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Abstract

This paper investigates the impact of parenting courses on families' time use with their children in urban areas in Italy. Courses aimed at raising parental awareness of the importance of educational activities were offered in four cities (Naples, Reggio Emilia, Teramo and Palermo) within the framework of the social program "FA.C.E. Farsi Comunità Educanti" and with the cooperation of the institution "Con i Bambini"2. In order to conduct the impact evaluation3, we designed a randomized controlled trial involving random assignment of the families (mostly mothers). At the end of the intervention, we administered an assessment questionnaire both to the treatment group, which took the course, and to the control group, which did not. Comparing the outcomes, we find that attending the course increased families' awareness of the importance of educational activities for children, reading often to the children and spending more time with them.

JEL Classification: J13, D1, I26

Keywords: Parenting, use of time, educational activities, randomized controlled trial

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How parenting courses affect families' time-use?

Evidence from an RCT experiment in Italy[1]

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Abstract

This paper investigates the impact of parenting courses on families' time use with their children in urban areas in Italy. Courses aimed at raising parental awareness of the importance of educational activities were offered in four cities (Naples, Reggio Emilia, Teramo and Palermo) within the framework of the social program "FA.C.E. Farsi Comunità Educanti" and with the cooperation of the institution "Con i Bambini"[2]. In order to conduct the impact evaluation[3], we designed a randomized controlled trial involving random assignment of the families (mostly mothers). At the end of the intervention, we administered an assessment questionnaire both to the treatment group, which took the course, and to the control group, which did not. Comparing the outcomes, we find that attending the course increased families' awareness of the importance of educational activities for children, reading often to the children and spending more time with them.

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[2] Con i Bambini is a non-profit organization whose mission is to implement programs contrasting the educational poverty of children, funded by a Memorandum of Intent (Protocollo d'Intesa) signed between the Italian Ministry of Labor and the Association of Italian Banking Foundations.

[3] Evaluation of FA.C.E. was carried out at Impact Evaluation Unit at Collegio Carlo Alberto (Turin) whose technical support is gratefully acknowledged.

1. Introduction and background

Supporting the development of parental skills and awareness has increasingly been on the agenda of policy makers in Europe since the 1990s (European Union 2013). Outreach to families is typically delivered through early childhood and family information centers that offer a wide range of community health and social services. Most programs include parenting courses designed for families with preschoolers, as interventions targeting this age group have proven the most cost-effective and efficient (Daly 2007, Moran et al. 2004). Several recent programs to increase parental awareness of the importance of parenting skills have been directed towards fragile families. Research evaluating these programs show that they have raised parental awareness, parenting skills and children's cognitive and socioemotional outcomes (Doyle et al. 2017, Doyle 2020, Wagner and Clayton 1999, Daly et al. 2014).

These programs are backed up by a large body of literature known as the economics of skills formation, which analyzes the effect of parents' behavior on children's development and well-being. Several surveys have shown that parental time investments in their children have a significant influence on child cognitive and non-cognitive outcomes and that they are the most important inputs in the child development process (Carneiro and Heckman 2003, Del Boca 2015), outweighing the influence of non-parental time investments.

Several studies have considered the impact of different types of parental time investments. Using time-use data, Hsin (2009) distinguished among different measures of maternal time: total time, engaged time and quality time and found a positive and persistent effect of the total time, but a greater effect of quality time (time spent playing with them). Del Boca et al (2014) distinguished between the time in which the parents are actively engaged (active) and when they are simply around (passive). Their results show that active time is more "productive" than passive time. Recent studies have distinguished between non-educational and educational active time activities, showing that the latter are the most important determinants of childhood development (Del Boca et al., 2017; Fiorini and Keane, 2014).

Other studies have also compared the impact of mothers' and fathers' time with children. While the mother's time is widely recognized as a crucial input for a child's cognitive development, the father's time has been found to be equally productive, especially at some stages of a child's life (Del Boca et al 2014, 2015). In recent decades, the amount of time fathers spend with their children has increased markedly, partially offsetting the decline in mothers' time.

