C. (2011). Does Father Know Best? A Formal Model of the Paternal Influence on Childhood Social

Anxiety. *Journal of Child and Family Studies*, *20*(2), 171–181. https://doi.org/10.1007/s10826-010-9441-0

Booth, T., & Ainscow, M. (2002). *Index for Inclusion: developing learning and participation in schools*. http://www.eenet.org.uk/resources/docs/Index English.pdf

Bourke, B. (2014). Positionality: Reflecting on the Research Process. *The Qualitative Report*, *19*(33), 1–9.

Bowen, E., & Brown, S. (2012). *Perspectives on Evaluating Criminal Justice and Corrections* (1st ed.).

Bowlby, J. (1969). Attachment and loss: Attachment (Vol. 1). In *Attachment* (2nd ed.). Basic Books. https://doi.org/978/0712674713

Boyer, V. E., & Thompson, S. D. (2013). Transdisciplinary Model and Early Intervention: Building Collaborative Relationships. *Young Exceptional Children*, *17*(3), 19–32. https://doi.org/10.1177/1096250613493446

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Bray, L., Carter, B., Sanders, C., Blake, L., & Keegan, K. (2017). Parent-to-parent peer support for parents of children with a disability: A mixed method study. *Patient Education and Counseling*, *100*(8), 1537–1543. https://doi.org/10.1016/j.pec.2017.03.004

Bretherton, I. (2010). Fathers in attachment theory and research: A review. *Early Child Development and Care*, *180*(1–2), 9–23. https://doi.org/10.1080/03004430903414661

Bretherton, I., Lambert, J. D., & Golby, B. (2005). Involved fathers of preschool children as seen by themselves and their wives: Accounts of attachment, socialization, and companionship. *Attachment and Human Development*, *7*(3), 229–251. https://doi.org/10.1080/14616730500138341

British Educational Research Association (BERA). (2018). *Ethical Guidelines for Educational Research* (Fourth). British Educational Research Association (BERA).

https://www.bera.ac.uk/publication/ethical-guidelines-for-educational-research-2018-online

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, *32*, 513–531. https://doi.org/10.1037/0003-066X.32.7.513

Bronfenbrenner, U. (1979). *The Ecology of Human Development.* Harvard University Press.

Bronfenbrenner, U. (1986). Ecology of the Family as a Context for Human Development. Research Perspectives. *Developmental Psychology*, *22*(6), 723–742. https://doi.org/10.1037/0012-1649.22.6.723

Bronfenbrenner, U. (1995). Developmental ecology through space and time: A future perspective. In P. Moen, G. H. Elder, & K. Lüscher (Eds.), *Examining lives in context: Perspectives on the ecology of human development.* (pp. 619–647). American Psychological Association. https://doi.org/10.1037/10176-018

Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development, In Handbook of Child Psychology. In W. Damon & R. M. Lerner (Eds.), *Handbook of Child Psychology:Theoretical models of human development* (6th ed, pp. 793–828). John Wiley and Sons.

Brotherson, M. J. (1994). Interactive Focus Group Interviewing: A Qualitative Research Method in Early Intervention. *Topics in Early Childhood Special Education*, *14*(1), 101–118. https://doi.org/10.1177/027112149401400110

Brown, C. W., Olson, H. C., & Croninger, R. G. (2010). Maternal alcohol consumption during pregnancy and infant social, mental, and motor development. *Journal of Early Intervention*, *32*(2), 110–126. https://doi.org/10.1177/1053815110366654

Brown, G., McBride, B., Shin, N., & Bost, K. (2007). Parenting Predictors of Father-Child Attachment Security: Interactive Effects of Father Involvement and Fathering Quality. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers*, *5*(3), 197–219. https://doi.org/10.3149/fth.0503.197

Brown, R. . (2017). Understanding the Influence of Stigma and Discrimination for the Functional Limitation Severity-Psychological Distress Relationship:A Stress and Coping Perspective. *Social Science Research*, *62*, 150–160. https://doi.org/10.1016/j.ssresearch.2016.08.002

Bujnowska, A. M., Rodríguez, C., García, T., Areces, D., & Marsh, N. V. (2019). Parenting and future anxiety: The impact of having a child with developmental disabilities. *International Journal of Environmental Research and Public Health*, *16*(4), 668–684. https://doi.org/10.3390/ijerph16040668

Caplan, R. D. (1987). Person-environment fit theory and organizations: Commensurate dimensions, time perspectives, and mechanisms. *Journal of Vocational Behavior*, *31*, 248–267. https://doi.org/10.1016/0001-8791(87)90042-X

Cara, M. (2013). Academic and Social Outcomes of Children with SEN in the General Education Classroom. *Journal of Educational and Social Research*, *3*(7), 90–99.

Carroll, C. (2016). *Understanding early intervention services in Ireland: a conceptual evaluation* [National University of Ireland Galway]. https://aran.library.nuigalway.ie/bitstream/handle/10379/6361/2016oshaughnessycarrollphd.pdf?sequence=1&isAllowed=y

Carroll, C., Murphy, G., & Sixsmith, J. (2013). The progression of early intervention disability services in ireland. *Infants and Young Children*, *26*(1), 17–27. https://doi.org/10.1097/IYC.0b013e3182736ce6

Carvalho, J. de. (2013). *Program Logic for the Twenty First Century: a Definitive Guide*. https://books.google.com/books?id=gksrJg3Ev_8C&pgis=1

Chen, E.-M., Gau, M.-L., Liu, C.-Y., & Lee, T.-Y. (2017). Effects of Father-Neonate Skin-to-Skin Contact on Attachment: A Randomized Controlled Trial. *Nursing Research and Practice*. https://doi.org/10.1155/2017/8612024

Chen, H. (1990). *Theory-Driven Evaluation*. Sage Publications.

Chen, H., & Rossi, P. (1983). Evaluating With Sense The Theory-Driven

Approach. *Evaluation Review*, *7*(3), 283–302. https://doi.org/10.1177/0193841X8300700301

Child and Family Agency (Tusla). (2013). *What Works in Family Support?*

Claphama, K., Manninga, C., Williamsa, K., O'Brien, G., & Sutherland, M. (2017). Using a logic model to evaluate the Kids Together early education inclusion program for children with disabilities and additional needs. *Evaluation and Program Planning*, *61*, 96–105. https://doi.org/10.1016/j.evalprogplan.2016.12.004

Collins, N. L., & Feeney, B. C. (2000). A safe haven: An attachment theory perspective on support seeking and caregiving in intimate relationships. *Journal of Personality and Social Psychology*, *78*(6), 1053–1073. https://doi.org/10.1037/0022-3514.78.6.1053

Conger, R. D., & Conger, K. J. (2002). Resilience in Midwestern families: Selected findings from the first decade of a prospective, longitudinal study. *Journal of Marriage and Family*, *64*(2), 361–373. https://doi.org/10.1111/j.1741-3737.2002.00361.x

Connell, J. P., & Klem, A. M. (2000). You Can Get There from Here: Using a Theory of Change Approach to Plan Urban Education Reform. *Journal of Educational and Psychological Consultation*, *11*(1), 93–120. https://doi.org/10.1207/S1532768XJEPC1101_6

Connor, M. E., & White, J. L. (2006). Black fathers: An invisible presence in America. In *Black Fathers: An Invisible Presence in America*. Lawrence Erlbaum. https://doi.org/10.4324/9781410617026

Constitution of Ireland, (1937).

Corbett, J. (1996). *Bad-mouthing: The Language of Special Needs*. Routledge. https://books.google.ie/books/about/Bad_Mouthing.html?id=3eL9AQAAQBAJ&printsec=frontcover&source=kp_read_button&redir_esc=y#v=onepage&q&f=false

Coryn, C. ., Noakes, L., Westine, C., & Schröter, D. (2011). A Systematic Review of Theory-Driven Evaluation Practice From 1990 to 2009. *American Journal of Evaluation*, *32*(2), 199–226.

https://doi.org/10.1177/1098214010389321

Cosson, B., & Graham, E. (2012). ‘I felt like a third wheel’: Fathers’ stories of exclusion from the ‘parenting team.’ *Journal of Family Studies*, *18*(2–3), 121–129. https://doi.org/https://doi.org/10.5172/jfs.2012.18.2-3.121

Cowan, P. A. (1997). Beyond Meta-Analysis: A Plea for a Family Systems View of Attachment. *Child Development*, *68*(4), 601–603. https://doi.org/10.1111/j.1467-8624.1997.tb04222.x

Cox, M. J., Owen, M. T., Henderson, V. K., & Margand, N. A. (1992). Prediction of Infant-Father and Infant-Mother Attachment. *Developmental Psychology*, *28*(3), 474–483. https://doi.org/10.1037/0012-1649.28.3.474

Cummings, K. P., Hardin, B. J., & Meadan, H. (2017). Understanding Parental Engagement in Early Learning Opportunities for Families in Rural Communities. *Rural Special Education Quarterly*, *36*(3), 116–127. https://doi.org/10.1177/8756870517717951

Curran, L. (2003). Social Work and Fathers: Child Support and Fathering Programs. *Social Work*, *48*(2), 219–227. https://doi.org/10.1093/sw/48.2.219

Curtiss, S. L., McBride, B. A., Uchima, K., Laxman, D. J., Santos, R. M., Weglarz-Ward, J., & Kern, J. (2021). Understanding Provider Attitudes Regarding Father Involvement in Early Intervention. *Topics in Early Childhood Special Education*, *41*(2), 147–159. https://doi.org/10.1177/0271121419844829

Daher, M., Carré, P. D., Jaramillo, A., Olivares, H., & Tomicic, A. (2017). Experience and meaning in qualitative research: A conceptual review and a methodological device proposal. *Forum Qualitative Sozialforschung*, *18*(3). https://doi.org/10.17169/fqs-18.3.2696

Darling, S. M., & Gallagher, P. A. (2004). Needs of and Supports for African American and European American Caregivers of Young Children with Special Needs in Urban and Rural Settings. *Topics in Early Childhood Special Education*, *24*(2), 98–109. https://doi.org/10.1177/02711214040240020501 de La Rochebrochard, E., & Joshi, H. (2013). Children Born After Unplanned Pregnancies and Cognitive Development at 3 Years: Social Differentials in the United Kingdom Millennium Cohort. *American Journal of Epidemiology*, *178*(6), 910–920. https://doi.org/10.1093/aje/kwt063

Deave, T., Heron, J., Evans, J., & Emond, A. (2008). The impact of maternal depression in pregnancy on early child development. *International Journal of Obstetrics and Gynaecology*, *115*, 1043–1051. https://doi.org/10.1111/j.1471-0528.2008.01752.x

Demos, J. (1982). The changing faces of fatherhood. In S. H. Cath, A. R. Gurwitt, & J. M. Ross (Eds.), *Father and child: Developmental and clinical perspectives* (pp. 425–445). MA: Little Brown.

Deng, Q., Li, Q., Wang, H., Sun, H., & Xu, X. (2018). Early father-infant skin-to-skin contact and its effect on the neurodevelopmental outcomes of moderately preterm infants in China: Study protocol for a randomized controlled trial. *Trials*, *19*(701). https://doi.org/10.1186/s13063-018-3060-2

Department for Education(DeF). (2015). *Special educational needs and disability code of practice: 0 to 25 years*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Explaintory to the The Employment and Support Allowance Regulations, Pub. L. No. 794 (2008). http://www.legislation.gov.uk/uksi/2008/794/pdfs/uksiem_20080794_en.pdf

Department for Work and Pensions (DWP). (2015). *Government's Response to the Year Four Independent Review of the Work Capability Assessment Government's Response to the Year Four Independent Review of the Work Capability Assessment* (Issue March). Department for Work and Pensions (DWP). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/407750/wca-fifth-independent-review-response.pdf

Department of Children, Equality, Disability, I. and Y. (DCEDIY). (2020). *What Works*.

Department of Children and Youth Affairs (DCYA). (2015). *Implementation Plan for the first phase (2014-2017) of Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020*. Government Publication.

Department of Children and Youth Affairs (DCYA). (2016a). *Access and Inclusion Model (AIM) - Information and Contact Leaflet*. Department of Children and Youth Affairs (DCYA).

Department of Children and Youth Affairs (DCYA). (2016b). *Diversity, Equality and Inclusion Charter and GuIdelines for Early Childhood Care AndEducatIon*. Government Publications.

Department of Children and Youth Affairs (DCYA). (2017). *Better Outcomes, Brighter Futures: Whole of Government Approach to Tackling Child Poverty* (Issue October).

Department of Education and Science (DES). (1978). *Report of the Committee of Enquiry into the Education of Handicapped Children and Young People*. http://www.educationengland.org.uk/documents/warnock/warnock1978.html

Department of Education and Science (DES). (1993). *Report of Special Education Review Committee (SERC)*.

Department of Education and Skills. (2006). *National Quality Framework: Siolta*. Department of Education and Skills.

Devlieger, P. J. (1999). From handicap to disability: language use and cultural meaning in the United States. *Disability and Rehabilitation*, *21*(7), 346–354. https://doi.org/10.1080/096382899297594

DiCarlo, C. E., & Reid, D. H. (2004). Increasing pretend toy play among toddlers with disabilities in an inclusive setting. *Journal of Applied Behavior Analysis*, *37*(2), 197–207. https://doi.org/10.1901/jaba.2004.37-197

Doherty, W. J., Erickson, M. F., & LaRossa, R. (2006). An intervention to increase father involvement and skills with infants during the transition to parenthood. *Journal of Family Psychology*, *20*(3), 438–

447. https://doi.org/10.1037/0893-3200.20.3.438

Dumont, C., & Paquette, D. (2013). What about the child's tie to the father? A new insight into fathering, father-child attachment, children's socio-emotional development and the activation relationship theory. *Early Child Development and Care*, *27*(2), 430–446. https://doi.org/10.1080/03004430.2012.711592

Dunn, K., Kinnear, D., Jahoda, A., & McConnachie, A. (2019). Mental health and well-being of fathers of children with intellectual disabilities: systematic review and meta-analysis. *BJPsych Open*, *5*(6), 1–10. https://doi.org/10.1192/bjo.2019.75

Dunst, C. J. (1996). Early Intervention in the USA: Programs, Models , and Practice. In M. Brambring, H. Rauh, & A. Beelmann (Eds.), *Early Childhood Intervention: Theory, Evaluation, and Practice* (pp. 11–50). Walter de Gruyter. https://books.google.ie/books?hl=en&lr=&id=wZcgAAAAQBAJ&oi=fnd&pg=PA11&dq=Dunst+history+of+early+intervention&ots=BKFwIrKX2f&sig=ZDyNqiE7BvN6X_Uq_TyMbjznrao&redir_esc=y#v=onepage&q=Dunst history of early intervention&f=false

Dunst, C. J. (2000). Revisiting "Rethinking Early Intervention." *Topics in Early Childhood Special Education*, *20*(2), 95–104. https://doi.org/10.1177/027112140002000205

Dunst, C. J. (2002). Family-Centered Practices: Birth Through High School. *The Journal of Special Education*, *36*(3), 141–149. https://doi.org/10.1177/00224669020360030401

Dunst, C. J., & Trivette, C. M. (2009). Meta-Analytic Structural Equation Modeling of the Influences of Family-Centered Care on Parent and Child Psychological Health. *International Journal of Pediatrics*, 1–10. https://doi.org/10.1155/2009/576840

Dunst, C. J., Trivette, C. M., Davis, M., & Cornwell, J. (1988). Enabling and Empowering Families of Children With Health Impairments. *Children's Health Care*, *17*(2), 71–81. https://doi.org/10.1207/s15326888chc1702_2

Dunst, C. J., Trivette, C. M., & Deal, A. G. (1988). Resources, social support, and family functioning. In *Empowering and Enabling*

Families: Principles and Guidelines for Practice.

Dunst, C. J., Trivette, C. M., & Deal, A. G. (2011). Effects of in-service training on early intervention practitioners' use of family-systems intervention practices in the USA. *Professional Development in Education*. https://doi.org/10.1080/19415257.2010.527779

Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2007). Meta-analysis of family-centered helpgiving practices research. *Mental Retardation and Developmental Disabilities Research Reviews*, *13*, 370–378. https://doi.org/10.1002/mrdd.20176

Dyson, D. (2005). "Philosophy, politics and economics? The story of inclusive education in England". In D. Mitchell (Ed.), *Contextualising Inclusive Education: Evaluating old and new international perspectives* (pp. 63–88). Routledge.

Dyson, L. L. (1997). Fathers and mothers of school-age children with developmental disabilities: Parental stress, family functioning, and social support. *American Journal on Mental Retardation*, *102*(3), 267–279. https://doi.org/10.1352/0895-8017(1997)102<0267:FAMOSC>2.0.CO;2

Eamon, M. K. (2001). The Effects of Poverty on Children's Socioemotional Development: An Ecological Systems Analysis. *Social Work*, *46*(3), 256–266. https://doi.org/10.1093/sw/46.3.256

Early Childhood Ireland (ECI). (2018). *Summing It Up: The ECI Stats Series*. https://www.earlychildhoodireland.ie/work/advocacy/summing-eci-stats-series/

East, P. L. (1999). The First Teenage Pregnancy in the Family: Does It Affect Mothers' Parenting, Attitudes, or Mother-Adolescent Communication? *Journal of Marriage and the Family*, *61*(2), 306–319. https://doi.org/10.2307/353750

Eddey, G. E., & Robey, K. L. (2005). Considering the culture of disability in cultural competence education. *Academic Medicine*, *80*(7), 706–712. https://stage-journals.lww.com/academicmedicine/Fulltext/2005/07000/Considering_the_Culture_of_Disability_in_Cultural.19.aspx

Edvardsson, K., Ivarsson, A., Eurenius, E., Garvare, R., Nyström, M. E., Small, R., & Mogren, I. (2011). Giving offspring a healthy start: Parents' experiences of health promotion and lifestyle change during pregnancy and early parenthood. *BMC Public Health*, *11*(936). https://doi.org/10.1186/1471-2458-11-936

Ely, R., Gleason, J. B., Narasimhan, B., & Mccabe, A. (1995). Family Talk About Talk: Mothers Lead the Way. *Discourse Processes*, *19*(2), 201–218. https://doi.org/10.1080/01638539509544914

England, K. V. L. (1994). Getting personal: Reflexivity, positionality, and feminist research. *Professional Geographer*, *46*(1), 80–89. https://doi.org/10.1111/j.0033-0124.1994.00080.x

Erickson, M., & Upshur, C. C. (1989). Caretaking burden and social support: Comparison of mothers of infants with and without disabilities. *American Journal on Mental Retardation*, *94*(3), 250–258.

Erikson, E. H. (1968). *Identity: Youth and crisis*. Norton.

