



# **Barnardos Cymru Neath Port Talbot Parenting Matters Service**

## **Evaluation Report April 2005**

**Vikki Butler and Rachel Dowling**

## Section 1: Purpose and methodology of the Evaluation

### *Project Information*

The Neath Port Talbot Parenting Matters service was established in February 2001, and has experienced a constant demand for the service within the local community. The project provides three main services for parents:

1. Parenting courses for parents whose children exhibit behavioural difficulties. These courses are open to all parents in Neath Port Talbot who have a child aged between 4 and 14 years. Four courses are run every school term – two for parents of pre-teenagers and two for parents of teenagers. These courses run for eight weeks and use a problem-solving approach developed from an NCH course entitled “Handling Children’s Behaviour”. It allows parents to listen to other parents with similar problems and to try out aspects of positive parenting in between the course sessions.
2. The second service is an individual 1:1 home visiting programme that uses Cognitive Behaviour Therapy as its main philosophy. This involves defining the unwanted behaviour, deciding on the wanted behaviour and then using charts and rewards to produce changes.
3. The third service is Family Group Meetings. A co-ordinator helps families to organise a meeting when they are experiencing serious difficulties with their children. After the professionals talk to the family members about their concerns and the resources they can offer, they withdraw from the meeting. The family then work out a plan in their own private time to address the concerns that the professionals are expressing.

### *Purpose of the evaluation*

This evaluation focuses on the parenting courses in order to inform both internal and external practice. There has been an increase in both parenting programmes and parenting support over the past decade and this has been identified as an important means of preventing the development of mental health problems (Department of Health, 1999). The purpose of this evaluation was to:

1. Find out the successes of the courses run by the Barnardo’s Cymru service Neath Port Talbot Parenting Matters are, and provide this information to the agencies that fund the Neath Port-Talbot Parenting Matters service.
2. Discover what works and what could be better with regards to the course from a parents point of view, so that the courses continually improve.
3. Build on existing information from other evaluations- particularly the feedback given after sessions and at the project evaluation day.
4. To identify good practice that could be shared in the field of parent support.
5. To listen to parents opinions for future service development.

### *Methodology*

For this evaluation we used a mix of quantitative and qualitative methods involving 15 parents who had attended either parenting course. In order to generate some measurable outcomes we used Goodman’s strengths and difficulties questionnaire (SDQ). The SDQ is a brief behavioral screening

questionnaire that asks about 25 attributes, some positive and others negative (Goodman, R, 1997). The 25 items are divided between five scales of five items each, generating scores for Conduct Problems, Inattention-Hyperactivity, Emotional Symptoms, Peer Problems, and Prosocial Behavior; all scales but the last are summed to generate a Total Difficulties score. The scores can be classified into low (normal), average or high need.

The Goodman's SDQ is already used by the service as a method for internal evaluation of effectiveness. Parents complete a questionnaire at the onset of the course to establish a baseline score and upon course completion and the two scores are compared. We undertook a further questionnaire with fifteen parents six months after they had finished attending the course. The breakdown for the five scales is contained in Appendix One whilst the total scores and their implications upon the project's effectiveness are detailed within the data findings.

We have compared all of the SDQ scores for the 15 parents participating in the evaluation and looked for trends with regard to changes in children's behaviour, particularly whether completing the course had a positive impact on the behaviour of children and parents attitudes. In all of the scales the individual scores within this evaluation were wide ranging and therefore charting the mean scores may not reflect the extent of the fall in scores for some individuals.

Despite a search of other reports, it has only been possible to find one other evaluation that uses the Goodman's SDQ before and after service provision. Parentline Plus was evaluated by interviewing parents who had completed a 6-week telephone support programme either individually or in groups (Ritchie, C. 2004). The average score at the start of the programme was 17.6 compared to a mean score of 8.4 for a national community sample. By the end of the programme there was a slight increase in scores leading the researchers to conclude "what we cannot say however is that there was any reduction in children's scoring on the SDQ which might have indicated that telephone support was likely to improve children's outcomes."

By comparison, the parents using Neath Port Talbot Parenting Matters have children who show a greater amount of difficulties as their average score is 20.9 (Total number of parents was 171 between 2002-05). These parents who completed the Parenting Matters course have a decrease of 6.4 points on SDQ score leaving them with an average score of 14.5 points. This correlates very closely to the 15 parents who took part in this evaluation who scored on average 20 points at the beginning of the course and 15.3 at the end. The parents in this evaluation are therefore representative of the general Neath Port Talbot user group.

In order to discover parents experiences and listen to their opinions regarding parent support classes we also undertook 3 focus groups, facilitated by 2 researchers, with a semi structured design. This enabled the researchers to facilitate discussion according to preset topics whilst enabling parents to explain the issues that were important to them. This data was used to illicit opinions regarding good practice, service development and hear about parents experiences to enable service delivery to be properly targeted.