Parental inputs in the cognitive production function have a different effect at different stages of a child's life. The family's contribution to child development diminishes as the child grows older, suggesting that there is less room for policy interventions in late childhood and adolescence The early years represent an important phase for children's development, in which the returns of parental investments are larger (Heckman 2000, Guryan et al 2008, Campbell et al 2014). A recent area of research has also considered parenting style – such as how a warm, strict, or communicative a parent represents – has different determinants on a child's skills (Doepke and Zilibotti, 2017).

Building on some of the main findings of this literature, we set out to analyze the impact of parental awareness of the importance of engaging in educational activities with children aged 0-6. We study

the impact of a parenting course on parents' and children's time use by designing a randomized controlled trial: families were randomly invited to participate in the project, and the outcomes of those who attended the course were compared with those who did not. Our findings show that course attendance increased the participants' awareness of the importance of educational activities for children, the frequency with which they declare to read to the child, and their desire to spend more time with the child.

2.The intervention description

"FA.C.E. Farsi Comunità Educanti" ("Becoming Educating Communities") is a social program providing educational services promoted by the institution "Con i Bambini"[4] and implemented in four Italian cities: Napoli, Palermo, Reggio Emilia and Teramo. The aim of the program is to increase access to educational and care services for children aged 0-6 by promoting family engagement. The main objective of the project is to bring education to the front and center of the local public debate and involve local communities in the educational lives of their children; it supports the idea that education should not be left up to teachers and parents alone, but recognized as a community-based responsibility. The ultimate goal of FA.C.E. is that of reshaping educational policy in the territories involved. Participation thus becomes a powerful means for meeting the needs of the community and, at the same time, fosters a sense of community togetherness that may contribute to a culture of inclusion and solidarity. Collegio Carlo Alberto has been involved as an external partner in charge of impact evaluation since the program's outset.

A critically vulnerable area in each city was selected as the target of intervention: i) in Palermo, this was the Sperone-Brancaccio-Settecannoli district in the southern outskirts, with its high crime and school dropout rates; ii) in Reggio Emilia, it was the Regina Pacis district, where families of different ethnic groups have settled in the last 20 years and integration problems have arisen; iii) in Napoli, the eastern outskirts of Ponticelli were chosen, due to its high population density, shortage of services, and high crime rate; iv) in Teramo, it was selected the old town, where families are still dealing with the aftermath of the earthquakes of 2016 and 2017, including limited housing and a shortage of services.

The planning partnership involves 20 institutions, including the municipalities of the cities involved, schools, local organizations, and other managing bodies under the supervision of the Reggio Children Foundation (the lead partner). The point of contact in each of the four cities is the participating local school. It was deemed that reliance on a previously established program of intervention would have not been in line with the core aim of the project. Therefore, a bottom-up approach was adopted in each city, and local community groups were invited to take part in the process of planning the interventions. In 2018, planning committees were set up with the communities living in the affected areas and families and other stakeholders involved in the educational and care services specific to early childhood were invited to take part.

After a year of debate and constructive dialogue within and between each city as well as with the leading partner, by March 2019 the final actions had been settled upon. Parenting courses based on

[4] An Italian non-profit organization founded in 2016 with the aim of managing a fund established by banking foundations and the Italian government to reduce educational inequality in childhood.

participatory workshops involving children and one parent each were established for the school year 2019-20 and 2020-21 in all four cities. The courses were free of charge.

Over the course of 9 meetings, parents and children were surrounded with "discovery contexts" designed and set up by qualified educators within schools, cooperatives, and local organizations active in the educational field. Families took part in various activities: digital workshop, musical workshop, storytelling and reading workshop, infant massage, craft activities and sensory experiences where body language plays an important role. The aim of these activities was to enhance manual, sensory, expressive, communicative, and relational skills. In particular, arts and crafts spur imagination and creativity through the use of different materials and artistic techniques, and help build the child's self-esteem. Storytelling and music workshops tend to increase the self-confidence of the parent as they learn to engage their children in new activities. The relationship parent-child should be reinforced, but the peer relationships, both parent-parent and child-child, should be strengthened as well. These meetings were indeed moments of aggregation for families which do not have access to childcare and educational services for children aged 0-6 years. While children played with their peers, parents could share their experiences, opinions and ideas on educational-pedagogical-social issues of common concern. Therefore, parenthood was supported through various and flexible opportunities to share and discuss with qualified educators and other parents.