Erwin, E. J., Brotherson, M. J., & Summers, J. A. (2011). Understanding qualitative metasynthesis: Issues and opportunities in early childhood intervention research. *Journal of Early Intervention*, *33*(3), 186–200. https://doi.org/10.1177/1053815111425493

Etheridge, J., & Slade, P. (2017). "Nothing's actually happened to me.": The experiences of fathers who found childbirth traumatic. *BMC Pregnancy and Childbirth*, *17*(1), 1–15. https://doi.org/10.1186/s12884-017-1259-y

Etherington, D., & Daguerre, A. (2015). *Welfare Reform, Work First Policies and Benifit Conditionality:Reinforcing Poverty and Social Exclusion?* https://www.mdx.ac.uk/__data/assets/pdf_file/0031/149827/Welfare-and-benefit-conditionality-report-January-2015.pdf

Evans, J., & Lunt, I. (2002). Inclusive education: are there limits. *European Journal of Special Needs Education*, *17*(1), 1–14. https://doi.org/10.1080/08856250110098980

Fabiano, G. A. (2007). Father Participation in Behavioral Parent Training for ADHD: Review and Recommendations for Increasing

Inclusion and Engagement. *Journal of Family Psychology*, *21*(4), 683–693. https://doi.org/10.1037/0893-3200.21.4.683

Fagan, J, & Barnett, M. (2003). The relationship between maternal gatekeeping, paternal competence, mothers' attitudes about the father role, and father involvement. *Journal of Family Issues*, *24*(1), 1020–1043. https://doi.org/https://doi.org/10.1177/0192513X03256397

Fagan, Jay, & Iglesias, A. (1999). Father involvement program effects on fathers, father figures, and their head start children: A quasi-experimental study. *Early Childhood Research Quarterly*, *14*(2), 243–269. https://doi.org/10.1016/S0885-2006(99)00008-3

Feldman, R. (2007). Parent-infant synchrony and the construction of shared timing; physiological precursors, developmental outcomes, and risk conditions. In *Journal of Child Psychology and Psychiatry and Allied Disciplines*. https://doi.org/10.1111/j.1469-7610.2006.01701.x

Ferguson, H. (2015). Patterns of Engagement and Non-Engagement of Young Fathers in Early Intervention and Safeguarding Work. *Social Policy and Society*, *15*(1), 99–111. https://doi.org/10.1017/S1474746415000573

Fielden, S., Rusch, M., Masinda, M., Sands, J., Frankish, J., & Evoy, B. (2007). Key considerations for logic model development in research partnerships: A Canadian case study. *Evaluation And Program Planning*, *30*(2), 115–124. https://doi.org/10.1016/j.evalprogplan.2007.01.002

Fitzgerald, N., Ryan, P., & Fitzgerald, A. (2015). Team-Based Approaches in Early Intervention Services for Children With Disabilities: Irish Parents' Experiences. *Journal of Policy and Practice in Intellectual Disabilities*, *12*(3), 199–209. https://doi.org/10.1111/jppi.12126

Flippin, M., & Crais, E. R. (2011). The need for more effective father involvement in early autism intervention: A systematic review and recommendations. *Journal of Early Intervention*, *33*(1), 24–50. https://doi.org/10.1177/1053815111400415

Fox, G. L., Nordquist, V. M., Billen, R. M., & Savoca, E. F. (2015). Father Involvement and Early Intervention: Effects of Empowerment and Father Role Identity. *Family Relations*, *64*, 461–475. https://doi.org/10.1111/fare.12156

Freud, S. (1924). The Passing of The Oedipus Complex. *The International Journal of Psycho-Analysis*, *5*, 419–424. https://doi.org/10.1021/ac60288a601

Fröbel, F. (1909). *Friedrich Froebel's Pedagogics of the Kindergarten, Or, His Ideas Concerning ...* D.Appleton and Company. https://books.google.com/books/about/Friedrich_Froebel_s_Pedagogics_of_the_Ki.html?id=ft8KAQAAIAAJ&printsec=frontcover&source=kp_read_button#v=onepage&q&f=false

Gallagher, P., Malone, D. M., Cleghorne, M., & Helms, K. A. (1997). Perceived Inservice Training Needs for Early Intervention Personnel. *Exceptional Children*, *64*, 19–30. https://doi.org/10.1177/001440299706400102

Garg, A. X., Hackam, D., & Tonelli, M. (2008). Systematic review and meta-analysis: When one study is just not enough. *Clinical Journal of the American Society of Nephrology*, *3*(1), 253–260. https://doi.org/10.2215/CJN.01430307

Gernsbacher, M., Raimond, A., Balinghasay, T., & Boston, J. (2016). "Special Needs" is an Ineffective Euphemism. *Cognitive Research: Principles and Implications*, *1*(29). https://doi.org/10.1186/s41235-016-0025-4

Giallo, R., Seymour, M., Matthews, J., Gavidia-Payne, S., Hudson, A., & Cameron, C. (2015). Risk factors associated with the mental health of fathers of children with an intellectual disability in Australia. *Journal of Intellectual Disability Research*, *59*(3), 193–207. https://doi.org/10.1111/jir.12127

Giallo, Rebecca, Dunning, M., & Gent, A. (2017). Attitudinal barriers to help-seeking and preferences for mental health support among Australian fathers. *Journal of Reproductive and Infant Psychology*, *35*(3), 236–247. https://doi.org/10.1080/02646838.2017.1298084

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory:*

strategies for qualitative research. Weidenfeld and Nicolson.

Goulding, C. (2005). Grounded theory, ethnography and phenomenology A comparative analysis of three qualitative strategies for marketing research. *European Journal of Marketing*, *39*(3/4), 294–308. https://doi.org/10.1108/03090560510581782

Government of Ireland. (1998). *Education Act* (No. 51). Stationary Office. http://www.irishstatutebook.ie/eli/1998/act/51/enacted/en/html

Government of Ireland. (1999). *Ready to Learn: White Paper on Early Childhood Education*. Stationary Office.

Government of Ireland. (2000). *The National Children's Strategy: Our Children Their Lives*. Stationary Office.

Education for Persons with Special Educational Needs Act (EPSEN), (2004). https://www.sess.ie/sites/default/files/EPSEN_Act_2004.pdf

Disability Act 2005, (2005).

Government of Ireland. (2015). *Comprehensive Employment Strategy for People with Disabilities 2015-2024*. http://www.justice.ie/en/JELR/Comprehensive Employment Strategy for People with Disabilities - FINAL.pdf/Files/Comprehensive Employment Strategy for People with Disabilities - FINAL.pdf

Government of Ireland. (2018a). *Ireland: Voluntary National Review 2018 Report on the Implementation of the 2030 Agenda to the UN High-level Political Forum on Sustainable Development*. https://sustainabledevelopment.un.org/content/documents/19382Ireland_Voluntary_National_Review_2018.pdf

Government of Ireland. (2018b). *Project Ireland 2040*. https://www.gov.ie/en/campaigns/09022006-project-ireland-2040/

Government of Ireland. (2018c). *Project Ireland 2040 National Development Plan 2018—2027*. https://www.gov.ie/pdf/?file=https://assets.gov.ie/37937/12baa8fe0dcb43a78122fb316dc51277.pdf#page=88

Greene, S. (1994). Growing up Irish: Development in context. *The Irish*

Journal of Psychology, *15*(2–3), 354–371. https://doi.org/10.1080/03033910.1994.10558016

Greene, S., & Moane, G. (2000). Growing up Irish: Changing children in a changing society. *The Irish Journal of PsychologyIrish Journal of Psychology*, *21*(3–4), 122–137. https://doi.org/10.1080/03033910.2000.10558247

Groenewald, T. (2004). A Phenomenological Research Design Illustrated. *International Journal of Qualitative Methods*, *3*(1), 42–55. https://doi.org/10.1177/160940690400300104

Grönvik, L. (2009). Defining disability: Effects of disability concepts on research outcomes. *International Journal of Social Research Methodology*, *12*(1), 1–18. https://doi.org/10.1080/13645570701621977

Grossman, H., & Grossman, S. H. (1994). *Gender Issues in Education.* Allyn and Bacon, A Division of Simon & Schuster, Inc.

Grossmann, K., Grossmann, K. E., Fremmer-Bombik, E., Kindler, H., Scheuerer-Englisch, H., & Zimmermann, and P. (2002). The Uniqueness of the Child-Father Attachment Relationship: Fathers' Sensitive and Challenging Play as a Pivotal Variable in a 16-year Longitudinal Study. *Social Development*, *11*(3), 303–337. https://doi.org/10.1111/1467-9507.00202

Guralnick, M.J. (1998). Effectiveness of early intervention for vulnerable children: a developmental perspective. In *American journal of mental retardation : AJMR*. https://doi.org/10.1352/0895-8017(1998)102<0319:EOEIFV>2.0.CO;2

Guralnick, Michael J. (1993). Second Generation Research on the Effectiveness of Early Intervention. *Early Education & Development*, *4*(4), 366–378.

Guralnick, Michael J. (2001). A Developmental Systems Model for Early Intervention. *Infants & Young Children*, *14*(2), 1–18. https://doi.org/10.1097/00001163-200114020-00004

Guralnick, Michael J. (2005). An overview of the developmental systems model for early intervention. In Michael J. Guralnick (Ed.), *The developmental systems approach to early intervention* (pp. 3–

28). Brookes.

Guralnick, Michael J., & Bricker, D. (1987). The effectiveness of early intervention for children with cognitive and general developmental delays. In Michael J. Guralnick & F. C. Bennett (Eds.), *The effectiveness of early intervention for at-risk and handicapped children* (pp. 115–173). Academic Press.

Guralnick, Michael J. (2000). Interdisciplinary team assessment for young children: Purpose and Processes. In Michael J Guralnick (Ed.), *Interdisciplinary clinic assessment of young children with developmental disabilities* (pp. 3–15). Paul H. Brookes.

Hadadian, A., & Merbler, J. (1995). Fathers of young children with disabilities: How do they want to be involved? *Child and Youth Care Forum*, *24*, 327–338.

Hanafin, J., & Lynch, A. (2002). Peripheral voices: Parental involvement, social class, and educational disadvantage. *British Journal of Sociology of Education*, *23*(1), 35–49. https://doi.org/10.1080/01425690120102845

Hansen, J. (2012). Limits to Inclsuin. *International Journal of Inclusive Education*, *16*(1), 89–98. https://doi.org/10.1080/13603111003671632

Harrington, M. (2010). *An Independent Review of the Work Capability Assessment*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/70071/wca-review-2010.pdf

Hartley, S. L., Barker, E. T., Seltzer, M. M., Floyd, F., Greenberg, J., Orsmond, G., & Bolt, D. (2010). The relative risk and timing of divorce in families of children with an autism spectrum disorder. *Journal of Family Psychology*, *24*(4), 449–457. https://doi.org/10.1037/a0019847

Hastings, R. P., Kovshoff, H., Brown, T., Ward, N. J., Espinosa, F. D., & Remington, B. (2005). Coping strategies in mothers and fathers of preschool and school-age children with autism. *Autism*, *9*(4), 377–391. https://doi.org/10.1177/1362361305056078

Hatry, H., Houten, T., Plantz, M. C., & Greenway, M. T. (1996).

Measuring program outcomes: A practical approach. In *United Way of America: Measuring Program Outcomes*. http://www.google.ch/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&ved=0CDgQFjAA&url=http://www.unitedwayslo.org/ComImpacFund/10/Excerpts_Outcomes.pdf&ei=05U0Ud6MJM3Iswbl2YDgAQ&usg=AFQjCNFPWu48DMCel6l67YLqtgDRpU5z_Q&sig2=UAFu1n6WKULGjRNkT3DsZg&bvm=bv.4

Hawkins, A., & Palkovitz, R. (1999). Beyond Ticks and Clicks: The Need for More Diverse and Broader Conceptualizations and Measures of Father Involvement. *The Journal of Men's Studies*, *8*(1), 11–32. https://doi.org/10.3149/jms.0801.11

Hayes, H., Parchman, M. L., & Howard, R. (2011). A Logic Model Framework for Evaluation and Planning in a Primary Care Practice-based Research Network (PBRN). *The Journal Of The American Board Of Family Medicine*, *24*(5), 576–582. https://doi.org/10.3122/jabfm.2011.05.110043

Hayles, E., Harvey, D., Plummer, D., & Jones, A. (2015). Parents' Experiences of Health Care for Their Children With Cerebral Palsy. *Qualitative Health Research*, *25*(8), 1139–1154. https://doi.org/10.1177/1049732315570122

Hazarika, M., Das, S., & Choudhury, S. (2017). Parents' attitude towards children and adolescents with intellectual developmental disorder. *International Journal of Child Development and Mental Health*, *5*(1), 11–21.

Health Service Executive (HSE). (2011). *Health Service Executive Corporate Plan 2011-2014*. Stationary Office.

Health Service Executive (HSE). (2017). *Services. Health Service Executive (HSE)*. http://www.hse.ie/eng/services/list/1/LHO/DubNCentral/Psy/dis/asessmentandinterventionteam/services/

Health Service Executive (HSE). (2018). *Progressing Disability Services for Children and Young People*. https://www.hse.ie/eng/services/list/4/disability/progressing-disability/tell-me-about-childrens-disability-services/services-and-contacts/services.html

Heinicke, C. M., Diskin, S. D., Ramsey-Klee, D. M., & Given, K. (1983). Pre-Birth Parent Characteristics and Family Development in the First Year of Life. *Child Development*, *54*(1), 194–208. https://doi.org/10.2307/1129877

Henderson, G., & Bryan, W. V. (2011). *Psychosocial Aspects of Disability* (4th ed.). Charles C Thomas Publisher LTD.

Holm, V. A., & McCartin, R. E. (1978). Interdisciplinary child development team: Team issues and training in interdisciplinariness. In K. E. Allen, V. A. Holm, & R. L. Schiefelbusch (Eds.), *Early Intervention -- A team approach* (pp. 97–122). University Park Press.

Hong, S. B., & Reynolds-Keefer, L. (2014). Transdisciplinary team building: Strategies in creating early childhood educator and health care teams. *International Journal of Early Childhood Special Education*, *5*(8645). https://doi.org/10.20489/intjecse.107925

Hornby, G. (2000). *Improving parental involvement*. Continuum.

Hornby, G. (2015). Inclusive Special Education:Development of a New Theory For the Education of Children with Special Educational Needs and Disabilities. *British Journal of Special Education*, *42*(3), 235–256. https://doi.org/10.1111/1467-8578.12101

Hornby, G., & Lafaele, R. (2011). Barriers to parental involvement in education: an explanatory model. *Educational Review*, *63*(1), 37–52. https://doi.org/10.1080/00131911.2010.488049

Hudson-Sharp, N., Munro-Lott, N., Rolfe, H., & Runge, J. (2018). *The Impact of Welfare Reform and Welfare-to- Work Programmes: An Evidence Review*. www.equalityhumanrights.com

Huth-Bocks, A. C., Levendosky, A. A., Bogat, G. A., & Von Eye, A. (2004). The impact of maternal characteristics and contextual variables on infant-mother attachment. *Child Development*, *75*(2), 480–496. https://doi.org/10.1111/j.1467-8624.2004.00688.x

Hwang, A. W., Chao, M. Y., & Liu, S. W. (2013). A randomized controlled trial of routines-based early intervention for children with or at risk for developmental delay. *Research in Developmental*

Disabilities, *34*(10), 3112–3123. https://doi.org/10.1016/j.ridd.2013.06.037

Imrie, R. (1997). Rethinking the relationships between disability, rehabilitation, and society. *Disability and Rehabilitation*, *19*(7), 263–271. https://doi.org/10.3109/09638289709166537

Ingber, S., & Most, T. (2012). Fathers' Involvement in Preschool Programs for Children With and Without Hearing Loss. *American Annals of the Deaf*, *157*(3), 276–288. https://doi.org/10.1353/aad.2012.1620

Isacco, A., Hofscher, R., & Molloy, S. (2015). An Examination of Fathers' Mental Health Help Seeking: A Brief Report. *American Journal of Men's Health*, *10*(6), 33–38. https://doi.org/https://doi.org/10.1177/1557988315581395

Jacobson, S. W., & Frye, K. F. (1991). Effect of Maternal Social Support on Attachment: Experimental Evidence. *Child Development*, *62*(3), 572–582. https://doi.org/10.2307/1131132

Janssens, A. (1997). The Rise and Decline of the Male Breadwinner Family? An Overview of the Debate. *International Review of Social History*, *42*(S5), 1–23. https://doi.org/10.1017/s0020859000114774

Jarrett, R. L., Hamilton, M. B., & Coba-Rodriguez, S. (2015). "So we would all help pitch in:" The family literacy practices of low-income African American mothers of preschoolers. *Journal of Communication Disorders*, *57*, 81–93. https://doi.org/10.1016/j.jcomdis.2015.07.003

Johnson, G. M. (2010). Internet use and child development: The techno-microsystem. *Australian Journal of Educational and Developmental Psychology*, *13*(1), 176–185.

Jones, M. (2011). Inclusion, Social Inclusion And Participation. In M. Jones (Ed.), *Critical Perspectives on Human Rights and Disability Law* (1st ed., pp. 57–82). http://booksandjournals.brillonline.com/content/books/10.1163/ej.9789004189508.i-552.24

Joseph, M. V, & John, J. (2008). Impact of parenting styles on child development. Social Science Insight. *Global Academic Society*

Journal: Social Science Insight, *1*(5), 16–25. http://scholararticles.net/wp-content/uploads/2015/03/5_16_25p_Joseph_John.pdf

Justin Dyer, W., McBride, B. A., Santos, R. M., & Jeans, L. M. (2009). A longitudinal examination of father involvement with children with developmental delays: Does timing of diagnosis matter? *Journal of Early Intervention*, *31*(3), 265–281. https://doi.org/10.1177/0192513X09340386

Kandel, I., & Merrick, J. (2003). The Birth of a Child with Disability. Coping by Parents and Siblings. *The Scientific World JOURNAL*, *20*(3), 741–750. https://doi.org/10.1100/tsw.2003.63

Kaplan, D. (2000). The Definition of Disability: Perspective of the Disability Community. *Journal of Health Care Law and Policy*, *3*(2), 352–364. https://pdfs.semanticscholar.org/1cca/0ba996e9ef32a935edf6725068698cb4813f.pdf

Karimzadeh, M., Rostami, M., Teymouri, R., Moazzen, Z., & Tahmasebi, S. (2017). The association between parental mental health and behavioral disorders in pre-school children. *Electron Physician*, *9*(6), 4497–4502.

