**PCF Reporting Reference Document**

The documents provide a reference for PCF in completing the routing e reports. The guidelines define each reporting item, data to include and data to exclude. This helps in standardising the definitions across PCF sites and improves on the quality of the data.

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| 1. **Name of Service**   Select the service you are working with | | |
| 1. **Date when report was completed.**   What to include: Put the date when you completed the report. The format of the date should be year (4 characters), month (2 characters) and date with 2 characters. Include a date that falls that corresponds to the reporting period. | | |
| 1. **Name of person completing the report.**   Include only the name of the PCF completing the report. If someone else completes the report for the PCF, include the name of the PCF who is responsible for the service a report is being completed. | | |
| 1. **Have you been called upon to support the service as part of a room ratio during this period?**   Only respond if you have been called to assist with Room Ratio as a practitioner in the room. Room ratio is 1:8 for preschool and 1:11 for ECCE, however ratio’s may be higher in your service. | | |
| 1. **If you answered yes to the above question, please indicate whether this was planned/ unplanned or if it was COVID-19 related.**   Only respond to this when you responded yes to the above question. State how was your calling up to assist with room ratio was done, you can select more than one option from the available. Select only Planned or Unplanned if the calling up was related to other reasons not related to Covid-19. Only select Planned/Unplanned Covid-Related if the calling up was linked to a Covid-19 reason. | | |
| 1. **Please indicate the number of days you provided this support to the preschool: enter zero where no support given.**   Enter a number (should not be more that the days corresponding to the reporting period) For instance of the reporting period is 1 January to 31 May the days offered support cannot be more than 82 days. Only enter the days that you specifically supported the preschool work not related. | | |
| 1. **Support Offered** | | |
| **Support Offered** | **Number of Days Support Offered** | **Support of Summary** |
| **Planned Support**-Refer to ***question 5*** on definition of ***Planned support*** | Only enter the number of days you offered ***Planned*** support to the preschool | Provide a summary of what you did on supporting the preschool. Can enter key things you did. Only include the support you offered which was ***Planned*** |
| **Unplanned Support-**Refer to ***question 5*** on definition of ***Unplanned support*** | Only enter the number of days you offered ***Unplanned*** support to the preschool | Provide a summary of what you did on supporting the preschool. Can enter key things you did. Only include the support you offered which was ***Unplanned.*** |
| **Planned Covid-related**-Refer to ***question 5*** *for definition* | Only enter the number of days you offered ***Planned Covid-Related*** support to the preschool | Provide a summary of what you did on supporting the preschool. Can enter key things you did. Only include the support you offered which was ***Planned Covid-Related.*** |
| **Unplanned COVID-19 related-** Refer to ***question 5*** *for definition* | Only enter the number of days you offered Unplanned ***Covid-19 Related*** support to the preschool | Provide a summary of what you did on supporting the preschool. Can enter key things you did. Only include the support you offered which was ***Unplanned COVID-19 related.*** |
| 1. **Has the service been closed as a result of COVID-19 since the last reporting time?**   Respond by either Yes or No whether the service has been closed. The closure for the service must be solely due to Covid-19. Do not include other closures caused by other reasons not Covid-19. The closure of service only related to the reporting period relevant, for example if there has been a closure between 1 January to 31 March. | | |
| 1. **If yes, please specify the number of days the service was closed?**   Only respond to the question if you answered YES to Q.8. Enter the days the service has been closed due to Covid-19 only. Enter a number and the number of days must not be more than the days in the relevant reporting period for example number of days service was closed due to Covid-19 cannot be more than 82 days if reporting period is 1 January to 31 March. | | |
| 1. **From your interactions with parents in the current reporting period, what are the emerging needs (material, socially, emotionally, mentally) of families?**   Only include your observations and experiences shared by parents on their emerging/immediate need. Include only the observations and experiences you have gathered during the reporting period, for instance only include the change observed in the current reporting period. You can collect data for this question by asking a few parents you interact with during the reporting period. | | |
| 1. **What changes have you witnessed in the parents/children you supported since last reporting period?**   This asks for the short-term benefits of the support you are offering to families. Include how families appreciate the support you are offering. You can collect this by observation, collecting unsolicited feedback from parents and solicited feedback from parents. Include both positive and negative changes and feedback from families. | | |
| 1. **Referrals**   The table requires you to enter the referrals you have completed for families to other services. This includes all referrals that have had an outcome or not yet an outcome, includes referrals with a favourable or unfavourable outcome. Only include the referrals you completed in a relevant reporting period. Exclude all referrals done on dates outside the reporting period, for example for reporting period 1 January to 31 March, only include referrals done in January, February, and March. For each referral done indicate the disaggregated number by Mothers (female adults), Fathers (male adults) and children (both male and females below 18 years). For each referral include the summary of the referral for example, the reason for referral, the outcome, and your role in summary. Do not count signposting/information sharing as referrals. Only record new referrals you are making. For follow-up referrals, record them in the summary/comment section of the table record them as narrative. Include referrals to other CDI services/interventions such as SLT.   1. **Financial Support/Economic Support/Diet Nutrition/ Housing Services:** Only include referrals you have made to services, organisations and institutions that offer financial support e.g., Social welfare etc. Also include referrals done for financial advice and expertise e.g., Citizen’s advice, Community welfare officers, MABS. Include referrals done for accessing material resources other than money/loans and finance resources.Include only referrals for parents to access diet and nutrition services. These include referrals for accessing food for families and referrals for accessing information, training or programs focusing on diet and nutrition. Include referrals for accessing housing, including private accommodation, emergency accommodation and public/council housing.Include all referrals to access housing services or more information on housing services. 