

Preparing to scale an early childhood, violence prevention parenting programme in Jamaica

Submission date 19/10/2023	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 23/10/2023	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 04/02/2026	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Violence against children (VAC) is a violation of child rights, has high prevalence in low- and middle-income countries (LMIC), is associated with long-term negative effects on child functioning, and with high economic and social costs. There is growing evidence from LMIC that caregiver training programs can be effective in reducing VAC, however, these interventions have not been implemented at scale and there is limited guidance on the process of facilitating wide-scale dissemination. To maximise scalability and sustainability, evidence-based interventions need to be integrated into existing government services and be delivered by existing staff. In Jamaica, 84% of caregivers of children aged 2-4 years report using physical violence, and 71% report using psychological aggression demonstrating an urgent need for violence-prevention programming. This need has been recognized at the national level - Jamaica is a pathfinder country in the Global Partnership to End Violence Against Children and the government has launched 'The National Plan of Action for an Integrated Response to Children and Violence'. To respond to the need for violence-prevention programming, we have developed, implemented, and evaluated an early childhood, violence prevention parenting programme (the Irie Homes Toolbox). The Irie Homes Toolbox has been shown to be effective at reducing violence against children by caregivers, increasing caregiver involvement and reducing child conduct problems for children with high initial levels of conduct problems. However, in the initial evaluation, the parenting sessions were facilitated by the research team. For national dissemination, the Irie Homes Toolbox will be delivered by early childhood teachers, and it is important to test the effectiveness of this model prior to large scale implementation. This study involves piloting the Irie Homes Toolbox with early childhood teachers as intervention facilitators and evaluating the acceptability and feasibility of this mode of delivery and its effectiveness in reducing violence against children by caregivers.

Who can participate?

Caregivers of children aged 2-6 years attending early childhood educational institutions in urban areas of Kingston and St Andrew.

What does the study involve?

Twenty-four early childhood centres will be randomly allocated to a group in which the early childhood teachers will be trained in the Irie Homes Toolbox (treatment group) or to a

comparison group in which teachers receive no additional training (control group). Within each early childhood centre, ten caregivers will be selected to participate in the study (120 in the treatment group, 120 in the control group). In the treatment group, the selected caregivers will be invited to attend group parenting sessions held once a week for 10-12 weeks. Sessions will be delivered by early childhood teachers within each centre and will cover content related to promoting children's positive behaviour, preventing and managing child misbehaviour, emotional self-regulation, and supporting children's learning. We will document caregiver attendance at sessions and the quantity and quality of the parenting sessions conducted by the teachers. We will administer questionnaires to all participating caregivers at the beginning of the study and again at the end of the study to evaluate the effect of the Irie Homes Toolbox programme on caregivers' use of violence against their child, caregivers' attitudes and preferences for harsh punishment and caregivers' involvement with their child.

What are the possible benefits and risks of participating?

The potential benefits of the study are improved parenting practices by caregivers including decreased use of harsh punishment, increased use of positive parenting strategies and less favourable attitudes towards parents' use of corporal punishment. The intervention is behavioural in nature and risks to participation are minimal.

Where is the study run from?

The study is being run from the Caribbean Institute for Health Research, University of the West Indies, Jamaica and takes place within early childhood education centres in urban areas of Kingston and St. Andrew

When is the study starting and how long is it expect to run for?

July 2023 to December 2024

Who is funding the study?

Inter-American Development Bank (USA)

Who is the main contact?

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Contact information

Type(s)

Public, Scientific, Principal investigator

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Additional identifiers

Protocol serial number

C-RG-T3729-P010

Study information

Scientific Title

A cluster randomised trial of an early childhood, violence prevention, parenting programme integrated into preschool provision in Jamaica

Study objectives

Integrating an early childhood, violence prevention parenting programme into the services offered by Jamaican early childhood centres with the programme delivered by existing early childhood teachers will lead to:

1. Reductions in caregivers' use of violence against children (VAC)
2. Reduction in caregivers' favourable attitudes to VAC and preferences for harsh punishment
3. Increases in caregivers' positive parenting practices.

Ethics approval required

Ethics approval required

Ethics approval(s)

approved 25/07/2023, Mona Campus Research Ethics Committee (University of the West Indies, Mona Campus, Kingston, 7, Jamaica; +1 876 970 4892; mcrec@uwimona.edu.jm), ref: CREC-MN. 0247, 2022/2023

Study design

Two-arm single-blind cluster-randomized trial with parallel assignment

Primary study design

Interventional

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Violence against children

Interventions

Twenty-four early childhood educational centres will be randomised to participate in the intervention (12 early childhood centres) or to a no treatment control arm (12 early childhood centres). Ten caregivers from each centre will be recruited to participate in the study (120 treatment, 120 control).

The intervention to be implemented is the Irie Homes Toolbox (IHT): an early childhood, violence prevention parenting programme that aims to prevent violence against children by caregivers and promote positive caregiving skills.