Kashinath, S., Coston, J., & Woods, J. (2015). Reflecting on the Early Interventionist’s ROLE Using a Logic Model Approach. *Young Exceptional Children (YEC)*, *18*(2), 3–18. https://doi.org/10.1177/1096250614523967

Keilty, B. (2016). *The Early Intervention Guidebook for Families and Professionals: Parenting for Success* (2nd ed). Teachers College Press.

Kellar-Guenther, Y., Rosenberg, S. A., Block, S. R., & Robinson, C. C. (2014). Parent involvement in early intervention: what role does setting play? *Early Years*, *34*(1), 81–93. https://doi.org/10.1080/09575146.2013.823382

Keller, D., & Honig, A. S. (2004). Maternal and Paternal Stress in Families With School-Aged Children With Disabilities. *American Journal of Orthopsychiatry*, *74*(3), 337–348.

https://doi.org/https://doi.org/10.1037/0002-9432.74.3.337

Kenny, N., McCoy, S., & Mihut, G. (2020). Special education reforms in Ireland: changing systems, changing schools. *International Journal of Inclusive Education*. https://doi.org/https://doi.org/10.1080/13603116.2020.1821447

Kerns, K. A., Mathews, B. L., Koehn, A. J., Williams, C. T., & Siener-Ciesla, S. (2015). Assessing both safe haven and secure base support in parent–child relationships. *Attachment and Human Development*, *17*(4), 337–353. https://doi.org/10.1080/14616734.2015.1042487

Khan, S., & VanWynsberghe, R. (2008). Cultivating the under-mined: Cross-case analysis as knowledge mobilization. *Forum Qualitative Sozialforschung*, *9*(1). https://doi.org/10.17169/fqs-9.1.334

Kiely, G. (1996). Fathers in Families. In *Irish Family Studies: Selected Papers*. University College Dublin.

King, G., Strachan, D., Tucker, M., Duwyn, B., Desserud, S., & Shillington, M. (2009). The application of a transdisciplinary model for early intervention services. *Infants and Young Children*, *22*(3), 211–223. https://doi.org/10.1097/IYC.0b013e3181abe1c3

Kirchherr, J., & Charles, K. (2018). Enhancing the sample diversity of snowball samples: Recommendations from a research project on anti-dam movements in Southeast Asia. *PLoS ONE*, *13*(8). https://doi.org/10.1371/journal.pone.0201710

Kochanska, G. (1995). Children's Temperament, Mothers' Discipline, and Security of Attachment: Multiple Pathways to Emerging Internalization. *Child Development*, *66*(3), 597–615. https://doi.org/10.1111/j.1467-8624.1995.tb00892.x

Kohn, M. L. (1963). Social Class and Parent-Child Relationships: An Interpretation. *American Journal of Sociology*, *68*(4), 471–480. https://doi.org/10.1086/223403

Kromelow, S., Harding, C., & Touris, M. (1990). The role of the father in the development of stranger sociability during the second year. *American Journal of Orthopsychiatry*, *60*(4), 521–530. https://doi.org/10.1037/h0079202

Kurawa, G. (2010). The views of students and practitioners of how to include all children in learning and regular classrooms. *Procedia - Social And Behavioral Sciences*, *5*(1550–1555). https://doi.org/10.1016/j.sbspro.2010.07.324

Lamb, M. E. (1977). The development of mother-infant and father-infant attachments in the second year of life. *Developmental Psychology*, *13*(6), 637–648. https://doi.org/10.1037/0012-1649.13.6.637

Lamb, M. E. (1987). *The Father's Role: Cross-cultural Perspectives*. Lawrence Erlbaum Associates.

Lamb, M. E. (1997). Fathers and child development. An introductory overview and guide. In M. E. Lamb (Ed.), *The role of the father in child development* (3rd ed., pp. 1–18). Wiley.

Lamb, M. E. (2005). The History of Research on Father Involvement. *Marriage & Family Review*, *29*(2–3), 23–42. https://doi.org/10.1300/j002v29n02_03

Lamb, M. E., Pleck, J. H., Charnov, E. L., & Levine, J. A. (1985). Paternal behavior in humans. *Integrative and Comparative Biology*, *25*(3), 883–894. https://doi.org/10.1093/icb/25.3.883

Lamb, M. E., & Stevenson, M. B. (1978). Father-infant relationships: Their nature and importance. *Youth & Society*, *9*(3), 277–298. https://doi.org/10.1177/0044118X7800900303

Lane, S. J., & Bundy, A. C. (2012). *Kids Can Be Kids: A Childhood Occupations Approach*. F.A. Davis Company.

Lawlor, K., Mihaylov, S., Welsh, B., Jarvis, S., & Colver, A. (2009). A qualitative study of the physical, social and attitudinal environments influencing the participation of children with cerebral palsy in northeast England. *Pediatric Rehabilitation*, *9*(3), 219–228. https://doi.org/https://doi.org/10.1080/13638490500235649

Laxman, D. J., McBride, B. A., Jeans, L. M., Dyer, W. J., Santos, R. M., Kern, J. L., Sugimura, N., Curtiss, S. L., & Weglarz-Ward, J. M. (2015). Father Involvement and Maternal Depressive Symptoms in Families of Children with Disabilities or Delays. *Maternal and Child Health Journal*, *19*(5), 1078–1086. https://doi.org/10.1007/s10995-014-1608-7

Lee, P. (2013). *What's Wrong with Logic Models?. Local Community Services Association (LCSA)* (Issue 1). http://resultsleadership.org/wp-content/uploads/2013/03/Whats-wrong-with-logic-models.pdf

Linn, J. G., Wilson, D. R., & Fako, T. T. (2015). Historical Role of the Father: Implications for Childbirth Education. *International Journal of Childbirth Education*, *30*(1), 12–18. https://www.researchgate.net/publication/270823715_Historical_role_of_the_father

Louis, P., & Kumar, N. (2015). Does father involvement influence the affect, language acquisition, social engagement and behavior in young autistic children? An early intervention study. *Journal of Special Education and Rehabilitation*, *16*(1–2), 105–124.

Love, H. R., Zagona, A., Kurth, J. A., & Miller, A. L. (2017). Parents' experiences in education decision-making for children and youth with disabilities. *Inclusion*, *5*, 158–172. https://doi.org/doi:10.1352/2326-6988-5.3.158

Love, S. M., Sanders, M. R., Turner, K. M. T., Maurange, M., Knott, T., Prinz, R., Metzler, C., & Ainsworth, A. T. (2016). Social media and gamification: Engaging vulnerable parents in an online evidence-based parenting program. *Child Abuse & Neglect*, *53*, 95–107. https://doi.org/https://doi.org/10.1016/j.chiabu.2015.10.031

Lucassen, N., Tharner, A., Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Volling, B. L., Verhulst, F. C., Lambregtse-Van den Berg, M. P., & Tiemeier, H. (2011). The Association Between Paternal Sensitivity and Infant-Father Attachment Security: A Meta-Analysis of Three Decades of Research. *Journal of Family Psychology*, *25*(6), 986–992. https://doi.org/10.1037/a0025855

Lutz, J. B., & Bowers, J. B. (2005). Disability in Everyday Life. *Qualitative Health Research*, *15*(8), 1037–1054. https://doi.org/10.1177/1049732305278631

Lynch, L., & Bemrose, S. (2005). It's good to talk: Pre- and post-birth interaction. *Practising Midwife*, *8*(3), 17–20.

Lynn, D. B. (1976). Fathers and Sex-Role Development. *The Family*

Coordinator, *25*(4), 403–409. https://doi.org/10.2307/582854

MacDonald, K., & Parke, R. D. (1984). Bridging the Gap: Parent-Child Play Interaction and Peer Interactive Competence. *Child Development*, *55*(4), 1265–1277. https://doi.org/10.2307/1129996

Macy, M. G., & Bricker, D. D. (2007). Embedding individualized social goals into routine activities in inclusive early childhood classrooms. *Early Child Development and Care*, *177*(2), 107–120. https://doi.org/10.1080/03004430500337265

Mahoney, G., Kaiser, A., Girolametto, L., MacDonald, J., Robinson, C., Safford, P., & Spiker, D. (1999). Parent Education in Early Intervention: A Call for a Renewed Focus. *Topics in Early Childhood Special Education*, *19*(3). https://doi.org/10.1177/027112149901900301

Main, M., & Solomon, J. (1986). Discovery of an insecure-disorganized/disoriented attachment pattern. In T. Brazelton & M. Yogman (Eds.), *Affective development in infancy* (pp. 95–124). Ablex Publishing.

Mallett, R., Hagen-Zanker, J., Slater, R., & Duvendack, M. (2012). The benefits and challenges of using systematic reviews in international development research. *Journal of Development Effectiveness*, *4*(3), 445–455. https://doi.org/10.1080/19439342.2012.711342

Malmqvist, J. (2016). Working successfully towards inclusion—or excluding pupils? A comparative retroductive study of three similar schools in their work with EBD. *Emotional and Behavioural Difficulties*, *21*(4), 344–360.

Marcos, H. (1995). Mother-child and father-child communication in the second year: a functional approach. *Early Development and Parenting*, *4*(2), 49–61. https://doi.org/10.1002/edp.2430040202

Marschark, M., & Spencer, P. (2011). *The Oxford Handbook of Deaf Studies, Language, and Education* (2nd ed.). Oxford University Press. https://books.google.ie/books?id=1Md9gDfsxYgC&pg=PA8&lpg=PA8&dq=the+first+documented+experience+about+education+for+children+who+are+deaf+was+created+in+Spain+by+Pedro+Ponc

e+de+Léon&source=bl&ots=hpvKfFkaPm&sig=FswQ2wfO6uuCZhlzHionHsbruXY&hl=en&sa=X&ved=2

Marsh, L., Warren, P., & Savage, E. (2018). “Something was wrong”: A narrative inquiry of becoming a father of a child with an intellectual disability in Ireland. *British Journal of Learning Disabilities*, *46*(4), 216–224. https://doi.org/https://doi.org/10.1111/bld.12230

Mc Guckin, C., Lewis, C. A., Cruise, S., & Sheridan, J.-P. (2014). Ireland: Growing up Irish: Life perspectives among young people in the Republic of Ireland. In J. O’Higgins-Norman (Ed.), *Education matters: Readings in pastoral care for school chaplains, guidance counsellors and teachers* (pp. 228–245). Veritas. https://www.researchgate.net/publication/280067976_The_religious_socialisation_of_young_people_in_Ireland

Mc Guckin, C., & Minton, S. J. (2014). From theory to practice: Two ecosystemic approaches and their applications to understanding school bullying. *Australian Journal of Guidance and Counselling*, *24*(1), 36–48. https://doi.org/10.1017/jgc.2013.10

McBride, B. A, Brown, G. L., Bost, K. K., Shin, N., Vaughn, B., & Korth, B. (2005). Paternal identity, maternal gatekeeping, and father involvement. *Family Relations*, *54*(1), 360–372. https://doi.org/https://doi.org/10.1111/j.1741-3729.2005.00323.x

McBride, Brent A., Curtiss, S. J., Uchima, K., Laxman, D. J., Santos, R. M., Weglarz-Ward, J., Dyer, W. J., Jeans, L. M., & Kern, J. (2017). Father Involvement in Early Intervention: Exploring the Gap Between Service Providers’ Perceptions and Practices. *Journal of Early Intervention*, *39*(2), 71–87. https://doi.org/10.1177/1053815116686118

McBride, Brent A., & Mills, G. (1993). A comparison of mother and father involvement with their preschool age children. *Early Childhood Research Quarterly*, *8*(4), 457–477. https://doi.org/10.1016/S0885-2006(05)80080-8

McCormack, C., Hutchinson, D., Burns, L., Youssef, G., Wilson, J., Elliott, E., Allsop, S., Najman, J., Jacobs, S., Rossen, L., Olsson, C., & Mattick, R. (2018). Maternal and partner prenatal alcohol use and infant cognitive development. *Drug and Alcohol Dependence*, *1*(185), 330–338. https://doi.org/10.1016/j.drugalcdep.2017.12.038

Mccormick, L., & Goldman, R. (1979). The Transdisciplinary Model: Implications for Service Delivery and Personnel Preparation for the Severely and Profoundly Handicapped. *Research and Practice for Persons with Severe Disabilities*, *4*(2), 152–161. https://doi.org/10.1177/154079697900400205

McEniry, M., Palloni, A., Dávila, A. L., & Gurucharri, A. G. (2008). Early life exposure to poor nutrition and infectious diseases and its effects on the health of older Puerto Rican adults. *Journals of Gerontology - Series B Psychological Sciences and Social Sciences*, *63*(6), 337–348. https://doi.org/10.1093/geronb/63.6.S337

McGrath, C., Palmgren, P. J., & Liljedahl, M. (2019). Twelve tips for conducting qualitative research interviews. *Medical Teacher*, *41*(9), 1002–1006. https://doi.org/10.1080/0142159X.2018.1497149

McHale, S. M., Crouter, A. C., & Whiteman, S. D. (2003). The Family Contexts of Gender Development in Childhood and Adolescence. *Social Development*, *12*(1), 125–148. https://doi.org/10.1111/1467-9507.00225

McKeown, K., Ferguson, H., & Rooney, D. (1998). *Changing fathers? Fatherhood and family life in modern Ireland*. The Collins Press. http://hdl.handle.net/10147/294456

McKeown, K., & Sweeney, J. (2001). *Family Well-being and Family Policy: a Review of Research on Benefits and Costs*. https://health.gov.ie/wp-content/uploads/2014/03/famrev-report.pdf

McKeown Kieran. (2000). *A guide to what works in family support services for vulnerable families*. Department of Children and Youth Affairs (DCYA).

McMillan, M. (1921). *The Nursery School*. J. M. Dent & Sons,LTD. https://books.google.com/books?id=vaHVAAAAMAAJ&printsec=frontcover#v=onepage&q&f=false

Mcwilliam, R. A., Casey, A. M., & Sims, J. (2009). The Routines-Based Interview. *Infants & Young Children*, *22*(3), 224–233. https://doi.org/10.1097/IYC.0b013e3181abe1dd

McWilliam, R. A., Casey, A. M., & Sims, J. (2010). The Routines-Based Interview. *Infants & Young Children*, *22*(3), 224–233. https://doi.org/10.1097/iyc.0b013e3181abe1dd

Meaney, M. (2006). *Inclusive Edcuation for Children with Special Education Needs* (pp. 2–5). Barnardos. https://www.barnardos.ie/assets/files/publications/free/childlinks_body10.pdf

Mensah, M. K., & Kuranchie, A. (2013). Influence of Parenting Styles on the Social Development of Children. *Academic Journal of Interdisciplinary Studies*, *2*(3), 123–129. https://doi.org/Doi:10.5901/ajis.2013.v2n3p123

Merriam, B. S. (2014). Qulitative Research: A guide to Design and Implementation, Revised and Expanded from Qualitative Research and Case Study Applications in Education. In *Progress in Electromagnetics Research Symposium*. Jossey Bass.

Meyer, D. K., Schutz, P. A. (2020). Why talk about qualitative and mixed methods in educational psychology? Introduction to special issue. *Educational*, *55*(4), 193–196. https://doi.org/https://doi.org/10.1080/00461520.2020.1796671

Mike, E., & Eichhorn, D. (2019). Effects of Activity-Based Interventions and Parent Involvement on Social Interaction Skills in Children With Autism Spectrum Disorder. *American Journal of Occupational Therapy*, *73*(4). https://doi.org/https://doi.org/10.5014/ajot.2019.73S1-PO6038

Milwaukee Public Schools Research and Development. (2014). *A guide for developing logic models through a program theory of change. November*. http://mps.milwaukee.k12.wi.us/MPS-English/CIO/Research--Development/LogicModelingHandbook.pdf

Mittler, P. (1995). Special Needs Education: An International Perspective. *British Journal of Special Education*, *22*(3), 105–108. https://doi.org/10.1111/j.1467-8578.1995.tb00915.x

Moeller, M. P., Carr, G., Seaver, L., Stredler-Brown, A., & Holzinger, D. (2013). Best practices in family-centered early intervention for children who are deaf or hard of hearing: An international consensus statement. *Journal of Deaf Studies and Deaf Education*, *18*(4), 429–445. https://doi.org/10.1093/deafed/ent034

Montessori, M. (1949). *The Absorbent Mind*. The Theosophical Publishing House. https://archive.org/details/absorbentmind031961mbp/page/n7

Mueller, T. G., & Buckley, P. C. (2014). Fathers' experiences with the special education system: The overlooked voice. *Research and Practice for Persons with Severe Disabilities*, *39*(2), 119–135. https://doi.org/10.1177/1540796914544548

National Council for Curriculum and Assessment(NCCA). (2009). *Early Childhood Curriculum Framework: Aistear*. National Council for Curriculum and Assessment.

National Council for Special Education (NCSE). (2010). *Literature Review of the Principles and Practices relating to Inclusive Education for Children with Special Educational Needs*.

National Council for Special Education (NCSE). (2014). *Children with Special Educational Needs: Information Booklet for Parents*. National Council for Special Education.

National Disability Authority (NDA). (2011). *National Disability Authority Briefing Paper Inclusion of children with disabilities in mainstream early childhood care and education: The lessons from research and international practice*. https://www.earlychildhoodireland.ie/wp-content/uploads/2014/05/2011NDA-Disability-Report.pdf

Neece, C. L., Green, S. A., & Baker, B. L. (2012). Parenting stress and child behavior problems: A transactional relationship across time. *American Journal on Intellectual and Developmental Disabilities*, *117*(1), 48–66. https://doi.org/10.1352/1944-7558-117.1.48

Nelson, J. A., & O'Brien, M. (2012). Does an Unplanned Pregnancy Have LongTerm Implications for Mother–Child Relationships? *Journal of Family Issues*, *33*(4), 506–526. https://doi.org/10.1177/0192513X11420820

Newman, M., & Gough, D. (2020). Literature review as a research methodology: An overview and guidelines. In O. Zawacki-Richter,

M. Kerres, S. Bedenlier, M. Bond, & K. Buntins (Eds.), *Systematic Reviews in Educational Research* (pp. 3–22). Springer VS, Wiesbaden. https://doi.org/10.1007/978-3-658-27602-7

Newton, X., Poon, R., Nunes, N., & Stone, E. (2013). Research on teacher education programs: Logic model approach. *Evaluation and Program Planning*, *36*(1), 88–96. https://doi.org/10.1016/j.evalprogplan.2012.08.001

Ngai, F. W., Chan, S. W. C., & Ip, W. Y. (2010). Predictors and Correlates of Maternal Role Competence and Satisfaction. *Nursing Research*, *59*(3), 185–193. https://doi.org/10.1097/NNR.0b013e3181dbb9ee

Norwich, B. (2016). Conceptualizing Special Educational Needs Using a Biopsychosocial Model in England: The Prospects and Challenges of Using the International Classification of Functioning Framework. *Front. Educ.*, *1*(5). https://www.frontiersin.org/articles/10.3389/feduc.2016.00005/full

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, *16*(1), 1–13. https://doi.org/10.1177/1609406917733847

Nugent, K. (1987). The father’s role in early Irish socialization: Historical and empirical perspectives. In M. E. Lamb (Ed.), *The Father’s Role: Cross Cultural Perspectives* (pp. 169–187). Lawrence Erlbaum Associates.