The data from each method was analysed separately and then compared for overlying trends. This was undertaken to try and avoid researcher bias in analysing the qualitative data. The qualitative data was analysed manually according to both the preset and emerging themes of the focus groups.

### *Profile of Participating Parents*

30 parents were asked to contribute to the evaluation and 16 chose to participate, two of these parents attending as a couple. Only 2 men were involved, no people with disabilities and no people from minority ethnic communities. 9 of the parents had attended the pre teenage parenting course and 7 had attended the course for parents with teenagers, which is approximately half of the total number of parents from each course group. Whilst this is a good representation of parents who have attended the courses it is possible that there is some bias within the findings because parents have self selected to participate within the evaluation.

## Section 2: Good Practice in Delivering a Parenting Course

In the focus groups we asked the parents questions about the process of starting, attending and ending a course. This generated data regarding what service users identify as good practice in the administration and facilitation of parenting courses.

### *Home Visits Prior to the Start of the Course*

The service generally offers parents a home visit or a one to one session with project workers prior to the course starting. Parents commented that they felt they needed this personal contact, but liked the fact that it was offered to them rather than a compulsory first step within a set system for referral onto the course. This one to one session helped relieve emotional upset and gave parents confidence to join a group and participate within a course.

‘...I couldn’t deal with being in a group of people I didn’t know talking about myself and my daughter – I really couldn’t do it. That one on one really gave me that little bit of confidence that I needed to come here.’

‘If I haven’t have had the one on one I wouldn’t have had the confidence to begin with to walk through the door.’

### *Support during the Course*

The supportive atmosphere that was created at each session was seen as important. One parent commented that other parents, project workers and volunteers see you:

‘...as an important individual – you are not just mummy. You get to make friends, ‘how are you’ not ‘how are the kids’. They are listening to what you have to say – you are respected as an individual.’

6 points were made with regard to how parents felt supported during a course:

#### 1. Confidentiality and Anonymity

All parents said they were worried about issues of trust when they first attended the group, but said that ‘after a few sessions it got easier’ to trust because of the emphasis that facilitators gave to confidentiality. Participants opinions were split with regards to anonymity with some respondents feeling less isolated because they knew other parents on the course, whilst others felt a little awkward at knowing each other. A few parents commented ‘I wouldn’t want to go with people I know’ explaining that:

‘I had a little cry one week and another week, was very down – if my friends were there, I would try to be me. But as it was, I could leave me at the door – and be despairing.’

#### 2. Sharing Personal experiences

It was important to parents that facilitators and volunteers shared their own personal experiences of having been children and their current parenting role because it created trust in them as facilitators.

‘They [facilitators] were just down to earth and shared experiences from their children and still admitted that they were experiencing difficulties even now. They stand there in front

of us and say my daughter still kicks off and I still have to deal with this that and the other. That is a good thing.'

### 3. Peer Support

Although the parents were learning about how to deal with, and reflecting upon, the difficulties they were experiencing, they had fun with other participants and gained a lot of support from each other during the sessions.

'The support you have is brilliant. The sense of isolation [goes]– you don't have it because everyone is in the same boat – different circumstances but all concerned with our children.'

Three parents also commented that the service organised a day out which was good fun but also an innovative way of facilitating support to parents from other parents.

### 4. Project Worker Contact

Parents explained that the project workers 'phone us every week before the sessions. Any problems can then get worked into the group or you'd get a leaflet or a chat after the group.' Every group we spoke to commented upon the effectiveness of these phone calls:

'...They don't keep you on the phone – as if you have to say anything. Just checking in – cheerful – no pressure. Who else phones you to ask you how you are? Nobody asks how you are! You can't pay for that kind of help!'

All participants appreciated the fact that if they were finding it hard to cope they could approach the project workers outside of a session or ask for additional help during the mid week phone call.

### 5. Facilitator Ability

The abilities of the facilitators were unanimously highly spoken about, particularly their approachability and non-judgemental facilitation and support styles:

'...there was never a moment when they didn't seem to know what they were saying – you always felt they were committed to what they were saying.'

Participants felt accepted and listened to, and whilst they felt no pressure to speak, they did not feel that they were left to fester if they were feeling withdrawn.

### 6. Support from volunteers

Volunteers add value to the experience of participating in a course and contribute to creating trust within the group, although the ratio of volunteers to number of participants is important. Parents felt an affinity to the volunteers because they had come through similar experiences and difficulties:

'Volunteers can say we did this course and then there is that trust – they are able to open up.'

### *Training Methods Used*

Parents enjoyed the courses because there were a variety of methods used:

‘We have visual aids which were – white board, flip chart and video clips and games/exercises. We listened and discussed as well.’