The programme will be delivered by early childhood educational teachers in the early childhood centre over a period of 10-12 weeks with groups of ten caregivers with children aged 2-6 years. Each session will last one hour. Teachers will be trained and supported by the research team. Teachers will attend a 3-day training workshop to learn how to implement the programme and the research team will provide ongoing support and supervision throughout intervention implementation.

The Irie Homes Toolbox consists of five modules: 1) promoting child positive behaviour (e.g. modelling appropriate behavior, child-led play, use of positive attention), 2) preventing child misbehaviour (e.g. understanding child behavior, giving clear instructions, teaching household rules), 3) understanding emotions (e.g. emotional self-regulation for parents, labelling children's emotions), 4) managing child misbehaviour (e.g. redirecting child behaviour, withdrawing attending, chillax (time-out), and 5) supporting children's learning.

Sessions are designed to be fun, interactive and participatory and opportunities are provided for problem-solving, group support and individualising content according to caregivers' needs. Each session consists of: 1) a game or song, 2) feedback from the previous week including a discussion of the home assignment, 3) introduction of a new topic consisting of discussion, role plays, demonstrations, rehearsal and practice, 4) introduction of a child-led play or picture book activity, 5) caregivers practicing the activity with their child, and 6) review, goal setting and allocating home assignment. Each preschool receives a facilitator kit of reusable resources that included a scripted facilitator manual, visual aids (to promote discussion), hand-held charts with key points and an Irie Tower (a visual representation of the program). We will also encourage the early childhood teachers to send WhatsApp messages to caregivers to encourage them to use the strategies introduced throughout the week and to embed the messages into whole-school activities such as parent-teacher association meetings, bulletin boards and into their daily interactions with caregivers as they drop off and pick up their child.

Teachers in the early childhood education centres allocated to the control condition will not receive training in how to conduct the Irie Homes Toolbox sessions and will not receive the resource kit during the study. Participating caregivers will continue to be invited to regular school activities.

At the end of the study, if the intervention is feasible and effective, we will train interested teachers from the 12 early childhood centres allocated to the control arm and provide each centre with the resource kit to enable them to implement the programme in the next school year.

Intervention Type

Behavioural

Primary outcome(s)

Caregivers' use of violence against their child using a researcher-administered questionnaire at baseline and 12 weeks.

Key secondary outcome(s)

1. Caregivers' use of positive parenting practices using a researcher-administered questionnaire at baseline and 12 weeks.

2. Caregivers' attitudes to violence and preferences for harsh punishment using a researcher-administered questionnaire at baseline and 12 weeks.

In addition, we will measure the following

3. Caregiver attendance at weekly parenting sessions from ongoing programme records.
4. Teacher compliance in delivering weekly parenting sessions from ongoing programme records.
5. Observed quality of the parenting sessions measured at least 3 times in each intervention school over the 10-12 weeks of implementation using a structured observation tool.

Completion date

31/12/2024

Eligibility

Key inclusion criteria

Inclusion criteria for early childhood educational centres are:

1. Situated in a specified, disadvantaged, urban area of Kingston and St Andrew,
2. Minimum of three classes of children and ten children/class,
3. Sufficient staff to implement the programme, and
4. Where the principal consents and at least two early childhood teachers are willing to conduct the sessions.

Inclusion criteria for the parents/caregivers recruited within each centre are:

1. Lives with the child at least four days/week,
2. Available and interested to participate in the parenting sessions,
3. Has a child attending the early childhood educational centre, and
4. Parent/caregiver gives consent for him/herself and his/her child to participate in the study.

Participant type(s)

Other

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

18 years

Upper age limit

80 years

Sex

All

Total final enrolment

240

Key exclusion criteria

Exclusion criteria for early childhood educational centres:

1. Has another external parenting programme operating within the centre

Exclusion criteria for the parents/caregivers recruited within each centre:

1. Caregivers of children with obvious disabilities. These parents will be permitted to participate in the parenting sessions but they will not be included in the evaluation.

Date of first enrolment

14/11/2023

Date of final enrolment

30/04/2024

Locations

Countries of recruitment

Jamaica

Study participating centre

Caribbean Institute for Health Research

University of the West Indies

Mona

Kingston

Jamaica

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Sponsor information

Organisation

University of the West Indies

ROR

<https://ror.org/05p4f7w60>

Funder(s)

Funder type

Industry

Funder Name

Inter-American Development Bank

Alternative Name(s)

Inter American Development Bank, Banco Interamericano de Desenvolvimento, Banque Interaméricaine de Développement, , Banco Interamericano de Desarrollo, IADB, IDB, BID

Funding Body Type

Private sector organisation

Funding Body Subtype

International organizations

Location

United States of America

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during this study will be available upon request from Helen Baker-Henningham (helen.henningham@uwimona.edu.jm)

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		05/05/2025	04/02/2026	Yes	No
Protocol article		06/01/2025	07/03/2025	Yes	No