Nyaradi, A., Li, J., Hickling, S., Foster, J., & Oddy, W. (2013). The Role of Nutrition in Children’s Neurocognitive Development, From Pregnancy Through Childhood. *Frontiers in Huamn Neuroscience*, *7*(97). https://doi.org/10.3389/fnhum.2013.00097

O.Nyumba, T., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*, *9*, 20–32. https://doi.org/10.1111/2041-210X.12860

O’Brien, A. M., & Mc Guckin, C. (2016). The Systematic Literature Review Method: Trials and Tribulations of Electronic Database

Searching at Doctoral Level. *SAGE Research Methods Cases*. https://doi.org/10.4135/978144627305015595381

Oates, D. S., & Heinicke, C. M. (1985). Prebirth Prediction of the Quality of the Mother-Infant Interaction: The First Year of Life. *Journal of Family Issues*, *6*(4), 523–542. https://doi.org/10.1177/019251385006004007

Odom, S., Buysse, V., & Soukakou, E. (2011). Inclusion for young children with disabilities: A quarter century of research perspectives. *Journal of Early Intervention*, *33*(4), 344–356. https://doi.org/10.1177/1053815111430094

Office of the Minister for Children (OMC). (2006). *National Childcare Strategy 2006-2010: Diversity and Equality Guidelines for Childcare Providers*. Office of the Minister for Children.

Office of the Minister for Children and Youth Affairs (OMCYA). (2009). *Guide for Parents to the free Pre-School Year in Early Childhood Care and Education (ECCE)*. Office of the Minister for Children and Youth Affairs (OMCYA).

Ogourtsova, T., O'Donnell, M. E., Chung, D., Gavin, F., Bogossian, A., & Majnemer, A. (2021). Fathers Matter: Enhancing Healthcare Experiences Among Fathers of Children With Developmental Disabilities. *Frontiers in Rehabilitation Sciences*, *2*(July). https://doi.org/10.3389/fresc.2021.709262

Olkin, R. (1999). *What Psychotherapists should Know About Disability*. The Guilford Press.

Olsson, M. B., & Hwang, C. P. (2001). Depression in mothers and fathers of children with intellectual disability. *Journal of Intellectual Disability Research*, *45*(6), 535–543. https://doi.org/10.1046/j.1365-2788.2001.00372.x

Osman, H., Saliba, M., Chaaya, M., & Naasan, G. (2014). Interventions to reduce postpartum stress in first-time mothers: A randomized-controlled trial. *BMC Women's Health*, *14*(125). https://doi.org/10.1186/1472-6874-14-125

Osterweis, M., Kleinman, A., & Mechanic, D. (1987). *Pain and Disability: Clinical, Behavioral, and Public Policy Perspectives.*

(M. Osterweis, A. Kleinman, & Mechanic，David (eds.)). National Academies Press (US). https://books.google.ie/books/about/Pain_and_Disability.html?id=6jQrAAAAYAAJ&printsec=frontcover&source=kp_read_button&redir_esc=y#v=onepage&q&f=false

Palm, G. (2014). Attachment Theory and Fathers: Moving From “Being There” to “Being With.” *Journal of Family Theory & Review*, 282–297. https://doi.org/10.1111/jftr.12045

Paquette, D. (2004). Theorizing the father-child relationship: Mechanisms and developmental outcomes. *Human Development*, *47*(4), 193–219. https://doi.org/10.1159/000078723

Paquette, D., & Dumont, C. (2013). The Father-Child Activation Relationship, Sex Differences, and Attachment Disorganization in Toddlerhood. *Child Development Research*. https://doi.org/10.1155/2013/102860

Parish, S. L., & Cloud, J. M. (2006). Financial well-being of young children with disabilities and their families. *Social Work*, *51*(3), 223–232. https://doi.org/10.1093/sw/51.3.223

Parke, R D, McDowell, D. J., Kim, M., Killan, C., Dennis, J., Flyr, M. L., & Wild, M. N. (2002). Fathers’ contributions to children’s peer relationships. In C. S. Tamis-LeMonda & N. Cabrera (Eds.), *Handbook of father involvement: Multidisciplinary perspectives* (pp. 141–167). LEA.

Parke, R D, & O’Leary, S. E. (1976). Father-mother-infant interaction in the newborn period: Some findings, some observations and some unresolved issues. In K. Riegel & J. Meacham (Eds.), *The developing individual in a changing world: Social and environmental issues* (pp. 653–663). Mouton.

Parke, Ross D. (2000). Father Involvement A Developmental Psychological Perspective. *Marriage & Family Review*, *29*(2), 43–58. https://doi.org/10.1300/J002v29n02_04

Parsons, B. (2012). The Logic Model Guidebook: Better Strategies for Great Results (<I>Second Ed.</I>). In *The Foundation Review*

(Vol. 4, Issue 3). SAGE. https://doi.org/10.4087/foundationreview-d-12-00050.1

Parsons, T., & Bales, R. F. (1955). *Family Socialization and Interaction Process*. Free Press.

Patterson, C. J., Kupersmidt, J. B., & Vaden, N. A. (1990). Income Level, Gender, Ethnicity, and Household Composition as Predictors of Children's School-based Competence. *Child Development*, *61*(2), 485–494. https://doi.org/10.1111/j.1467-8624.1990.tb02794.x

Patton, M. (2014). *Qualitative Research & Evaluation Methods: Integrating Theory and Practice* (4th Editio). SAGE Publications.

Paulus, T. M., & Lester, J. N. (2020). Chapter 37: Using software to support qualitative data analysis. In M. R. M. Ward & S. Delamont (Eds.), *Handbook of Qualitative Research in Education* (2nd ed., pp. 420–429). Edward Elgar Publishing. https://doi.org/https://doi.org/10.4337/9781788977159

Pearlin, L. I. (1989). The Sociological Study of Stress. *Journal of Health and Social Behavior*, *30*(3), 241–256. https://doi.org/10.2307/2136956

Pedersen, F. A. (1980). *The father-infant relationship: Observational studies in the family setting*. Praeger.

Pfannenstiel, A. E., & Honig, A. S. (1995). Effects of a prenatal "Information and Insights about Infants" program on the knowledge base of first-time low-education fathers one month postnatally. *Early Child Development and Care*, *111*(1), 87–105. https://doi.org/10.1080/0300443951110107

Pleck, E., & Pleck, J. (1997). Fatherhood ideals in the United States: Historical dimensions. In L. E. Michael (Ed.), *The role of the father in child development* (3rd ed., pp. 33–48). Wiley.

Pleck, J. (1987). American fathering in historical perspective. In M. S. Kimmel (Ed.), *Changing men: New directions in research on men and masculinity* (pp. 83–97). Sage Publications, Inc.

Pleck, J. (1997). Paternal involvement: Levels, sources, and consequences. In M. E. Lamb (Ed.), *The role of the father in child* *development* (pp. 66–103). John Wiley & Sons Inc.

Pleck, J. (2010a). Fatherhood and masculinity. In M. E. Lamb (Ed.), *The role of the father in child development* (5th ed., pp. 27–57). John Wiley and Sons.

Pleck, J. (2010b). Paternal involvement: Revised conceptualization and theoretical linkages with child outcomes. In M. E. Lamb (Ed.), *The role of the father in child development* (pp. 67–107). Wiley.

Pobal. (2016). *Better Pre-school Access for Children with Disablities Action and Inclusion Model: AIM unveiled Minister Zappone urges parents to apply.* https://www.pobal.ie/News/Pages/Minister Urges Parents to Apply to New Access-and-Inclusion-Model.aspx

Popova, S., Lange, S., Probst, C., Gmel, G., & Rehm, J. (2017). Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. *The Lancet Global Health*, *5*(3), 290–299. https://doi.org/10.1016/S2214-109X(17)30021-9

Qu, X. (2015). Critical Review: Making Sense of Special Schools from Sociological Perspectives. *Cambridge Open-Review Educational Research e-Journal*, *1*(2), 17–36.

Råheim, M., Magnussen, L. H., Sekse, R. J. T., Lunde, Å., Jacobsen, T., & Blystad, A. (2016). Researcher-researched relationship in qualitative research: Shifts in positions and researcher vulnerability. *International Journal of Qualitative Studies on Health and Well-Being*, *11*(1). https://doi.org/10.3402/qhw.v11.30996

Raikes, H., Summers, J., & Roggman, L. (2005). Father Involvement in Early Head Start Programs. *Fathering: A Journal of Theory, Research, and Practice about Men as Fathers*, *3*(1), 29–58. https://doi.org/10.3149/fth.0301.29

Ramakrishnan, U. (2004). Nutrition and low birth weight: from research to practice. *The American Journal of Clinical Nutrition*, *79*(1), 17–21. https://doi.org/10.1093/ajcn/79.1.17

Ramcharan, P., & Cutcliffe, J. R. (2001). Judging the ethics of qualitative research: Considering the “ethics as process” model. *Health and Social Care in the Community*, *9*(6), 358–366.

https://doi.org/10.1046/j.1365-2524.2001.00323.x

Ramey, C. T., & Ramey, S. L. (1998). Early intervention and early experience. *The American Psychologist*, *53*(2), 109–120. https://doi.org/10.1037/0003-066X.53.2.109

Ratner, N. B. (1988). Patterns of parental vocabulary selection in speech to very young children. *Journal of Child Language*, *15*(3), 481–492. https://doi.org/10.1017/S0305000900012514

Retief, M., & Letšosa, R. (2018). Models of disability: A brief overview. *HTS Teologiese Studies/Theological Studies*, *74*(1). https://doi.org/https://doi.org/10.4102/hts.v74i1.4738

Richard, R., & Shevlin, M. (2017). A Sense of Belonging: Childrens' Views of Acceptance in "Inclusive" Mainstream Schools. *International Journal of Whole Schooling*, *Special Is*, 65–80.

Riese, J. (2018). *What is 'access' in the context of qualitative research? 19*(6), 669–684. https://doi.org/https://doi.org/10.1177/1468794118787713

Rimmerman, A. (2013). *Social Inclusion of People with Disabilities: National and International Perspectives*. Cambridge University Press.

Rogers, P. (2014). *Theory of Change: Methodological Briefs Impact Evaluation No. 2. Florence* (Issue 2). United Nations Children's Fund (UNICEF). http://www.entwicklung.at/fileadmin/user_upload/Dokumente/Evaluierung/Theory_of_Change/UNICEF_Theory_of_change.pdf

Roopnarine, J., & Yildirim, E. (2019). *Fathering in Cultural Contexts: Developmental and Clinical Issues*. Routledge:Taylor & Francis.

Rose, R., Shevlin, M., Winter, E., & O'Raw, P. (2015). *Project IRIS - Inclusive Research in Irish Schools: A Longitudinal Study of the Experiences of and Outcomes for Children with Special Educational Needs (SEN) in Irish Schools*.

Roush, S. E., & Sharby, N. (2011). Disability Reconsidered: The Paradox of Physical Therapy. *Physical Therapy*, *91*(12). https://doi.org/10.2522/ptj.20100389

Rowe, M. L., Coker, D., & Pan, B. A. (2004). A comparison of fathers' and mothers’ talk to toddlers in low-income families. *Social Development*, *13*(2), 278–291. https://doi.org/10.1111/j.1467-9507.2004.000267.x

Ryan, F., Coughlan, M., & Cronin, P. (2009). Interviewing in qualitative research: The one-to-one interview. *International Journal of Therapy and Rehabilitation*, *16*(6), 309–314. https://doi.org/10.12968/ijtr.2009.16.6.42433

Sadler, G. R., Lee, H. C., Lim, R. S. H., & Fullerton, J. (2010). Recruitment of hard-to-reach population subgroups via adaptations of the snowball sampling strategy. *Nursing and Health Sciences*, *12*(3), 369–374. https://doi.org/10.1111/j.1442-2018.2010.00541.x

Sameroff, A. (2010). A unified theory of development: A dialectic integration of nature and nurture. *Child Development*, *81*(1), 6–22. https://doi.org/10.1111/j.1467-8624.2009.01378.x

Sameroff, A. J. (2009). *The Transactional Model of Development: How Children and Contexts Shape Each Other* (A. J. Sameroff (ed.)). American Psychological Association.

Sameroff, A. J., & Fiese, B. H. (2000). Transactional regulation: The developmental ecology of early intervention. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (pp. 135–159). Cambridge University Press. https://doi.org/http://dx.doi.org/10.1017/CBO9780511529320.009

Sandall, S., Mclean, E. M., Smith, B., & Ramsey, B. A. (2002). Qualitative Research in Early Intervention/Early Childhood Special Education. *Journal of Early Intervention*, *25*(2), 129–136. https://doi.org/10.1177/105381510202500210

Scherer, N., Verhey, I., & Kuper, H. (2019). Depression and anxiety in parents of children with intellectual and developmental disabilities: A systematic review and meta-analysis. *PLoS ONE*, *14*(7). https://doi.org/10.1371/journal.pone.0219888

Schetter, C. D., & Tanner, L. (2012). Anxiety, depression and stress in pregnancy: Implications for mothers, children, research, and practice. *Current Opinion in Psychiatry*, *25*(2), 141–148. https://doi.org/10.1097/YCO.0b013e3283503680

School of Education, T. C. D. (2019). *Code of Practice for the School of Education Research Ethics Committee, Trinity College Dublin*. https://www.tcd.ie/Education/research/ethics/assets/forms/SoE_REC_CodeofPractice_and_Guidelines_ratified10122019.pdf

Schoppe-Sullivan, S. J., Brown, G. L., Cannon, E. A., Mangelsdorf, S. C., & Sokolowski, M. S. (2008). Maternal gatekeeping, coparenting quality, and fathering behavior in families with infants. *Journal of Family Psychology*, *22*(3), 389–398. https://doi.org/https://doi.org/10.1037/0893-3200.22.3.389

Schwartz, I. S., Sandal, S. R., Odom, S. L., Horn, E., & Beckman, P. J. (2002). “I know it when I see it”: In search of a common definition of inclusion. In S. L. Odom (Ed.), *Widening the circle: Including children with disabilities in preschool programs* (pp. 10–24). New York: Teachers College Press.

Seebach, M., & Walsh, A. (2009). No Title. *Youth Studies Ireland*, *4*(1). http://youthworkireland.ie/images/uploads/general/YWI_Journal_Vol4No1_04_Notes_on_Practice.pdf

Seltzer, M. M., Greenberg, J. S., Floyd, F. J., Pettee, Y., & Hong, J. (2001). Life course impacts of parenting a child with a disability. *American Journal on Mental Retardation*, *106*(3), 265–286. https://doi.org/10.1352/0895-8017(2001)106<0265:LCIOPA>2.0.CO;2

Sheehan, A., Berkery, E., & Lichrou, M. (2017). Changing role of women in the Irish society: an overview of the female consumer. *The Irish Journal of Management*, *36*(3), 162–171. https://doi.org/https://doi.org/10.1515/ijm-2017-0017

Shevlin, M., & Griffin, S. (2007). *Responding to Special Educational Needs: An Irish Perspective*. Gill & Macmillan.

Shonkoff, J. P., & Meisels, S. (2000). Early childhood intervention: A continuing evolution. In *Handbook of early childhood intervention*. https://doi.org/10.1017/cbo9780511529320

Sicouri, G., Tully, L., Collins, D., Burn, M., Sargeant, K., Frick, P., Anderson, V., Hawes, D., Kimonis, E., Moul, C., Lenroot, R., & Dadds, M. (2018a). Toward Father-friendly Parenting

Interventions: A Qualitative Study. *Australian and New Zealand Journal of Family Therapy*, *39*(2), 218–231. https://doi.org/10.1002/anzf.1307

Sicouri, G., Tully, L., Collins, D., Burn, M., Sargeant, K., Frick, P., Anderson, V., Hawes, D., Kimonis, E., Moul, C., Lenroot, R., & Dadds, M. (2018b). Toward Father-friendly Parenting Interventions: A Qualitative Study. *Australian and New Zealand Journal of Family Therapy*, *39*(2), 218–231. https://doi.org/https://doi.org/10.1002/anzf.1307

Silva, A., Pereira, B., Souza, S., Moreira, C., Guerra, C., Ferreira, C., Lopes, L., & Rosário, R. (2018). Impact of a healthy lifestyle intervention program during pregnancy on women and newborn: STUDY PROTOCOL for a quasi-experimental study. *Porto Biomedical Journal (PBJ)*. https://doi.org/10.1016/j.pbj.0000000000000029

Silverstein, L. B., & Auerbach, C. F. (1999). Deconstructing the essential father. *American Psychologist*, *54*(6), 397–407. https://doi.org/10.1037/0003-066X.54.6.397

Simeonsson, R. J. (1991a). Early prevention of childhood disability in developing countries. *International Journal of Rehabilitation Research*, *14*(1), 1–12.

Simeonsson, R. J. (1991b). Primary, Secondary, and Tertiary Prevention in Early Intervention. *Journal of Early Intervention*, *15*(2), 124–134. https://doi.org/DOI: 10.1177/105381519101500202

Simmerman, S., Blacher, J., & Baker, B. L. (2001). Fathers' and mothers' perceptions of father involvement in families with young children with a disability. *Journal of Intellectual and Developmental Disability*, *26*(4), 325–338. https://doi.org/10.1080/13668250120087335

Skerrett, A. (2010). Ben Levin: How to change 5000 schools: A practical and positive approach for leading change at every level. *Journal of Educational Change*, *11*, 177–181. https://doi.org/10.1007/s10833-010-9132-z

Smith, L. B., & Thelen, E. (2003). Development as a dynamic system.