They also commented upon the style of the sessions:

‘It’s always varied – you never had to sit and look at the same thing for very long. It keeps you moving ....’

Specifically 3 points were made regarding the training methods used:

### 1. Flexibility in Session Content

Parents appreciated the amount of time that course facilitators took to prepare their sessions saying that the facilitators ‘don’t just repeat everything the same, every 10 weeks – they tailor it – and they work together.’ Parents said they received a lot out of the course because the content was adapted to ensure it was directly relevant to personal situations.

Parents felt able to give honest feedback to the project regarding the relevance of the course. Participants said they were listened to because the informal feedback they gave after sessions and during the mid week phone call was incorporated into the next session.

### 2. Course handouts

Handouts were seen as a valued resource, particularly to give help during the week or to refer back to as a reminder of something that had been learnt. Not every participant used them but they all stated that the handouts are an important backup in trying to change their children’s behaviour and develop their own parenting skills.

### 3. Group Size

Participants felt that too small a group (less than 8) meant that ‘you’ve got the same people every week and the same problem every week’ whereas a group that was larger than 8 meant that ‘you’ve got more information coming into the group – different people’s experiences’.

### *Sharing problems and using Strategies*

Parents had no difficulty learning generic strategies and then applying them to their particular problems. Parents explained to the researchers:

‘You have to try the different strategies – the money jar didn’t work but the sticker chart did.’

‘It can be initially quite draining to try to find different things to work in different situations.’

The way parents use the information they learnt on the courses is analogous to a tool box. The parents learnt a number of strategies which are like tools that can be used to apply to a particular difficulty they are experiencing with their child’s behaviour. Examples of how particular strategies were implemented were spoken about and these are detailed in Appendix 2.

### *Follow up After the Course*

Respondents welcomed the flexibility of the follow up. They liked being able to choose between having contact with other parents at the parents drop in group, contacting the service with a

phone call for a particular issue, using the leavers pack and being able to repeat the course. The knowledge that there was support still available after the 10 week course was of great comfort and help:

‘There’s the parent support group, the continual phone calls and even this now, 6 months later. It is great to know you want to know what we think – rather than you have done the course ‘bye bye’ carry on with your life.’

This was particularly valued by parents whose children were having difficulties at school.

### Leaving Pack

Upon completion of the course all participants found the leavers’ pack containing numbers of local help agencies and sign posts to further information a useful resource, although not everyone had used it.

‘...it’s good to be guided down the right road – to know who to go to.’

### Parents support group

Not all the parents were aware of the parents support group that meets once a week. Parents who had not attended the support group said it was good to know it was there and that they would drop in at some point. Parents who had attended the support group said they found it a good source of follow-on support.

### *Things that help attendance: flexibility*

Most of the parents had busy lives and have to juggle family life, giving extra support to their children, and work commitments with little time for anything else. In these circumstances a key aspect of being able to attend a course was that it was flexible to different work hour patterns and the unexpected occurrences that arise with busy family life. A flexible course meets parents needs and people who worked shifts or irregular hours stated that they would not have been able to benefit from the course if there were set hours of attendance. Parents who missed one or two sessions welcomed the opportunity to be able to catch up on the material through attending a session on an alternative date.

‘If you miss a couple of sessions, you do lose the momentum. It is important to attend as many as possible.’

All focus groups discussed whether flexibility upset the dynamics of each group. The respondents felt that course participants should be told why some people were joining the group on a particular week and that it was important to have a course that can be accessible to people who may not be able to attend regular sessions every week.

‘I know one or two in the last course ...were first timers and they found it sometimes disruptive that some people didn’t come every week. But when they understood that some couldn’t make every week – then they were OK.’

### Section 3: Problems experienced by Parents with inter agency working

Parents talked about issues which affected their day to day experience of family life. These issues can not be addressed by a parenting course, but could be partially solved by firmer joint agency working. Specifically these issues covered the difficulties parents had in finding parental support and overcoming the stigma of needing parental support.

#### *Problems of Finding parental support and Referral Processes*

All the groups talked of the difficulty in accessing help with their parenting roles. The consensus was that there was a lack of joined up working and a lack of professional knowledge about the Barnardos service within health, social services and education services. Many parents felt that it was their own motivation to seek help that had led them to the Barnardos service:

‘The support is not there. You have to be proactive which is a very difficult thing to do when you are sort of down there on the floor. If you don’t have support from friends and family it is so difficult to be proactive – to get up in the morning and crack on with the phone calls.’

Three parents referred themselves onto the course by actively looking for help and hearing about the course or seeing leaflets. These parents said publicity was not sufficient for self referral.

All of the groups commented upon their relationship with social services, health and education.:

#### 1. Social Services

Three parents were referred to the course by ringing social services for help and receiving the Barnardos phone number. None of the parents had had any follow up by social services or received any other help:

‘I rang SS and ...because I needed help they just gave me the phone no. There wasn’t any follow up ‘how are you doing? Did you contact B’s?’

