

Building Strategic Frameworks for Family Support



Family Support Agency



Evaluation of One Family's "Positive Parenting-Building strong Relationships and Managing Difficult Behaviour" as a best practice model for Family Resource Centres

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Thank You.

Chapter 1: Executive Summary

1.1 Research Rationale

From a public policy perspective, promoting the well-being of families is a fundamental investment in the long-term economic and social fabric of a society. The 106 Family Resource Centres (FRCs), which the FSA fund, stand in a unique position vis-à-vis prevention and early intervention for children and families, delivering a range of services and developmental initiatives to communities, and fulfilling governmental agendas at a local level.

This research project evaluates One Family's *Positive Parenting: Building Strong Relationships and Managing Difficult Behaviour*, as rolled out in the FRC setting. The project assesses the viability of this intervention as a best practise model which can be utilised by FRCs effectively and into the future. The outcomes are evaluated against the FSA's Strategic Framework for Family Supports.

1.2 Limitations

Recruitment of lone parents was a serious issue for most FRCs, and many FRCs staff cited lack of available childcare and public transport as obstacles to attendance for parents. Related to this, how to package One Family's Positive Parenting programme was a task that a number of FRCs found problematic, a course purely aimed at lone parents they felt, was not representative of their client-base, was experienced as restrictive, and limited the uptake of this process in FRCs.

While this study elicits rich insights, it was undertaken with a relatively small sample of parents and a smaller sample of trainers. Only one out of five FRCs succeeded in running a course involving solely lone parents, with four out of five FRCs catering for a mixed grouping of lone parents and married/cohabiting parents.

The parent data emanating from this study was wholly positive with regard to the impact of the *Positive Parenting* course although no longitudinal data for parents could be specifically elicited due to timing constraints within this study. Accessing parental evaluations long after course completion would greatly inform and enhance our results, and may guide us in a more targeted fashion. A once-off follow-up, directly after the programme, is insufficient for determining whether or not the programme achieves longer lasting change. A follow-up at 6 and 12 months would provide this much-needed information.

1.3 Summary - Key Findings

There were two types of course rolled out as part of this process – the initial *Train the Trainer-Positive Parenting and Managing Difficult Behaviour* given by One Family, followed by the actual *Positive Parenting* courses rolled out by these trainers. Both course types were evaluated as part of this research project.

Probably the most important finding arising from this study is that, in its current format, One Family's *Positive Parenting: Building Strong Relationships and Managing Difficult Behaviour* course, both the *Train the Trainer* and the resulting *Positive Parenting* courses for parents showed positive outcomes and impact across all FRC trainers and parents. The process was much valued by both groupings. In addition, this intervention is deemed by FRC trainers to be perfectly suited for “mixed” parents groups with 80% of trainers preferring to deliver it to this type of group. Another 20% indicated no preference. However, no trainer involved in this study expressed a preference for delivering the course to a “Lone Parents only” group on the basis that this grouping was not reflective of their client-base.

As represented within the key recommendations within this report, these findings would appear to raise serious issues for the One Family programme in terms of FRC engagement and take-up, suggesting that perhaps important work still needs to be done around:

- the promotion and marketing of the One Family course
- identifying the actual level of demand for the One Family programme by lone parents at FRC level
- whether work needs to be done on how best to engage with lone parents in a professional and non-stigmatising way
- identifying further barriers that currently exist that prevent participation by lone parents
- identifying added supports that need to be in place to allow lone parents to attend courses
- analysing the effectiveness of ‘mixed group’ formats for lone parent participants

Other Key Findings from the study are broken down into two separate categories as follows:

Course Impact of One Family's Positive Parenting programme

- Both parents and trainers evaluated positive impact across all scales tested.
- The Taskforce Report (2012), recommends a service delivery model which would make use of a shared national services outcomes framework. This delivery model can be seen to be successfully supported across 4 out of 5 Taskforce outcomes by the roll-out of One Families *Positive Parenting* intervention in FRCs.
- Positive impact remained strong for trainers over 3 months after attending One Family's *Positive Parenting* course; 60% of participating trainers indicate that the training had improved the way they train on a considerable number of points, and 20% to a great extent.
- The extensive *Positive Parenting* manual was of key value for trainers.

- 100% of FRC trainers who rolled out the training as part of this study indicated they would run One Family's Positive Parenting Training again.
- All 6 competencies (facilitating, reliability, managing progress, listening, flexibility and associating) across all trainers show improvement after 'Train the Trainer' training.
- Parenting training often requires substantial training experience in order to gain competence with particular approaches, however this study shows that some participants had no training experience.
- What is apparent from the data is that while trainers improve over the duration of 'train the trainer' course, over all competencies, they further improve, over all competencies, once they have facilitated their own training.
- Within the competency survey, assessments from both trainers and parents were well above the competent range.
- Parents consistently placed trainers at higher levels across the central competencies needed to give a successful training.
- When a trainer displays good competence at being 'flexible' and 'associating', parents may perceive a heightened impact from the course specifically in terms of how they raise their children.
- The One Family *Positive Parenting* Programme, as rolled out in FRCs, showed itself to be an effective parenting intervention as parenting self-efficacy increased in the main.
- There is a positive tendency, whereby parents also improve across all 8 TOPSE parenting scales from pre-training to post-training.
- When parent TOPSE results are analysed by trainer, 4 out of 5 trainer results displayed positive trajectories for parents from pre- to post-training.
- The overall impact of the training in terms of the parent-child relationship is also shown to be positive, both groups, trainers and parents, agree that the course had an impact on the way parents raise their children
- Parents in this study described an increasingly positive relationship with their children after participating in the *Positive Parenting* training. One parent commenting '...I think it should be compulsory and I think everyone should do it...'
- 80% of parents in this study, reported One Family's *Positive Parenting* training to have a positive impact on the way they raise their children. With 41% of parents saying that the training improved their parenting to a great extent, and for 17% the training had an enormous impact on how they raise their children.
- Parents in this study described an increasingly positive relationship with their children after participating in the *Positive Parenting* training, where children were being responsive to, and furthermore, enjoying, consistent parenting behaviours.

Encouraging roll-out in FRCs

While both courses, *Train the Trainer* and *Positive Parenting* received positive responses around course quality and impact from both Parents and Trainers alike, there were a number of additional needs which came to the fore as important to sustain and encourage roll-out within FRCs. Unresolved, these issues were seen as prohibiting the take-up of *Positive Parenting* by FRCs.

- The results from this study illustrate that FRCs are well placed to deliver family support and parenting interventions.
- The main barriers to participation for parents, and therefore subsequent roll-out for FRCs, centre around childcare and funding.
- Recruitment was an issue for most FRCs within this study.
- There is a need for more support for trainers around recruitment so that FRCs are in agreement around, and have clearly branded, parenting interventions, with clear insights which address both needs and fears of parents.
- The uncertainty around packaging, in some cases, prohibited FRCs moving forward with *Positive Parenting* courses altogether. Targeted and well-designed communications strategies specifically addressing issues, generating, and therefore supporting, word of mouth promotion, may be particularly important for FRCs.
- Parents cannot fully engage in parent training until their other basic needs have been adequately addressed, this can be especially true for lone parents.
- FRCs need to offer a supportive scaffolding outside the *Positive Parenting* course which enables parents activate the key finding that self-efficacy increases translate directly to decreases in parenting stress.
- Having further support from within the FRC structure, meant that participants could be guided to this person for further information. This wraparound service model, also used in One Family, is one which very much heightened outcomes for FRCs in the management of client issues.
- For FRCs the lone parent group make-up requirement does not mirror their work within communities, family support or the specifics of their client-base. The preference for most FRCs, and many parents, within this study, was a mixed grouping.
- 80% of trainers would prefer the group make-up to be a mixed one, with lone parents and married parents, with 20% indicating no preference either way.
- No trainers expressed a preference for a “Lone Parent only” course.
- 24% of parents indicated that they would prefer a group made up of lone parents only.
- FRCs will need to take on board that parenting groups which involve lone parents, require heightened cognisance on the part of trainers around dynamics, sensitivities, and need.
- Flexibility was indicated by all participants to be pivotal for enacting a concentrated, fitting service for FRCs, and also to properly engage and retain this client-base.
- Careful evaluation of parenting interventions in terms of ethos, process and procedure is crucial to ensuring core FSA and FRC strategies around responsiveness to families.
- Robust evaluation of parent training would allow that impact of diverging from original formats be evaluated in terms of impact on the parents themselves.
- In the ‘Train the Trainer’ group participants were at various levels in terms of their facilitation skills, experience with parents, experience with lone parents and groups in general.

- Participants noted that parenting training often requires substantial experience in order to gain competence with particular approaches, however some participants had no experience here.
- Low commitment to this model, due to mismatches and negative perceptions regarding group make-up, flexibility and client engagement are in danger of having an outsize impact on effective adoption and roll-out of this *Positive Parenting* course by FRCs.

1.4 Summary - Key Recommendations

In order to further strengthen and consolidate positive outcomes, to enhance FRC engagement and promote full usage of this *Positive Parenting* programme, the following proposals should be taken into account;

Recommendation 1: FSA funding for childcare to be factored into future FRC *Positive Parenting* Course.

Recommendation 2: FSA funding for transport – needs basis. Especially relevant for rural FRCs.

Recommendation 3: FRCs use local networks and facilities to physically present information (putting a face on *Positive Parenting* for community at large). Presentations / Taster Sessions / Meet and greet.

Recommendation 4: One Family create a ‘recruitment package’ for FRCs – key messages / tips / sample letters, posters and advertising.

Recommendation 5: FRC dedicated staff member to offer ad hoc support for duration of *Positive Parenting* Program

Recommendation 6: One Family - Relax requirement for ‘lone parents’ only grouping when being rolled out in FRCs.

Recommendation 7: One Family - Assess course manual and adapt tools/focus/materials which may need to be added to update relevance toward mixed grouping/father/non-custodial parent.

Recommendation 8: Client impact – FRC and One Family continued evaluation through TOPSE and Competency surveys to ensure successful adaptations and assess gaps, if any, vis-a-vis group make-up.

Recommendation 9: One Family - Loosen *Positive Parenting* structure – for example, Run 6 core sessions over 7 week timeframe – so that FRCs can lead with group specific issues, for the entirety of session 1, or the first segment of 7 sessions.

Recommendation 10: FRCs to put extra supports in place specifically around lone parent issues, for example, extra sessions, extra follow-up, and added individual support.

Recommendation 11: FSA, FRCs, One Family to agree responsibility for the creation of a central data point which receives all survey data from future *Positive Parenting* courses, evidence-based practice being realised.

Recommendation 12: One Family to use Competency Survey tool as Training Needs Analysis for *Train the Trainer* training.

Recommendation 13: *Train the Trainer* given on ability basis. Add extra supports outside course for those needing it, or, as a pre-requisite to participation.

Recommendation 14: As part of *Train the Trainer* participation, FRCs to commit to running *Positive Parenting* within agreed time-frame.

Recommendation 15: Create mechanism/certification aimed at lessening the gap between participating in *Train the Trainer* and actual roll-out of *Positive Parenting* course in FRC so that competency gains can be consolidated.

Recommendation 16: Any future research to be conducted in this area should be done over a longer period, and with a larger sample of lone parents, to explore the dynamics within and between constructs, in order to yield stronger findings and provide further evidence for parent and child outcomes.

1.5 Main Research Findings

Both parents and trainers evaluated positive impact across all scales tested. Parents indicated most impact, regarding this *Positive Parenting* intervention, both on self- evaluations around parenting improvements and evaluation of the competencies of trainers.

1.5.1 Course Impact

There were two types of course rolled out as part of this process – the initial *Train the Trainer-Positive Parenting and Managing Difficult Behaviour* given by One Family, followed by the actual *Positive Parenting* courses rolled out by these trainers. Both course types were evaluated as part of this research project.

According to the Taskforce Report (2012), a service delivery model is recommended which would make use of a shared national services outcomes framework. This service delivery model should be focused on improving well-being and outcomes for children based on 5 national outcomes;

1. Healthy, both physically and mentally
2. Supported in Active Learning
3. Safe from accidental and intentional harm / Secure in the immediate and wider physical environment
4. Economically secure

5. Part of positive networks of family, friends, neighbours and the community / Included and participating in society (Taskforce, 2012)

This strategy can be seen to be successfully supported across 4 out of these 5 outcomes by the roll-out of One Families *Positive Parenting* intervention in FRCs. There is a definite match in terms of how the FSA have translated these outcomes by aligning them to both developmental activities and programmed activities (FSA, 2013; 27-30, Table 4a and 4b). However, of most importance, under this framework, is the proposal that services are valuable only if their outcomes improve the well-being for children and families.

- One Family's *Train the Trainer – Positive Parenting*

Trainers evaluated the Train the Trainer course positively, not only in terms of how the training was given, but also in terms of the positive impact it had on how they themselves would train groups into the future.

After the Train the Trainer course, participants were asked to evaluate the quality of the training received. Over 90% of participants evaluated this piece of training positively. With 5 of the 11 participants evaluating the One Family training as better than their expectations, and a further 2 participants evaluating the training at the highest point, greatly exceeding expectations.

The impact of One Family's Train the Trainer regarding how participants train, shows similar trends to the data collected on the quality of the training. The majority of participants, nearly 75%, when surveyed after the train the trainer course, indicated that One Family's train the trainer course improved the way that they train. This positive outcome and evaluation, remained as strong in the final data collection, over 3 months later. 60% of participating trainers indicate that the training had improved the way they train on a considerable number of points, and 20% to a great extent.

'I have learned and have improved my level of competence on how to help participants to meaningfully participate.' 16

'...enhanced my skill as a facilitator- clarity around my role and the purpose of the parenting course....' 17

For a number of facilitators, being able to take the learning away in manual format was key, coupled with the fact that their FRC could now roll this course out unaided;

'I thought the folder that you were provided with gave you that week by week all ... and module by module layout, I thought that was absolutely excellent.probably the best piece of training literature I have ever, ever received.' 1

'...this course is not going to cost us anything now that is invaluable to us as a centre. Staff member to receive training means that we can run it and it doesn't cost us anything....' 13

When FRC trainers were asked if they would run One Family's Positive Parenting Training again, 100% of trainers who had rolled out the training in their FRC as part of this study responded positively;

'Yes...it gives families a forum to address issues and concerns and in terms of FRC makes additional services we have here public. Those issues specific to parenting alone a forum that they can actually get resolution. Linking in FRC services' 15

'...yes, definitely. Huge need for it. Huge benefits to families involved. It's something everyone should do...'20

Within roll-out, a number of trainers describe and value core elements of community-based Family Support as prescribed by the FSA (FSA,2013), including participation, awareness raising, early intervention, and a strengths-based approach for parents.

- *Evaluating Trainer Competencies*

All 6 competencies (facilitating, reliability, managing progress, listening, flexibility and associating) on across all trainers show improvement after training, a strong result. What is also interesting, in every case, trainers' evaluation of themselves is stronger still, after facilitating their own training. This may suggest that facilitating their own training is responsible for creating an ongoing impact in terms of competency improvement over all 6 competency areas. The competencies *listening*, *associating* and *facilitating* improved to a statistically significant level over the course of the research project.

Assessments from trainers and parents were well above the competent range, parents placed trainers at higher levels across competencies than trainers placed themselves. All trainers are viewed by parents as displaying each competency either well or to a great extent across the 6 competencies under study.

So while trainers show a variation in competency response, can lack in confidence and seem less convinced that they are performing consistently over the competency areas, Parents consistently place trainers at higher levels across the central competencies needed to give a successful training, as one parent comments, they;

'...Took time to listen, knew what to expect from us, had personal and professional experience...' 28

Developmental activities, according to FSA Strategy, must be needs-based with interventions answering need at a grass-roots level, firmly travelling bottom-up. Along with this requirement comes a partnered need for interventions which allow a flexibility of response, an inherent understanding of different circumstances in each area, different qualities of staff and volunteers (FSA, 2013)

Within this study, parents evaluate all trainers as using a needs-based methodologies, where their training is based on the specific requirements of the each group (trainer scores ranging from 3,9 to 4,7: from a 5 point scale, very high).

- *Impact – Parents*

Positive changes were displayed both qualitatively and quantitatively for Parents.

In conjunction with collecting data around the competencies of trainers and evaluations of the Train the Trainer course, it was also important to assess the actual impact of the Positive Parenting course

on parents. This data tallied well with the data from the competency survey. The main results are clear, there is a positive tendency, whereby parents improve across all 8 TOPSE scales (emotion and affection, play and enjoyment, empathy and understanding, control, discipline, boundaries, pressures, self-acceptance, and learning and knowledge) from pre-training to post-training. Together these scales are deemed to be a measure of parental self-efficacy displaying parents' beliefs in their skills, abilities and capacity to effectively manage the varied tasks within the parenting role.

While there were no statistically significant changes from before training to after training for the parents involved, it is evident that the data is traveling in a positive direction across all 8 TOPSE scales. A larger sample size of parents would be needed to reach significance.

When we slice these TOPSE results by trainer, we again see a positive tendency in the main. 4 out of 5 trainer results have positive trajectories from pre- to post-training.

Parents in this study described an increasingly positive relationship with their children after participating in the *Positive Parenting* training. Indications from the qualitative data, are that these results are sound, that the impact on parents in the main is indeed favourable;

'...I have enjoyed completing the parenting programme and have found it a great help to me in my parenting and with issues I have had to deal with. The tutor was excellent in her facilitating and I have learned a lot from this course...' 22

'...I think it should be compulsory and I think everyone should do it, you're lucky if you get in with your children when they're small but I think you can catch it at any age and it's amazing, it's just like a magic wand and it just changes everything...' 11

- *Impact – Parent-Child Relationship*

There is solid scientific evidence that the quality of the parent-child relationship is the best predictor of normal, healthy development on the part of children. The primary focus of the FSA strategy is on parents and the parent-child relationship in particular (FSA, 2013).

For 80% of parents in this study, One Family's Positive Parenting training was seen to have an impact on the way parents raise their children. With 41% of parents saying that the training improved their parenting to a great extent, and for 17% the training had an enormous impact on how they raise their children. While 17% of parents estimated that the training did improve the way they raise their children but only on a few points. There were no parents who testified to the training having no impact. The Positive Parenting training had an impact for all parents involved. As one parent comments, while the course has impact on relationships with their child, it also impacts wider relationships;

'Brilliant programme. Glad I came to this course. It was a great help to me and I can relate what I learned not just to my relationship with my child, but to other relationships in my life.' 24

There was a difference between trainers in this study in terms of how many sessions were covered. When we slice the data by trainer in terms of impact it becomes apparent that the Positive Parenting course itself has a seemingly strong impact in and of itself, dependant on the amount of sessions covered. Trainer competencies therefore may not be solely responsible for influencing success, but in combination Trainers need to get through the course content.

Both groups, trainers and parents, generally agree that the course had an impact on the way parents raise their children. Parents proffer vibrant information around the impact this course has had for their children;

‘...when I realised how vulnerable they are and even me, even remotely shouting and the effect that that would have. Even on somebody else, kind of ...it’s changed their life and their future and what kind of individuals they’re going to turn out to be...’ 5

1.5.2 Operationalising Positive Parenting in FRCs

Programmes must have evidence of effectiveness. They reach sustainability and effectiveness only when they continue to be delivered to the highest standard, by highly trained, motivated, supervised staff (FSA, 2013).

While both courses, *Train the Trainer* and *Positive Parenting* received positive responses around quality and impact from Parents and Trainers alike, there were a number of additional themes which came to the fore as important to sustain and encourage roll-out within FRCs generally.

- *Barriers to participation*

The main barriers to participation for parents, and therefore subsequent roll-out for FRCs, centred around childcare and funding. Parenting programs that can offer on-site child-care while parents are in session, and/or assist with transportation needs, have had greater success in keeping parents engaged and committed to the end of the parenting intervention. Reducing barriers to participation is a critical aspect of retention, for both the FSA, and the FRC on the ground.

Recommendation 1: FSA/FRC Funding for childcare to be factored into future FRC *Positive Parenting* Course – needs basis.

Recommendation 2: Funding for Transport – needs basis. Especially relevant for rural FRCs.

- *Recruitment*

The results from this study illustrate that FRCs are well placed to deliver family support and parenting interventions. The comment below summarises a number of trainers comments around the timing of course roll-out, and the need to consider this, as central to attendance and also that FRCs needed more support and training in order to get people on board initially;

‘Week up to Christmas impacted on flow and gelling. Timing. More emphasis on recruitment, a massive part of this. Trying to get young women men involved in anything is a real challenge. To get them to engage’. 17

Recruitment was an issue for most FRCs within this study, a simple positive in terms of course availability, information, and choice may not be sufficiently powerful on its own, to tip the balance, particularly the case for hard-to-reach and needy populations.

How to package One Family’s Positive Parenting, was something that a number of FRCs found problematic. Targeted and well-designed communications strategies specifically addressing these issues, generating and therefore supporting word of mouth promotion, may be particularly important for FRCs. The uncertainty around packaging, in some cases, prohibited FRCs moving forward with *Positive Parenting* courses altogether, and in other cases, added to a perception of both recruitment and course failures.

Recommendation 3: FRCs use local networks and facilities to physically present information (putting a face on *Positive Parenting* for community at large). Presentations / Taster Sessions / Meet and greet.

Recommendation 4: One Family create a ‘recruitment package’ for FRCs – key messages / tips / sample letters, posters and advertising.

- *Increasing Parent Strength*

Engagement with FRCs can open a doorway for families in terms of both social support and access to other services that are available within the organisation. FRCs are well-placed to offer a supportive scaffolding which enables parents activate the key finding that self-efficacy increases translate directly to decreases in parenting stress. Working with socially isolated or highly disadvantaged families that present for assistance in managing their children’s behaviour may require much more than parent training in order to be successful. . Parents cannot fully engage in parent training until their other basic needs have been adequately addressed, this can be especially true for lone parents, parents in crisis, or those battling financial hardship or disadvantage.

For two trainers within this study, key benefits came from a division of responsibility and associated expertise; the trainer was supported by having a dedicated team member. The availability of another FRC staff member outside the course gave a vent to discuss issues and strategies alleviating ‘in-course’ time; and the parent felt the positive impact of this team approach through the ability to gain further and targeted expertise and support outside the parenting training.

Recommendation 5: FRC dedicated staff member to offer ad hoc support for duration of *Positive Parenting* Program

- *Group Make-Up*

It is apparent that low commitment to this model, because of mismatches and negative perceptions regarding group make-up and flexibility, is in danger of having an outsize impact on effective adoption of this course by FRCs.

4 out of five trainers in the final analysis, trained a mixed grouping of lone parents and married/co-parenting parents. And added to this 80% would prefer the group make-up to be mixed, with 20% picking either grouping, or no preference. Also, when asked about their preferred group make-up, 52% of parents surveyed indicated that they would prefer a mixed group, and 24% of parents indicating that they would prefer a group made up of lone parents only. A further 24% of parents did not answer this preference question. A clear preference for a 'mixed' group is established by both parents and trainers.