Trends in Cognitive Sciences, *7*(8), 343–348. https://doi.org/10.1016/S1364-6613(03)00156-6

Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of Business Research*, *104*, 333–339. https://doi.org/10.1016/j.jbusres.2019.07.039

Suchman, E. (1967). *Evaluative Research: Principles and Practice in Public Service and Socila Programs*. Russell Sage Foundation. https://books.google.ie/books?hl=en&lr=&id=AXy6AwAAQBAJ&oi=fnd&pg=PR5&dq=Evaluative+Research:+Principles+and+Practice+in+Public+Service+and+Social+Programs&ots=bHQq5AsdZJ&sig=4xXaV_1nVg7KFn5wadNkEMFpBkY&redir_esc=y#v=onepage&q=Evaluative Research%3A Princ

Sundelin-Wahlsten, V., Hallberg, G., & Helander, A. (2017). Higher alcohol consumption in early pregnancy or low-to-moderate drinking during pregnancy may affect children’s behaviour and development at one year and six months. *Acta Paediatrica, International Journal of Paediatrics*, *106*(3), 446–453. https://doi.org/10.1111/apa.13664

Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *Canadian Journal of Hospital Pharmacy*, *63*(3), 226–231. https://doi.org/10.4212/cjhp.v68i3.1456

Świerk, M. (2019). Positive and Negative Parental Attitudes Facing of Child’S Disability. *Zeszyty Naukowe Wyższej Szkoły Humanitas w Sosnowcu. Pedagogika*, *20*, 249–259. https://doi.org/10.5604/01.3001.0013.2306

Taplin, D. H., & Clark, H. (2012). Theory of change basics: A primer on theory of change. *ActKnowledge*, 9. http://www.theoryofchange.org/wp-content/uploads/toco_library/pdf/ToCBasics.pdf

Temple, J. B., & Kelaher, M. (2018). Is disability exclusion associated with psychological distress? Australian evidence from a national cross-sectional survey. *BMJ Open*, *8*(5). https://doi.org/10.1136/bmjopen-2017-020829

The British Psychological Society. (2014). *Code of Human Research*

Ethics. The British Psychological Society.

The Psychological Society of Ireland. (2019). *Code of Professional Ethics*. The Psychological Society of Ireland. https://www.psychologicalsociety.ie/footer/Code-of-Ethics

Thorne, S. (2000). Data analysis in qualitative research. *Evidence-Based Nursing*, *3*(3), 68–70. https://doi.org/10.1136/ebn.3.3.68

Tomasello, M., Conti-Ramsden, G., & Ewert, B. (1990). Young Children's Conversations With Their Mothers And Fathers: Differences In Breakdown And Repair. *Journal of Child Language*, *17*(1), 115–130. https://doi.org/10.1017/S0305000900013131

Trivette, C. M., Dunst, C. J., & Hamby, D. W. (2010). Influences of Family-Systems Intervention Practices on Parent-Child Interactions and Child Development. *Topics in Early Childhood Special Education*, *30*(1), 3–19. https://doi.org/10.1177/0271121410364250

Tully, L. A., Piotrowska, P. J., Collins, D. A. J., Mairet, K. S., Black, N., Kimonis, E. R., Hawes, D. J., Moul, C., Lenroot, R. K., Frick, P. J., Anderson, V., & Dadds, M. R. (2017). Optimising child outcomes from parenting interventions: fathers' experiences, preferences and barriers to participation. *BMC Public Health*, *17*(550), 1–14. https://doi.org/10.1186/s12889-017-4426-1

U.S. Department of Health and Human Services. (2012). *Third Grade Follow-up to the Head Start Impact Study*. https://www.acf.hhs.gov/sites/default/files/opre/head_start_executive_summary.pdf

United Nations (UN). (1989). United Nations Convention on the Rights of the Child (UNCRC). In *UN General Assembly*. https://doi.org/10.2307/4065371

United Nations (UN). (2006). *The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)*.

United Nations (UN). (2018). *17 Goals to Transform Our World*. United Nations (UN). https://www.un.org/sustainabledevelopment/

United Nations (UN) General Assembly. (2000). United Nations Millenium Declaration. *United Nations(UN)General Assembly*. https://doi.org/http://www.undp.org/content/undp/en/home/mdgove rview.html

United Nations (UN) General Assembly. (2015). Transforming our world: The 2030 agenda for sustainable development. In *United Nations(UN)General Assembly*. https://doi.org/10.1007/s13398-014-0173-7.2

United Nations Education and Science Cultural Organization (UNESCO). (1994). The Salamanca Statement and Framework for Action on Special Needs Education. In *United Nations Education and Science Cultural Organization (UNESCO)*. https://doi.org/E D -94/WS/ 1 8

United Nations Education and Science Cultural Organization (UNESCO). (2000). The Dakar Framework for Action: Education for All: Meeting Our Collective Commitments. In *United Nations Education and Science Cultural Organization (UNESCO)*. https://doi.org/10.1007/s10029-012-0908-3

Venter, K. (2011). Fathers "care" too: The impact of family relationships on the experience of work for parents of disabled children. *Sociological Research Online*, *16*(3), 66–81. https://doi.org/10.5153/sro.2441

Vislie, L. (2003). From integration to inclusion: focusing global trends and changes in the western European societies. *European Journal of Special Needs Education*, *18*(1), 17–35. https://doi.org/10.1080/0885625082000042294

Vogel, I. (2012). *Review of the use of 'Theory of Change' in international development*. https://assets.publishing.service.gov.uk/media/57a08a5ded915d3cfd00071a/DFID_ToC_Review_VogelV7.pdf

Vygotsky, L. S. (1978). *Mind in Society: The Development of Higher Psychological Processes*. Harvard University Press.

W. K. Kellogg Foundation. (2004). *Using Logic Models to Bring Together Planning, Evaluation, and Action Logic Model Development Guide*. W.K. Kellogg Foundation.

Waller, M. R. (2010). Viewing low-income fathers' ties to families through a cultural lens: Insights for research and policy. *Annals of* *the American Academy of Political and Social Science*, *629*(1), 102–124. https://doi.org/10.1177/0002716209357147

Wandersman, A., & Florin, P. (2003). Community Interventions and Effective Prevention. *American Psychologist*, *58*(6–7), 441–448. https://doi.org/10.1037/0003-066X.58.6-7.441

Wang, H. L. (2009). Should All Students with Special Educational Needs (SEN) Be Included in Mainstream Education Provision? - A Critical Analysis. *International Education Stuidies*, *2*(4), 154–161.

Webster-Stratton, C. (1985). The effects of father involvement in parent training for conduct problem children. *Journal of Child Psychology and Psychiatry*, *26*(5), 801–810. https://doi.org/10.1111/j.1469-7610.1985.tb00593.x

Webster, J., & Watson, R. T. (2002). Analyzing the Past to Prepare for the Future: Writing a Literature Review. *MIS Quarterly*, *26*(2), 13–23. https://doi.org/10.1.1.104.6570

Weigel, D. J., Martin, Sally, S., & Bennett, K. K. (2011). Ecological influences of the home and the child-care center on preschool-age children's literacy development. *Reading Research Quarterly*, *40*(2), 204–233. https://doi.org/10.1598/RRQ.40.2.4

Weijers, I. (2000). Educational Initiatives in Mental Retardation in Nineteenth Century Holland. *History of Education Quarterly*, *40*(4), 460–476. https://doi.org/doi.org/10.2307/369725

Weiss, C. (1997). Theory-based evaluation: Past, present, and future. *Special Issue: Progress and Future Directions in Evaluation: Perspectives on Theory, Practice, and Methods*, *1997*(76), 41–55. https://doi.org/10.1002/ev.1086

World Health Organization （WHO）. (2001). The International Classification of Functioning, Disability and Health. In *World Health Organization (WHO)*. https://doi.org/10.1097/01.pep.0000245823.21888.71

World Health Organization （WHO）. (2011). *World Report on Disability*. https://www.unicef.org/spanish/protection/World_report_on_disabil ity_eng.pdf

Yeung, W. J., Sandberg, J. F., Davis-Kean, P. E., & Hofferth, S. L. (2001). Children's time with fathers in intact families. *Journal of Marriage and Family*, *63*(1), 136–154. https://doi.org/10.1111/j.1741-3737.2001.00136.x

Yogman, M. W. (1981). Games fathers and mothers play with their infants. *Infant Mental Health Journal*, *2*(4), 241–248. https://doi.org/10.1002/1097-0355(198124)2:4<241::AID-IMHJ2280020406>3.0.CO;2-8

Youngblade, L. M., Park, K. A., & Belsky, J. (1993). Measurement of Young Children's Close Friendship: A Comparison of Two Independent Assessment Systems and their Associations with Attachment Security. *International Journal of Behavioral Development*, *16*(4), 563–587. https://doi.org/10.1177/016502549301600403

Zaidman-Zait, A., Most, T., Tarrasch, R., & Haddad, E. (2018). Mothers' and fathers' involvement in intervention programs for deaf and hard of hearing children. *Disability and Rehabilitation*, *40*(11), 1301–1309. https://doi.org/10.1080/09638288.2017.1297491

Zhao, Y., Richard, R., & Shevlin, M. (2021). Paraprofessional support in Irish schools: from special needs assistants to inclusion support assistants. *European Journal of Special Needs Education*, *36*(2), 183–197.

Zin, M. I. M., & Nor, M. M. (2017). Father involvement, early intervention program and well-being of children with special needs. *International Journal of Early Childhood Special Education*, *9*(1), 17–30. https://doi.org/10.20489/intjecse.330045

Ziviani, J., Darlington, Y., Feeney, R., & Head, B. (2011). From policy to practice: A program logic approach to describing the implementation of early intervention services for children with physical disability. *Evaluation and Program Planning*, *34*(1), 60–68. https://doi.org/10.1016/j.evalprogplan.2010.05.001

Appendix 1 Empirical Research Activity One – Original Interview Questions

Interview Questions For Fathers/Dads

Section 1: Father/dad's general view and beliefs about early intervention

1. Can you see evidence of family-centred practice in early intervention service?

2. Do you think that within this family-centred principle, early intervention service delivering is predominantly focused on mothers/mums?

If yes, why do you think of that based on your experiences?

If no, why do you think of that based on your experiences?

3. Do you think the role of father/dad is valued in EI services in general?

Section 2: Father/dad involvement with EI services

1. Within a scale of 1-5, how will you rate your involvement with early intervention service?

Probing questions: this may include direct communication with professionals, attending appointments, practicing parenting skills…

For fathers/dads who rated 1-3

a) Why do you give yourself this rating? (Go to section 3)

For fathers/dads who rated 4-5

a) Why do you give yourself this rating?

b) What motivated you to actively participate in early intervention service?

Probing questions: Is that your own awareness of your role in your child's development? Or other factors such as the EI service you attend offers extra supports for you; support from the wider environment (e.g., workplace: flex-timetable…)

Section 3: Barriers to Engagement

For fathers/dads who rated 1-3

a) What are the barriers or factors that prevented you to be highly involved with early intervention services as fathers/dads?

Probing question: gender-role regarding parenting; lack of knowledge or interest to EI programme; EI service doesn't provide extra support.

For fathers/dads who rated 4-5

a) Were there any challenges or barriers that have prevented your involvement with early intervention service so far?

If yes, what were the barriers or challenges, how did you overcome it?

b) From your perspective, what are the main barriers for other fathers/dads of children with SEN/D to be actively involved in early intervention services?

For all participants

1. When you have doubts and/or worries in relation to your role as a father/dad who can you count on (family, friends, services, others)?

2. Does your wife/partner has a role to play in terms of your involvement with early intervention service?

Section 4: father/dad's preferences for EI service delivering

1. From your own perspective, what service or support provided by the early intervention services are most useful to you?

2. Apart from the provision of support that is available to you and your family currently, what sorts of things or format of support can be provided to enhance your participation in the service.

3. If early intervention services want to involve more fathers/dads, what do they need to change?

Section 5: Support from the wider environment

1. Except for the supports provided directly from the early intervention service, what other supports in the wider environment (e.g., early years' settings, policy) are important to you as a father/dad of children with SEN/D?

Appendix 2 Empirical Research Activity One - Revised Interview Questions

Interview Questions For Fathers/Dads

Section 1: Father/dad's general view and beliefs about early intervention

1. The philosophy behind early intervention is all about focusing on the needs of the child and the family, what does this family-centred practice mean to you?

2. Can you see evidence of family-centred practice in early intervention service?

3. Do you think that within this family-centred principle, early intervention service delivering is predominantly focused on mothers/mums?

If yes, why do you think of that based on your experiences?
If no, why do you think of that based on your experiences?

4. Do you think the role of father/dad is valued in EI services in general?

Section 2: Father/dad involvement with EI services

1. Within a scale of 1-5, how will you rate your involvement with early intervention service? (1 not involved; 2 sometimes involved; 3 not sure; 4 always involved; 5 involved in a daily basis)

Probing questions: this may include direct communication with professionals, attending appointments, practicing parenting skills…

For fathers/dads who rated 1-2

a) Why do you give yourself this rating? (Go to section 3)

For fathers/dads who rated 4-5

a) Why do you give yourself this rating?

b) What motivated you to actively participate in early intervention service?

Probing questions: Is that your own awareness of your role in your child's development? Or other factors such as the EI service you attend offers extra supports for you; support from the wider environment (e.g., workplace: flex-timetable…)

Section 3: Barriers to Engagement

For fathers/dads who rated 1-2

a) What are the barriers or factors that affected you to be highly involved with early intervention services as fathers/dads?

Probing question: gender-role regarding parenting; lack of knowledge or interest to EI programme; EI service doesn't provide extra support.

For fathers/dads who rated 4-5

a) Were there any challenges or barriers that have affected your involvement with early intervention service so far?

If yes, what were the barriers or challenges, how did you overcome it?

b) From your perspective, what are the main barriers for other fathers/dads of children with SEN/D to be actively involved in early intervention services?

For all participants

1. When you have doubts and/or worries in relation to your role as a father/dad who can you count on (e.g., family, friends, services, others)?

2. Does your wife/partner has a role to play in terms of your involvement with early intervention service?

Section 4: father/dad’s preferences for EI service delivering

1. From your own perspective, what service or support provided by the early intervention services are most useful to you?

2. Apart from the provision of support that is available to you and your family currently, what sorts of things or format of support can be provided to enhance your participation in the service.

3. If early intervention services want to involve more fathers/dads, what do they need to change?

Section 5: Support from the wider environment

1. Except for the supports provided directly from the early intervention service, what other supports in the wider environment (e.g., early years’ settings, policy) are important to you as a father/dad of children with SEN/D?

Appendix 3 Empirical Research Activity One - Finalised Interview Questions

Interview Questions For Fathers/Dads

Section 1: Father/dad's general view and beliefs about early intervention

1. When the time you heard that your child was going to receive early intervention service, what was early intervention to you?

✧ What was the first thing you thought about early intervention?

当您听到你的孩子可以参加早期干预的时候，您对早期干预的第一反应是什么？ 您觉得早期干预应该是什么样的？

2. The philosophy behind early intervention is all about focusing on the needs of the family and the child, what does this mean to you?

✧ What type of service are you expecting?

早期干预的理念是关注家庭和儿童的需求，这对您意味着什么？您觉得这个理念背后的服务应该是怎么样的？

3. Can you see evidence of family-centered practice in early intervention service based on your own experience?

根据您和您家庭在接收早期干预服务中的经历来看，您觉得这边早期干预有没有以家庭和儿童的需求为中心？

4. Do you think that within this family-centered principle, early intervention service delivering is predominantly focused on mothers/mums? (Optional)

对您来说早期干预服务是不是更倾向于妈妈的服务？

5. Was your role as father/dad valued in EI services?

作为爸爸来说您觉得您在孩子成长中的重要角色有没有被早期干预团队重视过？

Section 2: Father/dad involvement with EI services

1. How will you rate your involvement with early intervention service?

✧ Will you say you are highly involved?

✧ To what extend do you involve with early intervention service?

如果让您给自己做一个评价，您对您和早期干预团队的互动和参与度打多少分？

For fathers/dads who think they are highly involved:

1. What motivated you to actively participate in early intervention service?

✧ Is that your own awareness of your role in your child’s development?

是什么促使您积极参与早期干预服务？

Section 3: Barriers to Engagement

For less involved fathers/dads:

1. What are the barriers or factors that affected you to participate early intervention services as fathers/dads?

是否有任何挑战或障碍影响您参与早期干预服务？ 其他原因导致您不能直接参与早期干预组织的活动？

For fathers/dads who think they are highly involved:

1. Were there any challenges or barriers that have affected your involvement with early intervention service so far? If yes, what were the barriers or challenges, how did you overcome it?

到目前为止，是否有任何挑战或障碍影响您参与早期干预服务？ 如果是，那么障碍或挑战是什么，您如何克服它？

For all fathers/dads:

1. When you have doubts and/or worries in relation to your role as a father/dad who can you count on (e.g., family, friends, services, others)?

作为父亲，当您对您的角色有疑问和/或担忧时，您可以依靠谁（例如，家人，朋友，其他人）？当您不知道怎么去应对有关孩子的行为，决定，您会找寻谁的帮助？

2. Does your wife/partner has a role to play in terms of your involvement with early intervention service?

您觉得孩子的妈妈对您参加早期干预有什么帮助或影响？

Section 4: Father/dad’s preferences for EI service delivering

1. From your own perspective, what service or support provided by the early intervention services are most useful to you?

从您自己的角度来看，早期干预机构提供的哪些服务或支持对您最有用？

2. Apart from the provision of support that is available to you and your family currently, what sorts of things or format of support can be provided to enhance your participation in the service.

除了当前早期干预为您和您的家人提供的支持之外，早期干预机构还可以提供其他什么服务来增加您作为爸爸的参与度？

3. If early intervention services want to involve more fathers/dads, what do they need to change?

如果早期干预机构想要更多的爸爸直接参与，他们应该怎么做？

Section 5: Support from the wider environment

1. Except for the supports provided directly from the early intervention service, what other supports in the wider environment (e.g., early years' settings, policy) are important to you as a father/dad of children with SEN/D?

除了早期干预服务之外，您觉得在这个国家还有什么其他服务对您和孩子比较重要？

Appendix 4 Empirical Research Activity One – Study Information

Information for Fathers/Dads
Fathers/Dads Involvement Research
Fathers/Dads' Experiences in Early Intervention (EI) Services

Within family-centered Early Intervention (EI) principle, high quality interactions that is empowering and enabling between service providers and families of children with special educational needs and/or disability (SEN/D) have been found associated with optimal family outcomes. This requires a coordinated approach of partnership with both parents and other family members, to ensure that every decision that was made is beneficial to the outcome of the child and the family. While mothers/mums are seen as the primary EI target and agent for communication, recent research has indicated that fathers/dads are noticeably absent from EI services even though they have positive impact on the developmental outcome of families and their children with SEN/D, as well as the outcome of EI programmes.

Through our research we aim to gain insights of fathers'/dads' experiences of, and their participation within EI services, the role and perceptions of the EI professionals, as well as mothers/mums in supporting and promoting fathers/dads' involvement within the context of EI. The information you provided to us will help to inform the design and evaluation of future efforts to address comprehensive EI practice at a system level.