Parents concern was that the lack of follow up from social services seemed like a lack of care in their children’s welfare and a lack of interest in the difficulties they were facing. Only a few of the parents spoke of having direct contact with social services.

#### 2. Health Visitor and health professionals

Two parents were referred via their health visitors. However, some parents said that:

‘Sometimes you don’t want to approach health visitors because they’re official aren’t they.’

Six parents found that health professionals, particularly G.P’s, did not seem to understand their family difficulties or acknowledge the stress they were experiencing. Some doctors’ advice did not make sense to parents, but parents felt they had to follow the advice given by professionals. In one instance this has resulted in:

‘...after a year we’re seeing somebody [medical professional] who might be able to help us - they pay him £2 a day to be good.’

Generally parents stated they had received more support, advice and understanding from the Neath Port Talbot Parenting Matters than from statutory agencies:

‘I sat in my doctor’s surgery last year and I said, I’m not leaving here until you get me help. It’s either that or I leave my child ...When I took him back to school that day – we went

to see the headmistress. She said get in touch with Dr. Barnardos'. I said yes, anything that will help me. It took me 3 months to get an appointment at the hospital. The help we've had is from here...'

### 3. Education

Three parents were referred via the primary schools that their children attended. None of the parents who attended the course for parents with teenagers had been referred by secondary schools. Parents want to work with the schools for the benefits of their children but said the following obstacles limited them being able to do this effectively:

- lack of support from educational services

Most of the parents had children who were or had experienced difficulties at school. They were not critical of teachers, but outlined how they felt they were not working with the school. Some parents felt judged as bad parents by schools because of their children's behaviour and there was consensus that the teaching profession needs more generic understanding about dealing with challenging behaviour.

'I'd like to see the teachers doing the course. They are quick enough to send you but they themselves don't seem to be able to handle the kids.'

'The head teacher told me to do the course for a third time (I'd already done it twice!)...'

Parents said education support starts with an assessment process undertaken by a SENCO, who often does not know the child. One parent was dissatisfied with the result of the assessment because it seemed so inaccurate:

'the assessment has come back that at 10 years of age, he's about half his age in everything. He's got no coordination, balance – nothing and yet he can ride down the road on a two wheeler bike! If he had no coordination he wouldn't be able to do it!'

- Schools work to Different strategies

In some instances, schools did not work with parents to implement strategies from the course, even when they have referred parents to the course:

'They [the school] have their own way of dealing with things and you come along and say that you are doing this at home because you've learned it at Barnardos and they are like well we have our way of doing things. It gets confusing for the child when there are different rules.'

- Schools wait for incidents

One common source of difficulty was schools waiting for major incidents to occur before they deal with underlying behaviour:

'With XX [my daughter]– they waited until there were 3 or 4 bullying incidents but they didn't come to me to tell me there was a problem ...they waited for something major to happen and another parent to complain before they came to me.'

This results in a child having gathered negative labels because of their behaviour before any help is sought or given by education services, affecting peer relations and the child's experience within their school and community, which parents feel helpless to address:

'I had to take him over the baths one day – he asked me to take him over so he could say 'happy birthday' to this boy. Everybody in the class was there bar him. He walked in,

called the boy over, said 'happy birthday' and walked back out. It may seem like nothing to everybody else .....

- **Bullying**

Some parents said their children were being bullied and other parents explained their children would hit other children or be provoked into bullying. A few parents said that their children's behaviour changed during the summer holidays and spoke of their children 'being back to their old ways' once term began, linking this to bullying. Regardless of the exact peer dynamic, there was universal concern because parents felt powerless to act on bullying issues, but felt schools did not address the peer dynamics surrounding bullying adequately, particularly in circumstances where children were provoked, absent from school or displayed problematic behaviour in school.

#### *Overcoming the Stigma of parent Support programmes*

Parents were aware of the stigma in receiving support for parenting skills and the feeling of stigma had to be overcome before parents felt able to attend the course:

'I am not ashamed that I need the help. A lot of people do though. A lot of people don't ask for help because there is that stigma 'people will see me as a failure'.

'Nobody wants to admit they've got a problem with their child. I didn't want to at first. It's frightening to turn up, not knowing what to expect.'

Stigma could be reduced if it were more universally recognised that parents sometimes need some help and support.

'I honestly think every parent should do this, whether they've got problems or not!'

'If children are treated as a 'nuisance' they behave like a nuisance. Then they are stigmatised. Society as a whole would benefit from something more constructive happening – more across the board.'

The parents were also aware that stigma was directed towards certain groups of people, specifically young parents and lone parents.