Trainers also pointed to some differences between custodial/non-custodial, mother/father parents and what they need, which may require slight additions to the manual.

Parenting programmes frequently undergo modifications when delivered in community settings. Adaptations are made to the original curriculum due to clientele demographics, practitioner judgement and resource restrictions. It is thus important to evaluate whether adapted interventions successfully meet their expected goals once they are implemented in the community. It may be incumbent upon this course to lose the strict requirement around group make-up at least, to become both relevant and utilised to its potential within FRC structures.

Robust evaluation of this parent training must become *modus operandi*, so that any impact of diverging from original formats can be evaluated in terms of impact on the parents themselves. In this way, the programme can be evaluated and bench-marked in terms of successful outcomes, any changes made, both evidentially-based and actioned.

Recommendation 6: One Family - Relax requirement for 'lone parents' only grouping when being rolled out in FRCs.

Recommendation 7: One Family - Assess course manual and adapt tools/focus/materials which may need to be added to update relevance toward mixed grouping/father/non-custodial parent.

Recommendation 8: Client impact – FRC and One Family continued evaluation through TOPSE and Competency surveys to ensure successful adaptations and assess gaps, if any, vis-a-vis group make-up.

- *Flexibility*

The ability to create a targeted needs-focus is firmly linked to the ability of the course to adapt to individual groups. Flexibility was indicated by all participants to be pivotal for enacting a concentrated, fitting service for FRCs, and also to properly engage and retain this client-base. Indeed this project found positive relationships between a competence in flexibility on the part on the trainer, and heightened impact from the course, in terms of how parents raise their children. In other

words, the better able the trainer is at being flexible and ‘associating’ with a group of parents, the more impact the course has in how parents raise their children. While the course is experienced as ‘flexible’ in the main, most argument for trainers in the initial qualitative data surfaces around the core module structure for the first 6 weeks, it is experienced as inflexible, and constrains Trainers in meeting parents in a needs-based way. However, when surveyed, parents across the board evaluate trainers as using a needs-based methodology, where their training is both flexible and based on the needs of the group. Parents do feel the programme is flexible as is, however, the core module piece may need to be softened a little for trainers, in this way loosening some constraint and further enabling the meeting of groups where they are.

This ‘needs-based’ agenda is core to FSA, and therefore FRC, strategy. The central principle of strategy around Family Support is that each community needs to be actively involved in defining its needs and taking action to achieve better outcomes. Local parents themselves are involved in the definition and analysis of their needs. While this is promoted within One Family’s *Positive Parenting* course, FRCs argue that it may need to be more obvious at the outset to engage their client group effectively.

Recommendation 9: One Family - Loosen *Positive Parenting* structure – for example, Run 6 core sessions over 7 week timeframe – so that FRCs can lead with group specific issues, for the entirety of session 1, or the first segment of 7 sessions.

Recommendation 10: FRCs to put extra supports in place specifically around lone parent issues, for example, extra sessions, extra follow-up, and added individual support.

Recommendation 11: FSA, FRCs, One Family to agree responsibility for the creation of a central data point which receives all survey data from future *Positive Parenting* courses, evidence-based practice being realised.

- *Training Trainers*

Data around the train the trainer training suggested that group participants were at various levels in terms of their facilitation skills, experience with parents, experience with lone parents and groups in general. Participants noted that parenting training often requires substantial experience in order to gain competence with particular approaches, however some participants had no experience here. Research also indicates that this lack of competence and confidence is often the obstacle preventing organisations and practitioners from implementation (Nelson et al, 2006).

Adding in support, pre- and post-training for those who have less experience. This may require organisations to agree to an extra module directed purely for facilitation skills, before access to the train the trainer is possible. If we know exactly what competencies we require of a trainer to successfully fulfil their training role within a parenting context, then we can also start to allow this knowledge inform the way we train them in the first place. So we very much bring the focus back to exactly what it is the trainer needs to be able to do, and assess trainers and courses accordingly.

Recommendation 12: One Family to use Competency Survey tool as Training Needs Analysis for *Train the Trainer* training.

Recommendation 13: *Train the Trainer* given on ability basis. Add extra supports outside course for those needing it, or, as a pre-requisite to participation.

Recommendation 14: As part of *Train the Trainer* participation, FRCs to commit to running *Positive Parenting* within agreed time-frame.

Recommendation 15: Create impetus/mechanism/requirement/certification aimed at lessening the gap between participating in *Train the Trainer* and actual roll-out of *Positive Parenting* course in FRC so that competency gains can be consolidated.

1.6 Methods of Research

The main methods of research used in this study included;

- Desk research
- Discussions/Meetings with FSA, One Family, FRC staff
- Focus Groups / Interviews with FRCs – past participants of One Family's *Train the Trainer*
- Focus Groups / Interviews with past Parent participants of One Family's *Positive Parenting: Managing Difficult Behaviour*
- Interviews with One Family staff
- Survey of Trainers involved in research project – Competency survey
- Survey of Parents involved in research project – Competency survey and TOPSE survey
- The Principle Investigator's own personal knowledge of the One Family programme having worked as a facilitator.

Key Sources of Data;

1. Phase 1: Interview and focus group data from phase 1 of research. Semi structured interviews undertaken with staff from 5 FRCs and staff from One Family. Also semi structured interviews and focus groups with parents who had already participated in 'Positive Parenting' training. Key trainer competencies elicited from this data through content analysis and the competency survey was built.
2. Phase 2: Survey data was gathered from parents and trainers through two survey instruments; the TOPSE survey, assessing impact and given to parents only pre- and post-course, and a bespoke Trainer Competency Survey assessing trainer competencies given to trainers at 3 different points in roll-out of training, and also parent version given to parents post-*Positive Parenting* course.

A primary benchmark as per the fulfilment of key FSA strategy regarding family support stems from evidence regarding impact on parents and children. A necessary correlate to this data is the evaluation of whether client-centred and needs-based interventions and learning environments are

being constructed using One Family's *Positive Parenting* model. These concepts are fully accessed, in this study, through the combination of the TOPSE Survey and a bespoke Trainer Competency Survey for both trainers and parents.

1.6.1 Measuring Trainer Competence

The bespoke Trainer Competency Survey measured trainers' skills and abilities across 6 core competencies; facilitating, reliability, managing progress, listening, flexibility and associating. Elicited from the focus group and interview data, these core competencies were seen as imperative competencies for a trainer to display in order to facilitate a *Positive Parenting* course effectively. Each competency has 6 items related to it and the same indicators were used in both parent and trainer versions of the competency survey. A mixture of 'open' and 'closed' questions enabled further insight into perspectives.

1.6.2 Measuring Impact - 'Positive Parenting'

Measure of impact was uncovered in two ways;

Firstly, impact on the trainer - for the *Train the Trainer* course the competency survey tool was used. Given to FRC trainers both pre- and post-participation on the One Family *Train the Trainer* course. This measure aimed to evaluate direct impact from the course on trainer competence. This impact was again assessed after trainers had the opportunity of facilitating their own course, to assess whether initial impact on trainer skill and competence, if any, was maintained. The trainer competency survey was also given to parents on one occasion, after their participation in the *Positive Parenting* course.

Secondly, impact on the parent through *Positive Parenting* was measured the TOPSE survey tool was used. The TOPSE instrument, created in the UK specifically to evaluate parenting courses. Parents are asked to evaluate themselves across 8 scales, and together these scales are deemed to be a measure of parental self-efficacy. Each scale represents a distinct dimension of parenting: emotion and affection, play and enjoyment, empathy and understanding, control, discipline, boundaries, pressures, self-acceptance, learning and knowledge. The TOPSE instrument given to parents pre- and post-*Positive Parenting* training to detect changes in confidence and self-efficacy.

1.7 Demographic Profile of Survey Data

Parents;

The sample of parents who completed the *Positive Parenting* training was predominantly female (79%), with 14% men. Over half (52%) of all participants across 6 groups fell into the 20-30 age bracket, with 80% of all participants falling into the 20-40 age bracket. 55% of participants had either 1 or 2 children, 7% had 3 children, 7% had 5 or more children and the majority of participants (62%) had never received professional parenting support before.

Trainers;

The demographic data for trainers was gathered at the very start of the research project. Of the trainers taking part in the initial '*Train the Trainer*' training, 67% were female and 33% were male. 50% of trainers were between the ages of 30 and 50, 33% were aged between 50 and 60 and 17% were 60 or over. 33% of trainers had worked in their respective FRC's for up to two years, while 50% were in situ from 2-10+ years.

The vast majority of participants, 75%, were either Co-ordinators or Development Workers, while the remaining 25% were volunteers or volunteer facilitators. 58% of participants in the '*Train the Trainer*' course had from 5 – 10+ years' experience facilitating groups. While 17% had 2-5 years and 25% of the group had 0-2 years' experience respectively. Every participant had some experience of facilitating groups, however, training parent groups, and more specifically lone parents brings about requisite decreases in facilitation experience.

1.8 Conclusions and Key Recommendations

Both parents and trainers evaluated positive impact across all scales tested. Parents indicated most impact, regarding this *Positive Parenting* intervention, both on self- evaluations around parenting improvements and evaluation of the competencies of trainers. Engaging with One Family's 'strengths-based' approach, FRC trainers facilitated the course in such a way that had, for the vast majority of parents, a high impact in terms of parenting perceptions, understandings and outcomes.

Careful evaluation of parenting interventions in terms of ethos, process and procedure is crucial to ensuring core FSA and FRC strategies around responsiveness to families. It is through an emphasis on education, health, social services, and professional intervention to support parents and children, that effective scaffolding can be built to support parents and children effectively. One Family's Positive Parenting model, in terms of outcomes within this study, is indicated to successfully support the FSA and FRC in driving this agenda home.

In order to further strengthen and consolidate positive outcomes, to enhance FRC engagement and promote full usage of this *Positive Parenting* programme, the following proposals should be taken into account;

FSA

- Funding stream for Childcare to be accessed for duration 'Positive Parenting' course.
- Funding stream for Transport – especially Rural FRCs.
- Agree responsibility for the creation of a central data point receiving all survey data from future *Positive Parenting* courses to further strengthen evidence-based practice.

FRCs

- Dedicated staff member to offer ad hoc support to participants for duration of *Positive Parenting* Training.
- Continued evaluation of Client impact: TOPSE and Competency surveys ensure successful adaptations vis-a-vis group make-up and flexibility.
- Added sensitivity within 'mixed' sessions and extra supports in place specifically around lone parent issues, for example, extra optional sessions, extra follow-up, and extra individual support.
- As part of *Train the Trainer* participation, commitment to use *Positive Parenting* within agreed time-frame.

One Family

- Creation of 'recruitment package' for FRCs – sample advertising / posters.
- Loosen 6 core module structure and possibly running order of programme.
- Relax requirement around 'lone parent' only grouping to parents who are co-parenting also. Create guidelines around ideal group make-up, for example, percentage of each target group on each course.
- Assess course manual and adapt tools/focus/materials to update relevance, if needed, toward mixed grouping/non-custodial parent/father.
- Continued evaluation of Client impact: TOPSE and Competency surveys of future parenting training – both train the trainer and *Positive Parenting* – assess 'lone parent' only groups and compare.
- Competency Survey tool may be used as Training Needs Analysis for *Train the Trainer* training needs assessment.
- *Train the Trainer* given on ability basis. Extra supports outside course for those needing it, or, as a pre-requisite to participation. Skill-based participation.
- The *Train the Trainer* course to involve a commitment to roll-out of *Positive Parenting* course in FRC so that competency gains can be consolidated, evaluated, and accredited.

Chapter 2: Overview of Key Issues and Previous Research

‘The future of human societies depends on children being able to achieve their optimal physical growth and psychological development. Never before has there been so much knowledge to assist families and societies in their desire to raise children to meet their potential’

(World Health Organization (WHO) 2002, p. 1)

Ireland is very much in agreement with this international ethos, and the current Programme for Government has provided more momentum for change by undertaking to “fundamentally reform the delivery of child protection services by creating a dedicated Child Welfare and Protection Agency, reforming the model of service delivery and improving accountability to the Dáil.” (Government of Ireland (2011:56)

2.1 Background and context:

The Family Support Agency;

Established in 2003, The Family Support Agency (FSA) recognises and predicates itself upon the need to be responsive to families, it is responsible for funding a network of 106 Family Resource Centres (FRCs) in disadvantaged areas, these centres aim to combat disadvantage by supporting the functioning of the family unit and by offering services and supports for both children and parents.

In 2013, 10 years after inception, the FSA is to be merged with the Child and Family Agency (CFA) and the FRC programme will be part of the new agency’s core services. This merge represents a national approach which facilitates a new way of working. Children and families are placed firmly at the centre of the systems network (Taskforce, 2012) and the FSA is tasked with assisting the new agency in providing earlier, more accessible and responsive interventions, as an entire organisation which supports and assists parents, children and families.

The overall objective is to improve the well-being of parents and children by supporting all families through the normal challenges of family life but especially those in disadvantaged communities. Strategies for supporting parents through education, health and social services have been much articulated as most effective avenues to facilitate improved outcomes for children.

According to the Taskforce Report (2012), a service delivery model is recommended which would make use of a shared national services outcomes framework. This service delivery model should be focused on improving well-being and outcomes for children based on 5 national outcomes;

1. Healthy, both physically and mentally
2. Supported in Active Learning
3. Safe from accidental and intentional harm / Secure in the immediate and wider physical environment
4. Economically secure

5. Part of positive networks of family, friends, neighbours and the community / Included and participating in society (Taskforce, 2012)

Of most importance, under this framework, is the proposal that services are valuable only if their outcomes improve the well-being for children and families.

Family Resource Centres (FRCs);

From a public policy perspective, promoting the well-being of families is a fundamental investment in the long-term economic and social fabric of a society. The 106 Family Resource Centres (FRCs), which the FSA fund, stand in a unique position vis-à-vis prevention and early intervention for children and families as they act as a ready-made portal for this investment and strategy alignment, delivering a range of services and developmental initiatives to communities, fulfilling governmental agendas at a local level.

Family Resource Centres involve people from marginalised groups and areas of disadvantage at all levels of projects. They provide services for lone parents, young mothers, children, men, older people, and others considered in need of support. Each FRC is different and responds to the needs of the local community in which they are situated (Mulcahy et al, 2013)

Interventions at the community level, through FRCs, must be accessible, responsive and enabling, ensuring the active involvement of each community in defining their own needs and the actions required to achieve better outcomes. Entering the fray from a rights agenda, both engagement and dialogue with participants and communities is central to family support objectives going forward successfully (Family Support Agency, 2012). This reflexive and client-focused approach is reinforced by commissioned programmes that focus on a preventative strategy which aims to empower individuals, strengthen families, and create safer and more supportive environments for children.

The preventative ethos is key. There is of course the human cost of damage to individual children, but also as demonstrated by Irish and International research, escalating costs to the State in terms of immediate, avoidable expenditure on residential, detention and prison services; and also further long-term direct costs for Gardaí, Justice, Social Welfare, Health and Homeless Services. (Taskforce, 2012)

These very real dangers mean that reform initiatives and services have an increased focus on both prevention and early intervention. 'The choice of actions to achieve these positive outcomes will be made in collaboration with families, in keeping with the community development ethos of FRCs, and informed by evidence-based knowledge about what influences family well-being and the types of programmes and initiatives that are known to be effective.'(Family Support Agency, 2012)

One such preventative intervention, One Family's *Positive Parenting* programme aims to deliver on these goals through a client-focused framework that recognises that effective interventions are predicated upon client need, exchange and engagement.

One Family's 'Positive Parenting' Model

'(One Family) put children at the centre of our work and we help all the adults in their lives so that includes mums, dads, grandparents, step-parents, new partners and other siblings. One Family as an organisation operate a holistic model of specialist family support services which works in two ways – firstly, to progress parents on social welfare to take the next step to education, training or employment; and secondly, to provide expert parenting and family supports to people parenting alone or sharing parenting and to those working with one-parent families.' (One Family, 2013)

Based on an active and participative learning delivery model, One Family's *Positive Parenting* programme encourages parents to converse with others, participate in activities and to teach and learn from other parents. Parents are recruited to participate in a program designed to provide an array of strategies and skills that will enhance their children's futures.

Positive Parenting – building strong relationships with children and managing difficult behaviour '...aims to provide parents with a toolkit of skills that enable them to help their children to successfully make their own way in the world. These skills can be learned and practised by every parent. The course uses creative and participatory methods and sees parents as experts on their own children, thus enhancing the intervention's supportiveness and parent's well-being' (One Family, 2005, vi).

For training professionals, the *Positive Parenting: Building Strong Relationships with Children, Training for Trainers* course is designed to allow those working with parents to provide vital support on key issues, preparing participants to design and deliver parenting courses to groups, or work one-to-one with families, with extra supports built in for those parenting alone, sharing parenting and parenting through family change. (One Family, 2013)

Both training inputs aimed at trainers and parents are based on the manual *Positive Parenting in One-Parent Families: building strong relationships and managing difficult behaviour*. (One Family, 2005)

One Family have had some experience training FRCs in this intervention. In 2009, they commenced the South East Family Resource Centre (SE FRC) Network Training Links Project (Bailey, N, 2010). This intervention was aimed at answering the FSA's strategic requirement to encourage best-practice within family support initiatives;

'All FRCs started out as community groups who have, under the FSA's guidance, taken on a role of supporting families. Over half the FRCs nationally attained status less than five years ago. Therefore, capacity to engage in family support varies. The training skills project responded to this need with training in some of the skills applicable to all family types' (Bailey, N, 2010)

This research project evaluates this programme, One Family's *Positive Parenting: Building Strong Relationships and Managing Difficult Behaviour*, as rolled out in the FRC setting. The project assesses the viability of this intervention as a best practise model which can be utilised by FRCs effectively and into the future. The outcomes are evaluated against the FSA's Strategic Framework for Family Supports.

2.2 Literature Review: General Background

Parenting Strategy

Family support services which are community-based and have involvement by the community are more likely to be accessed by families. There is evidence that this approach is also more effective in producing better outcomes for families (Family Support Agency, 2012).

Parenting – and more accurately good parenting – is advocated by policy makers and practitioners alike to be a key mechanism in supporting a strategic agenda, enabling children and their families to have healthier, brighter futures. Health visitors, community practitioners and more recently parenting practitioners have played an important part in supporting parents in the community through programmes that provide various approaches to becoming more confident parents. (Bloomfield et al, 2005)

The literature establishes parents as effective mediators for positive change for their children in social, emotional, communicative, and behavioural domains. In addition, many of the studies indicate that families participating in parent training increase positive parent-child interactions and reduce parental stress. Furthermore, parents themselves tend to be satisfied with the effects of this parent training. (Suppo et al, 2012)

It is now well accepted that “poor” parenting practices will have significant impacts on children’s emotional and behavioural wellbeing. Parents’ harsh, inconsistent discipline, inadequate supervision, and a lack of a warm, positive relationship have been shown to increase children’s behaviour problems and later lead to substance abuse, antisocial behaviour, and criminal activity (Fletcher et al, 2011).

The costs to society of childhood behaviour problems (the most common form of mental illness in children) is high. It is well established that there is an urgent priority to shift from reactive intervention to prevention, since the later the intervention, the costlier and less effective it is. (Nelson et al, 2006)

More than dealing merely with behaviour problems, interventions like parenting programmes are seen as key to the prevention of crime, educational failure and challenging behaviour. They are deemed both effective and cost-effective (Bloomfield et al, 2012). Families are the heart of the communities and much literature advocates community resources being used as preventative resources, to ensure and deliver a central objective, securing the quality of family life.

Parenting requires training, not because people are bad parents, but because it is not a simple task. (Severe, S, 2004) Although parenting programmes vary in the direction with which they approach parents, their philosophy and core content, the general objective underpinning them is to help parents become problem-solvers who understand the effects of their behaviour on their children and who feel empowered and confident in their parenting. Most programs improved parent-child interactions to some extent. In an empirical study, significant improvements were indicated in emotional and communication skills, non-physical disciplinary behaviours, and consistent discipline.

It was found that, in general, parent training sessions helped parents acquire and use new skills with their children. (Tomasello et al, 2011.)

2.2.1 Parenting Interventions

A number of associated and recurrent themes surface within the literature which are specifically relevant for Parenting Programmes and act as an appropriate lens through which to navigate key topic areas within this research;



Figure 1: Key themes within the literature

- *Recruitment*

While recruitment is critical to the success of any course, it seems that parenting courses in particular can struggle to recruit effectively, and there is a wide range of recruitment approaches reported in parenting interventions (Jago et al, 2012).

Recruitment for programmes around parenting can be difficult for a number of reasons, it is a topic that individuals do not necessarily want to be seen lacking in or to need ‘help’ with, and, possibly more centrally, to feel judged about. Much of the existing literature has focused on the mechanisms of successful recruitment into research trials, and has failed to examine the specific processes of how participants, particularly those in low-income groups, might be effectively recruited on to courses. As Withal et al (2011) suggest, many community activity programmes are funded but rarely fully evaluated and problems of poor recruitment and retention rates are common. In order for effective recruitment strategies to be developed the difficulties of engaging, particularly low-income groups, needs to be fully understood in its broadest sense, rather than as an adjunct to specific individual trials or pilots.

Throughout the parenting literature there are calls for properly targeted and well-designed communications strategies which are aligned with efforts to reduce barriers to participation, like childcare and course timings, all postulated as key metrics for success in terms recruiting participants effectively. (Bohr et al, 2009)

- *Engagement*

If the first difficulty portrayed in the literature lies around the recruitment of participants, the second difficulty lies around engaging and retaining participants.

It does not matter how effective an intervention is if parents won't engage in the first place, or if those who do start don't then implement the approaches proposed. Dropout rates of 25–50% are typical. Under these circumstances, having a rationale on how to manage the process of initial engagement and subsequent involvement of the parent / family is necessary for effective change (Scott et al, 2009).

Empirical research suggests that family characteristics, particularly single-parent status, socioeconomic disadvantage, and younger maternal age, are frequently associated with low levels of attendance. Factors that contribute to experienced distress, such as unpleasant life events, parental depression, low social support, and neighbourhood disadvantage, can also impede attendance (Nix et al, 2009).

Keeping parents involved and committed to the completion of parenting programmes is an area which has been historically difficult for practitioners. Overall it is noticeable that parents themselves indicate logistical issues associated with attending. These issues were experienced as insurmountable barriers to attendance, so the availability of 'drivers' like on-site childcare is important in terms of paving the way for parents towards completing training (Jago et al, 2012).

Interventions which match parents' requirements in terms of timing, and offer incentives and supports like, childcare or transport, experience more positive engagement. These requirements are often more magnified for those parenting alone. However, these logistical factors also require in tandem; high quality parent participation, a focus on adult issues along with child issues, and a perception of relevance to actual needs in order to compete successfully in engaging and retaining participants (Withal et al, 2011)

- *Parent as expert*

Engagement happens dynamically, as the literature suggests, it is not enough to get parents to attend sessions, it is also necessary to facilitate their active engagement in the process. It is quality of rather than attendance, which is the consistent predictor of treatment response (Nix et al, 2009).