Therefore, we would like to invite you to take part in one-to-one interview to discuss your experiences and involvement with EI services. Before you decide, we would like you to understand what the study would involve for you. We are therefore providing you with the following information. Please take time to read it carefully and discuss it with others if you wish.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to give consent. To do this you will be asked to reply to the invitation e-mail from us to confirm that you are willing to take part. Participation in this study is entirely voluntary and you are free to refuse to take part or to withdraw from the study at any time without having to give a reason and without this affecting the participation of your and your family in EI service. You can also ask that all information including data be destroyed.

Confidentiality

Any information collected during the course of the study will be maintained on a confidential basis and access will be restricted to the research team. Your name will not be disclosed, nor will details of your answers be given to anyone. It is also important to note that in any report on the results of this research, your identity will remain anonymous. This will be done by changing your name and disguising any details of your interview which may reveal my identity or the identity of people you speak about. With your permission, the interviews with the researcher will be recorded and typed up as a written document or transcript. The transcripts will then be examined to ensure that all of the important information has been captured. The transcripts will not contain your name or any information about you that would allow you to be identified. The only people who will have access to the transcripts are the researchers. Some of your comments may be included in a report on the study, but these will be completely anonymous. Even though you have participated the interview, you can withdraw permission to use data your interview data within two weeks after the interview, in which case the material will be deleted.

How will information you provided be recorded, stored, and protected?
In terms of storing the data collected, your personal data will be removed immediately after the collecting process and data will be labelled with ID codes, to ensure the data can no longer be attributed to a specific data subject without the use of additional information. All potentially identifying information will be carefully removed to avoid individuals being identified.

Data collected will only be accessible by the researcher and her supervisor and only for the purpose of agreed analysis. When storing digital form data (interview transcripts), the research team employs a secure enterprise file storing platform maintained by Citrix, which protects files stored and transferred via encryption, data loss prevention, and antivirus scanning.

Hard copies (e.g., signed consent form) of data collected will be stored securely in locked filing cabinets. Data will not be kept longer than necessary for research and examination purpose. It will be kept for up to 5 years in a General Data Protection Regulation (GDPR) compliant manner. This will be clearly stated in the consent forms. Confidentiality and anonymity will be assured for all participants. Neither the participants nor the EI service/team will be named in the final thesis or associated publications. Under freedom of information legalisation, you are entitled to access the information you have provided at any time.

What will happen to the results of the research study?
The overall findings of the study may be published in an academic journal, but these will not mention you in any way. If you would like to receive information about the results of the study, please let us know, and we will forward a summary of the findings to you at the end of the study.

Concerns or complaints about the research
If during your participation in this study you feel that the information and guidelines that you were given have been neglected or disregarded in any

way, or if you are unhappy about the process please contact Dr. Ann Devitt, Research Director, School of Education, Trinity College Dublin at devittan@tcd.ie or 00-353-1-896-1293. Please be assured that your concerns will be dealt with in a sensitive manner.

To obtain further information and take part in the study
If you would like to be kept informed of the research, or indeed to take part in the focus groups study, please do make contact:
Ke Ren
renk@tcd.ie
School of Education
Trinity College Dublin
Dublin 2

If you have any queries, please feel free to contact a member of the research team:
Ke Ren
renk@tcd.ie
School of Education
Trinity College Dublin
Dublin 2

给父亲/爸爸的信息
父亲/爸爸在早期干预 (EI) 服务中的经验

在以家庭为中心的早期干预 (EI) 原则中，服务提供者与有特殊教育需要和/或残疾儿童 (SEN/D) 的家庭之间的高质量互动与最佳家庭结果相关。这需要与父母和其他家庭成员采取协调的合作方式，以确保做出的每一个决定都对孩子和家庭的结果有益。虽然母亲/妈妈被视为 EI 的主要目标和沟通媒介，但最近的研究表明，父亲/父亲明显缺席 EI 服务，尽管他们对患有 SEN/D 的家庭及其子女的发展成果产生积极影响，以及 EI 计划的结果。

通过我们的研究，我们旨在深入了解父亲/父亲在 EI 服务中的经历和参与情况、EI 专业人员的角色和看法，以及母亲/妈妈在支持和促进父亲/父亲参与 EI 服务方面的作用和看法。 EI 的背景。您提供给我们的信息将有助于为在系统层面解决综合 EI 实践的未来工作的设计和评估提供信息。

因此，我们想邀请您参加一对一的访谈，讨论您在 EI 服务方面的经历和参与情况。在您做出决定之前，我们希望您了解这项研究对您的影响。因此，我们为您提供以下信息。如果您愿意，请花时间仔细阅读并与他人讨论。

我必须参加吗？

是否参加由您决定。如果您决定参加，您将被要求同意。为此，您将被要求回复我们的邀请电子邮件，以确认您愿意参加。参加本研究完全是自愿的，您可以随时拒绝参加或退出研究，无需说明理由，也不会影响您和您的家人参与 EI 服务。您也可以要求销毁包括数据在内的所有信息。

保密

在研究过程中收集的任何信息都将在保密的基础上进行维护，并且仅限研究团队访问。您的姓名不会被披露，您的回答的详细信息也不会透露给任何人。同样重要的是要注意，在任何关于本研究结果的报告中，您的身份将保持匿名。这将通过更改您的姓名并掩饰您的采访中可能暴露我的身份或您所谈论的人的身份的任何细节来完成。经您许可，与研究人员的访谈将被记录下来，并以书面文件或成绩单的形式打印出来。然后将检查成绩单以确保已捕获所有重要信息。成绩单不会包含您的姓名或任何可以让您被识别的信息。唯一可以访问成绩单的人是研究人员。您的一些评论可能会包含在研究报告中，但这些评论将完全匿名。即使您参加了采访，您也可以在采访后两周内撤回使用您的采访数据的权限，在这种情况下，材料将被删除。

您提供的信息将如何被记录、存储和保护？

在存储收集到的数据方面，您的个人数据将在收集过程结束后立即被删除，并用 ID 代码标记数据，以确保在不使用附加信息的情况下不再将数据归属于特定数据主体。所有潜在的识别信息都将被仔细删除，以避免个人被识别。

收集的数据只能由研究人员及其主管访问，并且仅用于商定的分析目的。在存储数字表格数据（采访记录）时，研究团队采用了由 Citrix 维护的安全企业文件存储平台，该平台通过加密、数据丢失预防和防病毒扫描来保护存储和传输的文件。

收集的数据的硬拷贝（例如，签署的同意书）将安全地存储在上锁的文件柜中。数据的保存时间不会超过研究和检查目的所需的时间。它将以符合通用数据保护条例 (GDPR) 的方式保存长达 5 年。这将在同意书中明确说明。将确保所有参与者的机密性和匿名性。参与者和 EI 服务/团队都不会在最终论文或相关出版物中提及。根据信息自由合法化，您有权随时访问您提供的信息。

研究结果会怎样？

研究的总体结果可能会发表在学术期刊上，但不会以任何方式提及您。如果您想收到有关研究结果的信息，请告诉我们，我们将在研究结束时将结果摘要转发给您。

对研究的担忧或投诉

如果您在参与本研究期间觉得您获得的信息和指导方针以任何方式被忽视或忽视，或者如果您对该过程不满意，请联系三位一体教育学院研究主任 Ann Devitt 博士都柏林学院 devittan@tcd.ie 或 00-353-1-896-1293。请放心，我们将以敏感的方式处理您的疑虑。

获取更多信息并参与研究

如果您想随时了解这项研究，或者确实想参加焦点小组研究，请联系：

任珂 （Ke Ren）
renk@tcd.ie
教育学院
都柏林三一学院
都柏林 2

如有任何疑问，请随时联系研究团队成员：

任珂 （Ke Ren）
renk@tcd.ie
教育学院
都柏林三一学院
都柏林 2

Appendix 5 Empirical Research Activity One - Consent From

CONSENT FORM FOR FATHERS/DADS

There are two sections in this form. Each section has a statement and asks you to initial if you agree. The end of this form is for the researchers to complete. **Please ask <u>any</u> questions you may have when reading each of the statements.** **Thank you for participating.** **Please <u>Initial</u> the box if you agree with the statement. Please feel free to ask questions if there is something you do not understand.**	
General	**Tick box**
I understand Rita Ke Ren from the School of Education in Trinity College Dublin is conducting this research. Rita can be contacted at renk@tcd.ie.	
The purpose of this research is to gain insights of fathers/dads experiences of, and their participation within EI services, the role and perceptions of the EI professionals, as well as mothers/mums in supporting and promoting fathers/dads' involvement within the context of EI.	
I confirm I have read and understood the Information Leaflet for the above study. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.	
I understand that this study is entirely voluntary, and if I decide that I do not want to take part, I can stop taking part in the interview at any time without giving a reason, and I can ask that all information including data be destroyed.	
I agree to my phone call interview being audio-recorded.	
I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about	
I understand that I may present concerns, questions etc., at any point during the study.	
I understand that I will not be paid for taking part in this study.	

I understand that I should experience no form of stress or discomfort as a result of participating in this study.	

I understand that at the conclusion of my participation, any further questions or concerns I have will be fully addressed.	
I understand that all information I provide for this study will be treated confidentially.	
I understand that I am permitted to present concerns, questions, or queries at any point during the study.	
Data processing	**Tick box**
I understand that only the research team will have access to my data and can hold this information for up to 5 years in General Data Protection Regulation (GDPR) manner.	
I understand that personal information about me, including the transfer of this personal information about me outside of the EU, will be protected in accordance with the General Data Protection Regulation (GDPR).	
I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted.	
I understand that all data collected will only be accessible by the researcher and her supervisor and only for the purpose of agreed analysis	

If during your participation in this study you feel that the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process please contact Dr. Ann Devitt, Research Director, School of Education, Trinity College Dublin at devittan@tcd.ie or 00-353-1-896-1293. Please be assured that your concerns will be dealt with in a sensitive manner.

Signed:

Participant Name (Block Capitals)

Signature

Date

To be completed by the Principal Investigator or nominee.

I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a way that they could understand. I have explained the risks and possible benefits involved. I have invited them to ask questions on any aspect of the study that concerned them.

I have given a copy of the information leaflet and consent form to the participant with contacts of the study team.

Researcher Name (Block Capitals)

Signature

Date

研究同意书（爸爸）

此表单有两个部分。 每个部分都有一个声明需要征求您的同意。 该表格的结尾供研究人员填写。 **如果您在阅读每个声明时有任何疑问，研究员会为您解答。感谢您的参与。** **如果您同意该声明，请在方框中打勾。** **如果您不了解某些内容，请随时提问。**	
一般声明	**打勾**
我了解都柏林圣三一学院教育学院的任珂正在进行这项研究。我可以通过 renk@tcd.ie 与任珂联系。	

这项研究的目的是了解父亲/爸爸在参与早期干预服务中的经历，早期干预专业人员对父亲/爸爸参与早期干预的作用和看法，以及母亲/妈妈在支持和促进父亲/父亲在参与早期干预服务方面的见解。	
我确认我已阅读并理解了以上研究的具体信息。 信息已经向我充分解释，我能够提出问题，并且所有问题我都得到了满意答复。	
我了解这项研究完全是自愿的，如果我决定不想参加，我可以在没有任何理由的情况下随时停止参加访谈，并且可以要求销毁包括数据在内的所有信息。	
我同意接受采访录音。	
我了解，在任何有关这项研究结果的报告中，我的身份都将保持匿名。 这可以通过更改我的名字并掩饰访谈中任何可能揭示我的身份或我所谈论的人的身份来完成。	
我了解我可以在访谈过程中的任何时候提出疑虑，问题等。	
我了解参加这项研究不会获得报酬。	
我了解参加这项研究不会导致任何形式的压力或不适。	
我了解在研究结束后，我所遇到的任何问题或疑虑都会得到充分解决。	
我了解我为这项研究提供的所有信息都会被保密。	
我了解我可以在研究期间随时提出疑虑，问题或疑问。	
研究数据采集及处理过程	**打勾**
我了解只有研究小组才能访问我的数据，并且可以按照欧盟的《通用数据保护条例》（GDPR）的方式将这些信息保存长达 5 年。	
我了解，关于我的个人信息，包括在欧盟以外转移关于我的个人信息，将受到通用数据保护条例（GDPR）的保护。	

我了解我可以在面试后的两周内撤消使用面试数据的许可，在这种情况下，资料将被删除。	
我了解所有收集到的数据将仅由研究人员及其导师访问，并且仅用于达成共识的分析。	

如果您在参与本研究的过程中感到您的信息或给予您的研究信息没有得到恰当的处理，或者对该过程感到不满意，请联系都柏林圣三一学院教育学院研究总监 Ann Devitt 博士。电子邮件：devittan@tcd.ie 或 00-353-1-896-1293。 请放心，我们会以敏感的方式处理您的疑虑。

签：

参与者姓名 (大写)

签名

日期

由首席研究员或被提名人填写：

本人（签名人）已为上述研究参与者充分解释了本研究的性质和目的。 我已经解释了所涉及的风险和可能带来的好处。 我已邀请他们就与他们有关的研究的任何方面提出问题。

我已将研究人员联系方式向参与者提供了详细研究信息和研究同意书的副本。

研究员 (大写)

签名

日期

Appendix 6 Empirical Research Activity Two – Planned Focus Group Discussion Question

Focus Group Discussion Questions for EI Professionals

Section 1: EI professionals' general view and beliefs about the role of father/dad and their involvement in EI services

1. What's your view about the role that fathers/dads play in the development of their children and family?

2. Can father/dads be seen as the effective targets for intervention in EI practice?

If yes, to what extent?
If no, why?

3. As EI professionals, what do you think about the statement that "father/dad is absent from EI services as EI is predominantly focused on mothers?"
Probing Question: Do you agree with the statement? Is that fair to say that EI is mother-focused?

Section 2: The involvement of father/dad in EI services

1. Level of fathers/dads engagement in EI services
    - ➢ Developing the Individualized Family Service Plan (IFSP)
    - ➢ Responding to contacts from EI team
    - ➢ Making EI related decisions
    - ➢ Being present during services
    - ➢ Taking child to special activities related to SEN/D
    - ➢ Participating in parent training or support group programmes
    - ➢ Practicing parental skills suggested by EI team

2. What early intervention tasks or activities do fathers/dads involve the most?

3. What early intervention tasks or activities do fathers/dads involve the least?

Section 3: Barriers to Engagement and Practice

1. What are the barriers or factors may affect the involvement of fathers/dads in EI?

2. When a father/dad lacks presence during appointments, at meetings, and during contacts, what are the most heard reasons or excuse?

3. Is it necessary for EI services to spend time developing initiatives for fathers/dads or father/dad friendly programme?

If yes, why?

4. Will it be realistic to develop such initiatives and deliver in your practice? (Previous research has indicated that father-friendly programme is difficult to deliver as most father/dads in the lives of children receiving EI services are not interested in parental involvement activities.)

If yes, why?
If no, why?

Section 4: The needs of EI professionals

1. What would facilitate you as an individual EI professional to involve fathers/dads in your practice?

✧ What are the challenges for you to involve fathers in your practice?

2. What supports or provision would help EI services/EI team to engage fathers/dads more?

Probing question: supports in the wider environment (e.g., early years' settings, policy)

3. What is important to you as an early intervention professional about your role in supporting the involvement of fathers?

Section 5: Current support and provision available to fathers/dads

1. Are there any support or provision available to fathers/dads within EI context?

Appendix 7 Empirical Research Activity Two – Finalised Interview Questions

Interview Questions for EI Professionals

Section 1: EI professionals' general view and beliefs about the role of father/dad and their involvement in EI services

1. What's your view about the role the fathers/dads play in the development of their children and family?

2. Can father/dads be seen as the effective targets for intervention in EI practice?
If yes, to what extent?
If no, why?

3. As EI professionals, what do you think about the statement that "father/dad is absent from EI services as EI is predominantly mother-focused?"
Probing Question: Do you agree with the statement? Is that fair to say that EI is mother-focused?

Section 2: The involvement of father/dad in EI services

1. What is your general experience working with fathers/dads?

2. What are the challenges you faced in terms of working with fathers/dads?

3. What early intervention tasks or activities do fathers/dads involve the most?

Following-up Question: Why such EI-related activities fathers/dads involve the most?

4. What early intervention tasks or activities do fathers/dads involve the least?

Following-up Question: Why such EI-related activities fathers/dads involve the least?

5. What are the barriers to involvement of fathers/dads in EI services?

6. When a father/dad lacks presence during appointments, at meetings, and during contacts, what are the most heard reasons or excuse?

Section 3: Engaging Fathers/Dads in EI practice

1. Is it necessary for EI services to spend time developing initiatives for fathers/dads or father/dad-friendly programme?

If yes, why?

2. Will it be realistic to develop such initiatives and deliver in your practice?

If yes, why?
If no, why?

3. What would help to encourage and promote fathers'/dads' participation in EI?

4. What supports or provision would help EI services/EI professionals to engage fathers/dads more?

Probing question: supports in the wider environment (e.g., early years' settings, policy).

Appendix 8 Empirical Research Activity Two – Study Information

Information for Early Intervention (EI) Professionals
Fathers'/Dads' Engagement in EI services

Within family-centered Early Intervention (EI) principle, high quality interactions that is empowering and enabling between service providers and families of children with special educational needs and/or disability (SEN/D) have been found associated with optimal family outcomes. This requires a coordinated approach of partnership with both parents and other family members, to ensure that every decision that was made is beneficial to the outcome of the child and the family. While mothers/mums are seen as the primary EI target and agent for communication, recent research has indicated that fathers/dads are noticeably absent from EI services even though they have positive impact on the developmental outcome of families and their children with SEN/D, as well as the outcome of EI programmes.

Through our research we aim to gain insights of fathers'/dads' experiences of, and their participation within EI services, the role and perceptions of the EI professionals, as well as mothers/mums in supporting and promoting fathers/dads' involvement within the context of EI. The information you provided to us will help to inform the design and evaluation of future efforts to address comprehensive EI practice at a system level.

Therefore, we would like to invite you to take part in one-to-one telephone interview to discuss your experiences and perceptions in terms of your role as EI professionals in supporting the involvement of fathers/dads within EI services. Before you decide, we would like you to understand what the study would involve for you. We are therefore providing you with the following information. Please take time to read it carefully and discuss it with others if you wish.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to give consent. To do this you will be asked to reply to the invitation e-mail from us to confirm that you are willing to take part. Participation in this study is entirely voluntary and you are free to refuse to take part or to withdraw from the study at any time without having to give a reason and without this affecting your work within the EI services. You can also ask that all information including data be destroyed.