'I expected everyone to be single parents, from what the health visitor was saying to me. There was married couples, grandmothers. We were all welcome.'

The service has successfully supported parents to overcome these stigmas through creating a trusting atmosphere at sessions and sharing personal experiences. However, these comments do suggest that more universal and accessible parental support services would reduce stigma and be widely beneficial to communities.

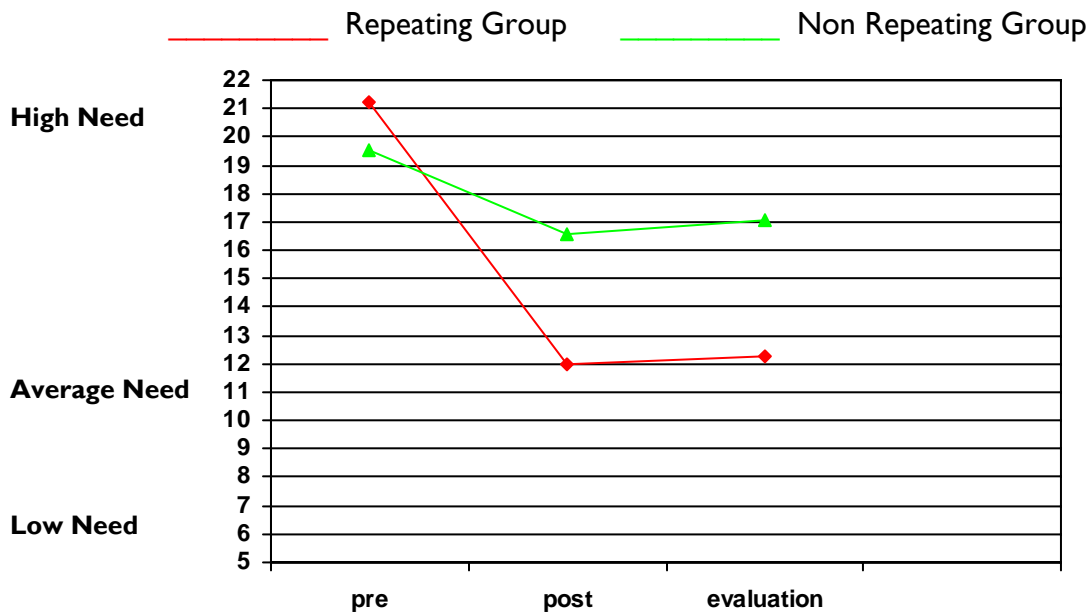
## Section 4: Benefits of the Course

The service has been using the Strengths and Difficulties questionnaires with parents as a method for internal evaluation. They compare the scores of the questionnaires the parents complete at the beginning of the course to those at the end of the course. The questionnaires allow the scores to be categorised into high need, average need or low (normal) need. The higher the child scores the more difficulties the child and family are considered to be experiencing. For the evaluation we have also compared their SDQ scores at the time of evaluation. This allows us to establish whether any benefits of the course are enduring over time.

In order to establish whether the benefits of the course could be measurable we set up a control group. The control group consisted of six children who were on the waiting list for a service. They had completed an initial SDQ and were asked to complete a further SDQ after being on the waiting list for a period of time. These parents had expressed a need for parenting intervention but at the time of this research had received no support. By comparing these scores we can conclude that any changes over time in the evaluation group SDQ scores are due to intervention by the Neath Port Talbot parenting matters service. Those who experienced no intervention still remained in need whereas those who had received support by attending a parenting group had lower levels of need. This is demonstrated in the SDQ data. There was only a difference of 3-4 points between the control group and the parenting group's SDQ at the initial contact point with the service. However, after the parenting group completed the course and undertaken an SDQ at the point of evaluation this difference had widened to a score of 10.7. This is significant because prior to the course parents in both groups had similar judgements of their children's behaviour but after the course the control group judged their child's behaviour to be much worse than those in the parenting group. The statistical analysis for these figures is contained in appendix 3 figures 2 and 3.

### *Benefits of Repeating the Course*

The SDQ scores, detailed below, show a greater fall in total scores for parents who had repeated the course. The total scores for parents who had repeated the course fell from the "high need" category to "low need", whereas scores for parents who had attended the course only once remained in the "high need". Repeating the course seems to be beneficial because parents report their children's behaviour as showing greater improvement. The mean (average) scores are, however, taken from a very small number of questionnaires (4 repeating, 11 non-repeating). The parents who repeated the course had a higher total score at the beginning or the parenting group suggesting that parents who were experiencing greater problems with their children felt a need to repeat the course.



Five parents had repeated the course with one having undertaken it three times and they were all positive about being able to repeat the course. They explained that:

‘The first time I went for ten weeks I sat and cried and once I did it again I think I took in a lot more.’