The program differed slightly from city to city, but the overall content remained the same[5]. Separate workshops were offered for children aged 0-3 and those aged 3-6. Palermo and Teramo also offer courses for parents of children under one year of age. The latter were not considered in our study, due to their age-specific content and the limited size of the cohort.

3. Experimental design and data collection

Once the interventions had been defined, the four cities were required to comply with a randomized controlled experiment based on a phase-in mechanism in the school year 2019-20. The parenting courses were planned to be held twice in the school year 2019-20, and families could apply to the program by the end of September 2019, although they could not decide which cycle to attend. After enrollments closed, we randomly assigned the families either to the treatment (first cycle) or to the control group (second cycle). In September 2019, 534 children were enrolled in the FA.C.E. course. A randomization algorithm was employed[6], and we assigned 269 children to the treatment group and 265 to the control group. The first 250 children in each group[7] were admitted respectively to the 1st and to the 2nd cycle, the other children were in the relevant waiting list. Due to budget constraints, the remaining families (19 of the treatment group and 15 of the control group) were put on a waiting list in randomized order.

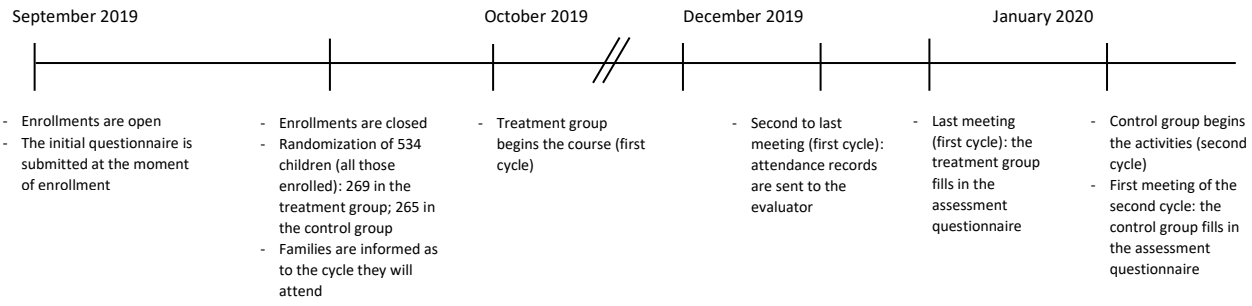
[5] The content of the course was defined with the supervision of the lead partner Reggio Children Foundation. However, an intervention protocol was not provided to allow the managing bodies to adapt the workshops to the needs or characteristics of the communities (e.g. in the choice of the materials used in the craft activities, organising visit to educational farms when feasible).

[6] If several children from the same family were enrolled in the program, they were all allocated either to the treatment or to the control group.

[7] There were 50 families per cycle in Palermo and Reggio-Emilia, 60 per cycle in Teramo, and 90 per cycle in Naples.

The treatment groups attended the course first, from October to December 2019 (to January 2020 in Teramo); the second groups attended the course from January to May 2020. Figure 1 illustrates the timeline of the intervention in the school year 2019-20. When enrolling in the program, all families (mostly mothers)[8] answered a series of socio-demographic questions and completed a baseline questionnaire[9], based on the future course content. The treatment group then completed an assessment questionnaire[10] at the end of the course and the same questionnaire was completed by the control group, almost at the same time, at the beginning of the second round of the course. All the questionnaires had been printed and administered by the local managing bodies to the enrolled/participating families, who collected the questionnaire and send them to us.