A shared empowerment model is one which emphasises teamwork, parent empowerment, and support and it is posited as central to helping engage families and keep them on board (Hawes & Dadds, 2006). The core ethos here activates a strategy which by its very nature respects parents and maximises their buy-in.

The parent is positioned as a powerful player within a systemic process which aims to evaluate, dialogue and understand both implications and resolutions with regard to parenting effectively. It is a team with complementary experts, the parent is expert on the family's needs, aspirations, strengths and weaknesses (Scott et al, 2009)

The style of the facilitator and the manner in which courses are taught can make or break them in terms of engagement. This seems especially true of parenting programs whereby the directive behaviour of parent trainers (e.g., teaching and confronting) can increase parental resistance, whereas supportive and facilitative behaviours have the opposite effect. It is clear that practitioners employing parent training must be able to successfully combine the directive, "teaching" skills intrinsic to behavioural parent training with relationship building skills, such as empathy, warmth, and humour (Forehand et al, 2002).

Much literature describes a preference for a group-based approach as it is perceived to provide opportunities for sharing ideas and learning from others. Good facilitation is translated to establishing rapport, clarifying expectations, demonstrating the value of seeking a diversity of perspectives, facilitating dialogue and requesting feedback and role- modelling collaboration. (Banfield et al, 2009)

Facilitator style is deemed especially important for this client group, in tandem with obviating the barriers around logistics it is crucial for organisations to ensure that the facilitator can hit the ground running for parents, utilising core inclusive competencies in the delicate scaffolding of a collaborative world view. Working with parents, who, in many cases, are in a vulnerable position, demands substantial skill and competence.

- *Flexibility*

Flexibility is seen as an essential characteristic of Parenting Courses, allowing the facilitator to deal with issues as they arise and giving them flexibility to tailor the learning to the individual client or group. Parents engaging with courses can vary dramatically in terms of need so parent training may need to be delivered to groups at varying intensities (Forehand et al, 2002). Truly impactful interventions assist parents with issues they themselves feel are most important and challenging.

It is argued that flexibility allows us to contextualise, anchor and target the central issues for our participants. Practitioners must deal with and understand the very real needs of high-risk families which require that they be helped at many levels at the same time; this demands constant flexibility and collaboration (Slade, A, 2006).

Essentially, the literature argues for interventions that are predicated upon the actual needs of parents. Interventions that are malleable enough to be constructed around parent needs, and are therefore fully targeted toward the specific group participating in the training.

The availability of support outside training is also key, where high risk and high need families need to be supported on other levels in tandem with the training (Jago et al, 2012; Forehand et al, 2002).

- *Self-Efficacy*

The importance of developing parenting strategies which enable parents to extrapolate core parenting skills to a range of diverse parenting contexts is pivotal. As a result, there has been very specific focus in much parenting literature on the concept of self-efficacy (Bandura, A. 1995). Self-efficacy refers to a self-perception of one's ability to perform competently and effectively in a particular task or setting. This concept has been evaluated by many studies as a leading indicator of both successful and effective parenting (Kendell et al, 2005; Sanders et al, 2005)

Self-efficacy affects every area of human endeavour. By determining the beliefs a person holds regarding his or her power to affect situations, it strongly influences both the power a person actually has to face challenges competently and the choices a person is most likely to make. Parenting courses target people's belief in themselves as good parents (Suppo et al, 2002). An individual with a strong sense of self-efficacy will persist in a given task until they succeed. An individual with a low sense of self-efficacy will tend to give up too quickly. When viewed in the context of parenting then, individuals with a high sense of self efficacy will tend to make decisions confidently and believe in their ability to parent effectively. Parents with a low sense of self- efficacy will have less faith in their abilities, less commitment to decisions, and may become locked in a cycle of self-doubt, low follow-through and negative self-perception.

A key tenet of self-efficacy theory is that a person's self-efficacy expectations in any domain of behaviour will be developed by performance mastery, vicarious experience, and learning through role modelling. The literature therefore suggests that in parenting courses opportunities are provided for parents to raise their expectations as a result of mastering positive behaviours, experiencing other parents' success, and through encouragement from both programme facilitators and other parents (Bloomfield et al 2010).

According to much literature, stressors in the broader social context in which a family functions interfere with treatment and maintenance of treatment gains. Such stressors may include poverty, substandard housing, residence in crowded and high crime neighbourhoods, lower education, single parenthood, and lack of social support. (Forehand et al, 2002)

While it is clear that financial hardship places unique stress on both children and parents, results from research indicate that it is not family income alone that determines parenting stress. Instead, it

appears that parenting stress may best be explained by considering how psychological resources, like self-efficacy and social support, can modify the effect of low family income on parenting stress. Self-efficacy has been found to be a reliable predictor of parenting stress levels (Thompson et al, 2005). With a lower self-efficacy heightening feelings of being overwhelmed and inability to cope among parents.

Evaluating parents in terms of their self-efficacy tallies with a recurrent argument outlined within the literature, enabling practitioners to assess outcomes from the parental perspective, thus leading to more effective care (Bloomfield et al, 2007) and accessing constructs around real-time need.

2.2.2 Operationalising Parenting Interventions

A number of applied themes are also apparent, and these themes directly affect parenting courses in terms of their effective operationalisation;



Figure 2 : Applied Themes

- *Fit*

For maximum uptake and benefit, the literature prescribes that interventions may need to be delivered within the communities in which families reside, and must be offered at convenient times and locations in order to greatly improve attendance and opportunities for success. The degree to which an organization has the correct types of resources available in-house will greatly facilitate the implementation of an intervention. The fit between an organisations existing resource set and those required by a particular intervention is a key determinant of the ease of implementation (Dixon et al, 2008).

Fit between what the parent needs and what the organisation is offering is often down to the resources available within that organisation. In order to install any intervention, it is imperative that 'fit' is properly evaluated, otherwise the longevity of the program and the support behind it, in-house, may be quickly diminished. The degree to which the organisation holds knowledge / has links /

advocates for clients with other organisations is important. As part of their remit parenting interventions may need to directly address the broader needs of a family by either referring them to social service agencies or including another component in their program, such as wraparound service knowledge, or at least having access to this wraparound service base so it can be activated when needed. (Kaiser et al, 2003)

- *Evaluation*

Evaluation is key, and the ability to evaluate in a robust manner going forward, allows programmes truly hit target groups with what they need. It highlights the successful elements of programmes that are definite staples, while at the same time indicating those which are less successful. Parent training is not uniformly successful, and there remains much to learn about the myriad of factors that affect the implementation of this type of intervention (Forehand et al, 2002).

Much of the literature calls for a more rigorous evaluation to determine both the decisive factors that bring about change and the longer-term effects of these programmes for parents and their children (Bloomfield et al, 2005). Proper evaluation of parenting programs is called for within the literature, in order to assess key impacts on parents and the parent-child relationship. Longitudinal studies are also needed to assess and monitor these impacts over time.

- *Practitioner Training*

One critical area that has received relatively little attention is practitioner training. In all parenting work – there is a pressing need for training. The ability to adequately train practitioners in empirically validated methods is critical to successful dissemination (Long, N, 2008). While the Train the Trainer model is promoted in the literature as a viable model for rapidly promoting widespread sharing of curricular materials and strategies (Assemi et al 2007), it is well recognised that the role of the parent educator is complex and challenging. It is different from other professional roles such as teacher or case manager, although it may include aspects of these roles. (Kaiser et al, 2003)

Both the training and the resultant trainers are required to surface with many skills which allow to create an environment in which course participants are active members of their experience. The skills demanded from parent trainers fall into many different categories, to be able to motivate, stimulate, listen, understand and support the parent as architect of their own parenting success (Bachler, C. 1997).

- *Trainer Competence*

How a trainer trains has rarely been assessed in the literature. This is seen as a pivotal dynamic within any course, as already discussed. Participants' experience of the trainer is central to their experience of the course, and in parenting interventions this dynamic is heightened. The research literature calls for further research which take account of facilitator style (Bloomfield, 2012)

It seems that a lot is required specifically from parenting trainers, and to assess what this might look like descriptively, and to give us a sense whether training is hitting its target, it may be imperative to look at trainer competencies which are central to rolling out an effective parenting programme. Only then can we start to assess what will give a trainer the best chance of success when training parents. Competencies give us a framework which defines the knowledge, skills, and attributes needed for people within this role. Each individual role has its own set of competencies needed to perform the specific job effectively.

In order for us to evaluate whether something is working, we need to know what needs to be done well. As we have seen throughout the literature to now there are a number of assertions regarding trainers. Trainers should be skilled in managing complex learning in groups, and for example, they should be confident in modelling a style of delivery which allows students to build on their strengths using the appreciative model of inquiry and practice rather than a deficit model. However, there is a dearth of research, on what exactly is needed for a trainer to be able to fulfil the above requirements.

Summary

The literature firmly establishes parents as effective mediators for positive change for their children in social, emotional, communicative, and behavioural domains. Parenting training, when successful, has been shown to access these domains creating positive impact on the parent-child relationship. It is suggested in the literature that there are a number of core constructs, such as flexibility, trainer style and competence which are central for a maximisation of learning and engagement within parenting interventions.

Chapter 3: Aim & Methods of Research

3.1 Research - Aims & Objectives

- To assess the effectiveness of the One Family *Positive Parenting* programme in terms of client outcomes across eight principal areas: emotion and affection; play and enjoyment; empathy and understanding; control; discipline and boundary setting; pressure and self-acceptance; learning and knowledge through pre-programme and post-programme engagement with clientele
- To evaluate the congruence and equivalences of One Family's *Positive Parenting* programme and the FSA's *Strategic Framework for Family Support*
- To investigate and generate a targeted competency survey for *Positive Parenting* trainers
- To appraise needs-based engagement of clients by trainers and the competencies necessary to ensure best-practice delivery of programme over time
- To outline an evaluation framework for programme assessment using project survey tools in the future

3.2 Central Research Questions

- How effective is One Family's *Positive Parenting* programme in terms of client outcomes assessed across TOPSE's eight areas: emotion and affection; play and enjoyment; empathy and understanding; control; discipline and boundary setting; pressure and self-acceptance; learning and knowledge?
- To what extent are trainers utilising needs-based methodology, and does this create a difference in client outcomes?
- What are the gaps between One Family's *Positive Parenting* programme and the FSA's *Strategic Framework for Family Support*?

3.3 The FSA Research Project

This research project necessitated two very distinct phases.

Phase 1, the benchmarking and qualitative data collection

Phase 2, course roll-out and survey data collection and analysis.

Phase 1: Benchmarking and Qualitative Data Collection:

It was envisaged that this phase would enable a glimpse of a moment in time. Where trained FRC's are now in terms of usage and value of *Positive Parenting* interventions. This phase was also central to building a competency survey for trainers, so that the assessment of this aspect of the training dynamic could begin. What is it that a trainer needs to have to train effectively in the parenting context? For an FRC, this enables very clear guidelines around what is expected of trainers in this area. For One Family, a reflexive stance, is also enabled, where the training of trainers is now evidence-based in terms of the agreed competencies that are central, and these can in turn inform and enhance their targeted training for trainers.

3.3.1 Methodology and Research Tools

Focus Group and Interviews

Focus groups provide a more open format for data collection than surveys, allowing participants to identify important themes and allowing researchers to capture the complexity of participant perspectives. The data collected from the present study will complement earlier research and help identify important areas of considerations for the implementation of parenting courses in community settings.

Before beginning the focus groups and interviews, participants gave their informed consent to participate in the groups. Participants were informed that their responses would not be linked to any identifying information and they were free to withdraw at any time. They were informed that the process would be audiotaped to allow the researchers to code participant responses.

After participants gave their informed consent, the researcher gave a brief introduction to the focus group/interview, and a general description of the purpose of the study, which was to establish views on the Positive Parenting course which they had taken part in. The researcher encouraged participants to offer their honest opinions on the discussion topics and to feel free to express differing points of view.

In order to stimulate discussion on the target topics, the researcher asked participants to respond to eight prepared questions (Appendix 1). After asking each prepared question, the researcher let the participant(s) freely discuss the issue, using mostly active listening techniques to encourage participation without influencing the nature of responses. Occasionally, when responses were unclear or more information was needed, additional follow up questions were used to further probe participant responses.

Once the target questions were discussed, participants were asked to do a competency card sort. They were handed 40 pre-defined competency cards and asked to pick the six competencies which they believed were absolutely central, that is, those the trainer needed to have to be able to train a group effectively. Once this task was complete, the participants were then asked to go through each of their 6 competencies and explain why this was so important.

Each focus group lasted approximately one hour and was audiotaped for later transcription.

Use of Qualitative Data:

Transcription process

Initial thematic and cursory transcriptions were elicited by the Principle Investigator (PI) to enable the creation of the competency survey. All themes within the data specific to trainer competencies were analysed first. Only after this process was complete, was the data fully transcribed.

Competency Survey - Build and Application

Through this thematic analysis, the qualitative data was analysed for key themes and agreement around critical points. The competency survey was created using this data and relevant literature, and, as much as possible, the competency descriptors and survey statements were phrased using participants own words and explanations.

Each competency has a number of survey items related to it, and these items are dispersed randomly in a mix of 37 statements, and measured in Likert scales (1-5). Along with a number of demographic questions and 'open' questions were also added to elicit opinions around key themes coming from the quantitative data. (See Appendix 3 for Competency Definitions)

3 trainer competency surveys were created – Surveys 1 and 2 were administered pre and post-*train the trainer* training. Survey 3 was administered in January, nearly 3 months later, or approximately 3 weeks after trainers had facilitated their own Positive Parenting Training. Each survey was slightly different, in terms of wording and general information sought, capturing each data collection point, however, the 37 competency statements remained the same across surveys.

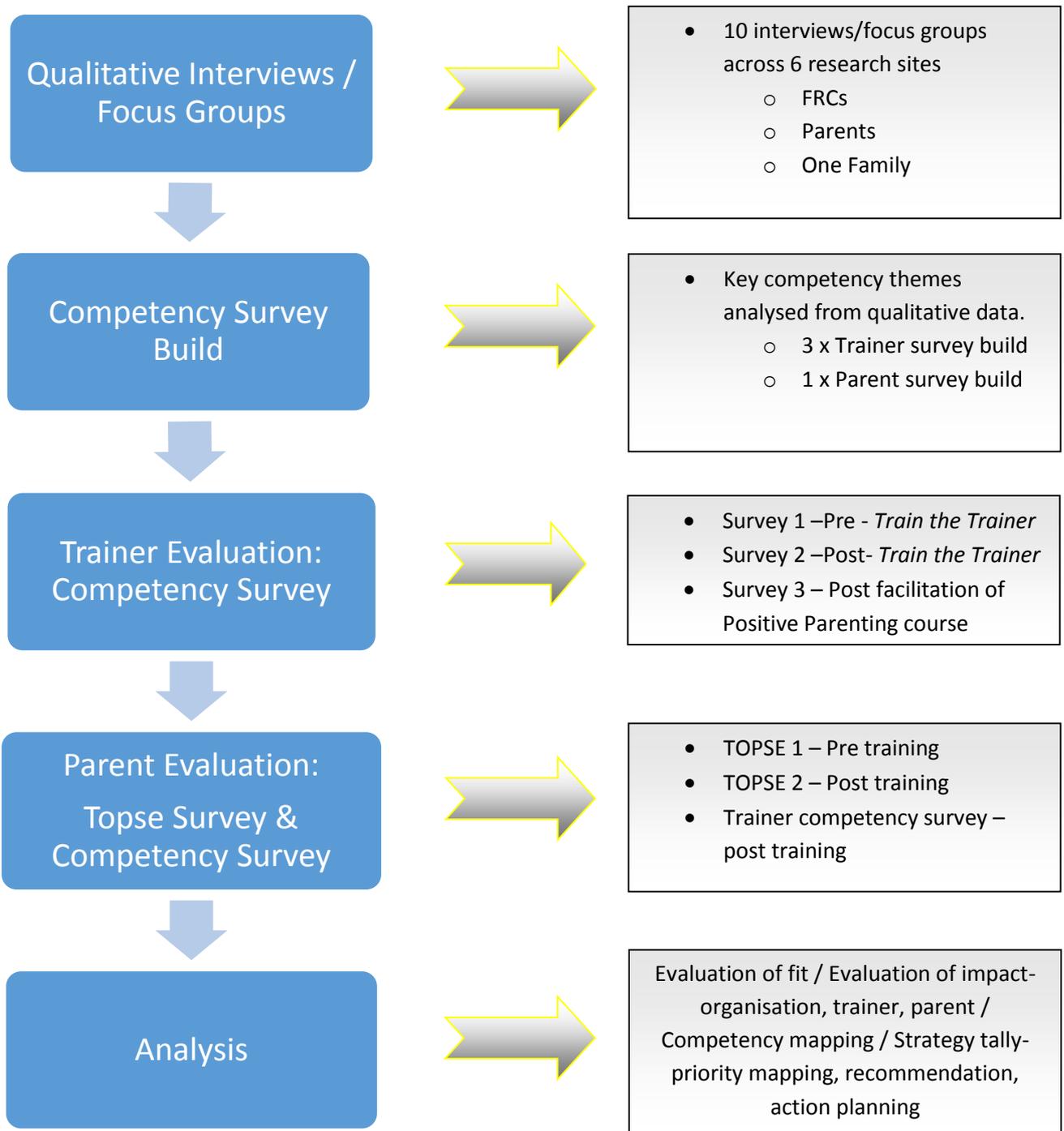
1 trainer competency survey to be filled out by parents was also created and posted to participating FRCs – to be given to their participants on the last day of parenting programme. Survey statements were reworded slightly, so that they could be answered from the parent standpoint as participant.

TOPSE - Capturing Parent outcomes:

In tandem with the assessment of trainer competencies by both parent evaluation and trainer self-evaluation. The Parenting evaluation instrument TOPSE was used to assess the impact of the Positive Parenting course on parents. TOPSE was created in 2007, and widely tested in the UK to assess parental outcomes after parenting courses.

TOPSE is a multi-dimensional instrument of 48 statements within eight scales, each scale having six statements and representing a distinct dimension of parenting: emotion and affection, play and enjoyment, empathy and understanding, control, discipline, boundaries, pressures, self-acceptance, and learning and knowledge. The items are rated on an 11-point Likert scale where 0 represents completely disagree and 10 represents completely agree. See methodology map illustrated (Figure 3) below;

Figure 1: Methodology Map



3.3.2 Methodology – Activation

Qualitative Results:

Interviews conducted

10 interviews and Focus Groups with FRC staff, One Family Staff, Past Parent-Participants over 6 research sites were conducted. In each small focus group/interview a semi-structured interview guide and competency sort was central to the process.

The FRC's involved in this qualitative aspect were chosen for participation through a random sampling method from a list of FRC's furnished by One Family. Most of FRC's contacted had taken part in the Training Links evaluation (2010) and all had direct experience in being trained in the One Family *Positive Parenting* programme and its relevance and usefulness to their organisation.

Once contact had been made with the various Family Resource Centres, and agreement for participation in interview/focus groups had been arranged, the FRC's agreed to invite parents that they had been working with to participate in separate focus groups/interviews.

The research was originally devised so that all qualitative data would be collected through 3 focus groups, but this proved difficult to arrange due to time constraints and also due to issues of geographical spread of FRCs. So the data was captured through one on one interviews, or small 2 person focus groups. It proved particularly difficult to get parents involved in this process, the FRCs, in a lot of cases, received little or no response from their client-base.

Table 1, below, outlines the 10 focus groups / interviews which were conducted over 6 research sites (A-F) in order to establish preliminary data to create the competency survey;

Table 1: Research Site, Organisation and Professional Role

Research Site	Organisation	Professional Role	Number interviewed: n=14
A	One Family Interviews and Focus Group	Training Manager (Interview)	1
		Childcare & Parenting Manager (Interview)	1
		Parent (Focus Group)	2
		Parent (Interview)	1
B	FRC 1 Focus Group	Coordinator	1
		Development Worker	1
C	FRC 2 Interview	Development Worker	1
D	FRC 3 Interviews	Development Worker/Trainer	1
		Parent	1
E	FRC 4 Focus Group	Coordinator	1
		Development Worker/Trainer	1
F	FRC 5 Focus Group	Coordinator	1
		Development Worker	1

This qualitative data proved a strong foundation for the research project. It was a rich source from which to build the competency surveys as all participants, parents and trainers alike, had clear ideas around what a trainer needed to be able to do, those skills and abilities they needed to display, in order to train this course effectively.

While it did prove difficult to get parents to engage in this qualitative process, in 4 of the 6 research sites no parents took part in interviewing/focus groups, as a final effort the Principle Investigator (PI) offered vouchers for participation. Each parent to participate in a focus group/interview would receive a 15 Euro Dunne's Stores voucher. All of One Family's past participants were contacted. Through this mechanism, 3 parents engaged in Dublin, and one parent had already engaged outside Dublin. 4 parents acted as a representative sample within this qualitative process, especially in terms of the competency evaluation and extrapolating the most central competencies needed in order to train effectively. Despite only using a small sample of four parents, the author considers that the

process didn't lose anything here as the data collected from individual parents was a lot more than would have been possible within the planned focus group. Instead of a one hour larger focus group, we had four hours of material from parents, and we were therefore able to access a lot more detail around themes and topics.

There was a good geographical mix of FRC's – both rural and regional were represented within the qualitative data.

Table 2, below, displays - Research Site by Parent / Professional engagement;

Table 2: Number of parents / professionals interviewed in each research site

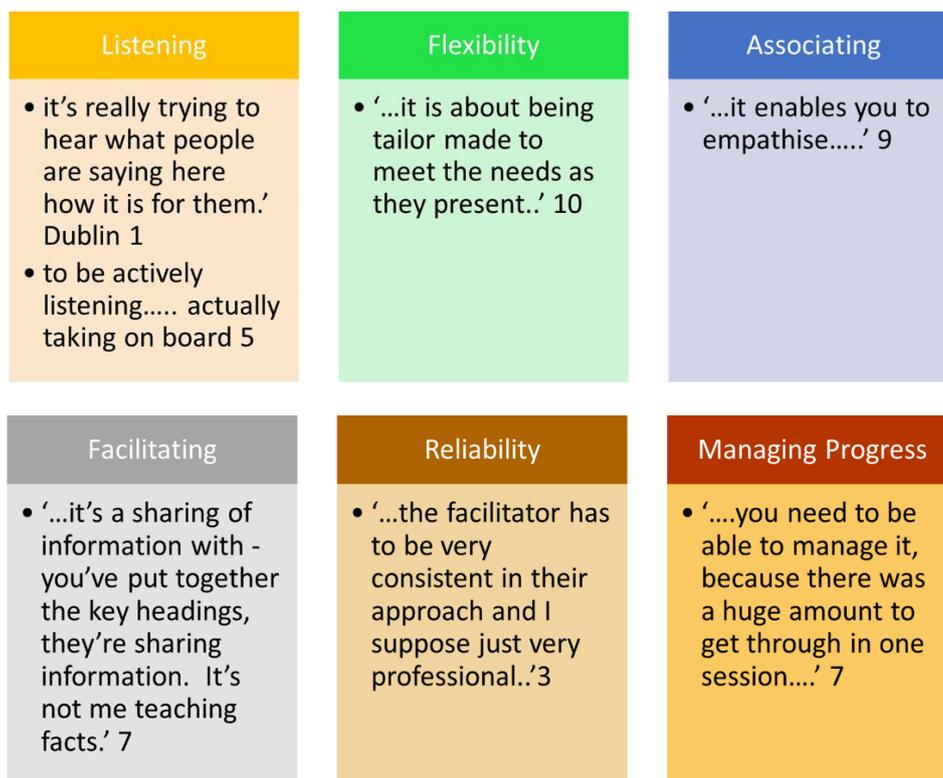
Site, n=6	A	B	C	D	E	F
Number of interviewees, n=14						
Professionals	2	2	1	1	2	2
Parents	3	0	0	1	0	0

Extensive qualitative data was elicited from these 10 interviews and focus groups (See Appendix 1), this qualitative data was content analysed and the 6 central trainer competencies (below) were elicited from the data.