‘The second time round you take in a lot more and you are stronger. You can try those strategies out. The first time you try it the once and it didn’t work. The second time round you try it again and again and it works.’

A lot of material is covered in 10 weeks, and parents found it hard to understand and implement it in that timescale. Repeating the course was perceived as a way of receiving more help because support was still needed after 10 weeks.

‘You never have to leave – you can always come back, any time. Otherwise you’re going to get to the 10<sup>th</sup> week and think – ‘oh my God! – the end’.’

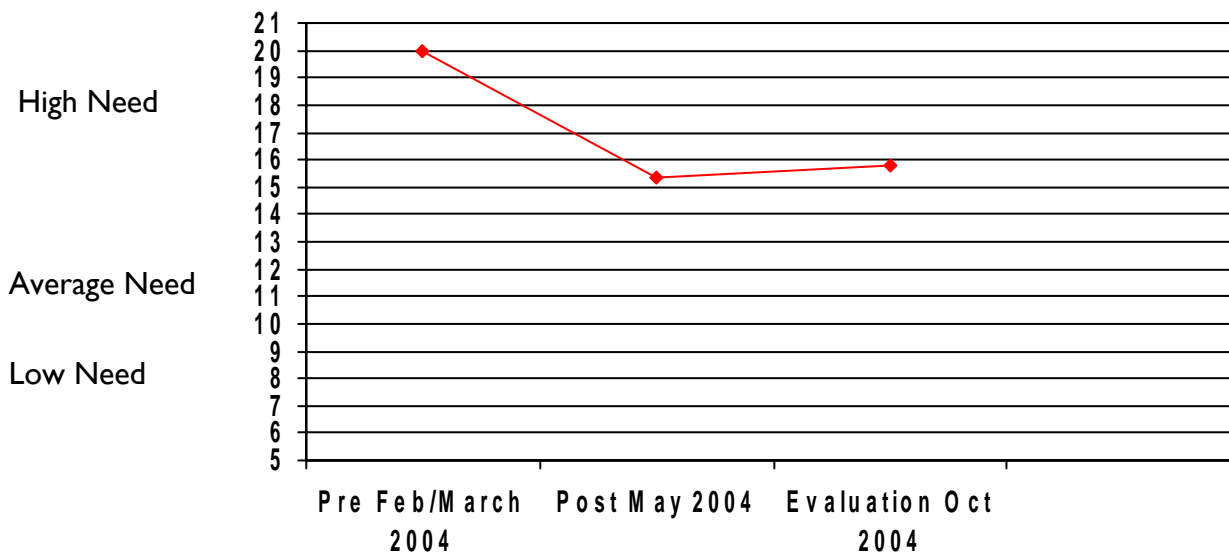
‘...the only thing I didn’t like about it [the course] was like ‘at the end’ – you finished it and you hadn’t actually put it into practice – so you had to come back.’

#### *Building confidence and Communication*

The graph below illustrates the total SDQ scores. As we would expect it shows a considerable fall in scores after completion of the parenting course, and although it rises again at the point of evaluation it does not return to the height of the pre-group score. The total pre-course scores fall into the lower end of the “high need” category and then drops into the “average need” category upon completion of the parenting course. The total scores remain in the average need category at the point of evaluation. We wanted to look at the scores at the point of evaluation to see if the

benefits of the course were enduring. It appears that parents rate their child's behaviour as improving upon course completion and behaviour continues to show great improvement at the time of the evaluation, almost six months after the course was completed. The scores do increase very slightly at the time of the evaluation but only very slightly. This pattern is to be expected, as with any course, memory deteriorates and enthusiasm wanes causing a slight drop in success. The parenting course appears to be successful, in the long-term in improving the parent's views of the behaviours of their children. These results are based upon parent ratings and not upon child ratings or other measures of children's behaviour, such as teacher ratings. The results demonstrate that the parenting course is successful in meeting its aims of improving the parent's views of their child's behaviour and consequently improving their relationship with the child.

Total SDQ Scores



We have examined the scores for the individual categories of behaviour determined by the Strengths and Difficulties questionnaires (the individual differences can be found in appendix 1). The results of this individual analysis should be assessed with caution. It is very difficult to conclude from such a small number of scores which aspects of behaviour the course was most successful in improving. We have also looked at the scores to show what aspects of behaviour were causing the most difficulties for the parents at the beginning of the course. This information may be useful for the staff team to bear in mind for future course development. The course appeared to be highly successful in improving parent ratings for both levels of hyperactivity and conduct problems, which parents felt were the main problems they faced concerning their children. It was less successful in improving emotional symptoms and peer related problems, however, parents felt that they were in less need of change, for both scales. Additionally the issues of peer relations and emotional problems are likely to be linked with other agencies, such as education. Parents rated their children as displaying a high level of pro-social behaviours prior to attending the course, which follows that there is little room for improvement on this scale.