Figure 1: The timeline of the randomized controlled trial



The baseline questionnaire was not compulsory and it was filled in by 78% of the enrolled families. Its aim was to collect information about the enrolled families on the potential outcomes of the intervention, and to understand the proper length of the questionnaire. It was organized into separate sections: i) the first focused on the use of time of parents and children together (reading, storytelling, singing, etc.), ii) the second regarded the child's use of technology and parents' opinions about it, iii) the third assessed whether parents can rely on a private network of social support. The assessment questionnaire shared the same structure of the baseline questionnaire, but we reviewed the questions to better detect any impact of the program on the participants. Furthermore, in the assessment questionnaire we added questions on parents' attitudes and beliefs about their offspring's education. Eventually, families in the treatment group provided feedback on course satisfaction.

Between the end of the first cycle and the beginning of the second cycle, we collected a total of 261 assessment questionnaires from the treatment and control groups in all four cities. The data collected from the assessment questionnaire was then used to assess the importance of the impact of FA.C.E. on the outcomes of interest. From this sample, we excluded 8 observations which had not been matched with their record in the randomization list especially for typos in the identification code written by the caregiver.

[8] 88% of the participants were mothers, 6% were fathers, 3% both parents and 3% others.
[9] The baseline questionnaire is available upon request
[10] The assessment questionnaire is provided in the Appendix.

4. Randomization, non-participation, and non-response

We check the randomization process over a variety of variables included in the registration form and in the baseline questionnaire. In Table 1 we show a selection of variables which describes not only some socio-demographic variables but also some family habits which may be correlated with the considered outcomes of the evaluation. We observe that treated and controlled families are well balanced in terms of children's characteristics (age and gender of the child), family structure (cohabiting parents, being an only child, information on siblings missing), mother being the participant, and city.

Table 1: Comparison between treated and controlled after randomization

VARIABLES	CONTROLLED mean	TREATED mean	Test p-value
Mother	0.864	0.896	0.296
Female	0.498	0.435	0.166
Age	3.079	3.007	0.672
Only child	0.158	0.175	0.628
Sibling missing[1]	0.336	0.279	0.178
Cohabiting parents	0.925	0.937	0.594
Naples	0.249	0.275	0.536
Palermo	0.196	0.167	0.426
Reggio Emilia	0.260	0.260	1.000
Teramo	0.294	0.297	1.000
Caregiver is self-confident in the communication and relationship with the child[2]	0.796	0.785	0.814
Caregiver is self-confident in playing with the child[2]	0.840	0.824	0.678
Typical day of the child: attending formal childcare[2]	0.613	0.651	0.458
Read to the child: never or less than once a week[2]	0.315	0.318	0.956
Cumulative television use: Never or less than 1 hour a day[2]	0.407	0.423	0.776

Notes: [1] Dummy which takes value equal to 1 if the information about siblings was missing. [2]Item coming from the baseline questionnaire (number of observations per item is between 322 and 415). The p-value of the test are computed using randomization inference.

At the end of the first cycle, which overlapped with the beginning of the second cycle, we checked whether the children who had already participated (the treatment group), and those who were about to start (the control group), were statistically different from those who had decided not to attend or later dropped out. We have different processes going on here. First, some families who had signed up to participate in the program did not actually participate. This, as we might have expected, was more frequent for those families whose start was postponed for a few months compared to the moment of enrollment. But it was also the case for some families who would have liked to participate together with other families of friends, but that randomization has separated. Added to this is the probability of non-response. Some families could not be present at the last meeting (treated) or at the first meeting (control group) and, even if re-contacted, by the course facilitators in the following days, they did not complete the questionnaire. We have no non-compliance issues on

the other side: those who were drawn as the second cycle (control group) did not participate in the first cycle, as access to services was monitored. We therefore analyze, in Table 2, the probability of not participating / responding by comparing the registration data with the data collected at the end (treated) / beginning (controlled) of the program. From the estimated coefficients, we observe that a big drop of families is due to Naples. Many families who had signed up did not participate. This is even more true for families assigned to the second cycle (control group), whose program departure would not have taken place immediately. Also families in Reggio Emilia, compared to Teramo and Palermo, were more likely to drop. As expected, we see that belonging to the control group causes the non-participation / non-response rate to be higher as well as having filled the registration form in a less accurate way (with the information on siblings missing). Finally, not-separated parents appear to be less likely to drop in the control group.