Confidentiality

Any information collected during the course of the study will be maintained on a confidential basis and access will be restricted to the research team. Your name will not be disclosed, nor will details of your answers be given to anyone. It is also important to note that in any report on the results of this research, your identity will remain anonymous. This will be done by changing your name and disguising any details of your interview which may reveal my identity or the identity of people you speak about. With your permission, the focus groups interviews with the researcher will be recorded and typed up as a written document or transcript. The transcripts will then be examined to ensure that all of the important information has been captured. The transcripts will not contain your name or any information about you that would allow you to be identified. The only people who will have access to the transcripts are the researchers. Some of your comments may be included in a report on the study, but these will be completely anonymous. Even though you have participated the focus group interview, you can withdraw permission to use data your interview data within two weeks after the interview, in which case the material will be deleted.

How will information you provided be recorded, stored, and protected?

In terms of storing the data collected, your personal data will be removed immediately after the collecting process and data will be labelled with ID codes, to ensure the data can no longer be attributed to a specific data subject without the use of additional information. All potentially identifying information will be carefully removed to avoid individuals being identified.

Data collected will only be accessible by the researcher and her supervisor and only for the purpose of agreed analysis. When storing digital form data (interview transcripts), the research team employs a secure enterprise file storing platform maintained by Citrix, which protects files stored and transferred via encryption, data loss prevention, and antivirus scanning.

Hard copies (e.g., signed consent form) of data collected will be stored securely in locked filing cabinets. Data will not be kept longer than necessary for research and examination purpose. It will be kept for up to 5 years in a General Data Protection Regulation (GDPR) compliant manner. This will be clearly stated in the consent forms. Confidentiality and anonymity will be assured for all participants. Neither the participants nor the EI service/team will be named in the final thesis or associated publications. Under freedom of information legalisation, you are entitled to access the information you have provided at any time.

What will happen to the results of the research study?

The overall findings of the study may be published in an academic journal, but these will not mention you in any way. If you would like to receive information about the results of the study, please let us know, and we will forward a summary of the findings to you at the end of the study.

Concerns or complaints about the research

If during your participation in this study you feel that the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process please contact Dr. Ann Devitt, Research Director, School of Education, Trinity College Dublin at devittan@tcd.ie or 00-353-1-896-1293. Please be assured that your concerns will be dealt with in a sensitive manner.

To obtain further information and take part in the study

If you would like to be kept informed of the research, or indeed to take part in the focus groups study, please do make contact:

Ke Ren
renk@tcd.ie
School of Education
Trinity College Dublin
Dublin 2

If you have any queries, please feel free to contact a member of the research team:

Ke Ren
renk@tcd.ie
School of Education
Trinity College Dublin
Dublin 2

Appendix 9 Empirical Research Activity Two - Consent From

CONSENT FORM FOR EARLY INTERVENTION (EI) PROFESSIONALS

There are two sections in this form. Each section has a statement and asks you to initial if you agree. The end of this form is for the researchers to complete.

Please ask <u>any</u> questions you may have when reading each of the statements.
Thank you for participating.
Please <u>Initial</u> the box if you agree with the statement. Please feel free to ask questions if there is something you do not understand.

General	**Tick box**
I understand Ke Ren from the School of Education in Trinity College Dublin is conducting this research. Ke Ren can be contacted at renk@tcd.ie.	
The purpose of this research is to gain insights of fathers/dads experiences of, and their participation within EI services, the role and perceptions of the EI professionals, as well as mothers/mums in supporting and promoting fathers/dads' involvement within the context of EI.	
I confirm I have read and understood the Information Leaflet for the above study. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.	
I understand that this study is entirely voluntary, and if I decide that I do not want to take part, I can stop taking part in the interview at any time without giving a reason, and I can ask that all information including data be destroyed.	
I agree to my interview being audio-recorded.	
I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about	
I understand that I may present concerns, questions etc., at any point during the study.	
I understand that I will not be paid for taking part in this study.	

I understand that I should experience no form of stress or discomfort as a result of participating in this study.	

I understand that at the conclusion of my participation, any further questions or concerns I have will be fully addressed.	
I understand that all information I provide for this study will be treated confidentially.	
I understand that I am permitted to present concerns, questions, or queries at any point during the study.	
Data processing	**Tick box**
I understand that only the research team will have access to my data and can hold this information for up to 5 years in General Data Protection Regulation (GDPR) manner.	
I understand that personal information about me, including the transfer of this personal information about me outside of the EU, will be protected in accordance with the General Data Protection Regulation (GDPR).	
I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted.	
I understand that all data collected will only be accessible by the researcher and her supervisor and only for the purpose of agreed analysis	

If during your participation in this study you feel that the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process please contact Dr. Ann Devitt, Research Director, School of Education, Trinity College Dublin at devittan@tcd.ie or 00-353-1-896-1293. Please be assured that your concerns will be dealt with in a sensitive manner.

Signed:
Participant Name (Block Capitals)

Signature

Date

To be completed by the Principal Investigator or nominee.

I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a way that they could understand. I have explained the risks and possible benefits involved. I have invited them to ask questions on any aspect of the study that concerned them.

I have given a copy of the information leaflet and consent form to the participant with contacts of the study team

Researcher Name (Block Capitals)

Signature

Date

Appendix 10 Empirical Research Activity Three – Original Interview Questions

Interview Questions For Mothers/Mums

Section 1: Mothers/mums general view and beliefs about father involvement

1. What do you consider the role father plays in the learning and development of a child with special educational needs and or disabilities?

✧ What roles do they play?

2. Do you think the role that fathers play in families of children with special educational needs is different to families of children without special educational needs?

✧ Are there any differences between father role in families of children with special needs and in families of children without special needs?

3. What's your definition of a good father?

✧ How will you define a good father?
✧ What is a "good father" should be like?

4. Not Known

Section 2: Mother/mum's view about father/dad involvement with EI services

1. Do you think that early intervention service delivering is predominantly focused on mothers/mums?

✧ Why do you think of this?

2. Do you feel your husband role is valued by the early intervention professionals?

3. Could you share some of your stories about your husband/partner/the child's male caregiver's involvement with the service?

4. Recent research have shown that fathers/dads are greatly absent from the early intervention service, what are the barriers and factors that may affect the involvement of fathers/dads based on your experiences?

5. Does it make a different to your life as a mother/mum of a child with special educational needs and/or disability when the father/dad participate more in early intervention related activities?

6. Do you think a highly involved father/dad could contribute to intervention outcome?

- ✧ <u>Is it benefit to the child?</u>

7. If early intervention services want to involve more fathers/dads, what do they need to change? (New Question – need to be add to methodology section)

Section 3: the role of mothers/mums in promoting fathers'/dads' involvement

1. Do you have a role to play in terms of your husband/partner' involvement with early intervention service?
   If yes, what role do you play?

Appendix 11 Empirical Research Activity Three – Finalised Interview Questions

Interview questions for mothers/mums

Section 1: Mothers/mums general view and beliefs about early intervention

1. When the time you heard that your child was going to receive early intervention service, what was early intervention to you?

✧ What was the first thing you thought about early intervention?

当您听到你的孩子可以参加早期干预的时候，您对早期干预的第一反应是什么？ 您觉得早期干预应该是什么样的？

2. The philosophy behind early intervention is all about family-centered practice, what does this mean to you?

✧ What type of service are you expecting?

早期干预的理念是关注家庭和儿童的需求，这对您意味着什么？您觉得这个理念背后的服务应该是怎么样的？

3. Can you see evidence of family-centered practice in early intervention service based on your own experience?

根据您和您家庭在接收早期干预服务中的经历来看，您觉得这边早期干预有没有以家庭和儿童的需求为中心？

4. Do you think that within this family-centered principle, early intervention service delivering is predominantly focused on mothers/mums? (Optional)

对您来说早期干预服务是不是更倾向于妈妈的服务？

Section 2: Mother/mum’s view about father/dad involvement with EI services

1. Do fathers/dads have an important role to play in the life of a child with special educational needs and/or disability, as well as in early intervention service?

If yes, what role do they play?

您觉得爸爸在孩子成长过程中扮演着什么角色，爸爸在早期干预中又扮演着什么角色？

2. Could you share some of your stories about your husband/partner/the child’s male caregiver’s involvement with the service?

您能否分享一些有关您的丈夫/伴侣/孩子的男性照顾者参与早期服务的故事？

3. Recent research have shown that fathers/dads are greatly absent from the early intervention service, what are the barriers and factors that may affect the involvement of fathers/dads based on your experiences?

最近的研究表明，多数爸爸/父亲很少参加早期干预服务，根据您的经验，哪些因素会影响爸爸/父亲的参与？

4. Does it make a different to your life as a mother/mum of a child with special educational needs and/or disability when the father/dad participate more in early intervention related activities?

您觉得作为有特殊需求孩子的妈妈来说， 如果爸爸经常参与早期干预相关活动对您会不会有帮助？会不会对您减少压力

5. Do you think a highly involved father/dad could contribute to intervention outcome?

Probing questions: Is it benefit to the child?

对于孩子来说，您觉得爸爸的直接参与会不会给干预带来更好的效果？

Section 3: the role of mothers/mums in promoting fathers/dads involvement

1. Do you have a role to play in terms of your husband/partner’ involvement with early intervention service?

If yes, what role do you play?

您觉得您作为孩子的妈妈对爸爸参加早期干预有什么帮助或影响？

Appendix 12 Empirical Research Activity Three – Study Information

Information for Mothers/Mums
Fathers/Dads Involvement Research
Fathers/Dads in Early Intervention (EI) Services

As well as mothers/mums, fathers/dads have a vital role to play in the development and learning of a child. The unique role of fathers/dads contributes to the development of their children in a variety of developmental domains such as cognitive, social, mental health, and language. In the context of early intervention (EI) for families of children with special educational needs and/or disability (SEN/D), a similar shift in father/dad role responsibilities is expected, as research found that high level of father/dad involvement within EI services is associated with optimal family outcomes. However, while mothers/mums are seen as the primary EI target and agent for communication, recent research has indicated that fathers/dads are noticeably absent from EI services even though their participation could positively impact the developmental outcome of children with SEN/D, as well as the efficacy and the outcome of EI programmes.

Through our research we aim to gain insights of fathers/dads experiences of, and their participation within EI services, the role and perceptions of the EI professionals, as well as mothers/mums in supporting and promoting fathers/dads' involvement within the context of EI. The information you provided to us will help to inform the design and evaluation of future efforts to address comprehensive EI practice at a system level.

Therefore, we would like to invite you to take part in one-to-one interview to discuss your perceptions on father/dad involvement in EI services. Before you decide, we would like you to understand what the study would involve for you. We are therefore providing you with the following information. Please take time to read it carefully and discuss it with others if you wish.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to give consent. To do this you will be asked to reply to the invitation e-mail from us to confirm that you are willing to take part. Participation in this study is entirely voluntary and you are free to refuse to take part or to withdraw from the study at any time without having to give a reason and without this affecting the participation of your and your family in EI service. You can also ask that all information including data be destroyed.

Confidentiality

Any information collected during the course of the study will be maintained on a confidential basis and access will be restricted to the research team. Your name will not be disclosed, nor will details of your answers be given to anyone. It is also important to note that in any report on the results of this research, your identity will remain anonymous. This will be done by changing your name and disguising any details of your interview which may reveal my identity or the identity of people you speak about. With your permission, the interviews with the researcher will be recorded and typed up as a written document or transcript. The transcripts will then be examined to ensure that all of the important information has been captured. The transcripts will not contain your name or any information about you that would allow you to be identified. The only people who will have access to the transcripts are the researchers. Some of your comments may be included in a report on the study, but these will be completely anonymous. Even though you have participated the interview, you can withdraw permission to use data your interview data within two weeks after the interview, in which case the material will be deleted.

How will information you provided be recorded, stored, and protected?

In terms of storing the data collected, your personal data will be removed immediately after the collecting process and data will be labelled with ID codes, to ensure the data can no longer be attributed to a specific data subject without the use of additional information. All potentially identifying information will be carefully removed to avoid individuals being identified.

Data collected will only be accessible by the researcher and her supervisor and only for the purpose of agreed analysis. When storing digital form data (interview transcripts), the research team employs a secure enterprise file storing platform maintained by Citrix, which protects files stored and transferred via encryption, data loss prevention, and antivirus scanning.

Hard copies (e.g., signed consent form) of data collected will be stored securely in locked filing cabinets. Data will not be kept longer than necessary for research and examination purpose. It will be kept for up to 5 years in a General Data Protection Regulation (GDPR) compliant manner. This will be clearly stated in the consent forms. Confidentiality and anonymity will be assured for all participants. Neither the participants nor the EI service/team will be named in the final thesis or associated publications. Under freedom of information legalisation, you are entitled to access the information you have provided at any time.

What will happen to the results of the research study?

The overall findings of the study may be published in an academic journal, but these will not mention you in any way. If you would like to receive information about the results of the study, please let us know, and we will forward a summary of the findings to you at the end of the study.

Concerns or complaints about the research

If during your participation in this study you feel that the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process please contact Dr. Ann Devitt, Research Director, School of Education, Trinity College Dublin at devittan@tcd.ie or 00-353-1-896-1293. Please be assured that your concerns will be dealt with in a sensitive manner.

To obtain further information and take part in the study

If you would like to be kept informed of the research, or indeed to take part in the focus groups study, please do make contact:

Ke Ren
renk@tcd.ie
School of Education
Trinity College Dublin
Dublin 2

If you have any queries, please feel free to contact a member of the research team:

Ke Ren
renk@tcd.ie
School of Education
Trinity College Dublin
Dublin 2

给母亲/妈妈的信息
父亲/爸爸参与早期干预 (EI) 服务

与母亲/妈妈一样，父亲/爸爸在孩子的成长和学习中发挥着至关重要的作用。父亲/爸爸的独特作用有助于他们孩子在认知、社会、心理健康和语言等各种发展领域的发展。在对有特殊教育需要和/或残疾儿童 (SEN/D) 的家庭进行早期干预 (EI) 的背景下，预计父亲/父亲的角色责任会发生类似的转变，因为研究发现父亲/父亲的高度参与EI 服务与最佳家庭结局相关。然而，虽然母亲/妈妈被视为 EI 的主要目标和沟通媒介，但最近的研究表明，父亲/爸爸明显缺席 EI 服务，尽管他们的参与可能对 SEN/D 儿童的发育结果产生积极影响，因为以及 EI 计划的有效性和结果。

通过我们的研究，我们旨在深入了解父亲/父亲在 EI 服务中的经历及其参与、EI 专业人员的作用和看法，以及母亲/母亲在支持和促进父亲/父亲参与的背景下 EI。您提供给我们的信息将有助于为在系统层面解决综合 EI 实践的未来工作的设计和评估提供信息。

因此，我们想邀请您参加一对一的访谈，讨论您对父亲/父亲参与 EI 服务的看法。在您做出决定之前，我们希望您了解这项研究对您的影响。因此，我们为您提供以下信息。如果您愿意，请花时间仔细阅读并与他人讨论。

我必须参加吗？

是否参加由您决定。如果您决定参加，您将被要求同意。为此，您将被要求回复我们的邀请电子邮件，以确认您愿意参加。参加本研究完全是自愿的，您可以随时拒绝参加或退出研究，无需说明理由，也不会影响您和您的家人参与 EI 服务。您也可以要求销毁包括数据在内的所有信息。

保密

在研究过程中收集的任何信息都将在保密的基础上进行维护，并且仅限研究团队访问。您的姓名不会被披露，您的回答的详细信息也不会透露给任何人。同样重要的是要注意，在任何关于本研究结果的报告中，您的身份将保持匿名。这将通过更改您的姓名并掩饰您的采访中可能暴露我的身份或您所谈论的人的身份的任何细节来完成。经您许可，与研究人员的访谈将被记录下来，并以书面文件或成绩单的形式打印出来。然后将检查成绩单以确保已捕获所有重要信息。成绩单不会包含您的姓名或任何可以让您被识别的信息。唯一可以访问成绩单的人是研究人员。您的一些评论可能会包含在研究报告中，但这些评论将完全匿名。即使您参加了采访，您也可以在采访后两周内撤回使用您的采访数据的权限，在这种情况下，材料将被删除。

您提供的信息将如何被记录、存储和保护？

在存储收集到的数据方面，您的个人数据将在收集过程结束后立即被删除，并用 ID 代码标记数据，以确保在不使用附加信息的情况下不再将数据归属于特定数据主体。所有潜在的识别信息都将被仔细删除，以避免个人被识别。

收集的数据只能由研究人员及其主管访问，并且仅用于商定的分析目的。在存储数字表格数据（采访记录）时，研究团队采用了由 Citrix 维护的安全企业文件存储平台，该平台通过加密、数据丢失预防和防病毒扫描来保护存储和传输的文件。

收集的数据的硬拷贝（例如，签署的同意书）将安全地存储在上锁的文件柜中。数据的保存时间不会超过研究和检查目的所需的时间。它将以符合通用数据保护条例 (GDPR) 的方式保存长达 5 年。这将在同意书中明确说明。将确保所有参与者的机密性和匿名性。参与者和 EI 服务/团队都不会在最终论文或相关出版物中提及。根据信息自由合法化，您有权随时访问您提供的信息。

研究结果会怎样？

研究的总体结果可能会发表在学术期刊上，但不会以任何方式提及您。如果您想收到有关研究结果的信息，请告诉我们，我们将在研究结束时将结果摘要转发给您。

对研究的担忧或投诉

如果您在参与本研究期间觉得您获得的信息和指导方针以任何方式被忽视或忽视，或者如果您对该过程不满意，请联系三位一体教育学院研究主任 Ann Devitt 博士都柏林学院 devittan@tcd.ie 或 00-353-1-896-1293。请放心，我们将以敏感的方式处理您的疑虑。

获取更多信息并参与研究

如果您想随时了解这项研究，或者确实想参加焦点小组研究，请联系：

任珂 （Ke Ren）
renk@tcd.ie
教育学院
都柏林三一学院
都柏林 2

如有任何疑问，请随时联系研究团队成员：

任珂 （Ke Ren）
renk@tcd.ie
教育学院
都柏林三一学院
都柏林 2

Appendix 13 Empirical Research Activity Three – Consent Form

CONSENT FORM FOR MOTHERS/MUMS

There are two sections in this form. Each section has a statement and asks you to initial if you agree. The end of this form is for the researchers to complete.

Please ask <u>any</u> questions you may have when reading each of the statements.
Thank you for participating.

Please <u>Initial</u> the box if you agree with the statement. Please feel free to ask questions if there is something you do not understand.

General	**Tick box**
I understand Rita Ke Ren from the School of Education in Trinity College Dublin is conducting this research. Rita can be contacted at renk@tcd.ie.	
The purpose of this research is to gain insights of fathers/dads experiences of, and their participation within EI services, the role and perceptions of the EI professionals, as well as mothers/mums in supporting and promoting fathers/dads' involvement within the context of EI.	
I confirm I have read and understood the Information Leaflet for the above study. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.	
I understand that this study is entirely voluntary, and if I decide that I do not want to take part, I can stop taking part in the interview at any time without giving a reason, and I can ask that all information including data be destroyed.	
I agree to my phone call interview being audio-recorded.	
I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about	
I understand that I may present concerns, questions etc., at any point during the study.	
I understand that I will not be paid for taking part in this study.	