2. **Alternative Therapy/ Counselling/Psychotherapy:** Alternative Therapy refers to different therapy options you have referred parents to. For example, play therapy, art therapy, bereavement therapy. Include all referrals done for alternative therapy as defined above. Only include referrals done for families and children to access counselling and psychotherapy. Only include referrals to formal counselling and psychotherapy services only. Do not include other health services which are not counselling or psychotherapy. 3. **Assessment of Need:** Is a systematic process to identify the health needs for the child. Only include referrals you have done for parents and children who seek to access Assessment of Need. Also include referrals that are related to Assessment of Need for example, parents and children requiring more information about Assessment of Need. Exclude any other referrals besides Assessment of Need. 4. **Child Protection:** Child protection refers to measure or initiative that address or prevents children from situation of abuse, harm, violence, neglect, and exploitation. Child protection also refers to protecting children from or against any perceived or real danger/risk. Only include referrals that fit in the above definition for Child Protection to Tusla; exclude any other referrals. 5. **Access and Inclusion Model:** This refers to supports designed to ensure that **children with disabilities** can access **Early Childhood Care and Education Programme**. Only include children fitting the target group for Access and Inclusion Model and only include referrals for access to **Early Childhood Care and Education Programme** for those children/parents. 6. **Speech and Language Development:** Speech and language therapy provides treatment, support and care for children and adults who have difficulties with communication, or with eating, drinking, and swallowing. Include referrals for children and parents to access services or information about Speech and language Therapy as defined above. 7. **Public Health Nurse/GP/ Dental Hygiene:** Only include referrals to formal Public health Nurses. Include referrals to access service/ information about Public Health Nurses. GP refers to General practitioner. Only include referrals for families and children to access a General Practitioner (exclude other health services that are not General Practitioner).Dental Hygienerefers to the practice of keeping the mouth, teeth, and gums clean and healthy to prevent disease. Include referrals done for parents to access 1:1 services/information about dental hygiene/dental hygienist/ dentist. 8. **Parent and Toddler Group:** Parent, baby and toddler groups are informal meetings in local communities where parents can chat and socialise and bring their small children with them. Carers, grandparents, guardians, and childminders are generally also welcome.Include referrals done for parents to join/attend Parent and Toddler Groups. 9. **Behaviour Management Supports:** Include only referrals seeking to offer services or information on behaviour management for parents and children. This may include referral to the local psychology drop in, counselling and psychotherapy. Include counselling and psychotherapy only meant for behaviour management. 10. **Mental health services:** Mental health services include services and supports for children and parents for mental and psychological help. These are different and include depression, anxiety, stress and many other. Only include referrals for parents and children to access mental health services and information e.g., CAMHs, Lucena Clinic. Include referrals to access mental health therapies including play therapy. 11. **Domestic Violence:** Include referrals to access information and services related to domestic violence. Include referrals for both survivors and perpetrators of domestic violence. Domestic Violence referrals may include legal, health, counselling, mental health services and socio-emotional services. Include all the referrals for these services. 12. **Drug/Addiction Services:** Drug/Addiction Services include health interventions, counselling and psychotherapy, mental health supports, and socio-emotional supports related to drug addiction. Include all these in the referrals. Include referrals to access more information on drug and addiction services too. | | |
| 1. **Supporting Vulnerable Families:** This refers to the support you have offered to families. Support is defined by the items to be reported on. Supporting a family may include referrals, you can include the numbers reported under referrals. For each item/support offered, provide the number your support was offered to mothers, fathers, and others (includes other relatives in the family you are supporting, grandparents, aunties, and guardians). In the Summary of support columns briefly describe the support you offered and the outcome if any. 2. **Social Isolation:** only include families that have been experiencing social isolation that you have supported. The support you offered may include different aspects including access to services or access to information. Give a summary of the support provided. 3. **Teenage Parents:** Include how many of the parents between 13 and 19 years you have supported. This includes every support that you have provided for parents 13 and 19 years. Do not include support offered to parents who are not in the age range. Give a summary of the support provided. 4. **Parents with literacy difficulties:** Provide the number of parents who you have supported who have literacy difficulties. This may include parents you referred, parents you shared information with, and any other support offered. Do not include support offered to children with a literacy difficulty. Give a summary of the support provided. 5. **Parents with a physical disability:** Onlyprovide the number of parents who you have supported who have a physical disability. This may include parents you referred, parents you shared information with, and any other support offered. Exclude parents with other disability which are not physical (eg mental disability). Give a summary of the support provided. 6. **Parents in prison:** Only include parents you have supportedwith a partner in prison or have a partner who has been recently released from prison (less than 2 months). Do not ask this directly to parents but as part of the supporting if it emerges you may ask for consent to probe on this. Give a summary of the support provided. | | |