Table 2: Non-participation and non-response (Logit estimation model)

	Leave the program			
			Interactions with Control group	
	coef	*se*	*coef*	*se*
VARIABLES	(1)	(2)	(3)	(4)
Control group	2.142*	(1.184)		
Female	0.225	(0.257)	-0.224	(0.384)
Age	0.109	(0.086)	-0.259**	(0.117)
Only child	-0.218	(0.305)	-0.129	(0.459)
Sibling missing[1]	2.072*	(1.185)	-1.642	(1.275)
Cohabiting parents	0.451	(0.692)	-1.636*	(0.880)
Mother	-0.323	(0.473)	0.294	(0.621)
Reggio Emilia	1.393***	(0.405)	-0.494	(0.578)
Naples	0.948**	(0.411)	1.467**	(0.654)
Palermo	-0.353	(0.454)	0.372	(0.654)
Constant	-1.076	(0.902)		
Observations	532			

Notes: [1] Dummy which takes value equal to 1 if the information about siblings was missing. Teramo is omitted. Clustered standard errors at family level are reported in parentheses. *** p<0.01, ** p<0.05, * p<0.1

Table 3, (columns from (1) to (3)), shows that once we have restricted the sample to those who participated and responded, the treatment and control groups are balanced in terms of gender and family characteristics, except for the presence of the information about siblings and the proportion of children across the four different municipalities. In particular, the proportion of children participating in Naples decreased significantly from 21.1% to 9.2%. In order to make comparable treatment and control groups, and to gain statistical power, we computed inverse probability weights (Table 3, columns from (4) to (6)).

Table 3: Comparison between treatment and control group at the end of the first cycle

	without weights			*with weights*		
	CONTROLLED	TREATED	Test	CONTROLLED	TREATED	Test
	Mean	mean	p-value	Mean	mean	p-value
VARIABLES	(1)	(2)	(3)	(4)	(5)	(6)
Female	0.467	0.398	0.338	0.474	0.429	0.508
Age	3.267	2.962	0.178	3.396	3.015	0.130
Only child	0.367	0.451	0.220	0.384	0.452	0.320
Sibling missing[1]	0.100	0.008	0.000	0.051	0.051	1.000
Cohabiting parents	0.942	0.925	0.612	0.947	0.886	0.338
Mother	0.850	0.895	0.350	0.855	0.902	0.276
Reggio Emilia	0.225	0.173	0.424	0.209	0.219	0.870
Naples	0.092	0.211	0.024	0.154	0.154	1.000
Palermo	0.275	0.241	0.564	0.270	0.244	0.666
Teramo	0.408	0.376	0.550	0.366	0.382	0.816
Caregiver is self-confident in the communication and relationship with the child[2]	0.833	0.806	0.588	0.817	0.814	0.970
Caregiver is self-confident in playing with the child[2]	0.905	0.845	0.214	0.905	0.851	0.238
Typical day of the child: attending formal childcare[2]	0.643	0.718	0.234	0.627	0.720	0.152
Read to the child: never or less than once a week[2]	0.214	0.219	0.924	0.227	0.219	0.898
Cumulative television use: Never or less than 1 hour a day[2]	0.409	0.376	0.678	0.398	0.393	0.936
Observations				120	133	

Notes: [1] Dummy which takes value equal to 1 if the information about siblings was missing. [2]Item coming from the baseline questionnaire (number of observations per item is between 167 and 213 in total). The p-value of the test are computed using randomization inference.

5. Empirical Strategy and Results

The empirical strategy relies on the implementation of a randomized controlled trial, where all eligible families were assigned into two groups (treatment and control group) in order to decide who was going to participate in the intervention first. The random allocation of the "treatment" (participating in the intervention first) allows us to make the treatment independent from potential outcomes. Therefore, by comparing the difference in outcomes between the treatment and control groups (measured before the control group attended the course), we are able to identify the average causal effect of FA.C.E. We can express this comparison in terms of potential outcomes, with the following equation:

$$E[Y_{1i}|D_i = 1] - E[Y_{0i}|D_i = 0] = E[Y_{1i} - Y_{0i}|D_i = 1]$$

where $E[Y_{1i}|D_i = 1]$ is the analyzed potential outcome of those children i who attended FA.C.E. first ($D_i = 1$, the treatment), while $E[Y_{0i}|D_i = 0]$ is the analyzed potential outcome of those children i who did not attend FA.C.E. during the first cycle. The second term $E[Y_{1i} - Y_{0i}|D_i = 1]$ identifies the average causal effect of FA.C.E. (the effect of treatment on the treated).