3.4 Trainer Competencies

As the final exercise within the focus groups and interviews, and across all research sites, participants were asked, from their experience, which competencies were most central for a trainer to have in order to train the Positive Parenting course effectively. Participants were handed 40 competency cards, from which they could pick 6. The 6 competencies that were seen as most important when the qualitative data from parents, FRCs and One Family was combined and content analysed were;

Figure 4: Central Trainer Competencies for Successful Training



Building the Competency Survey

When the data was content analysed, clear definitions of the six competencies became the basis for creating the competency instrument. Each competency has a number of survey items related to it, and these items are dispersed randomly in a mix of 37 statements, and measured in Likert scales (1-5). The competency definitions and survey items which are linked to them were kept as close to the original qualitative comments as possible. The statements in the survey were developed directly from the qualitative transcripts. A number of demographic questions and 'open' questions were also added to elicit opinions around key themes coming from the initial qualitative data.

Competency Surveys x 4: 3 trainer competency surveys were created – Surveys 1 and 2 were administered pre and post-*train the trainer* training. Survey 3 was administered in January, nearly 3

months later, or approximately 3 weeks after trainers had facilitated their own Positive Parenting Training.

1 trainer competency survey to be filled out by parents was also created and posted to participating FRCs – to be given to their participants on the last day of parenting programme.

TOPSE Parenting evaluation x 2: Permission was sought and granted to use the TOPSE survey (Bloomfield et al, 2007) for the pre- and post-training evaluation for the parents on the positive parenting course.

(See Appendix 2 for Data Collection and Participant Demographics.)

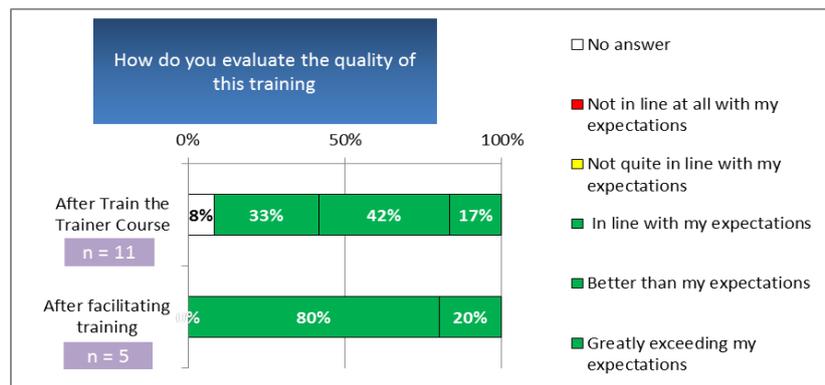
Chapter 4: Findings – Trainer Competence

4.1 The Competency Survey

Participant Evaluation - One Family Train the Trainer Course

Overall trainers evaluated the Train the Trainer course positively. A number post-course comments are along similar lines;

‘Great course to participate in, cannot think of any improvements....’ 13



After the Train the Trainer course, participants were asked to evaluate the quality of the training received. Over 90% of participants evaluated this piece of training positively. With 5 of the 11 participants evaluating the One Family training as better than their expectations, and a further 2 participants evaluating the training at the highest point, greatly exceeding expectations.

‘...Facilitator was very good. Calm and very descriptive. Enjoyed the three days. A lot of positive content and information in the manual....’14

‘Higher awareness of issues facing parents parenting alone and how to keep with those issues through group discussion.’15

‘I have learned and have improved my level of competence on how to help participants to meaningfully participate.’ 16

‘Enhanced my skill as a facilitator- clarity around my role and the purpose of the parenting course....’ 17

For a number of facilitators, being able to take the learning away in manual format was key, coupled with the fact that their FRC could now roll this course out unaided;

‘....It also gave a full positive parenting manual with a step by step guide which I can refer to time and again....’ 13

‘...Each section lays out an aims and outcomes for participants. Holistic approach. Non-threatening....’18

‘....adaptation to local circumstances. Adaptation to Family Support Services’ (19), the course can be adapted to need and perhaps as importantly,

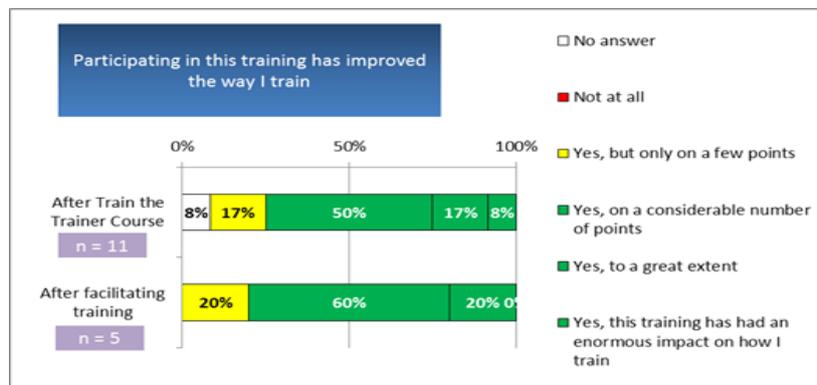
‘...this course is not going to cost us anything now that is invaluable to us as a centre. Staff member to receive training means that we can run it and it doesn't cost us anything.....’13

12 participants took part in the Train the Trainer training, 7 of these followed through with a Positive Parenting training course in their respective FRCs, and 5 participants followed through to survey completion. So the numbers between data points, ‘After Train the Trainer course’ (n=11) and ‘After Facilitating Training’ (n=5) differ significantly. Because of this we cannot make wholly concrete assertions regarding changes that take place between these two points in time, however, we can see that the evaluation of training quality (above) with regard to the Train the Trainer training remains wholly positive. In fact, after facilitating the training themselves, 4 participants evaluate the Train the Trainer training as better than their expectations, with one participant evaluating it as ‘greatly exceeding my expectations’.

‘The best thing was for group coming together to be able to discuss with peers challenges, got a lot from that’17

‘.....it gave me confidence...really felt that I was kind of getting it right....’ 20

The impact of One Family’s Train the Trainer regarding how participants train, show similar trends to the data collected on the quality of the training. The majority of participants, nearly 75%, when surveyed after the train the trainer course, indicated that One Family’s train the trainer course improved the way that they train.



This positive outcome and evaluation, remained as strong in the final data collection, over 3 months later. 60% of participating trainers indicate that the training had improved the way they train on a considerable number of points, and 20% to a great extent.

‘...my own confidence has improved. I would have never facilitated parenting without it. I felt I suppose much more open to challenge participants, people coming from a very angry place regarding access and father seeing the child there was tools in the manual and after training tools in manual felt much more competent and confident to impart these tools...’15

‘....one of the main things learned...it did help me to see that I needed to step back and let the group provide /do most of their discussing and talking just to bring it out of them themselves, rather than talking to much’ 20

‘..... I got a sense of where I’m at as a trainer that you don’t get when facilitating alone much of the time.’15

A positive outcome in terms of the Train the Trainer course is illustrated, with participants valuing the training, the facilitation style of the trainer and how content was used;

'(The train the trainer facilitator)... role modelled how this group was by getting us to go away chat about things do the work, participate to the fullest extent.... All learning came from work they (the group) did, hand-outs really you only gave at the end to reinforce the learning' 20

'Opportunity to go through the manual and the opportunity to participate in presentations-and watch others also – very valuable...' 20

When asked about improvements that could be made to the Train the Trainer course, participants comments centred around the availability of more time and more opportunities to practice;

..... none that I can think of. I engaged every minute of the training. Maybe we crammed too much into a short space of time. 16

... Thought course was very good particularly role plays, sessions. Maybe a little bit more time would have helped. Some parts felt a bit rushed....21

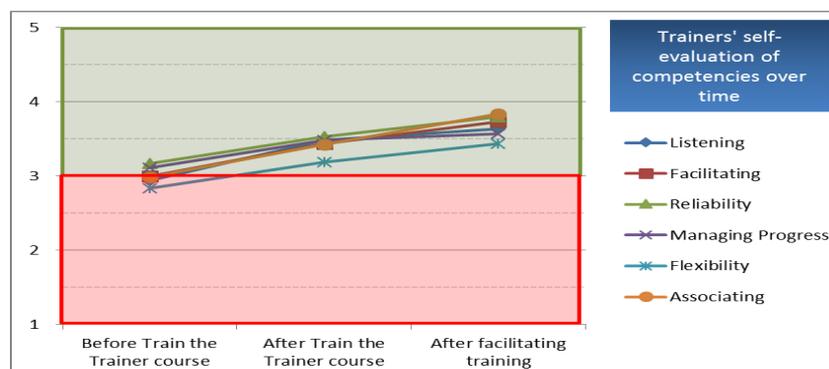
....more presentation... (it) was very valuable. 20

As far as participants were concerned, and in a helicopter view both quantitatively and qualitatively, the Train the Trainer training was a success overall.

Looking at the competencies that are needed for trainers by drilling down into parents and trainers competency evaluations is a logical next step.

4.1.1 Trainer Competency Evaluations:

All competency data regarding Trainers' evaluation of themselves travels a positive direction, a positive outcome when assessing the Train the Trainer and subsequent roll-out of training in terms of trainer competencies. On each of the competencies, and across survey moments, trainers display improvement. Trainers were surveyed at 3 moments in time, before the 'Train the Trainer', after the 'Train the Trainer' and after their own facilitation of the Positive Parenting course. Asked to evaluate themselves in line with the six core competencies, a positive upward trend between data points is resultant;



When we group all trainer data together clear positive tendencies are indicated. Before the training, most competencies converge around a similar data point, from slightly below to slightly above competent. All 6 competencies show improvement after training, but what is also interesting, in every case, trainers' evaluation of themselves is stronger still, after facilitating their own training. This may suggest that facilitating their own training is responsible for creating an ongoing impact in terms of competency improvement over all 6 competency areas.

While all competencies indicate a positive trend, for three competencies in particular, this trend is a statistically significant improvement;

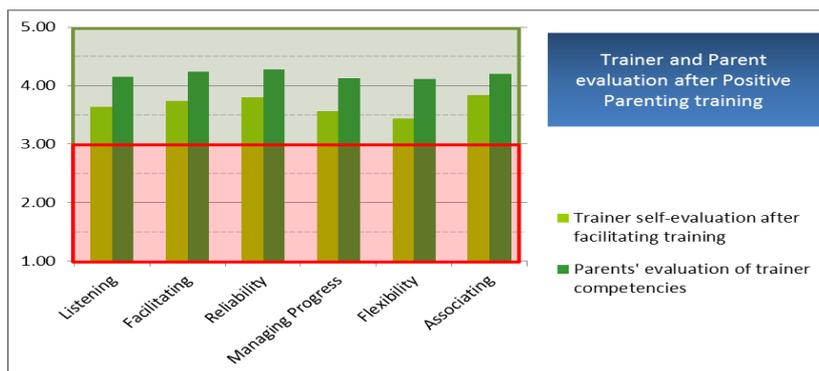
'Listening', where the trainer displays that they truly hear what is being said / asked for / discussed, showed a significant difference from before the course to after the train the trainer course. This significant difference was maintained between the initial survey and the survey taken after facilitating training. At each point the skills involved in 'listening' were evaluated by trainers as having improved to a statistically significant level.

'Associating', whereby the trainer is able to relate easily and show understanding, had a significant difference between survey 2 and survey 3, and the difference was also significant between survey 1 and survey 3. In this case it can be suggested, that it took the trainers facilitating the course themselves to truly understand and have empathy for the parents that participated in their specific group.

The final competency to show a significant difference was 'Facilitating' or ensuring an open, safe space in which people can share experiences freely; again, this difference was significant between survey 1 and survey 3, so facilitating the Positive Parenting course also had a positive impact on how competent facilitators felt in terms of facilitating themselves.

4.2 Combining parent evaluations

When we start to add parent information from our quantitative data, a clear picture begins to emerge, we can see below that trainers across all competencies, evaluate themselves lower than parents evaluate their skills and abilities;

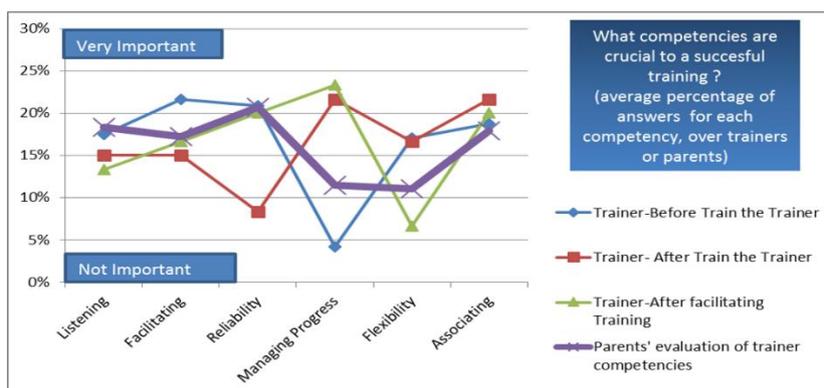


In a helicopter view, the data from parents indicates that the trainers displayed each of the 6 competencies 'to a great extent'. There was only one statistically significant difference in this data set between parents and trainers, in the competency of 'Flexibility', that is, where the needs of the parents are taken seriously and the course is moulded around these. While the parents evaluated trainers highly here, trainers themselves were less sure regarding how competent they were with being flexible, adaptable and dealing with unexpected situations.

Both assessments from parents and trainers were well above the competent range, parents placing trainers at a higher level than trainers placed themselves.

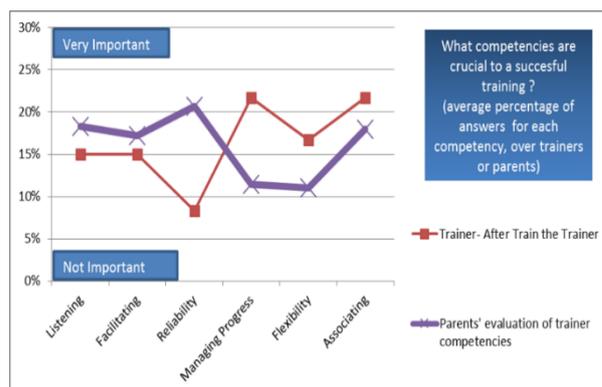
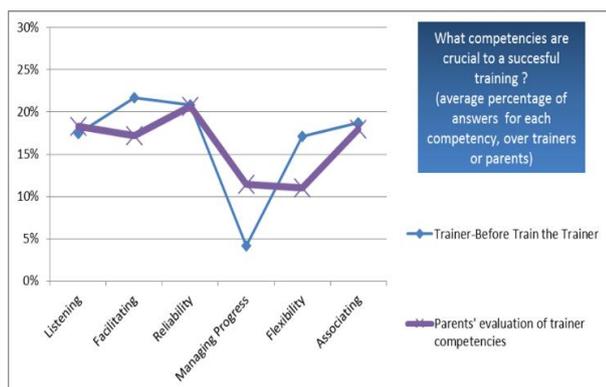
4.3 The most important competencies:

After evaluating each competency over 37 items, parents and trainers were asked to indicate the top 6 items that they believed were central to a successful training. Parents chose these most central trainer items at only one moment in time, after the Positive Parenting training. Whereas Trainers chose the most central items at three different intervals, across all three of their surveys so that any changes in importance of competencies could be analysed.



On the graph above, Parent’s evaluation of the most important survey items, translated to their respective competencies, are represented. The graph above also illustrates what trainers chose as most important, on three different occasions. The complex chart is necessary because a number of parents within the study indicated more than 6 items as important. For that reason, in some cases, if we were to calculate simple percentages, some parents would get more of a say regarding what was important than others.

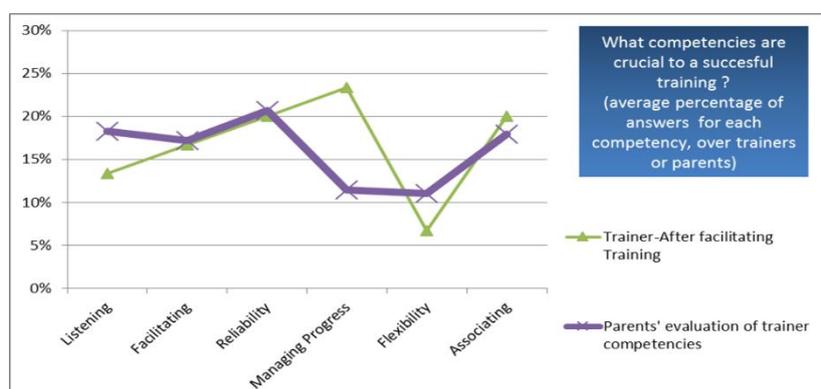
What we can do to simplify our understanding of the chart above, is to break it down into its constituent parts. An interesting perspective is illustrated;



When we compare the competencies that trainers deem to be important before the train the trainer training, with those that parents deem to be important, we can see, at a glance, that ‘flexibility’, ‘managing progress’ and ‘facilitating’ are out of synch with regards to each groupings view. Managing progress is less important, according to the trainer grouping, whereas ‘facilitating’ and ‘flexibility’ are evaluated as more important when compared to parents evaluations.

While participants seem to be in some agreement directionally with parents before the train the trainer course, what happens directly after the Train the Trainer course, is that these understandings of the competencies that are most important separate from each other quite considerably. The only competency that lessens its distance in terms of importance is 'facilitating', that is that trainers and parents are evaluating this competency more closely in terms of how central it is to a successful training. 'Reliability' has dropped significantly for trainers, in terms of importance, pulling it out of synch with Parents evaluations. While 'managing progress' has moved from the least important competency for trainers before the train the trainer, to being evaluated as relatively the most important competency for trainers after the train the trainer course. Neither evaluation of 'managing progress' falling in line with parents evaluations of this competency.

It is only after physically training the Positive Parenting course, that trainers' evaluation of what is important in terms of competencies returns to a trend of agreement with parents' evaluations of these competencies. It seems that it takes facilitating the course to move many of the competencies together in terms of importance;



Again, the biggest outlier here is 'managing progress' remaining the highest competency in terms of importance for trainers. This is something that, we can see mentioned in the qualitative data, whereby trainers struggle in their effort to manage the group in such a way that key milestones are reached. From this qualitative data, also, it is apparent that the way that parents and trainers experience this competency may be quintessentially different.

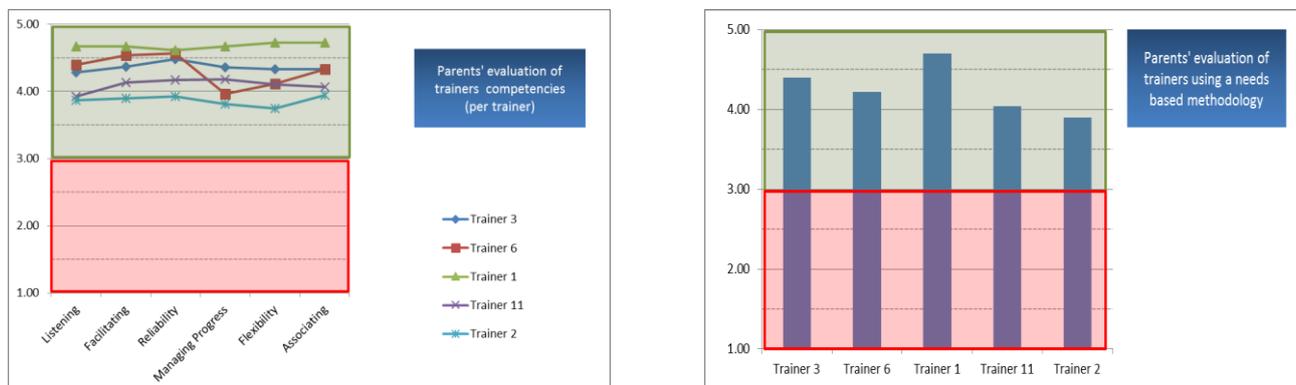
However, it does say something about different perspectives when it comes to evaluating the course, the trainer feels a certain pressure when supporting parents toward key milestones, while parents are happier to let the course bring them where it brings them – to work outside this structure in a more fluid fashion. Within the initial competency data, parents especially, rejected the idea that the parenting course should be around a 'drive for results' (6). However trainers do feel they need to maintain momentum and time constraints create an added pressure;

'....one thing that tends to be an issue for me is time - particularly session 4 - it's a huge session. I always have huge difficulty..... both aspects are ones that parents feel interested in and get involved in but not enough time' T3

The 'managing progress' competency around managing the group around key milestones may be experienced as a complex tightrope for trainers, which is why they are consistently, post Train the Trainer, placing it as higher than other competencies in terms of importance, for the training of this particular parenting course. It is also the case, that when a trainer manages progress well, participants will not really notice it. It is only when this competency is performed badly that importance for participants may rise. Trainers were evaluated as generally competent in this area by parents.

4.4 Evaluation of competencies by trainer

When we drill down to parent's evaluation of trainers competencies, per trainer, we can see that all trainers receive a positive evaluation from parents across all competencies;

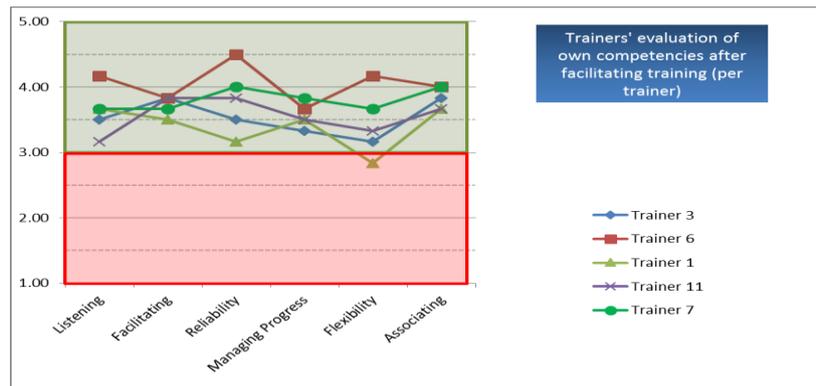


All trainers are viewed by parents as displaying each competency either well or to a great extent across the 6 competencies under study. This makes it difficult to test our hypothesis relating training success to parent's evaluation of training competencies, because all trainers in this sample are evaluated positively on nearly all competencies.