| 1. **We understand that Covid19 is having an impact on home visits, please describe how many home visits, virtual home visits, garden visits, walk and talks etc**.   Include only the number of physical/virtual home visits/garden visits/walks/talks you have done with parents. Enter a number only. Only include the home visits that you did during the relevant reporting period. | | |
| 1. **Any comment on home visits:**   Include a brief description of the home visits you have completed, what did you observe, what has been the impact (both positive and negative) of home visits. | | |
| 1. **Parent Plus Courses**   This section focuses on the Parenting Courses you delivered to parents. The main two courses that PCFs deliver are Parents Plus and 4 the family. In the first column record the number courses you delivered / co-delivered (unique cohorts/groups you delivered the course to. If the same course is running over at least 2 sessions over a period, record as one training. Only record those who completed the course. The same definitions apply to all the courses in Parent Plus section. In the comment include any comments/outcomes if any and any other quality issues. | | |
| 1. **Interagency working: Please note if you have participated in any of the following structures, or any other mechanism in which you work with staff from other organisations:**   Select all the platforms that you have participated in. Participation may include attending a meeting, collaborating in a process or plan together with other organisations. Only record formal interagency working. | | |
| 1. **Parent Engagement Activities**   This section focuses on how you engaged with parents, the medium of communication or the medium of engagement that you used to engage with parents. For each, engagement method summarises how your engagement methods, what were the outcomes for engagement. For some Engagement activities, it may not be possible to disaggregate the participants. In such cases just enter the aggregate number in one cell and zeros in other cells.   1. **One to One Parent Meetings:** These refer to the meetings you have with a parent on a one-to-one basis for the purposes of supporting a parent. These may be done at school or at home or any other venue. Do not count One to One parent meeting at home as visits. Home visits must be more than just a meeting while one-to-one parent meetings only involve a meeting anywhere. In the summary include the focus of the meeting and the outcome if any. 2. **Zoom/Video Calls to parents:** This refers to video call you did with parents for supporting them. Record the number of video calls done using various channels including Zoom, Skype, Teams, WhatsApp, Facebook, and other video calls channels. Record the number of times you have conducted the video calls. If you do a video call with a group of parents count the call as one. Where it is not possible to disaggregate the participants, enter one cell and zeros in other cells. Record the number of participants and the brief purposes of the video call and any outcome if any. 3. **Coffee mornings:** Record all the physical and virtual coffee morning conducted with parents. Record the times you conducted the coffee mornings and virtual coffee mornings should not be counted as **Zoom/Video Calls.** Where it is not possible to disaggregate the participants, enter one cell and zeros in other cells. Record the brief purposes of the video call and any outcome if any. 4. **Other:** Record all the other engagements you did with parents which are not mentioned in the above engagement methods or the ones below. 5. **Family Mornings: A family morning may consist of an art exhibition, arts, and crafts for Christmas/ Halloween etc.** Record all the times you have done the family morning. Family mornings do not include the Zoom/Video calls or the Coffee morning. Record the brief purposes of family morning and any outcome if any. 6. **Phone Calls to parents:** Record the calls you made to parents on the purpose of supporting them. Record the calls parents made seeking support in which you provided support. Do not record calls made and not answered.Record the brief purposes of calls and any outcome if any. 7. **Initiatives to engage with Fathers:** This refers to the different activities that specifically meant to increase father engagement. Only include the activities that deliberately sought to engage fathers. Exclude other general support and activities meant to engage the general community with no specific focus on fathers. In the summary section include the purpose of the activity and the outcome if any of specifically engaging with fathers. 8. **One to one with children:** These refer to the meetings you have with a child on a one-to-one basis for the purposes of supporting a child. These may be done at school or at home or any other venue. Do not count One to One with children during home visits. Exclude group meeting with children. In the summary include the focus of the meeting and the outcome if any. 9. **Health Promotions:** These are activities specifically organised for parents to access information about health and health services. Only include specific activities and talks which are specifically focused on enhancing access to health information or health services for parents e.g., SLT coffee morning, Smiley Eileey session.Exclude any other activities which do not specifically focus on promoting health. Include the brief aim of the health promotion activities and the outcome if any. 10. **Text messages sent to parents:** This refers to the text messages the PCF sends to parents. Where there is a string of texts in a conversation just record the first text sent by PCF. Do not count the number of text messages in a text conversation.It may not be possible todisaggregate the reach of the text messages, enter the aggregate number in one cell and zeros in other cells. Provide a summary of the unique text messages you shared. | | |
| 1. **Staff Training and CPD: Please note any training or professional development which you have participated in during this period, including courses, seminars etc.:**   Only include the activities that contribute to your CPD you completed in the last reporting period. Do not include long term courses which have not yet been completed. Exclude CPD completed outside the reporting period. | | |
| 1. **Have you (or your Manager) identified any CPD needs?**   Only include the CPD areas you have identified to be interest for you. | | |
| 1. **Case Study**   Complete the case study using the guidance provided. Ensure there is consent of parent providing case study. | | |