As detailed in section 3, the outcomes of the children and/or of their parents, were assessed by means of a questionnaire completed by the treatment group at the end of the first cycle, and by the control group at the beginning of the second cycle.

Table 4 reports the comparison of a set of outcomes for the treatment and control groups. The selection of outcomes was discussed with the educators working with the families. These are the aspects that educators most expected could be influenced. Other questions were asked (see Appendix), also because one of the intents of the program was to better know the educational needs of the area. Considering rigorously the fact of having many outcomes would lead us to insignificant estimates, also given the small sample size.

Families in the treatment group showed greater awareness of the importance of educational activities for the development of their offspring. At the same time, the treatment group recognized the importance of places devoted to culture in improving one's life. However, no difference between groups emerges from the importance attributed to the comparison with other parents on offspring's education.

Table 4: Outcomes comparison between controlled and treatment group at the end of the first cycle

VARIABLES	CONTROLLED mean	TREATED mean	Test p-value
Importance of education activities for children (1 min – 10 max)	9.145	9.516	0.004
Importance of cultural sites to improve one's life (1 min – 10 max)	9.017	9.478	0.006
Importance of talking/discussing with other parents of children development/educational path (1 min – 10 max)	8.474	8.550	0.686
Activity in the last week: read to the child	0.756	0.867	0.010
Activity in the last month: going to the library, playroom	0.378	0.268	0.078
Unsatisfaction of the caregiver about the time spent with the child	0.040	0.061	0.548
Little satisfaction of the caregiver about the time spent with the child, s/he would like to spend more time together	0.159	0.301	0.032
Satisfaction of the caregiver about the time spent with the child, s/he would like more time to play with the child than doing household chores	0.386	0.258	0.042
Children use of technological devices: listening of music	0.243	0.325	0.248
Children use of technological devices: using Whatsapp	0.027	0.000	0.132
Television use: Never	0.090	0.153	0.140
Cumulative television use: Never or less than 30 minutes a day	0.260	0.371	0.066
Cumulative other technological devices use: Never	0.300	0.399	0.102

Notes: The p-value of the test are computed using randomization inference using weights. The number of valid answers per question is between 110 and 133 per group. Standard errors are clustered at family level.

As regards the use of the time parents and children spend together, the treatment group reported spending more time reading to their children. Conversely, the control group reported more frequent visits to the library or a play group. This significant difference may be due to the fact that the treatment group was already participating in the interventions at that time, so it had less time to visit a library or a play group.

The proportion of children in the treatment group who watch no television or up to 30 minutes a day is higher in the treatment group. Conversely, in the control group, a higher proportion of children watch television for more than 30 minutes a day and use other digital devices than in the treatment group. However, the opinions of both groups on the use of digital devices does not differ significantly (whether it affects children's' eyes, provides opportunities for learning, etc.). One possible explanation may be that the children of the treatment group have learnt new ways to entertain themselves, playing new games or making crafts, on their own or with other children, and reducing their time watching television. Or, being the subjective nature of the questions, parents who participated in the program may be more likely to report "desirable" outcomes.

In terms of parents' satisfaction about the time they spend with their offspring, the treatment group reported feeling some satisfaction but had a higher desire to spend more quality time with their children than the control group.

6. External validity

To what extent are these results extendable to a larger population such as the Italian one? To answer this question, we select the few socio-demographic variables available and compare their average values in the FACE sample and in a sample of Italian families, nationally representative, taken from the Italian part of the European Survey on Income and Living Conditions. The only difference we can see is that families involved in FACE are more likely to have only children. On the other hand, data relating to socio-economic characteristics, such as separation rates and mother's employment, are very similar.