However, in order to assess training success within the competency survey, a focus on client needs on the part of the trainer was taken to be a central barometer. To assess the trainers use of 'needs-based' training methodologies, we further sliced the data, zoning in on the items in 'flexibility', 'listening', 'managing progress' and 'facilitating' that were most representative of facilitating the course according to parent needs. 10 items were considered as being central to a 'needs-based' training, for example, encouraging cooperation, collaborative goal-making and knowing specific group expectations. The results of this analysis are illustrated in the bar chart above. Only the difference between Trainer 1 and Trainer 2 is significant, and parents evaluate all trainers as using a needs-based methodology, where their training is very much based on the needs of the group (trainer scores ranging from 3,9 to 4,7: very high).

While it doesn't reach statistical significance, mainly due to sample size, we can visually see a trend when we compare the two graphs above together. Trainer 1, who scores highest in utilising a needs-based methodology as evaluated by parents, also scores highest when evaluated across competencies. (However, we will come to some contra-evidence stemming from the data from Trainer 1, so these conclusions are purely directional, and not significant.) Trainer 3 is next with Trainer 6 coming after that, right down to the lowest, Trainer 2, lowest in utilising a needs based methodology and lowest over competency evaluations by parents. This is a positive nod in the direction of the hypothesis that the use of a needs-based methodology will have a positive impact on parents' evaluation of training success. A cursory but interesting trend to be tested more robustly with larger sample sizes and further data collection.

Trainers evaluation of their own competencies after facilitating training do not fall in line with the views of parents on the same competencies. In general, trainers place themselves lower in their self-evaluation of their competencies after training, than parents do. And as can be seen below, this is most apparent for Trainer 1.



So while trainers show a variation in competency response, and seem less convinced that they are performing consistently over the competency areas, parents consistently place trainers at higher levels across the central competencies needed to give a successful training.

In self-evaluation, variance is a logical result. The trainers are involved in self-reflection, and therefore results will go up and down as they comparatively assess themselves within and between competencies.

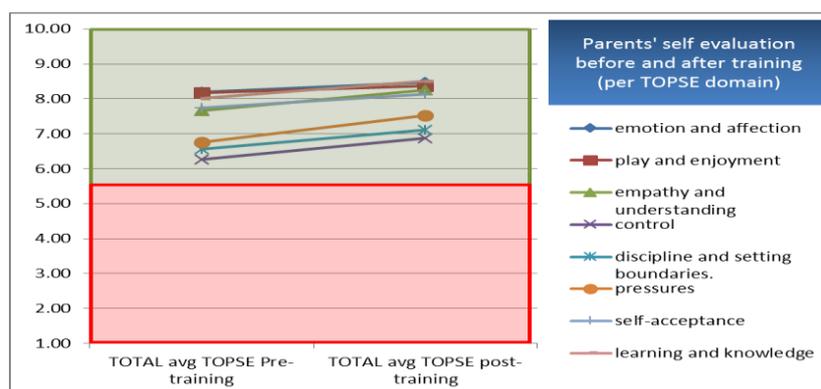
4.4 Summary

For both groups, trainers and parents, trainers were assessed as more than competent across all of the 6 competencies evaluated.

Chapter 5: Findings – Impact on Parents

5.1 Parent Impact - The TOPSE Survey-

In conjunction with collecting data around the competencies of trainers and evaluations of the Train the Trainer course, it was also important to assess the actual impact of the Positive Parenting course on parents. This data tallied well with the data from the competency survey. The main results are clear, there is a positive tendency, whereby parents improve across all scales from pre-training to post-training, again, not significant due to sample size;



The TOPSE instrument was created specifically to evaluate parenting courses. Parents are asked to evaluate themselves across 8 scales, and together these scales are deemed to be a measure of parental self-efficacy. The instrument is designed to be given before the parenting training, after the parenting training, and ideally, up to 6 months after that again. Each scale is standalone, so that organisations can decide which scales are a best match for their client-base, in terms of need and what they want to evaluate. All 8 scales were assessed in this study, but as more data is collected it may become apparent that there are central scales for this client group and being standalone, the survey, therefore could be shortened for participants.

There are 6 items on each scale which participants must rate from 0 (completely disagree) to 10 (completely agree). 6 items within the TOPSE instrument are reverse score items. And three of these reverse score items lie in one scale, the 'Pressures' scale, while the other 3 are scattered throughout the instrument. An anomaly was found in the quantitative data, whereby participants seemed to be marking these 3 reversed items in 'pressures' differently to the other items in the same scale. So where they might have evaluated themselves very positively on the unreversed items, their scores would fall suddenly on the reversed items, the same subject matter. A trend between participants became apparent where, in all probability, they insufficiently recognised the change in pattern of questioning, and answered these reverse questions the same way they answered the other items on the scale, thereby considerably impacting the consistency of survey results in a negative way. It was decided after deliberation, that these items should be removed from the analysis. The other 3 reverse items didn't seem to be as effected, having an average score which fit with the trends in the rest of their grouping. If the reversed items were to be left in 'pressures' the average for this scale pulled the 'pressures' scale down by 26%, leaving it by far the lowest scale. 'Pressures' as a scale is weakened, and while the scale could have been removed altogether from the analysis, it was felt this too would weaken the analysis, as 'pressures', with items around pressure from others and other people's expectations, is a central scale for parents, particularly those parenting alone.

All scales improved directly after training, a positive result. While there were no statistically significant changes from before training to after training for the parents involved, it is evident from the graph above that the data is traveling in a positive direction across all 8 TOPSE scales. A low sample size would be central here, there were 40 parents in the pre-training grouping, and this reduced to 27 in the post-training grouping of parents.

A number of trainers talked about the timing of the research as central to this attendance and also that FRCs needed more support and training in order to get people on board;

‘Week up to Christmas impacted on flow and gelling. Timing. More emphasis on recruitment, a massive part of this. Trying to get young women men involved in anything is a real challenge. To get them to engage’. 17

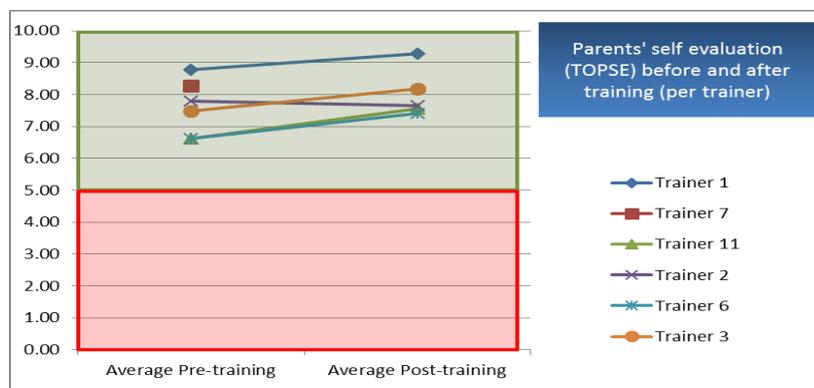
Christmas and a lot of sickness in December. Time of year is important’ 18

Indications from the qualitative data also are that these quantitative results are sound, that the impact on parents is positive, and a larger sample size would probably lead to statistically significant results;

‘...I have enjoyed completing the parenting programme and have found it a great help to me in my parenting and with issues I have had to deal with. The tutor was excellent in her facilitating and I have learned a lot from this course...’ 22

‘I really enjoyed the programme, all the people and the trainer were very nice and did not judge me in any way. I learned a lot of ways to deal with different situations when it came to my son.’ 23

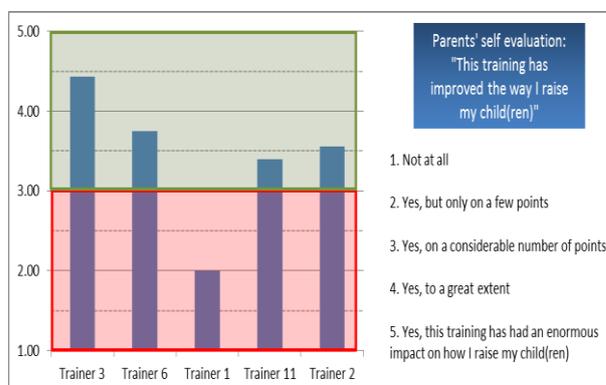
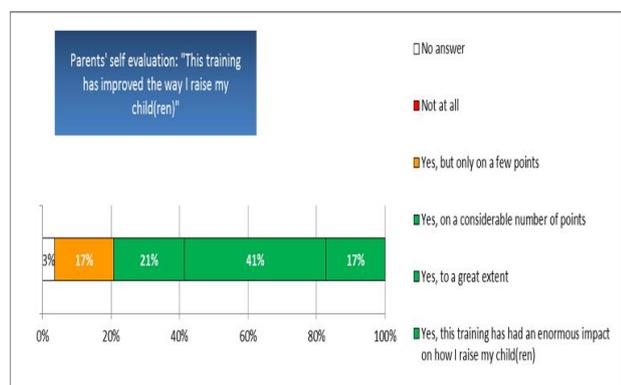
When we look at the TOPSE results by trainer, we can again see a positive tendency in the main;



4 trainers show an improvement on the TOPSE after training. Trainer 2 goes in a negative direction, this trainer was evaluated as competent in the competency survey, but lower than any other trainers and this was the same pattern for utilising a ‘needs-based’ methodology and may be a reasoning behind this negative direction.

5.2 Parent Impact - The Competency Survey

The overall impact of the training in terms of the parent-child relationship is also shown to be positive in the Competency Survey;



For 80% of parents One Family's Positive Parenting training was seen to have an impact on the way parents raise their children. With 41% of parents saying that the training improve the way they raised their children to a great extent, and for 17% the training had an enormous impact. While 17% of parents estimated that the training did improve their training but only on a few points. There were no parents who testified to the training having no impact. Therefore, to a greater or lesser degree, the Positive Parenting training had an impact for all parents involved. As one parent comments, the course has impact on relationships with their child, but also wider relationships;

'Brilliant programme. Glad I came to this course. It was a great help to me and I can relate what I learned not just to my relationship with my child, but to other relationships in my life.' 24

'.....feeling positive as a parent. Learning better skills as a parent.' 22

'..... that you do not have to be the perfect parent but the good enough parent....' 25

'.....not getting as stressed out anymore. When situations arise I now have the tools to deal with tantrums' 26

'.....know that others share the same difficulties and how they deal with it was very helpful.....' 27

When asked regarding improvements;

'.....she needed and I needed more time....' 27

,.....have training in spring-time, provide childcare, more time for discussion, more time for sharing.....' 23

When we slice this impact by trainer, the bar chart above, and look at the comparison between trainers on this item, we can see a statistically significant difference between Trainer 1 and the 4 other trainers in terms of parents evaluations. The impact for Trainer 1 was much less. This is a surprising result, as it does not converge well with previous data, where, comparatively, Trainer 1 was placed nearest the top over all trainer competencies evaluated by parents. However when we look to the qualitative data; we can find some explanation as Trainer 1 is evaluated negatively on one key aspect, this trainer got through the least amount in terms of training sessions.

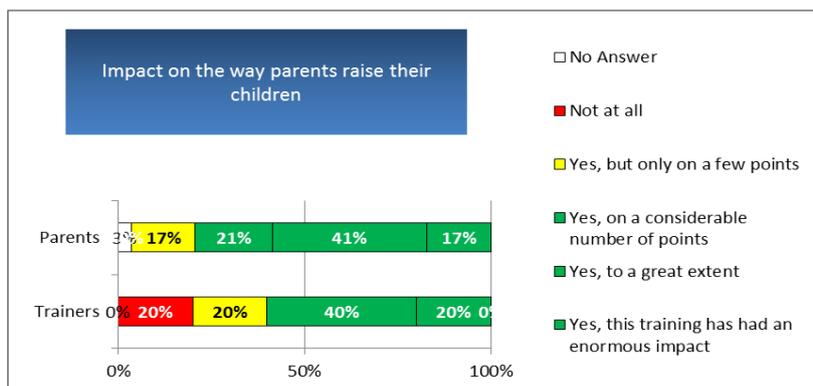
And interestingly there seems to be a trend emerging here. If we look at Trainer 3, we see that while there is no significant difference between Trainer 3 and Trainer 6 in terms of parent-child impact, there is a significant difference between trainer 3 and every other trainer. Again, when we look to the qualitative data we see

trainer 3 and trainer 6 seeing the process to the end and covering the most sessions in the roll-out of the Positive Parenting Training. While this is obviously a tentative result, it is one warranting further investigation, as the Positive Parenting course itself has a seemingly strong impact in and of itself, dependant on the amount of sessions covered. Trainer competencies therefore may not be solely responsible for influencing success, but in combination Trainers need to get through the course content.

Also, when we drill further into the data, and correlate the self-evaluations of parents regarding impact on raising their children, with how parents evaluate trainer competencies, we can see a positive correlation for 'flexibility' and 'associating'. This correlation starts to suggest that when a trainer displays good competence in these two constructs parents may perceive a heightened impact from the course, in terms of how they raise their children.

As can be seen below, there is some difference here between trainers and parents views. Trainers seem less confident than parents that the Positive Parenting course had an impact in the ways parents raise their children.

When trainers were asked the question around impact on raising children, 40% felt that the training had an impact on a considerable number of points, and 20% believed the course to have an impact to a great extent. 1 trainer believed that the course had no impact on the way parents raise their children.



Differences aside, it is quite clear, both groups, trainers and parents, generally agree that the course had an impact on the way parents raise their children. The results are positive, yet ideally they should be followed up longitudinally.

5.3 Combining results - Competency and TOPSE

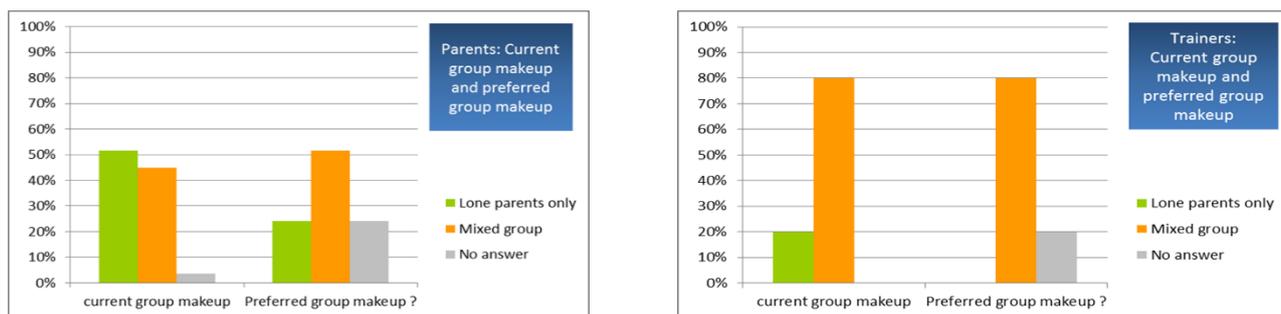
In order to measure overall training success a comparison of trainers and parents responses was undertaken.

A correlation of trainer's evaluation of training success (Competency survey) with parent's evaluation of training success (TOPSE survey) produced a correlation coefficient of **0.45**

This correlation is not significant, sample size would have impaired it as there were only 4 data points, so not reliable. Nevertheless, although weak, there is a positive correlation between the trainer's and parent's evaluation of training success. This positive correlation points to agreement around training success between parents and trainers across two separate survey instruments; so if the trainer viewed the training to be a success, the parent viewed the training to be impactful also, and vice versa. Pointing in the right direction, but, again, this correlation can only definitively be confirmed with a bigger sample size.

5.4 Group make-up and impact on lone parents

Expanding on the themes that were apparent in the initial qualitative data, a number of further issues surfaced as being important to parents and FRC staff alike. Indications from FRCs in the initial qualitative data suggested this course was not being facilitated solely for lone parents. One of the questions asked in the final competency survey, for parent and trainer, was around the Positive Parenting course group make-up, lone parents only or lone parents and married / co-habiting parents mixed. Both parents and trainers had definite views on this topic within the initial qualitative data, so it was an opportunity to see what was happening in practice.



Parents and trainers were asked to indicate their current group make-up, and their preferred group make-up. Over 52% of parents indicated that their current group make-up was 'Lone parents only', while 45% of parents indicated that the make-up of her group was a mix between lone parents and parents who were married/co-habiting. 3% of parents didn't answer this question.

When asked about their preferred group make-up the trend shifts, with 52% of parents surveyed indicating that they would prefer a mixed group, and 24% of parents indicating that they would prefer a group made up of lone parents only. A further 24% of parents did not answer this preference question.

This clearly shows a preference for a mixed group. The preference is not as high as trainers, but the group that prefers a mix is twice as large as the group that prefers lone parents only. An anomaly also occurred within this raw data, where a number of participants indicated that they were part of a 'lone parents only' group, when in fact all other data sources, both other parents and trainer, indicated that they were in a 'mixed' group. Drawing into question whether this is a central issue for participants.

The trainer data, however, illustrates a much clearer picture, which also lends itself to parent preferences. Although FRCs were tasked with recruiting lone parents for the courses taking place within this research, we can clearly see, that much like the themes within the initial qualitative data for FRCs, the groupings were more likely to be mixed. 4 out of five trainers in the final analysis, trained a mixed grouping of lone parents and married/co-parenting parents. And added to this 80% would prefer the group make-up to be mixed, with 20% picking either grouping, no preference. What this means to trainers, we can assimilate from the qualitative data, none of the trainers argue for a 'lone parents' only grouping;

'Even if it's not exactly your experience everybody knows someone who is in this position ...who is separating going through trauma.... Makes people more part of normality...everybody brings their own thing to it. Even all the lone parents aren't in exactly the same position. It varies ...' 20

'We found it very hard to get numbers and we pulled out all the stops. At least if it was open to both that might be easier. And also one parent generally takes primary responsibility for the children, so it's not that different. That parent needs to learn the same skills...' 17

But not all parents felt the same, some preferred the lone parent grouping,

'I do not think that a woman who is married has any understanding of what lone parents have to cope with or how they feel. I had great expectations of this course, but unfortunately I was very disappointed.' 16

'I felt more comfortable in a group made up of people in the same situation as myself...' 29

'The trainer talked about her husband a lot, as this was a parenting course for single parents I found this very inappropriate and uncomfortable.' 26

However, just as in the quantitative data, by far more parents, indicated a mixed grouping preference qualitatively;

'Everyone needs help on being a good parent, it doesn't matter if they are co-parenting or not. Everyone needs help....' 23

'This group was mixed and learned some new things from lone parents and from parents in relationships....' 25

'Because even if there's two parents it is still hard and it is good to see that lone parents aren't the only ones who struggle.....' 28

5.5 Course Value – FRC's

When asked if they would run One Family's Positive Parenting Training again, all trainers who had rolled out the training in their FRC as part of this study responded positively;

'Yes...it gives families a forum to address issues and concerns and in terms of FRC makes additional services we have here public. Those issues specific to parenting alone a forum that they can actually get resolution. Linking in FRC services' 15

'..yes, definitely. Huge need for it. Huge benefits to families involved. It's something everyone should do...' 20

5.6 Summary

While not significant due to sample size, the main results are clear, there is a positive tendency, whereby parents improve across all 8 self-efficacy scales from pre-training to post-training.

The overall impact of the training in terms of the parent-child relationship is also shown to be positive, both groups, trainers and parents, agree that the course had a concrete impact on the way parents raise their children

Moreover, the Positive *Parenting* training had a positive impact for all parents involved in this study.

Chapter 6: Discussion and Recommendations

6.1 Discussion

Ultimately, parenting interventions need to be developed and evaluated for their sustainability. Evaluation should focus, not only, on process oriented data, but also, on the link between successful adoption, implementation and client outcomes (Admin Policy Health, 2008). Empirical research suggests that studies conducted in community settings, with populations typically seen in those settings, is much more intrinsically useful when it comes to evaluating parenting interventions and their impact on both parents and the organisations which use them. This feasibility study indicates that One Family's Positive Parenting methodology is effective, for both parents and trainers, across all scales of impact and competency evaluated, however, some findings should be treated with caution due to the small sample size.

To be considered both relevant and fundamentally useful in supporting parents to improve outcomes for children, the most effective methods need to be found to assist with issues that parents themselves consider to be the most important or challenging. Parents' assessments of their ability to effectively fulfil their parenting role will influence their role performance and in turn their interactions with their children (Kendell et al, 2005). Information based on parent competence, confidence and need has the potential to provide valuable evidence to all policymakers and provider stakeholders in considering the role of parenting programmes as a way to support families in the community and improve child welfare and behaviour.

Positive social relationships are valued highly by children and predict good adjustment later in life. Conversely, poor social relationships are associated with a variety of poor outcomes, including drug abuse, academic underachievement, and antisocial behaviour (De Rossier et al, 2007). Parents act as pivotal role models for their children as they learn to navigate the complexity of social relationships both inside and outside the home. Many parents seem to gain a fairly rapid insight when attending programmes that it is their own behaviours and response to their child that needs to change before changes in child behaviour can take place (Bloomfield et al, 2012).

This responsive and reflexive stance which is demanded of parents for successful outcomes, is very much required of service providers also. Careful evaluation of parenting interventions in terms of ethos, process and procedure is crucial to ensuring core FSA and FRC strategies around responsiveness to families. It is through an emphasis on education, health, social services, and professional intervention to support parents and children, that effective scaffolding can be built to support parents and children effectively. One Family's Positive Parenting model, in terms of outcomes within this study, is indicated to successfully support the FSA and FRC in driving this agenda home.

As illustrated in the introduction to this report the Taskforce Report (2012) proposes a service delivery model which makes use of a shared national services outcomes framework. This service delivery model should be focused on improving well-being and outcomes for children based on 5 national outcomes. This strategy can be seen to be successfully supported across 4 out of these 5 outcomes by the roll-out of One Families *Positive Parenting* intervention in FRCs. There is a sound

match in terms of positive outcome and how the FSA have translated these outcomes by aligning them to both developmental activities and programmed activities (FSA, 2013; 27-30, Table 4a and 4b).

Programmes must have evidence of effectiveness. They reach sustainability and effectiveness only when they continue to be delivered to the highest standard, by highly trained, motivated, supervised staff (FSA, 2013). While overall, the qualitative and quantitative data supports a positive impact for both trainers and parents, a number of key themes are indicated as issues for further discussion around engagement of FRCs and Parents;

Barriers to participation;

The restrictions and challenges faced by FRCs in community settings often diminish the organisations ability to provide a service which is accessible to those who may need it most. In parenting interventions specifically, these restrictions centre around funding, especially those linked to client income and those resources centred around access to transportation and childcare. There are a number of barriers to participation for parents, and empirical literature supports the practice of addressing pre-treatment barriers to engagement in order to heighten outcomes for parents (Chacko et al, 2009). The provision of an instrumental support such as child care is consistent with participant retention strategies and advocated as a 'need-to-have' in much of the parenting literature in this area (BMC Public Health, 2012). Parenting programs that can offer on-site child-care while parents are in session, and/or assist with transportation needs, have had greater success in keeping parents engaged and committed to the end of the parenting intervention. Reducing barriers to participation is a critical aspect of retention, for both the FSA, and the FRC on the ground.