I understand that I should experience no form of stress or discomfort as a result of participating in this study.	

I understand that at the conclusion of my participation, any further questions or concerns I have will be fully addressed.	
I understand that all information I provide for this study will be treated confidentially.	
I understand that I am permitted to present concerns, questions, or queries at any point during the study.	
Data processing	**Tick box**
I understand that only the research team will have access to my data and can hold this information for up to 5 years in General Data Protection Regulation (GDPR) manner.	
I understand that personal information about me, including the transfer of this personal information about me outside of the EU, will be protected in accordance with the General Data Protection Regulation (GDPR).	
I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted.	
I understand that all data collected will only be accessible by the researcher and her supervisor and only for the purpose of agreed analysis	

If during your participation in this study you feel that the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process please contact Dr. Ann Devitt, Research Director, School of Education, Trinity College Dublin at devittan@tcd.ie or 00-353-1-896-1293. Please be assured that your concerns will be dealt with in a sensitive manner.

Signed:

Participant Name (Block Capitals)

Signature

Date

To be completed by the Principal Investigator or nominee.

I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a way that they could understand. I have explained the risks and possible benefits involved. I have invited them to ask questions on any aspect of the study that concerned them.

I have given a copy of the information leaflet and consent form to the participant with contacts of the study team.

Researcher Name (Block Capitals)

Signature

Date

研究同意书（妈妈）

此表单有两个部分。 每个部分都有一个声明需要征求您的同意。 该表格的结尾供研究人员填写。 **如果您在阅读每个声明时有任何疑问，研究员会为您解答。感谢您的参与。** **如果您同意该声明，请在方框中打勾。** **如果您不了解某些内容，请随时提问。**	
一般声明	**打勾**
我了解都柏林圣三一学院教育学院的任珂正在进行这项研究。我可以通过 renk@tcd.ie 与任珂联系。	

这项研究的目的是了解父亲/爸爸在参与早期干预服务中的经历，早期干预专业人员对父亲/爸爸参与早期干预的作用和看法，以及母亲/妈妈在支持和促进父亲/父亲在参与早期干预服务方面的见解。	
我确认我已阅读并理解了以上研究的具体信息。 信息已经向我充分解释，我能够提出问题，并且所有问题我都得到了满意答复。	
我了解这项研究完全是自愿的，如果我决定不想参加，我可以在没有任何理由的情况下随时停止参加访谈，并且可以要求销毁包括数据在内的所有信息。	
我同意接受采访录音。	
我了解，在任何有关这项研究结果的报告中，我的身份都将保持匿名。 这可以通过更改我的名字并掩饰访谈中任何可能揭示我的身份或我所谈论的人的身份来完成。	
我了解我可以在访谈过程中的任何时候提出疑虑，问题等。	
我了解参加这项研究不会获得报酬。	
我了解参加这项研究不会导致任何形式的压力或不适。	
我了解在研究结束后，我所遇到的任何问题或疑虑都会得到充分解决。	
我了解我为这项研究提供的所有信息都会被保密。	
我了解我可以在研究期间随时提出疑虑，问题或疑问。	
研究数据采集及处理过程	**打勾**
我了解只有研究小组才能访问我的数据，并且可以按照欧盟的《通用数据保护条例》（GDPR）的方式将这些信息保存长达 5 年。	
我了解，关于我的个人信息，包括在欧盟以外转移关于我的个人信息，将受到通用数据保护条例（GDPR）的保护。	

我了解我可以在面试后的两周内撤消使用面试数据的许可，在这种情况下，资料将被删除。	
我了解所有收集到的数据将仅由研究人员及其导师访问，并且仅用于达成共识的分析。	

如果您在参与本研究的过程中感到您的信息或给予您的研究信息没有得到恰当的处理，或者对该过程感到不满意，请联系都柏林圣三一学院教育学院研究总监 Ann Devitt 博士。电子邮件：devittan@tcd.ie 或 00-353-1-896-1293。 请放心，我们会以敏感的方式处理您的疑虑。

签：

参与者姓名 (大写)

签名

日期

由首席研究员或被提名人填写：

本人（签名人）已为上述研究参与者充分解释了本研究的性质和目的。 我已经解释了所涉及的风险和可能带来的好处。 我已邀请他们就与他们有关的研究的任何方面提出问题。

我已将研究人员联系方式向参与者提供了详细研究信息和研究同意书的副本。

研究员 (大写)

签名

日期

Appendix 14 Planned Focus Group Design And Pilot Study

Focus Group Discussion with EI Professionals

This appendix outlines the details of planned focus group discussion, which planned to involve 2 focus groups with EI professionals in Ireland. Details relating to the focus group design and pilot study are presented. To begin with, the following section will provide details regarding the design and content of the focus group discussion for EI professionals.

Focus Group Discussion Design and Content

A semi-structured group interview, with open-ended questions, was designed and guided by an extensive literature concerning the role of father/dad in EI to investigate the topic. The finalised semi-structured interview questions and probed questions were developed across five sections, which are:

(1) EI professionals' general view and beliefs
(2) The involvement of father/dad in EI service
(3) Barriers to engagement and practice
(4) The needs of EI professionals
(5) Current support and provision

The first section (EI professionals' general view and beliefs) involved three questions: the first two explored the attitudes and views of EI professionals towards father/dad's role and involvement and the third concerned a specific criticism from the literature that EI is predominantly mother-focused. For example, one of the first two questions was: *Can father/dads be seen as the effective targets for intervention in EI practice? If so, to what extent?* Regarding the third question, EI professionals were asked: *What do you think about the statement that "father/dad is absent from EI services as EI is predominantly mother-focused?*

The second section (the involvement of father/dad in EI service) involved three questions that explored the extent of father/dad involvement in EI service as well as the types of EI tasks and/or activities that fathers/dads involve the most and the least. An example of questions in this section was: *What early intervention tasks or activities do fathers/dads involve the most?*

The third section (barriers to engagement and practice) included four questions that explored the factors and barriers for engaging fathers/dads from the perspective of individual EI professionals. It also explored whether it is necessary for EI service to develop initiatives to support fathers/dads and is it realistic to develop such initiatives and deliver in practice. Examples of the questions were: *When a father/dad lacks presence during appointments, at meetings, and during contacts, what are the most heard reasons or excuses? Is it necessary for EI services to spend time developing initiatives for fathers/dads or father/dad friendly programme? If yes, why.*

The fourth and fifth sections (the needs of EI professionals and current support and provision) included three questions and explored the supports that are needed for EI professionals and services to facilitate the involvement of fathers/dads, as well as the current supports and provisions available to fathers/dads of children with SEN/D in Ireland. An example of the questions was: *What would facilitate you as an individual EI professional to involve fathers/dads in your practice?*

The content and design of the semi-structured group interview provided the interviewees with an overview of the topic areas and thus allowed the researcher to facilitate and moderates the group discussion of emerging areas between participants during the interview process.

The next section outlines the pilot study among three early years' educators with expertise in the area of EI in Ireland.

The Pilot Study

The aim of this pilot study was to explore focus group procedure and all aspects of the instrument accurately and precisely to determine whether the instrument measured what it claimed to measure. In focus group discussion, the role that the researcher plays is central to the quality of data collection. Unlike one-to-one interview where the researcher plays a role as an "investigator", it is recognised that focus group discussion requires a skilled researcher who adopts the role of a "facilitator" to guide and moderate the dynamic interaction and opinion sharing between the interviewees within the group context (O.Nyumba et al., 2018). The researcher who carried out this study was new to the process of conducting professional research group interviews although she had prior experience of working with EI professionals in a peer support situation. Therefore, the pilot study offered the researcher opportunities to practice relevant level of skills such as probing, reflecting, observing, and documenting.

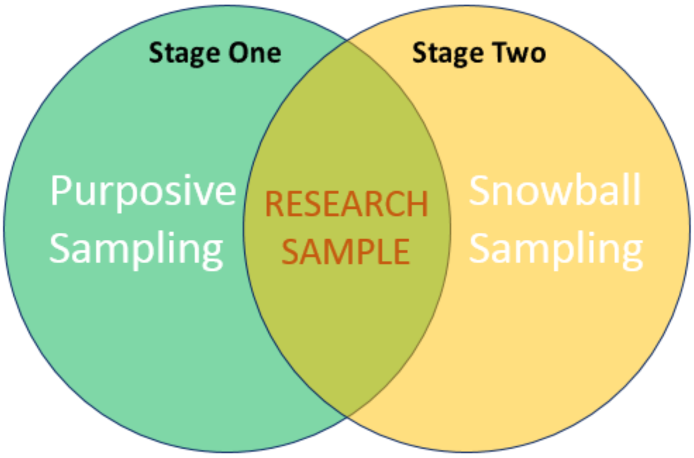
One pilot study focus group was conducted among three early years' educators who have a remit in the area of EI within the early years' setting. None of the data recorded in the pilot study was used in the data analysis. Useful feedback was provided that enabled the researcher to re-draft the group interview as well as practicing the planned procedure for the focus group, and to practice interview skills. For example, on a structure level, it was suggested that more open questions could be added to allow for further expansion on areas where interview participants would have expertise. From the perspective of the researcher's personal interview skills, feedback indicated that it is important to use pauses and probing follow-up questions for additional insights during the interview process.

Appendix 15 Initial sampling procedure (pre-Covid)

This appendix outlines the initial sampling procedure for the current programme of research. Due to the qualitative nature of current research, different sampling methods were considered for their appropriateness, such as; convenience sampling, stratified sampling, and purposive sampling. So as to collect the most appropriate data from the key informants to answer the research questions, purposive sampling was selected. Such an approach facilitated the deep and rich exploration of the central issues and key concepts (Groenewald, 2004).

Within the Irish context, EI services for families and their children with SEN/D are provided by both statutory and non-governmental agencies/organisation across health and education sector (see Diagram 2 above). As a consequence, a variety of stakeholders exist in the sector of interest, and their intricate relationship in EI services delivery resulted in understandable complexities regarding an appropriate sampling framework. For example, whilst HSE EI teams/networks provide geographically based services, other agencies /organisations (e.g., Enable Ireland, Midwest Disability Services, and Coaction) are also delivering services in partnership and / or not in partnership with the HSE across both urban and rural areas. Furthermore, variations in access to services exists across Ireland (Carroll et al., 2013). For instance, in County Louth, a child must present with physical, sensory, intellectual disabilities, and / or developmental delay or be on a diagnosis (or diagnostic query) of Autism Spectrum Disorder (ASD) to require ongoing team-based interventions (HSE, 2018). For families and their children with SEN/D residents in the County Offlay area, significant delays for two or more in the developmental domains of communication, gross and fine motor skill, problem solving, personal, and social must be present so as to gain access to the services (HSE, 2018). Accordingly, a national sample cannot be easily represented as there is no national consistency in service provision in Ireland. Thus, in order to approximate an appropriate sample for the current programme of research, a two-staged approach to sampling integrating a purposive and a snowball sampling framework (shown in Figure 1) were initially employed to select EI services in Ireland. The following section presents detailed procedure of sampling of each stage.

Figure 1. Two-staged approach to initial sampling (pre-Covid)



Stage One: Purposive sampling

In the first stage, six EI teams within two HSE Administrative Areas were invited to take part in the study. These six EI teams were either completely operational by the HSE or in a collaboration with HSE. Two of these teams were located within the HSE Dublin North-East Area and provided assessment and team-based intervention for families and their children living in County Louth and County Meath. Both teams were in a rural location with one team completely operational by HSE and one team (non-governmental organisation) in partnership with HSE. The four additional teams were located in the HSE Mid-Leinster Area in an urban location with the HSE as main service provider. The researcher contacted each identified team leader and provided details of the research and an invitation to participate. Following the recruitment phase, one EI team accepted the invitation to participate.

Stage Two: Snowball Sampling

In order to sample more appropriate contact for the current research programme, a snowball approach to sampling was employed in the second stage. Due to the interdisciplinary nature of EI and variation in EI service delivery within the Irish context, snowball sampling strategies were considered an advantage as it generates the diversity of samples (Kirchherr & Charles, 2018; Sadler et al., 2010), so that a broad representation of backgrounds and experiences of all those involved in the EI team can be gained, as well as "undisclosed information" relating to the central issues of the area that is under investigation. Thus, the technique from snowball sampling approach was used in the second phase of recruitment, where the researcher contacted each identified team lead of the six initial EI team for recommendation of the EI teams to act as future participants. As a result, four EI teams were suggested to the researcher. Following a series of ongoing communication, none of the EI teams accepted the invitation to participate in the second recruitment phase.

Identification of Participants within the Sample Group

The use of a two-staged integrated sampling approach namely: purposive sampling and snowball sampling enabled a wide representation of EI teams and EI professionals to be gained. Subsequently, the detailed recruitment procedure, which involved recruiting EI professionals and fathers/dads and / or mothers/mums of children with SEN/D were discussed when the research had a phone chat with the EI team leader (shown in Table 1 and Table 2). The gatekeepers – EI team leader/assistant were asked to purposively identify fathers/dads and / or mothers/mums of children with SEN/D, as well as professionals who met the inclusion criteria as potential participants. Besides this, a research recruitment poster for families was also displayed at the reception area of the EI service.

Table 1: Selection and Recruitment Plan: EI Professionals

STEP ONE

The team leader / assistant identified all professionals from a range of disciplines who met the research criteria

STEP TWO

All professionals received a cover letter and a study information sheet

STEP THREE

Professionals who agreed to participate the study contacted the team leader/assistant.

STEP FOUR

The team leader/assistant contacted the researcher to arrange focus group discussion.

Table 2: Selection and Recruitment Plan: Fathers/Dads and / or Mothers/Mums

STEP ONE

- The team leader/assistant purposively identified a number of families (fathers/dads and / or mothers/mums) who met the study criteria
- The team leader/assistant displayed the research recruitment poster for families at the reception of the service.

STEP TWO

- The identified families (fathers/dads and / or mothers/mums) received an invitation email that contained a cover letter and study information sheet
- Families (fathers/dads and / or mothers/mums) who were interested in the research study according to the information provided on the recruitment poster received a research cover letter and a study information sheet.

STEP THREE

Both identified parents and parents recruited through the research poster contacted the team leader / assistant. It is important to note that up until this point all data was held by the service.
STEP FOUR
The team leader / assistant contacted the researcher with the details of the families who agreed to participate.
STEP FIVE
The researcher contacted the parents directly to arrange the interviews.

In following the recruitment of fathers/dads and/or mothers/mums of children with SEN/D through the EI service, further sampling occurred as concerns were raised over the reliability and validity of the samples. For example, most identified families, especially fathers/dads are currently highly involved in the service. In other words, the EI team leader/assistant tended to priorities actively involved fathers/dads as potential participants during the recruitment process. This resulted in an understandable "inappropriateness" towards the samples as one of the main aims of the research is to explore the current picture/scenario of fathers/dads' experiences of, and preferences for, EI services as well as their role in the life of children with SEN/D. Therefore, in order to gain a wide representation of fathers/dads, especially fathers/dads who are assumed as the "invisible parents", a pathway to further sampling was discovered through the ToC map, where a three-way connection between EI services, families, and early years' settings was indicated. As a consequence, 4 inclusive early years' services were purposively selected and invited to facilitate the research. The detailed the procedure in recruiting fathers/dads and / or mothers/mums of children with SEN/D were discussed when the researcher met each service's owner / manager (shown in Table 3).

Table 3: Selection and Recruitment Plan B: Fathers/Dads and / or Mothers/Mums

STEP ONE

- The service manager/owner identified all families (fathers/dads and / or mothers/mums) of children with SEN/D attending the service.
- The service manager/owner displayed the research recruitment poster for families at the reception of the service.

STEP TWO

All identified families (fathers/dads and / or mothers/mums) received a printed cover letter and a study information sheet when they were collecting their children.

STEP THREE

Follow-up phone calls, as well as face-to-face chat about the research study, occurred between the service manager/owner and selected parents a week after they received the research cover letter and study information.

STEP FOUR

Fathers/dads and / or mothers/mums who agreed to participate the study contacted the service manager/owner. It is important to note that up until this point all data was held by the service.

STEP FIVE

The service manager/owner asked the parents' permission to give their contact details to the researcher.

STEP SIX

The researcher contacted the parents directly to arrange the interviews.

The use of a two-staged approach to sampling integrating a purposive and a snowball sampling framework have recruited one EI team to participant in two focus group discussion and one early years' service to facilitate the recruitment of parents of children with SEN/D. Due to COVID-related issues, both the EI team and the early years' setting withdrawn from the study.

Appendix 16 Recruitment Posters

Recruitment Poster for Fathers/Dads and/or Mothers/Mums

Trinity College Dublin
The University of Dublin

Father/Dad Involvement Research

Parents of Children with Special Educational Needs: We Need You!

What is the study about?

This study is looking at fathers/dads experiences and involvement with early intervention services, as well as the perceptions of mothers/mums on the role of fathers/dads and their participation in early intervention. It is an opportunity to share your story – as a father/dad and your views – as a mother/mum about father/dad involvement to support future developments.

Who is doing the study?

My name is Rita Ren and I am a PhD researcher at the School of Education, Trinity College Dublin.

Who will take part?

Fathers/Dads/Male Caregivers and/or Mothers/Mums/Female Caregivers of a child (birth – 6 years old) with special educational needs and /or disability who are receiving early intervention service.

What will it involve?

For Fathers/dads/male caregivers:
The participation will involve an one-to-one conversation about your early intervention experiences.
For Mothers/mums/female caregivers:
The participation will involve an one-to-one conversation about your views on father/role and their involvement in early intervention.

The conversation will take place in a place convenient for you and will last about one hour.

For more information about this study or to volunteer for this study, please contact:

Rita Ren
Ph.D. Researcher
School of Education
Trinity College Dublin
+353871181251
renk@tcd.ie

Recruitment Poster for EI Professionals

RESEARCH PARTICIPANTS NEEDED

Early Intervention Professionals and Therapists Working with Families of Children with Special Educational Needs and/or Disabilities

EARLY INTERVENTION

We want to hear your views on father/dad involvement and their participation in early intervention.

Please consider partaking in our one-to-one telephone interview (max. 1 hour).

For more information about this study or to volunteer for this study, please contact:
Rita Ren
School of Education
Trinity College Dublin
+353871181251
renk@tcd.ie

Trinity College Dublin
The University of Dublin