Table 5: External validity. Comparison between FACE sample and Italian representative sample

VARIABLES	FACE sample mean	EU-SILC sample mean
Female	0.452	0.492
Age	3.206	2.870
Only child	0.440	0.344
Kindergarten	0.677	0.674
Cohabiting parents	0.916	0.900
Full-time employed mother	0.311	0.326
Part-time employed mother	0.191	0.171
Not/(Un)employed mother	0.498	0.503

7. Conclusions

The analysis of the effects of programs aimed to contrast parent and child educational poverty has been a growing area of interest in sociology and economics over the last few decades (Saraceno 2018, Battilocchi 2020). The purpose of the present study was to assess the impact of parenting courses in order to raise awareness regarding several the importance of parental skills and to improve the amount and quality of time parents and children spend together.

In order to assess the intervention, we use a randomized controlled trial. By comparing the answers of the questionnaires completed by the treated group at the end of the first cycle and those completed by the control group at the beginning of the second cycle, we find that attending the FA.C.E. parenting course increased the participants' awareness of the importance of educational activities for children, the frequency with which they report to read to their child, and their desire to spend more time with their child.

This has been the first time that, in Italy, a public tender was launched to finance social programs which required, together with the description of the program to be proposed, also the use of impact evaluation. It has been an important experience for institutions, associations, and evaluators, not without difficulties and consequent limitations.

The first initial difficulty was to persuade the bodies that managed the program to use randomization as an evaluation method. This evaluation method was then accepted more easily, when we proposed to give the opportunity to participate in the program to all families at different times, where the assignment to first or second cycle was the result of the randomization. In this way, the institutions were able to reach all the families concerned, without excluding any. In particular, for this project "Becoming an educating community", in its very definition, it was not acceptable to involve only half of the community. If this aspect does not change the internal validity of the results, it has the disadvantage of not allowing an evaluation of the program later in time.

The second difficulty is probably inherent in the nature and budget of these interventions and concerns the number of families involved. As evaluators, we would like a large number of individuals to observe. But there is certainly a question of physical spaces to hold the activities (which in our case was facilitated by having two program cycles) and there is a question of demand for these activities. Indeed, having insisted on involving more and more families has probably led to a low participation rate, compared to enrollments.

A third aspect concerns the outcomes that these types of intervention can modify. The questionnaire was written towards the end of the first round of meetings, once the educators had done the activities and got to know the families, so that they could have more awareness of what behaviors and opinions could have changed. All questions asked are subjective and can be biased by the desirability of the answers. Moreover, a relatively large number of questions, together with small sample size, does not allow to get significant estimates if testing for multiple outcomes.

A final aspect, not necessarily critical, is that of the families involved. All the action was designed to alleviate educational poverty in certain areas. The analysis that we have carried out shows that, however, within these most vulnerable geographical areas, it is not the most vulnerable families who have participated. This is a more important reflection for the nature of the intervention than for the evaluation itself.

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APPENDIX

ASSESSMENT QUESTIONNAIRE

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1. Child tax code _____

2. Participating caregiver relationship with the child
   - ☐ Mother
   - ☐ Father
   - ☐ Grandparent
   - ☐ Uncle/aunt
   - ☐ Cousin
   - ☐ Friend
   - ☐ Babysitter
   - ☐ Other_____ (please specify)

3. Are you employed at the moment?
   - ☐ Yes, part-time
   - ☐ Yes, full-time
   - ☐ No

4. In last week, apart from FACE course, have you … ?

- Made a drawing with the child	☐ yes	☐ No
- Read a book to the child	☐ yes	☐ No
- Watched a cartoon with the child	☐ yes	☐ No
- Danced with the child	☐ yes	☐ No
- Sung with the child	☐ yes	☐ No
- Played with the child (ball, building blocks, puzzle, etc.)	☐ yes	☐ no
- Played outside with the child	☐ yes	☐ no
- Looked for information about educational activities to do with the child	☐ yes	☐ no