Transport issues arose mainly for rural FRCs, where geographical spread was large and reported costs prohibitive for the client-base. Only 1 of the FRCs involved in this study had access to childcare for parents as they were taking the *Positive Parenting* course, and many spoke of lack of childcare as prohibitive in terms of both service and reach. Initial engagement and attendance during the course was impacted, anecdotally, one course participant brought their child with them, and had to be stopped from further attendance. Lack of childcare is obviously a greater barrier where a partner, or close family, may not be present to help, as is the case for many lone parents. The provision of child-care, and transportation, as necessary, lowers the inhibitors of participation for parents. These supports represent the actualisation of an inclusive agenda which the FSA can promote and leverage for families nationally. Having these central pillars in place will make it more likely that all families will have the opportunity to attend parent training.

Recommendation 1: FSA Funding for childcare to be factored into future FRC *Positive Parenting* Course – needs basis.

Recommendation 2: FSA Funding for Transport – needs basis. Especially relevant for rural FRCs.

Recruitment

The results from this study illustrate that FRCs are well placed to deliver family support and parenting interventions, as the literature espouses, these interventions are best delivered within the communities in which families reside, and must be offered at convenient times and locations (Forehand et al, 2002). Added to this parenting interventions may be most effective when delivered by individuals and agencies trusted by parents.

However, recruitment was an issue for most FRCs within this study, a simple positive nudge in terms of availability, information, and choice may not be sufficiently powerful on its own, to tip the balance, particularly the case for hard-to-reach and needy populations (Withal et al, 2011). Word of mouth was widely quoted as the most common source of knowledge regarding activities and interventions within FRCs. This finding is consistent with previous studies which reported that information from friends and peer groups more likely to be an effective means of recruiting adults into community based parenting courses. “Word of mouth” in the local community was highly trusted (BMC Public Health, 2011). Building this trust within communities is a work in motion for a number of FRCs within this study, and as research suggests, this is most effectively achieved by a physical and active impetus to create strong links, network and invite maximum exposure within other community organisations.

Schools have been variously used as strong contact points for practitioners, but can also be used as a venue to host taster sessions to enable parents and lone parents see a part of the parenting course in action. Lessening barriers around trust and understanding regarding the content of parenting courses, goes some way to heightening exposure for the intervention. Social marketing (Withal et al, 2011) is an approach which is coming to the fore as effective for hard to reach populations, it appears to have potential in increasing recruitment and retention of low-income groups, especially. Within parenting recruitment this may be a robust means of reaching lone parents, who, as sole caregivers, can suffer from isolation.

Far from a simple ‘nudge’, recruiting for parenting courses is about maximum exposure through the building of a varied and wide-reaching community recruitment campaigns. These campaigns variously involve letters to parents via schools, coffee mornings at schools and children’s centres, attendance at afterschool activities, family events, parent-toddler groups, stall at school fetes, meeting parents directly at schools, liaison with key community members, study website, posters and fliers in local venues and press releases (BMC Public Health, 2012).

FRCs, in this study, refer to the ‘delicate’ nature of literature and communication around the parenting topic, parents don’t want to be seen as not coping with their children, and as a priority, need to feel safe in the knowledge that they won’t be judged. How to package One Family’s Positive Parenting, was something that a number of FRCs found problematic. Targeted and well-designed communications strategies specifically addressing these issues, generating and therefore supporting word of mouth promotion, may be particularly important for FRCs. The uncertainty around packaging, in some cases, prohibited FRCs moving forward with *Positive Parenting* courses altogether, and in other cases, added to a perception of recruitment and course failures.

There is a need for more support for trainers around recruitment so that Organisations are in agreement around, and have clearly branded, parenting interventions, with clear insights which

address both needs and fears of parents. Clarity of packages where parents are invited to taster or 'beginners' sessions requiring no expertise or experience, where participants all start out together, learning from and informing each other. These could go some way to tackling issues of confidence and competence for FRC staff around communicating about the Positive Parenting programme to participants.

To fulfil this need for FRCs some time may need to be specifically dedicated to this area in One Family's *Train the Trainer/Manual*, in terms of case studies and tips for going forward. Research suggests offering tools like Registration forms, evaluation forms, sample advertisements, business cards, copy ready logos and letterheads so trainers look and feel like the professional parent trainer they will become (Kumpfer et al, 2000) can promote usage. A strategy and package such as this would go a long way to creating certainty around key messages, offering the tools to illustrate these messages, and creating an impetus for action on the part of FRCs, where they can now recruit both consistently and confidently. Congruence of roll-out within and between FRCs is a definite advantage here in terms of a nationwide understanding.

Recommendation 3: FRCs use local networks and facilities to physically present information (putting a face on *Positive Parenting* for community at large). Presentations / Taster Sessions / Meet and greet.

Recommendation 4: One Family create a 'recruitment package' for FRCs – key messages / tips / sample letters, posters and advertising.

Self-Efficacy

Parents in this study described an increasingly positive relationship with their children after participating in the *Positive Parenting* training. A sense of engagement and mutual enjoyment was described as emerging, where children were being responsive to, and furthermore, enjoying, consistent parenting behaviours. Many studies indicate that families participating in parent training increase positive parent-child interactions and reduce parental stress. (Suppo et al, 2012) Parenting difficulties are a major source of stress for parents, and parenting self-efficacy has been shown to be an important buffer against this. Building parental characteristics are protective factors against the development of child and adolescent behaviour problems, promoting higher child self-esteem, school performance and social competence (Sanders et al, 2005).

As a construct, self-efficacy refers to parents, beliefs in their skills, abilities and capacity to effectively manage the varied tasks within the parenting role. As parenting stress can originate from lack of social support and low sense of parenting competence, it is likely that some of the factors central to improving parenting confidence were also important in reducing parenting stress (Bohr et al, 2009). Engagement with FRCs can open a doorway for families in terms of both social support and access to other services that are available within the organisation. FRCs are well-placed to offer a supportive scaffolding which enables parents activate the key finding that self-efficacy increases translate directly to parenting stress decreases. Parents feeling less confident in their parenting are experiencing higher levels of stress and those feeling greater confidence are experiencing less stress (Bloomfield et al, 2012). FRC focus on the parent, and the firm acknowledgement of the ripple effect in family dynamic, is detrimental to a targeted and impactful focus on the family.

The One Family *Positive Parenting* Programme, as rolled out in FRCs, showed itself to be an effective parenting intervention as parenting self-efficacy increased in the main, across all parenting efficacy scales over the period on the programme. While more data is needed to reach significance, this increase is important in itself, since parents who are more confident in their ability to parent are more likely to be competent to nurture and develop their children into healthy and confident young adults. This assertion is strongly supported within parental qualitative data around confidence and control. While these results are important with regard to home life, general findings support the importance of developing parenting strategies that enable parents to generalize their parenting skills to a diverse range of parenting contexts both in the home and in the community (Sanders et al, 2005). Qualitatively at least, the results from this study are shown to extrapolate into the wider community, where parents use these new relational tools in other contexts, within key adult relations, and to the benefit of the community at large.

Working with socially isolated or highly disadvantaged families that present for assistance in managing their children's behaviour may require much more than parent training in order to be successful (Forehand et al, 2002). While running a parenting course, it is important that FRCs are ready to supply concurrent supports to parents, as parent training can be more like case management at times. In order to improve self-efficacy through training, it is taken for granted that parents must engage in a meaningful way. In a lot of cases, in order to afford parents the 'space' to truly engage with the training, extra support may need to be put in place. Parents cannot fully engage in parent training until their other basic needs have been adequately addressed, this can be especially true for lone parents, parents in crisis, or those battling financial hardship or disadvantage.

Two of the trainers involved in this study, found dedicated support, that is, the dedicated availability of another FRC staff member, invaluable. Each trainer was enabled to fully concentrate on facilitation and managing progress of the course, anything outside the scope of the training was directed to this dedicated colleague. This role, generally based around information provision, gave participants information on other services, such as counselling or advice services, and these services may be based within or outside the FRC. Advocacy services may also be needed, whereby the staff member advocates to other organisations on behalf of the participant. Ideally all of this extra support happens outside the training context, and outside the trainer involved, therefore having less impact on the course. This process is as much for the parents' clarity, as it is for the training and the trainer. Having further support from within the FRC, meant that participants could be guided to this person for further information. This wraparound service model, also used in One Family, is one which very much heightened outcomes for FRCs in the management of client issues. As reported, a number of key benefits came from a division of responsibility and associated expertise within parenting training; the trainer, with the freedom to simply facilitate, felt supported by having a dedicated team member with which to discuss issues and strategies alleviating 'in-course' time; and the parent felt the positive impact of this team approach through the ability to gain further and targeted expertise and support outside the parenting intervention. Improvements in the core parenting construct of self-efficacy necessitates full engagement in training, and in order to have most impact within the training space, the worry, and sometimes overwhelming background noise, of parents facing hardship or in crisis, must be given an extra vent.

Recommendation 5: FRC dedicated staff member to offer ad hoc support for duration of *Positive Parenting* Program

Flexibility and Group Make-Up

Flexibility is an essential characteristic of parenting interventions. Processes that allow for the trainer and the organisation to deal with issues as they arise and give the trainer the flexibility to tailor resources to the individual participant and group are preferred (Nelson et al, 2006). Although more work needs to be done, the correlation was weak, this study did indicate that as trainer flexibility increases, successful outcomes for parents also increased.

This 'needs-based' agenda is core to FSA, and therefore FRC, strategy. The central principle of strategy around Family Support is that each community needs to be actively involved in defining its needs and taking action to achieve better outcomes (FSA, 2013). Local parents themselves are involved in the definition and analysis of their needs. While this is promoted within One Family's *Positive Parenting* course, FRCs argue that it may need to be more obvious at the outset to engage their client group effectively.

This understanding of 'flexibility' is core area of divergence for FRCs and One Family. Both views come from similar stables, being predicated upon the understanding that flexibility is an essential requirement in terms of running a 'Positive Parenting' course, however, this is expressed and experienced in quintessentially different and conflicting ways. For One Family flexibility is deemed pivotal, the *Positive Parenting* training is inherently needs-based, it is wholly parent-led with the learnings and understandings of parents at the core. The parents engaging with the course dictate priority of learning, the manner in which information is given, and the extent to which information is used. FRCs, while recognising the differences within requirements of trainers to let parents lead, feel somewhat inhibited by the required structure of the *Positive Parenting* course. The obligation of running the six core sessions is experienced by a number of FRCs as thwarting efforts to meet parents where they are using true, needs-based methodologies. Trainers, in some cases, suggested that this requirement impeded them running the course at all, with still others taking bits and pieces out of the course and mixing it with other interventions. There is a pressure for FRCs to access the needs of parents from the very outset, and this, it is suggested, may not happen within a strict and linear structure which moves from session to session, week to week. For many FRCs this is a crucial aspect of parenting interventions as they find that parents are more engaged when they perceive content as wholly relevant to their needs.

Another area of divergence is around the make-up of the group taking the *Positive Parenting* course. One Family are predicated, as an organisation, to target, and serve, the needs of lone parents. This *Positive Parenting* course was borne out of the need to help lone parents navigate their parenting role effectively. The optional sessions on issues like shared parenting and family break-up are particularly targeted to this population. In running this programme, One Family advocate that organisations adhere to this 'lone parent' only framework, as specific issues for lone parents can be magnified and somewhat unique. The collaborative, supportive, and experientially relevant environment created for lone parents, it is felt, may be weakened by mixing this group with parents who are married or co-parenting.

For FRCs this lone parent requirement does not mirror their work within communities, family support or the specifics of their client-base. The preference for most FRCs, and many parents, within this study, was a mixed grouping. The fact that participants are disqualified from this parenting training if they didn't meet the criteria of lone parenthood was experienced as discriminatory by FRC staff. It

isolated a core part of their client-base, and impacted the lens of need, as in real life, people don't meet criteria. Despite it being a stated requirement, only one out of five FRCs, involved to the end of this study, engaged a group made up of solely lone parents. This outcome is very much reflective of the initial qualitative data also, where groups were generally mixed. This expectation around group make-up is suggested as repressive, and has been proffered by FRCs as reasoning behind either no, or lower, usage of this *Positive Parenting* course.

It is apparent that low commitment to this model, because of mismatches and negative perceptions regarding group make-up and flexibility, is in danger of having an outsize impact on effective adoption by FRCs. Parenting programmes frequently undergo modifications when delivered in community settings. Adaptations are made to the original curriculum due to clientele demographics, practitioner judgement and resource restrictions. It is thus important to evaluate whether adapted interventions successfully meet their expected goals once they are implemented in the community (Bohr et al, 2009). When rolled out in community settings interventions must feel relevant to the communities in which they are immersed. It may be incumbent upon this course to lose the strict requirement around group make-up at least, to become both relevant and utilised to its potential within FRC structures. The ability of FRCs to adapt and customise may also a key factor in the success of this parenting programme.

This adaptation does not come without caveats, however, while greater degrees of feasibility and flexibility may be appealing to FRCs and lead to higher rates of adoption; there are often trade-offs to be made with regard to straying from fidelity (Adm. Policy Mental Health, 2008). High fidelity, or an adherence to original model, often leads to better outcomes, this model was created with and for the lone parent population. Also, much research suggests, learning is enhanced when the participants of each program include a clearly defined group of people with common needs or identifying characteristics. Characteristics, like high risk families or working versus nonworking parents, also help determine the appropriate program duration and intensity (Brown, 2005; in, Centres for Disease Control and Prevention, 2009).

Robust evaluation of this parent training must become modus operandi, so that any impact of diverging from original formats can be evaluated in terms of impact on the parents themselves. In this way, the programme can be evaluated and bench-marked in terms of successful outcomes, any changes made, both evidentially-based and actioned. When all future 'Positive Parenting' programmes are evaluated in this way, we can start to quantitatively detect differences in impact according to group make-up and flexibility. While the qualitative data in this study certainly points to both trainers and parents having a preference for a mixed group, we won't have true evidence of the true impact of this adaptation until we test bigger samples. This preference may not be such a surprising result when we take into account that majority of groups involved in this study were mixed, and, as seen qualitatively, that most FRC trainers had never experienced, or indeed, attempted to run with lone parents only, rejecting this requirement from the outset. FRCs will need to take on board that parenting groups which involve lone parents, require heightened cognisance on the part of trainers around dynamics, sensitivities, and need. Also, mixed groups may also benefit from a longer training period or periodic follow up groups to provide the additional support lone parents need (Landreth, G. 1995). It is also apparent from the data that fathers, especially those looking for access or sent by courts, may need a somewhat different input. In some cases this comes down to the basic practicalities around caring for a child, however in a lot of cases, when it came to putting tools into practice the relevance for these fathers, without access, was very much diminished.

Ultimately, all stakeholders must take a role and responsibility for concentrated efforts to contribute to a prioritisation of impact and results for parents. It is this prioritisation, evaluating what it is we do and how we do it, that will create both momentum, drive and an impetus for action predicated upon successful outcomes. Adaptations do work, *Strengthening Families*, for example, originally designed as a drug abuse prevention program to help drug abusing parents and their children, was developed into a family-change program that has served the needs of culturally and geographically diverse families (Kumpfer et al, 2000). Separate training manuals were designed for each target group. One Family's Positive Parenting course also, has been used for special purpose in the area of addiction, for families dealing with serious stressors and crisis. However, it is inherently clear these adaptations demand careful analysis with client impact data at its core.

Recommendation 6: One Family - Relax requirement for 'lone parents' only grouping when being rolled out in FRCs.

Recommendation 7: One Family - Assess course manual and adapt tools/focus/materials which may need to be added to update relevance toward mixed grouping/father/non-custodial parent.

Recommendation 8: Client impact – FRC and One Family continued evaluation through TOPSE and Competency surveys to ensure successful adaptations and assess gaps, if any, vis-a-vis group make-up.

Recommendation 9: One Family - Loosen *Positive Parenting* structure – for example, Run 6 core sessions over 7 week timeframe – so that FRCs can lead with group specific issues, for the entirety of session 1, or the first segment of 7 sessions.

Recommendation 10: FRCs to put extra supports in place specifically around lone parent issues, for example, extra sessions, extra follow-up, and added individual support.

Recommendation 11: FSA, FRCs, One Family to agree responsibility for the creation of a central data point which receives all survey data from future *Positive Parenting* courses, evidence-based practice being realised.

Trainer Competence

While many studies assess the impact of courses on participants, they look at the course in isolation, making no correction for facilitator style, skill or abilities. The facilitator is deemed to be a central factor which may confound findings of programme success. (Bloomfield et al, 2012)

As we can see from the data in this study, a number of competencies came to the fore as crucial for trainers; flexibility, reliability, listening, managing progress, associating and facilitating. Both groups, parents and trainers, assessed these competencies highly in terms of skill and ability parents placed trainers highest in terms of their competence over these six competencies. All groups also felt that trainers, to a strong degree overall, used a needs-based methodology. The resources available to trainers, the trainer manual in particular, was specifically addressed as a formidable support in running this programme. Given the current climate of decreasing resources and increasing

accountability for results, FRCs must pay careful attention to optimize returns on expenditures. For these FRCs, generally, resources are tight, budgets have been cut, and a new programme within their arsenal through a three day train the trainer model is attractive when operating from limited resources. More data is required, so that we can start to tease out the impact between and among these competencies in terms of parenting success, however both trainer competencies 'flexibility' and 'associating' have already shown correlations with a positive impact on parents with regard to raising children.

While this piece of work hasn't been without its obstacles, especially in terms of engagement of FRCs around research requirements and timelines, it has most certainly highlighted a number of topics relevant to FRCs. Five out of the twelve trainers involved in the initial training disengaged from the process completely and it would be interesting to gain some insight into what pieces were of most mismatch for this group. Qualitative data around the train the trainer training suggested that group participants were at various levels in terms of their facilitation skills, experience with parents, experience with lone parents and groups in general. Participants noted that parenting training often requires substantial experience in order to gain competence with particular approaches, however some participants had no experience here. Research indicates that this lack of competence and confidence is often the obstacle preventing organisations and practitioners from implementation (Nelson et al, 2006).

Effective training efforts have moved beyond knowledge dissemination to extensive training activities that involve role playing, casework and supervision. While some of these aspects of longer training pieces may be beyond the remit in this 3-day form, looking at the train the trainer going forward in terms of experience and competence may be critical to ensuring effective roll-out of the course to clients. While One Family do carry out a training needs analysis, it may need more detail, the first competency survey for trainers, would act as a good indicator of training need. Adding in support for those who have less experience may require organisations to agree to an extra day or module directed purely for facilitation skills, before access to the train the trainer is possible. This would allow the *Train the Trainer* course to remain fully in the example-based, role-play, presentation realm that participants found so penetrating.

While supervision post-course may be a difficult requirement, what is apparent from the data is that while trainers improve over the duration of 'train the trainer' course, over all competencies, they improve again over all competencies once they have facilitated their own training. This finding, although not statistically significant deserves some serious consideration for future train the trainer courses. There may, for example, be a tiered certification system created by One Family, whereby rolling out the course brings with it a higher certificate. In this way One Family could leverage the betterment of the competencies seen in this research, which may, in a large way, relate to the fact that there was such a small gap between actual train the trainer training and course roll-out.

If we know exactly what competencies we require of a trainer to successfully fulfil their training role within a parenting context, then we can also start to allow this knowledge inform the way we train them in the first place. So we very much bring the focus back to exactly what it is the trainer needs to be able to do, and assess trainers and courses accordingly. By seeking out people who have the talents needed, or by cultivating those talents among existing trainers, the parenting intervention is able to position itself to, not only, ensure that courses are rolled out successfully, but also, to take a

reflexive stance and evaluate its own structures and processes. We are able to understand, prioritise and target the competencies that are deemed to be most successful to training *Positive Parenting* effectively.

Within roll-out, a number of trainers describe and value core elements of community-based Family Support as prescribed by the FSA (FSA,2013), including participation, awareness raising, early intervention, and a strengths-based approach for parents.

Recommendation 12: One Family to use Competency Survey tool as Training Needs Analysis for *Train the Trainer* training.

Recommendation 13: *Train the Trainer* given on ability basis. Add extra supports outside course for those needing it, or, as a pre-requisite to participation.

Recommendation 14: As part of *Train the Trainer* participation, FRCs to commit to running *Positive Parenting* within agreed time-frame.

Recommendation 15: Create impetus/mechanism/requirement/certification aimed at lessening the gap between participating in *Train the Trainer* and actual roll-out of *Positive Parenting* course in FRC so that competency gains can be consolidated.

6.2 Feasibility Issues and Limitations

As highlighted in the interim report in November, there were a number of feasibility issues for FRCs in participating in this research fully. Tight timelines, the timing of the research (which took place in the run up to Christmas) and difficulties with recruitment, were key issues highlighted by FRCs. 3 FRCs who had participated in the initial 'Train the Trainer' training were unresponsive to calls and emails after this, therefore their specific issues with regard to running *Positive Parenting* in their centres could not be fully represented in this study.

There are some limitations to this study. The study was undertaken with a relatively small sample of parents and a smaller sample of trainers. Further research over a longer period and with a larger sample to explore the dynamics within and between constructs may yield other findings and provide further evidence for parent and child outcomes.

As with many before and after studies, there was an inevitable loss to follow-up. Due to timing constraints within this study, no longitudinal data for parents specifically could be elicited. Accessing parental evaluations long after course completion would greatly inform our results, and may guide us in a more targeted fashion. A follow-up once, directly after the programme, is insufficient for determining whether or not the programme achieves longer lasting change. A follow-up at 6 and 12 months would provide key information.

Recommendation 16: Any future research to be conducted in this area should be done over a longer period, and with a larger sample of lone parents, to explore the dynamics within and between constructs, in order to yield stronger findings and provide further evidence for parent and child outcomes.

6.3 Conclusions and Key Recommendations

Both parents and trainers evaluated positive impact across all scales tested. Parents indicated most impact, regarding this *Positive Parenting* intervention, both on self- evaluations around parenting improvements and evaluation of the competencies of trainers. It is through an emphasis on education, health, social services, and professional intervention to support parents and children, that effective scaffolding can be built to support parents and children effectively. One Family's Positive Parenting model, in terms of outcomes within this study, is indicated to successfully support the FSA and FRC in driving their strategic agenda home.

In order to further strengthen and consolidate positive outcomes, to enhance FRC engagement and promote full usage of this *Positive Parenting* programme, the following proposals should be taken into account;

FSA

- Funding stream for Childcare to be accessed for duration 'Positive Parenting' course.
- Funding stream for Transport – especially Rural FRCs.
- Agree responsibility for the creation of a central data point receiving all survey data from future *Positive Parenting* courses to further strengthen evidence-based practice.