All the parents except one felt that the course had increased their self confidence and changed their family relationships.

‘It has given me a great sense of confidence in myself as well that I’m not all bad.’

‘We tend to forget what they do that’s good – we focus on the bad behaviour and I notice that she [daughter] does do good things and I say ‘well done’ ‘good girl’. I’ve got to take a little bit more time to get through to XX [daughter] for her to understand me better.’

‘we’ve come to the stage now where she said to me the other day: ‘if I could just finish for a moment’. So I said ‘yes, sorry, of course’ and I just let her finish and then I spoke. So she’s getting from me some of the patience and skills of listening’

Participants felt that they had learnt tolerance and patience which had had an impact upon their family life, not just the relationship between themselves and a particular child:

‘I feel like I’ve become more tolerant and he has too. I didn’t realise that it wasn’t just effecting me, but him and my two eldest. It helped about stopping and thinking before reacting (acts angry) – that doesn’t solve anything.’

‘I have learnt to listen instead of ‘telling them’ and trying to work a way between us to sort something – instead of just saying ‘no you can’t have it’. Explaining why they can’t have something/why they can’t do things.’

Importantly, parents acknowledged that children’s behaviour may not have changed, but that their own ability to understand and manage their children’s behaviour had changed. In the longer term children were happier and parents realised that children’s emotions and communication were dependent upon their own communication styles:

‘...she’s doing little things for me and I’m appreciating them more and so in return she tends to appreciate me more.’

‘I found when I was at my lowest XX was worse behaved. I found if I was in control of my feelings and what was going on with me during the day, I could cope better when they got home with what they had been through that day.’

‘What I got out of it was learning how to cope with how I felt. – XX [son’s] behaviour didn’t particularly improve from it. I stopped sitting there crying feeling ‘this is my fault.’

## Section 5: Parents Suggestions for Improvements and Project Developments

Parents had many ideas for what would improve the service further and how the project could be developed.

*Better communication: in Outreach, referrals and publicity*

Outreach and publicity channels could be improved by:

- Better advertising

Using leaflets placed in local statutory and voluntary services. Advertising should include some information about the course content. There was an appreciation that the service may not be able to accommodate more service users and that there is virtually no other form of parent support programmes in the area.

- Outreach to schools

Undertake face to face contact with schools so teachers are more knowledgeable of the service. This would aid joint agency working and may reduce some of the tensions parents experience with some education services.

- Extend catchment area

Extend the service so there is cross county support, particularly to Swansea and the Carmarthenshire border.

- Improve communication regarding post course support

A minority of parents (approximately a quarter of the research total) did not know about the parent support group. Although parents admitted they may have been told about the group they did not have this information. Follow up support could be explained through a letter in the leavers pack. This letter could also explicitly invite parents to contact the service if they felt they wanted further support.

*Joint Agency working, particularly education*

There was strong support for the project to include some work with schools in the Neath Port Talbot area. Parents pointed out that if:

‘...it was a parent/teachers course so everyone is singing from the same hymn sheet then. To be able to try the same strategies at school. Teachers could come along as well’

‘Maybe you could call the workshop ‘Parenting Crisis – how you can help’.’

‘I think teachers should come – some of the strategies used in the course could be used by teachers.’

Parents suggested that their children’s behaviour may not have changed, but that their ability to cope and communicate with their children had improved from being on the course. If the course included work with schools, teachers could use the same strategies that parents used, possibly diminishing the negative labelling and experiences that many of the parents and children had experienced.

*Support and work with children programme (to be simultaneous to parent support programme)*

There could be support available to children that would be simultaneous with the parent support programme. One parent drew on her experience of Scotland:

‘Up in Scotland she had the school psychologist, family centre and she had the one on one and I was getting nothing, come down here then there was nothing for a while and then I got involved with B’s and I was getting the help and she wasn’t getting nothing.’

The consensus was that there would be more successful outcomes if children were worked with alongside their parents, taking a holistic family approach to behaviour management. It would be:

‘More comprehensive – it would cover everything then. It’s not just you then – they are learning strategies outside the family unit.’

Work with children and young people could compliment extending the project’s work into schools. Parents thought that this would have more lasting impact on changing their children’s behaviour as well as contributing to positive experiences of school and peer relations.

### *Buddy Volunteers*

It was suggested that the role of volunteers could be extended to have buddy volunteers. This could be another method of support on offer from the service.

‘With more volunteers, you could have someone allocated to you as your person. Maybe you wouldn’t want to call Norma or Karen but sometimes you could call this other person’

### *Groups for Specific Audiences*

The parents we spoke to were overwhelmingly female and white. There were suggestions to amalgamate the teen and pre-teen groups and run men-only sessions so the men would feel comfortable and have more focus upon material relevant to fathering. This should be on offer to male family members, as well as fathers, enabling men to develop more parenting skills. This would have to be attractive to men and could be held in a pub or on Saturday after rugby.