5. In the last month, apart from FACE course, have you … ?

- Been to a movie theatre with the child	☐ yes	☐ no
- Participated to a workshop at the museum/local association	☐ yes	☐ no
- Visited a library/playground	☐ yes	☐ no
- Attended a public event together with the child (e.g. children's choir)	☐ yes	☐ no
- Organized a lunch/dinner with other families	☐ yes	☐ no
- Talk with other adults about children's education	☐ yes	☐ no
- Visited local associations/groups with the child	☐ yes	☐ no
- Visited worship with the child	☐ yes	☐ no
- Been to a shopping mall with the child	☐ yes	☐ no
- Been to a sportive centre	☐ yes	☐ no

6. Are you satisfied with the time you spend with your child?
   (please tick the answer that best describes how you feel)
   - ☐ I am happy that we spend (almost) the whole day together, but I would like to have more time to play with him / her than to take care of daily tasks and family in general
   - ☐ I'm sorry that I do not see him / her for many hours during the day (either because s/he is in kindergarten or due to my work commitments, etc.), but I am happy to be able to find some minutes to play with him / her at the end of the day
   - ☐ I am not happy: I have little free time in general, and I cannot use it as I would like with my child
   - ☐ I am happy with the time I spend with him / her and how we use it

7. On a scale of 1 (not confident at all) to 10 (completely confident), indicate how confident you feel in the following situations/topics.

   Alimentation

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐

   Not confident at all — Completely confident

   Organizing the day

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐

   Not confident at all — Completely confident

   In the communication and the relationship with the child

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐

   Not confident at all — Completely confident

   In playing with the child

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐

   Not confident at all — Completely confident

   In sharing with other parents/adults

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐

   Not confident at all — Completely confident

8. How long does the child usually watch television a day?
   - ☐ S/he does not watch television
   - ☐ Less than 30 minutes
   - ☐ Longer than 30 minutes, less than 1 hour
   - ☐ Longer than 1 hour

9. How long does the child usually watch online videos a day?
   - ☐ S/he does not watch television
   - ☐ Less than 30 minutes
   - ☐ Longer than 30 minutes, less than 1 hour
   - ☐ Longer than 1 hour

10. If the child uses either a tablet or a mobile phone, for what purposes?
(please tick at most TWO answers)

- ☐ Watch videos on youtube
- ☐ Play games
- ☐ See/take pictures
- ☐ Listen to music
- ☐ Use whatsapp
- ☐ Other_____

11. Beyond time, what do you think about using:

Television
(mark all the answers you agree with)

- ☐ It calms the child when s/he is nervous
- ☐ It gives the parent, or other adult, the opportunity to complete a task
- ☐ It hurts the child (sight, makes her/him nervous, etc.)
- ☐ It is possible to learn new stuff

Tablet
(mark all the answers you agree with)

- ☐ It calms the child when s/he is nervous
- ☐ It gives the parent, or other adult, the opportunity to complete a task
- ☐ It hurts the child (sight, makes her/him nervous, etc.)
- ☐ It is possible to learn new stuff

Mobile phone
(mark all the answers you agree with)

- ☐ It calms the child when s/he is nervous
- ☐ It gives the parent, or other adult, the opportunity to complete a task
- ☐ It hurts the child (sight, makes her/him nervous, etc.)
- ☐ It is possible to learn new stuff

12. On a scale of 1 to 10, where 1 indicates "not at all" and 10 "very much", how important do you think it is to talk/discuss with other parents / adults to deal with the child's development / educational path?

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐

Not at all Very much

13. On a scale of 1 to 10, where 1 indicates "not at all" and 10 "very much", how important do you think it is to participate in children educational activities to deal with child's development / educational path?

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐

Not at all Very much

14. On a scale of 1 to 10, where 1 indicates "not at all" and 10 "very much", how important do you think are cultural places for education to improve people's life?

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐

Not at all Very much

COURSE'S SATISFACTORY QUESTIONS

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15. In which aspects of daily life do you think FA.C.E. course has been useful?
    - ☐ Relationship with the child
    - ☐ Alimentation
    - ☐ Organizing the day
    - ☐ Playing with the child
    - ☐ Other_____

16. On a scale of 1 to 10, where 1 indicates "not at all" and 10 "very much", how much did you like the course attended?

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐

Not at all Very much