FRCs

- Dedicated staff member to offer ad hoc support to participants for duration of *Positive Parenting* Training.
- Continued evaluation of Client impact: TOPSE and Competency surveys ensure successful adaptations vis-a-vis group make-up and flexibility.
- Added sensitivity within 'mixed' sessions and extra supports in place specifically around lone parent issues, for example, extra optional sessions, extra follow-up, and extra individual support.
- As part of *Train the Trainer* participation, commitment to use *Positive Parenting* within agreed time-frame.

One Family

- Creation of 'recruitment package' for FRCs – sample advertising / posters.
- Loosen 6 core module structure and possibly running order of programme.
- Relax requirement around 'lone parent' only grouping to parents who are co-parenting also. Create guidelines around ideal group make-up, for example, percentage of each target group on each course.
- Assess course manual and adapt tools/focus/materials to update relevance, if needed, toward mixed grouping/non-custodial parent/father.
- Continued evaluation of Client impact: TOPSE and Competency surveys of future parenting training – both train the trainer and *Positive Parenting* – assess 'lone parent' only groups and compare.
- Competency Survey tool may be used as Training Needs Analysis for *Train the Trainer* training needs assessment.
- *Train the Trainer* given on ability basis. Extra supports outside course for those needing it, or, as a pre-requisite to participation. Skill-based participation.
- The *Train the Trainer* course to involve a commitment to roll-out of *Positive Parenting* course in FRC so that competency gains can be consolidated, evaluated, and accredited.

6.3 Summary

A primary benchmark as per the fulfilment of key FSA strategy regarding family support stems from evidence regarding impact on parents and children. A necessary correlate to this data is the evaluation of whether client-centred and needs-based interventions and learning environments are being constructed using One Family's *Positive Parenting* model. These concepts are fully accessed, in this study, through the combination of the TOPSE Survey and a bespoke Trainer Competency Survey for both trainers and parents. Both parent-child impact and needs-based practices are evaluated positively.

Moreover, both parents and trainers evaluated positive impact across all scales tested. Parents indicated most impact, regarding this *Positive Parenting* intervention, both on self- evaluations around parenting improvements and evaluation of the competencies of trainers. However, trainers still placed themselves as at least competent on all scales, with few exceptions. Trainer competency rose throughout the process from pre-training, to post-training, and, more interestingly, all trainers' competence rose again after facilitating their own *Positive Parenting* course.

Engaging parents is strongly understood qualitatively, in this study, as the extent to which intervention goals match parents' motivations. It is as important, for FSA and FRC strategy fulfilment that providers become adept at facilitating high-quality participation, in this way families are more likely to benefit from preventative interventions. Engaging with One Family's 'strengths-based' approach, FRC trainers gave the course in such a way that had, for the vast majority, a high impact in terms of parenting perceptions, understandings and outcomes.

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Appendix 1: Qualitative Data

The Need for Parenting Courses & Establishing Trainer Competencies

Qualitative Data – by theme

Prior to building the competency instrument and rolling out the research project proper FRCs and parents who had already been trained through One Family's Positive Parenting model were used to establish a benchmark in terms of what issues were most important. Many connected themes came up throughout the initial qualitative data. Regardless of research site or participant demographic, the background, context, and client group within which FRCs are working have similar attributes. In terms of servicing the One Family client-base, lone parents, FRCs seem well-placed.

Parenting Interventions in FRCs

- *FRC client-base*

Working from within disadvantaged communities, in the main, FRCs find these communities made up of;

'A lot of single parent families. High unemployment. Quite a lot of long term unemployment as well. We do have some contact with the travelling community.' 1

For one FRC,

'...every second house is headed by a lone parent, so all of the associated problems like long term unemployment, generation after generation not going into the workplace like sort of, that was the way of life, you made do with what you had...'2

While fathers are part of the client-base for parenting courses also, they are in the minority. For One Family, the general trend within their lone parent client consists of;

'Women in their late 20s, early 30s, a lot are separated and are trying to share the parenting..... Lots of issues around how to share parenting, how to have confidence in parenting as a single parent, believing that it's a good family form' 3

While the issues that lone parents face are manifold and sometimes complex, there are some common themes which come to the fore for FRC, Co-ordinators and Development Workers, One Family employees and lone parents when it came to highlighting issues which lone parents face;

- *Isolation and lack of support*

'..... in terms of isolation maybe, in terms of not having the support or be able to have their own quality time for themselves you know to have the support around childcare and going to have their

own time, in terms of childcare and getting employment, in terms of all of those aspects of being a lone parent' 4

Parents also spoke of isolation as a factor with regard to their participation in parenting courses, but other relational issues were at the core of participation too. For one parent;

'The battle that I had on co-parenting, I suppose was, I knew nothing about co-parenting, I hadn't even heard about it before and the acceptance was another thing where I could not mentally accept that we were not a family, on my own..... I couldn't get that whole United Nations definition of what a family is.....for me it was two parents' 5

- *Children and the family environment*

Child focus in terms of creating and maintaining a positive family environment and positive relations within the home were also central factors in the impetus for participation for parents.

'Behaviour is a big thing, ability to cope.....look for advice for themselves on how to deal with challenging behaviour from their children so although they would be wanting to find techniques to deal with the children's behaviour they are also recognising that they need to deal with situations a bit better as well...' 4

As one parent comments,

'....a lot of the discipline I had with the kids before I'd got pregnant had gone and I was - found myself getting really stressed out all the time....'6

- *Preventative intervention and toolkit for parents*

FRCs experience the parenting course as a wholly preventative intervention and at the heart of this is the understanding of the complexity of the relationship between parent and child. Being a parent is multifarious, where one is dealing with moving parts, a dynamic in motion rather than inanimate concepts;

'....rather than thinking we're born being a parent. You know, we learn as we go and we do it different with each child. So I think if parents were to get the tools in advance, they might sort of use them in a different way.....' 3

Trainers suggest that the ability to model these skills on experiences we have had, having appropriate role models to draw from, can be an important requisite for success;

'I suppose for a lot of people, they are not skills they had, they didn't see that in their own childhood.' 3

'It is a big responsibility delivering a parenting programme. It has implications for families so it is a big deal.' 4

Linked to this responsibility for One Family, is a core ethos informing all interventions with lone parents?

'.....recognising what they're doing well instead of always focusing on what they're doing wrong..' 3

- *Prioritising Parenting Courses in FRCs*

In terms of prioritising parenting for FRCs, two funding issues were prevalent– firstly their own funding, with the resulting intervention implications; and secondly the allowances available for their clients.

How FRC's will deal with issues for lone parents and other client groupings going forward, was an issue of concern. Funding issues and the new change of direction for the FSA were discussed by FRCs;

'I guess again an impact that we've seen recently is people engaging with the service less due to again, a lack of additional funding that maybe they would have received in the past' 2

FRCs, and especially those in rural areas, have limited funds to do outreach work, and are therefore dependant on clients coming to them, their work is very much centre-based as a result;

'FRC funding has been cut by 15 percent over the last five years' (2), and this has an impact on the ground in terms of what interventions become priority and what resources are available for lone parents. In many cases courses aren't specifically targeted toward lone parents, and in those courses that are on offer, there has been a noticeable downward trend in lone parent participation. Allowances that were available for participation are no longer there.

'I think the first thing is parents' need not to be financially penalised for trying to take up opportunities and if somebody is having to drive in to attend something and they're not receiving any allowance for that, that is financially penalising them.' 1

There is also uncertainty about what is to come with the proposed changes;

'...in terms of the whole FSA structure and what that's going to be like from January onwards, I don't know because they're going to be much more family support driven. So you know, we're in this kind of period of change at the moment, so I don't know whether my role as community development worker is going to continue, or maybe they aren't going to want to deliver much more individual family support stuff....' 2

There are two core pieces to concerns about funding, coupled with an uncertainty about what the service will look like in the future. Funding issues can weaken capacity and create a situation where organisations see themselves as being unable to meet the need that is experienced in the community;

'I'm not delivering programmes based on need, I'm not delivering programmes based on opportunity, I'm really delivering programmes based on if you can afford to deliver them. So I guess that really is probably most critical and that has got worse' 1

- *Lone Parents- Participation.*

Participation of Mothers

FRCs suggest an ongoing negative judgement which lone parents continue to carry and this can affect how comfortable people feel with presenting themselves for an intervention like a group parenting programme;

'I know a group of women who are classed as middle classed and they have no problems saying "I parent alone." And would likely come into a programme if I said I was running a programme for specifically lone parent or parenting alone. They're quite open for this but I don't see the same in this community. It's nearly that that stigma is still there with them, it surprises me I find'. 7

Some FRCs suggest that for this reason, they find it difficult to advertise for lone parent groupings. This stigma is not purely societally held, Parents themselves carry and promulgate these negative stereotypes, centring around social class;

'...being a single mother in my head, just you know, silky tracksuit, a pair of sports trainers but to get that image out of my head still, I still wasn't accepting that I was on my own I suppose'. 5

Participation of fathers

While some fathers participate in parenting courses, of their own volition;

'...one of my bigger reasons would have been the youngest fellow because of all the messing around with him being moved around and stuff like that...tantrums.... I done that on my own steam the positive parenting because of this situation..' 8

In a number of cases, FRCs find there are other forces at work in terms of fathers engaging in parenting courses. For one FRC;

'...there are a lot of fathers engaging with our parenting programme but what we have found is that it is mostly in relation to separation or looking for access, custody, not so much guardianship but more around access. They might be referred on through solicitors or through the courts or through advice...' 4

And therefore fathers' input and engagement can be somewhat limited;

'Would have come feeling very much that they had to do it, it is another box to tick but not really taking it on board the information.' 4

Operationalising the 'One Family' Positive Parenting in FRCs

FRCs are at the cold face of breaking down barriers for the communities in which they exist, and the building of trust within these communities can be difficult, especially the more rural the FRC is.

- *Building Trust*

Within rural communities some Development workers intimated a preference for working outside their own communities so that both trust and privacy could be built and maintained for participants;

'...because I would feel that we all need to respect confidentiality, but I would feel that there are sensitive issues that come up within the group and very much it is a sharing of their experiences....' 9

There is a genuine understanding from FRCs, both rural and regional, around how difficult it can be for parents;

'.....it takes a lot to get to the door, for a client to get to the door and I think for our door as well as a lot of doors and if we don't focus on them, if we don't let them see that we're there for them.' 2

This is a sentiment which is also graphically illustrated by parents, where self-doubt was prominent, and a vulnerability resides on the surface;

'I was wracked with nerves going in, like Jesus I was like "What am I doing here?" I really was, I was like "this is not me at all, not me at all.' 3

Networking and outreach work are seen as critical to building this trust and exposure within communities, meeting the families where they are, building image and exposure for the FRC, while also;

'..... strategising, networking and gaining business support and funding.....' 2

'... linking in with other organisations then as well in the city and talking to them around the possibility of linking in some of their, I don't like the words 'service users' but some of the people taking part in their services around accessing parenting support for lone parents....' 4

A number of FRC's discussed the importance of creating these links with the wider community, so that they could leverage this awareness to build trust within the community at large.

- *Engaging parents*

FRCs had differing experiences around the requirements of engaging parents. For one FRC there were waiting lists of parents for parenting courses through a referral system, but for the vast majority of FRCs engaging parents was a central task and one that wasn't without hardship;

'...when we advertise positive parenting as a programme, no responses. So, from working with groups, from people coming into the office you get to know through conversation what they need and then you would let them pick and choose...' 2

The majority of 'Training Links' FRCs have only worked with the positive parenting manual with individuals, or one to one, and they have clear ideas why people are unresponsive to calls for parenting courses;

'...positive parenting seems to have an attachment to it that people feel they're going to be told, you know, you need to do this and you need to do that.....'1

FRCs find that starting with one to one interventions and outreach can be very helpful in giving prospective parents an interest and a basis in what the course is about. However, moving people from this individual piece to a group intervention can be tricky, as people, especially in more rural communities, can be intensely private. Parents don't want others to know they are having issues with their children. There are a number of ways FRCs go about recruiting participants. Waiting until there are enough individuals to create a group or targeting content around core need, and grouping participants around those needs, are engagement strategies used by most;

'...we might do a bit of outreach because you can't have maybe two or three and then the Health Board would know one or two in our catchment area as well. So, we'd wait until we have a core group of about 8 to 10 people and that's quite a successful parenting programme...' 7

Or;

'...so what we try to do then is identify a group of people who have a couple of common issues that are similar. I would say regardless of their status by the way, so that doesn't factor in to the issues. So, what we try to do is get them together and then hone in immediately on the most pressing issue to keep them engaged....' 4

There is a general feeling that FRCs need to be delicate when it comes to recruiting participants for parenting courses, illustrating sensitivity around both advertising and packaging of the intervention; seeking and utilising referrals from HSE / Social Workers; meeting parents with an answer to their needs in the very first instance; and then going forward with a parenting intervention is the general storyline regarding recruiting parents.

- *Attendance levels*

Parenting courses are well known for fluctuating attendance levels, and this was also the case for these FRCs;

'I'd say there was about eight, if there was everyone there, there was about eight or ten, but a lot of the days there was only about five, four or five I'd say.' 6

The availability of childcare can be central to bolstering attendance and alleviating this barrier for parents;

'...maybe be able to offer crèche facilities within the building so they don't have to worry what's happening with the children, that would be a real bonus, just to be able to do that...' 1

As one parent comments;

'...the only way I would have been able to do it was if there'd been childcare, if there hadn't have been childcare there I would have had to leave it because I had nobody; I'd no one to take the kids...'

- *Flexibility*

In order to engage clients, a flexible service is paramount, so that no matter what the issue is FRCs can be a responsive service provider. This means that the interventions that are chosen by FRCs need to embrace this responsiveness;

'I think we have created a particular ethos within this centre which is about serving the community across the line, looking at family support ... So, that is basically a curveball can come through the door any minute of any hour and we just need to be ready. So, it is about being adaptable, focused, client focused but needs led... and being innovative in our response.' 10

Flexibility for FRCs is all about meeting the client where they are, and tailoring the intervention accordingly. So that any element can come in at any time.

'For me it is not about my plan and what I have on paper, it is not about my outline of a programme or what I am going to do and that is it, no one is going to stop me from delivering it. It is about the parents, it is about the service users, it is around what they need, how to manage that and how to support that.' 4

This flexibility is what the Positive Parenting Course aspires to and some FRCs grant that;

'the adaptability is really great that you can do the core modules, but then you can ... depending on the needs of the group and the ages of the children ... there are other things that you can pull in from that.' 1

However, for some FRCs this does not go far enough and a common theme ensues, whereby bits and pieces are taken out of the course in terms of relevance for the particular group or individual. The

manual is great to look at it in terms of 'structuring a workshop each week for the programme and the information is brilliant' 10

However;

'...we would find out prior to coming along to the programme what the issue or the area around parenting is that they would like to cover and then we would look at that and try and put together a programme for that group more than following the manual chapter by chapter..... so we would look at it in terms of a clothes hanger for using the information.' 4

Parents valued flexibility and the focus on the parenting course on their needs, so they had a say in terms of what was happening;

'It wasn't just "I'm doing this." It was always open as well "Well what do you think, do you think we need more time with this?" And if the room said yes or no she'd either move on or...Just things that went on two weeks that should have been only one week.' 11

This ability to create a targeted needs-focus is firmly linked to the ability of the course to adapt to individual groups. Flexibility was indicated by all participants to be pivotal for enacting a concentrated, fitting service for FRCs, and also to properly engage and retain this client-base.

- *Facilitation*

The role of facilitator is very different to the role of teacher, the facilitator is there to facilitate, to very much 'purely' (12) facilitate;

'...It's very different, it is more about adapting a style; you know I mean we all go in with a plan; we all hear about the plan whatever mechanism works and you're still getting the message across and you're still having a sharing of information.' 7

'...it's a sharing of information with - you've put together the key headings, they're sharing information. It's not me teaching facts.' 9

More than this, for One Family, it's about the facilitator collaborating and;

'...leaving expertise at the door....this is not an advice giving session.....not teaching.....parents can talk between themselves....there is no expert...this is about you and your situation.....it is parent led, allowing parents the responsibility to engage with the information or not' 12

And for parents how this worked in practice was wholly positive;

'...she could kind of pick at you and kind of make you think about things and make you figure it out for yourself kind of thing, do you know what I mean. I thought she was brilliant now to be honest I have to say..... There was no preaching down to you.....you know, very encouraging. 8

'...course is taken on by parents and the facilitator purely facilitates.....ideal is that they allow the group lead ... the group takes ownership.....they are the experts' 12

It is described, in the main, as a group-led intervention in which the trainer is a collaborator in creating a climate of sharing, whereby parents get a forum to discuss the elements and issues that are most central and useful to their situation.

'The hand outs are tips rather than absolutes.....they are ideas regarding parenting....what is a priority for you?, what jumps out for you?...' 12

The Courses

- *One Family's Positive Parenting Course*

Of the 5 FRCs involved in this initial research, 4 had been trained in the Positive Parenting intervention through One Family's Training Links project. This parenting course which is made up 6 core modules, and a subsequent number of optional modules is targeted at and;

'...very fitting to a one parent family and just the extra modules, like about talking about family change and separation, divorce and all of that, you know. You know, I don't think that comes up in other parenting courses; and I think it's connecting the child's behaviour as well to what way the mum is, what way the family situation is – or the conflict between the parents...' 3

Parents to a great extent, but especially those parenting alone, can get caught up in the role, rarely putting themselves first and sometimes losing a sense of themselves. The course;

'...looks at the pillars of parenting, starts with needs and wants.....sometimes this is the first time parents see themselves as separate...a lot of the start of the course, you are talking about the parents needs and how they meet their needs and how they can make time for themselves and all this, rather than jumping into the contracts and time-outs for the kids. Its saying well let's look at your behaviour and how it's impacting - and I think reflecting on that really helps...they start to seek out - there's just little things I need to do different, it's not a huge issue maybe like they thought at the start.' 3

'It is about creating a space which is safe and secure, it's never about this is right or this is wrong, - the parent knows what will work for their child.' 12

The course prides itself on being less rigid and encourages trainers to change elements around to represent the outlook and make-up of their individual groups, something that FRCs also valued;

'...that adaptability is really great that you can do the core modules, but then you can ... depending on the needs of the group and the ages of the children ... there are other things that you can pull in from that.' 1

'...you have to adapt things, you have to change the case studies to meet the needs to the group, you know, change the children about or the scenarios, from what you've been hearing the parents tell you.' 3

For one trainer this course was different to other courses, in that it was more relaxed and gave parents the encouragement to try things that they may have been afraid to try before;

'..but I think what I like about it is that it feels informal..... It is not too formal and it is not about lecturing, it is about getting people to share and engage in looking at themselves.....' 10

As well as being informal, FRC staff experienced this course as having a high volume of sensitive and emotional content for participants, with a residual amount of skill therefore required from the facilitator;

'.....that would take a reasonable amount of skill to manage, to acknowledge the point, to allow an opportunity to discuss it further if need be, but to keep moving on with the group as well and certain points you may have been triggering emotions in the group. It's much more an emotional course' 9

While there was a general agreement about the high quality of the course content, some trainers from the training links project were less convinced of the adaptability in roll-out of the course as prescribed, what they experienced as, quite a uniform way;

'...we went through each chapter I suppose and had a look at each one and how you would deliver it. So, it followed in a very, I suppose matter of fact way, 1,2,3,4 and we worked through it that way. Now, I know that was very valuable as well in terms of some structure to the actual training that we were sitting in on rather than jumping from Billy to Jack but in terms of delivering it then with the parents we wouldn't.....' 10

A number of FRCs found the directive to carry out the core modules first, from module 1 to 6, restricted their 'needs-based' methodologies and ways of working, and they would therefore be less likely to use the course as specified;

'From our experience, certainly I would feel from having delivered parenting programmes over the years it just wouldn't work certainly in some of those group situations if we started at week one and worked our way to week six and didn't deal with their issues. We would lose them because they are there because they have a crisis and we need to give them something to go home with the first night so that they will come back again.' 4

2 out of the 5 FRCs in the random sample had rolled out a group parenting intervention, and one of these FRCs had followed the manual in terms of core and optional modules. 2 FRCs had used the

course and manual in individual interventions with parents, and the final FRC had not had the opportunity to use it due to funding and associated issues.

Training Impact - Parents

There was general agreement between all groupings, parents and FRC staff, that there was a positive impact for parents when they participated in the 'One Family' Positive Parenting programme.

Parents themselves spoke most about how participating affected them;

'...I think it should be compulsory and I think everyone should do it, you're lucky if you get in with your children when they're small but I think you can catch it at any age and it's amazing, it's just like a magic wand and it just changes everything...' 11

'Because, you know, it's, I found like if they were throwing a tantrum you can get so wound up you feel like bleeding killing him.....I'm calmer with my lads and can kind of recognise trouble brewing. I can deal with it in a different way and yeah just a few things..... I would have been more so the one that would be roaring and screaming and losing the plot' 8

The behaviours that were changed for dealing with children more effectively, were also extrapolated to other relationships in parents' lives. Parents found that these techniques could be generalised to the adult sphere also, relationships that were once a source pain and conflict;

'It's nearly like reclaiming your home and establishing it.' 11

'...my way of getting a lifetime manual on how to deal with them on a daily basis.' 5

Separating the parent from the parenting role, this was sometimes the first time parents were seeing themselves in terms of their needs and behaviours. A few weeks in to the programme a number of trainers comment parents can visibly be seen to start taking care of themselves. As one trainer comments;

'....it was almost like you were part of seeing some changes come about from what they learned from each other and from what was on the board and some of the areas we discussed.' 9

Parents develop confidence and social skills;

'So I think they start to develop socially again and that's why, you know, they start forming the friendships, because lots of parents who come in don't seem to have other family members to speak to' 3

Impact – Children

Having an impact on parents is discussed as having a direct impact on the children of the family. Parents start the process by looking at their behaviour and how it impacts on the dynamic of the parent-child relationship. For some parents this is the first time they have looked at their parenting through this lens. For FRCs parents act as an important route to accessing better outcomes for children;

‘...you just want to make it different for children out there, you want early intervention. You want to be able to help parents’ 2

Parents also proffer vibrant information around the impact this course has had for their children;

‘...when I realised how vulnerable they are and even me, even remotely shouting and the effect that that would have. Even on somebody else, kind of ...it’s changed their life and their future and what kind of individuals they’re going to turn out to be...’ 5

- *Positive Parenting – Building Strong Relationships with children. Training for Trainers*

Overall, the Train the Trainer course was very much enjoyed by all participants, FRC staff found it both useful and relevant;

‘...I thought it was absolutely excellent. I loved the content of the course, I thought it was really slick, I thought it was useable, I really liked the underlying principles that came through really felt that the content of the course was appropriate and realistic.’ 1

Working along defined and simple steps trainers commented;

‘...it certainly was around finding a toolkit of skills for parents to use and it wasn’t this is right and this is wrong. So it felt supportive as opposed to directive compared to other programmes that I would have kind have read and looked at....’ 4

Overall the Positive Parenting course was well received, with all participants commenting on the trainer’s skill in role modelling through training style how participants would roll out their training. The same techniques under discussion for the Positive Parenting training were being used within the Train the Trainer training. Participants found these methods invaluable;

‘...it just gives you the confidence that if situations are to arise in a group situation, especially where there’s potential for disagreement and conflict, that you feel confident that you’re able to resolve that. 1

The Trainer

The key differentiator for One Family is the way that trainers are trained to deliver the Positive Parenting course.

'.....not about here's how to do it right, compare yourself against that....the trainer is not standing at the top of the room, reading a list, saying this is right or wrong....these are options and parents get to decide....'12

Issues are ironed out through collaborative discussion where theory is used as a guide, rather than an unequivocal truth. Through this mechanism, a relaxed and calm environment is deemed to be created for parents where their voice is heard;

'she in herself was completely relaxed, completely knew her subjects, completely, like it just rolled off her tongue.' 5

'..was very open and she'd let things run at whatever pace - so if it needs a little bit more time on some subjects she'd give it and if it just, you know sometimes she'd just pull it up and move it on if it didn't sit in the room, if it wasn't needed.'11

'...a great listener, you know what I mean, and she didn't always have an answer for everything either like. I don't mean that in a bad way. 8

The manual

As part of the Train the Trainer course, participants receive an extensive training manual to be used in the roll-out of their training interventions in their respective FRCs. This manual was widely valued by FRC staff;

'I thought the folder that you were provided with gave you that week by week all ... and module by module layout, I thought that was absolutely excellent.probably the best piece of training literature I have ever, ever received.' 1

'...I mean the information pack out of that is worth our weight in gold, definitely.' 7

The manual acted as a key resource for trainers to roll out the programme unaided into the future;

'...the manual really gave you so much information. If like, well say you hadn't done it for three months and an issue came up well you would just go back and refresh with the manual '2

Additional themes:

Group make-up

Two areas of divergence centring around group make-up emerged within this qualitative data, both of these issues.

Group make-up – ‘Positive Parenting’ for parents

One area in which One Family and the FRCs involved in the initial qualitative data disagree, is in the area of parent demographics involved in the positive parenting course. Many of the modules, specifically the optional ones, are aimed at issues which lone parents face. One Family, as an organisation who deal with a lone parent client base, and this course was borne out of and directed at the specific issues facing these families. One viewpoint;

‘..to deliver it....with single parents and married parents - it doesn’t work, because like a married parent has the other parent as the backup, do you know like, if you’re pulling your hair out you can leave the room and the other parent could take over. Whereas in this situation, they’re all in a room saying ‘I’m the only adult in the house, what do I do if I want to pull my hair out.’³

There is a certain dynamic created in a room full of parents who are in the same situation, who can understand each other, who are seeing the world from a similar platform;

‘...somebody could pick up the manual and say ‘Ah sure, this fits everybody’, I think because it’s a room full of single parents looking at it, everything is connected to what life is like for a single parent. I think that’s what makes it different.’³

Parents who had been trained solely with other single parents mirrored similar sentiments;

‘I’d still think I might have felt if there was somebody else in there who was married I would have been like “You just don’t know how actually hard it is. At least you have someone coming home, at least you have something, you don’t have that loneliness at night time when the babies are so small..... You’re not in a good place; you’re not in a good place, yeah.’⁵

Mixed grouping

However, a number of FRCs argue for a mixed grouping, and propose that no matter what the background, all individuals have something to learn from each other. The ethos of creating a parenting group solely for lone parents is described as discriminatory and based on an assumption that co-habiting couples are co-parenting;

‘...it is still very narrow in its focus and I think there is a value to having parents from all different family units coming together to share their information. I don’t think the information needs to be purely targeted at lone-parents because I think the information is relevant to all family types....’⁴

'...to run a parenting programme specifically for lone parents does not work. Why would you single out somebody? 2

FRCs suggest the course should open itself up to all as;

'...The burden of care is usually on the woman, you know, so I think Sometimes people in those relationships are just as isolated and lonely as the lone parent and less well off financially.' 10

'.... You can never and from my experience and I am working in this line of work for a long time, you cannot just target lone-parents. They don't come out of the woodwork like that. 4

Most of the FRCs involved in this study, were working through this model with mixed groupings rather than groups made up solely of lone parents.

'...from an ecological model if you were to look at it that way I mean parents live in the community. The community is made up of all different types of people, to segregate them into a group of where they just are looking at their issues on their own it is not helpful because that is not how life is outside the doors.....' 4

This aspect of the course is seen as an inhibitor for FRCs in the initial qualitative research in terms of rolling out the course in their centres.

Group make-up – Train the Trainer

The Train the Trainer training was experienced as an innovative piece by the majority of accounts in the qualitative data, however, one of the areas a number of participants commented upon was the range of skills that were in the room. This was especially magnified when it came to facilitation skills. The group make up encompassed participants who were wholly skilled in facilitation to participants who had never facilitated before, for some participants on the Train the Trainer this meant;

'...my only disappointment in the training was I would have liked to have done more example based ... and I think we got a bit bogged down in the physical delivery, the physical, actually delivering a training session and what I really enjoyed was the occasions that we had an example of a situation and we were to talk that through and we were to find creative ways of resolving that...' 1

'...there were some people that had never had any experience of delivering a structured programme of work with a group. So we spent a lot of time around how you would do that...' 2

This is was also an area discussed by One Family staff;

'....sometimes there are very low facilitation skills ...requiring some more facilitation....but Positive Parenting is not a training for facilitation.....it can be very hard on trainees on Day 3 of the training....'

12

Participants who were joining the training with good amounts of experience in facilitation found that their preference would have been to spend this time on the areas that they were gaining most impact from, really delving into the issues rather than the mechanics of delivery.

General Summary

While both courses within the *Positive Parenting* model, the manual and the training materials are illustrated by participants to be highly valued, a number of issues were raised in this qualitative data around group make-up, perceptions of flexibility and tight structure, difficulties with recruitment and engagement and issues of attendance.

Appendix 2: Data Collection & Participant Demographics

Course roll-out and survey data collection

An invitation was sent out to 106 FRCs to participate in this project. A structured timeline around research requirements was presented in the invitation so that informed participation decisions could be made. As per research proposal, 3 trainers and their associated parenting groups were required to fulfil the proposed methodology.

Figure 1, below, and Table 4, which follows it, displays graphically the progress of the FRCs since the start of the research project along with some initial feasibility issues which were highlighted by both trainers and FRC support staff.

Table 3: Survey framework used in research process:

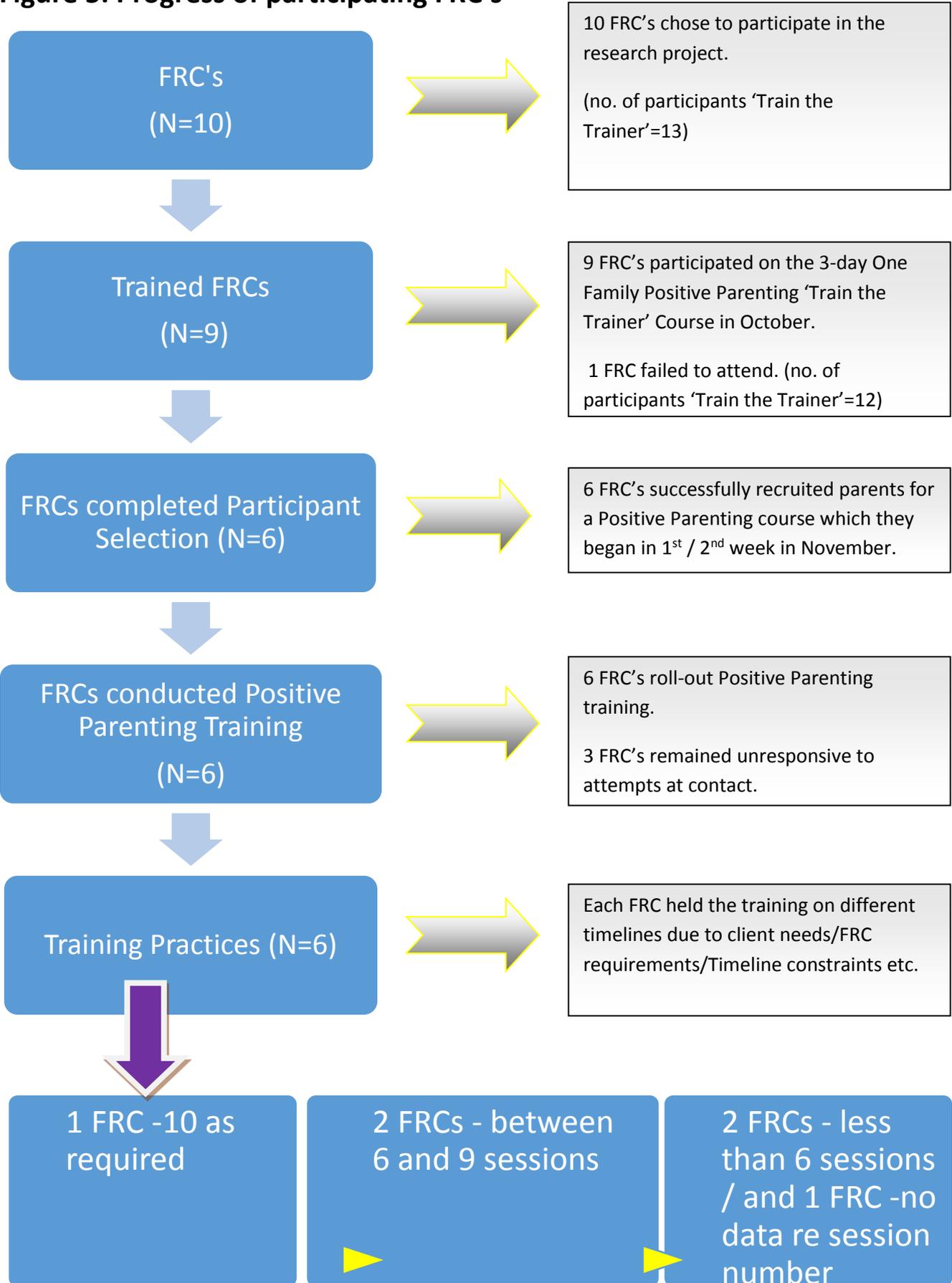
	Survey	Status	
		Survey data received to date:	
		Yes	No
Trainer	Competency Survey	Survey 1 (Pre - Training) n=12	NA
		Survey 2 (Post – Training) n=10	Unresponsive FRC n=2
		Survey 3 – January 7 th n=5	Unresponsive FRC participants n=5 Unable to participate n=2
Parent	TOPSE Survey	Survey 1 (Pre – Training) n = 40	
		Survey 2 (Post – Training) 3 rd /10 th /17 th December n=27	
	Competency Survey	Survey 3 (Post - Training) 3 rd /10 th /17 th December n=29	

Total surveys received:

Trainers n=27

Parents n=95

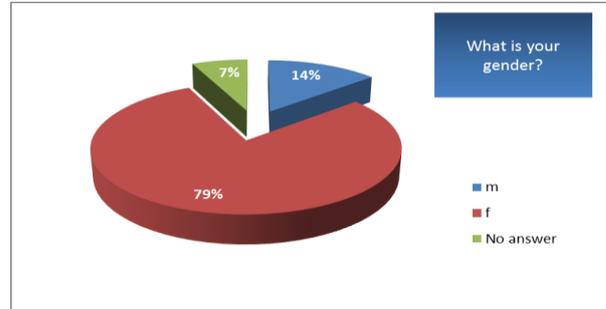
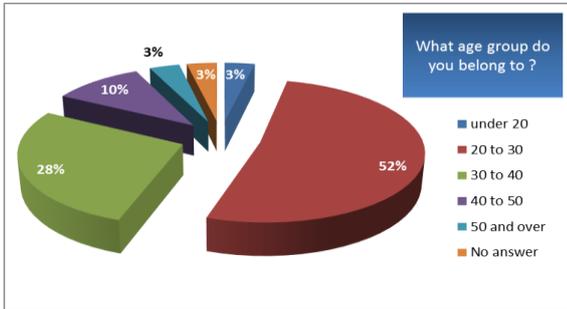
Figure 5: Progress of participating FRC's



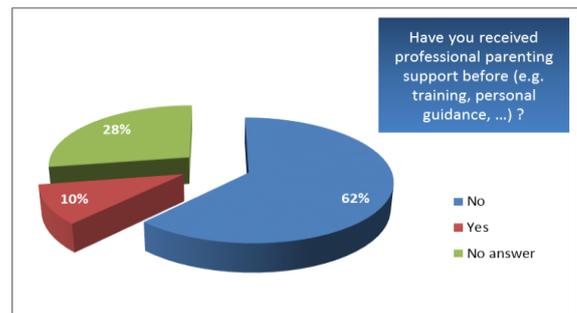
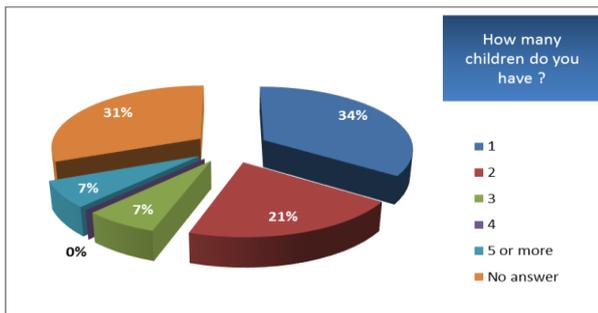
Participant Data

Demographic Data - Parents:

Demographics were gathered from parents when they were surveyed after course completion;



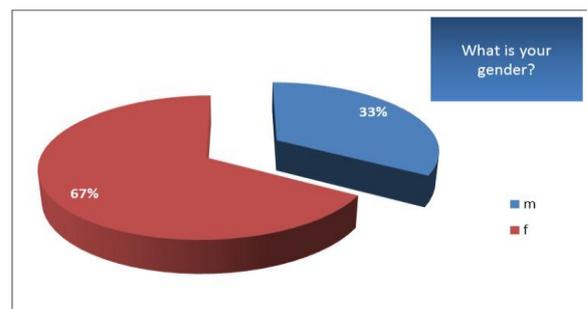
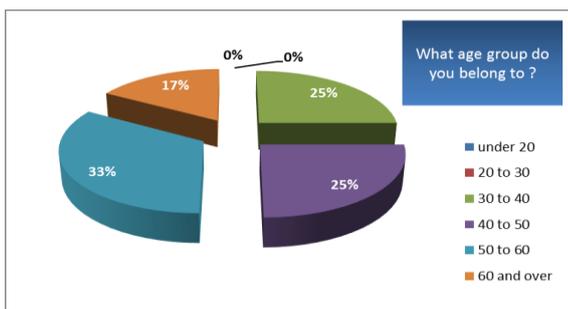
Over half of all participants across 6 groups fell into the 20-30 age bracket, with 80% of participants falling into the 20-40 age bracket. The vast majority of parents participating in the Positive Parenting course were female.



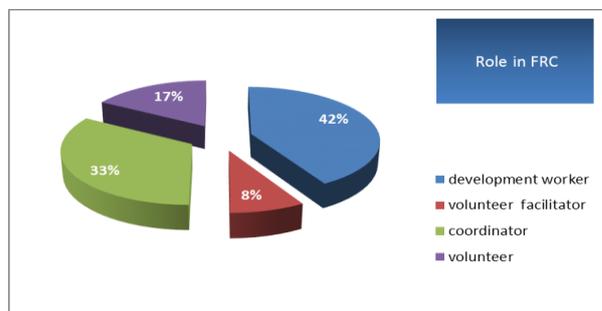
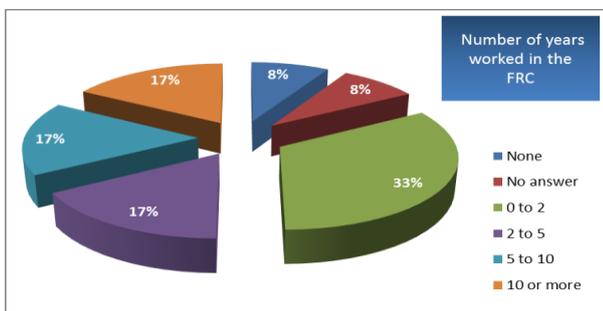
55% of participants had either 1 or 2 children, and the majority of participants had never received professional parenting support before. In fact, only 10% of parents who participated to the end of this process had received parenting support prior to being involved with this course.

Trainer Demographics

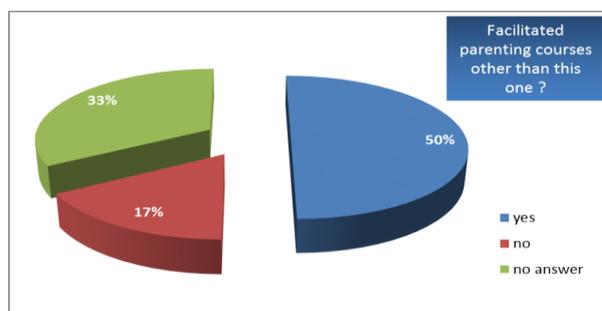
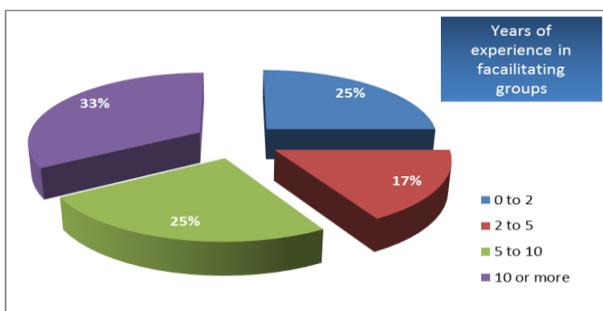
The trainer demographics were gathered at the very start of the process, in the first survey that trainers took before they carried out the 'Train the Trainer' training. This group, therefore, is not wholly representative of the group who carried on to the very end of the process, as numbers decreased.



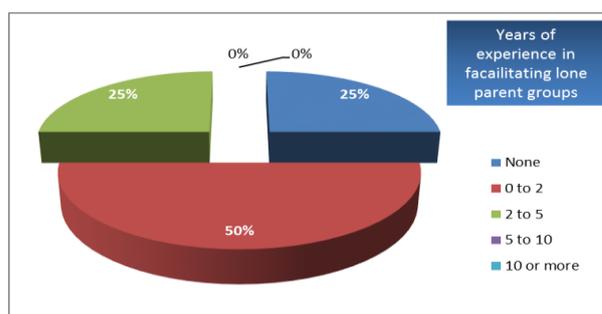
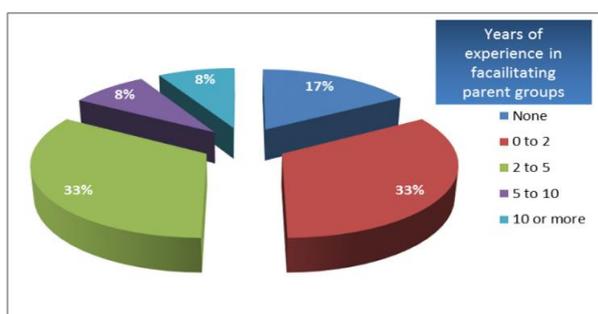
There were no prospective trainers under 30, and there was a pretty even spread of trainers from 30 to 60+ thereafter. In the initial stages of this research, 33% of participants taking part on the ‘Train the Trainer’ programme were male, and 67% female. When it came to course roll-out this demographic changed to 100% female, in that, no male trainer rolled the course out in their FRC.



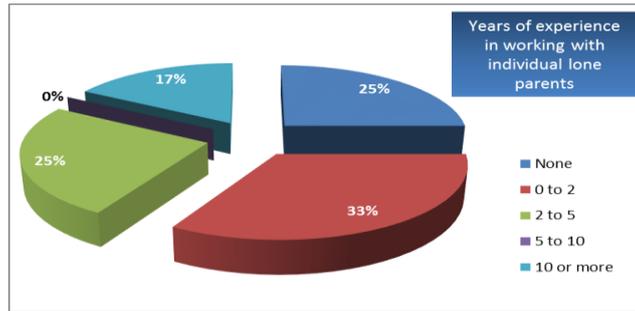
50% of FRC staff on the Train the Trainer course had worked in their respective FRC from 2 to 10+ years, with a third of participants working in the FRC from 0 to 2 years. The vast majority of participants, 75%, were either Co-ordinators or Development Workers, while the remaining 25% were volunteers or volunteer facilitators.



58% of participants in the ‘Train the Trainer’ course had from 5 – 10+ years’ experience facilitating groups. While 17% had 2-5 years and 25% of the group had 0-2 years’ experience respectively. Interestingly there was no member of the group who picked the ‘none’ option. Meaning that every participant had some experience of facilitating groups. Also 50% of these participants had facilitated parenting courses other than One Family’s Positive Parenting course.



When it comes to experience of training parent groups, one third of the ‘Train the Trainer’ group had 0-2 years’ experience, and a further third had 2 -5 years’ experience, with 8% at 5 – 10 years and 10+ experience respectively. When we look at the facilitation of lone parent groups, the chart changes markedly, whereby half of the participants have 2 or less years’ experience facilitating this client group, and 25% have no experience.



Working with lone parents on an individual basis creates more of a spread within the data. While a number of trainers may not have facilitated groups of lone parents, they had worked with this grouping on an individual basis. 25% of the group had no experience working with lone parents; 33% had 0-2years experience, 25% had 2-5 years' experience and 17% had 10+ years' experience.

Summary

Overall there are strong trends within the demographic data, while only 10% of parents have received professional parenting interventions before, all FRC participants have some experience facilitating groups. This experience, on the part of FRC staff begins to lessen in terms of years when it comes to training parenting groups, and lessens again when it comes to training lone parent groups specifically. However, this experience can be seen to increase again in a positive direction when asked about dealing with lone parents on an individual basis.

Appendix 3: Competency Definitions

Listening: A central element of successful communication, this competency centres around the trainer displaying that they truly hear what is being said / asked for / discussed. The trainer links in to where the parent is at by appropriate questioning, exploration and understanding of nuances.

Facilitating: The trainer communicates openly, encouraging the sharing of opinions, information and experience. The trainer is able to manage group interaction both effectively displaying a calm, controlled manner. The trainer is able to deal with the group or the individual in the same fashion.

Reliability: The trainer deals with the group with ease and confidence, using a consistent approach which allows parents to build trust and clear expectations regarding the trainer, participant and course relationships. The trainer is clearly prepared, working systematically in terms of the specific delivery of information and transference of skills.

Managing Progress: The trainer must manage the group in such a way so that key milestones are reached. The group must be supported to leave the process with positive results and skills.

Flexibility: The trainer is focused on the specific group of parents being trained as the ultimate barometer of what should be trained. The needs of the parents are taken seriously and the course is moulded around these. The trainer is open to adapting course material and learning goals to needs as they group arise.

Associating: The trainer is able to engage the group using both enthusiasm and understanding. Parents feel understood and the trainer is able to create an environment where trainer and parent are on the one level. The trainer is able to relate easily, model the values they are facilitating.