The researchers add that some consideration should be given to working with an organisation to support parents from ethnic minorities to access the service. MEWN Swansea has an outreach worker for Neath Port Talbot area and outreach could be made to this, or a similar organisation, because of the under representation of parents from minority ethnic cultures.

Steps should be undertaken to increase the number of parents with disabilities to access the service and the researchers suggest initial outreach to the Centre for Independent Living in Port Talbot.

### *Staged courses*

Many parents spoke about repeating the course because they could not take everything in the first time around. Given the low levels of self esteem and confidence at the start of a course, some parents said that they would welcome more sessions on these issues before advancing into parenting strategies. The following course structures could be developed:

- Introductory course- to be held after the one to one contact session focusing upon parents’ self esteem, confidence and assertiveness.
- Maintain the current 10 week course as all the evidence suggests it works.
- A follow on course that picks up some of the ideas raised in the 10 week course. This would be useful for long term support while parents are implementing the strategies that they had learnt. This course could focus upon long lasting difficulties that parents were experiencing and more on child psychology.

## APPENDIX 1: SDQ SCORES ACCORDING TO GOODMAN'S 5 SCALES

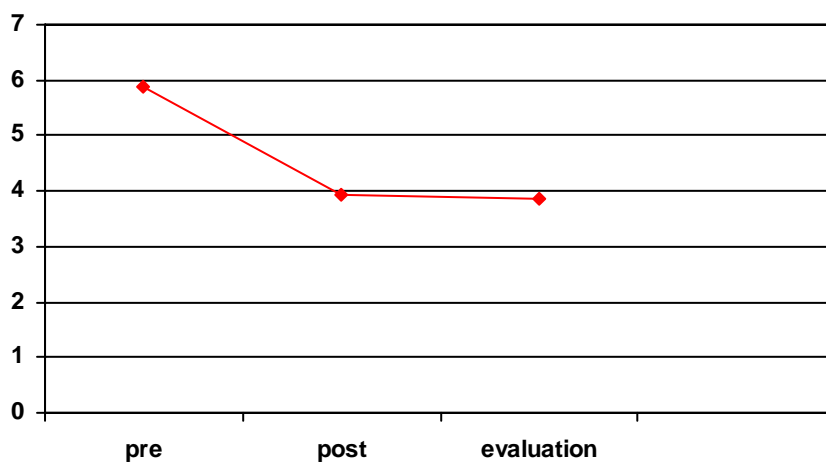
### Graphs from The Five scales of Goodmans SDQ

As stated previously these results are to be assessed with caution. These results are based on the scores from only sixteen parents and it would be unwise to assess the success of the course on improving behaviours completely using only these scores. All of the following graphs show trends that suggest the parenting course is successful in lowering problematic behaviour. However, it cannot be established completely as to whether children's behaviour has actually improved or whether parents' ability to manage their children's behaviour has changed. Either way, the following graphs suggest that parents are gaining from undertaking the course run by Neath Port Talbot parenting matters.

#### *Conduct Problems*

E.g. Often lies or cheats

Often has temper tantrums

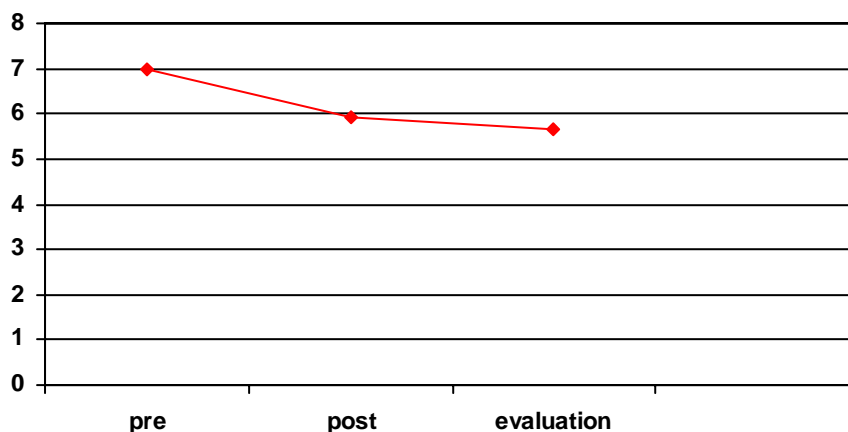


The graph demonstrates an approximately 25% reduction in scores from pre-course to evaluation. Parents consequently felt generally that their child/children's conduct problems decreased post-course and continued to decrease slightly. The mean conduct problems score at baseline was, however considered as within the normal range (based upon the average scores for the general population).

#### *Hyperactivity*

E.g. Constantly fidgeting or squirming

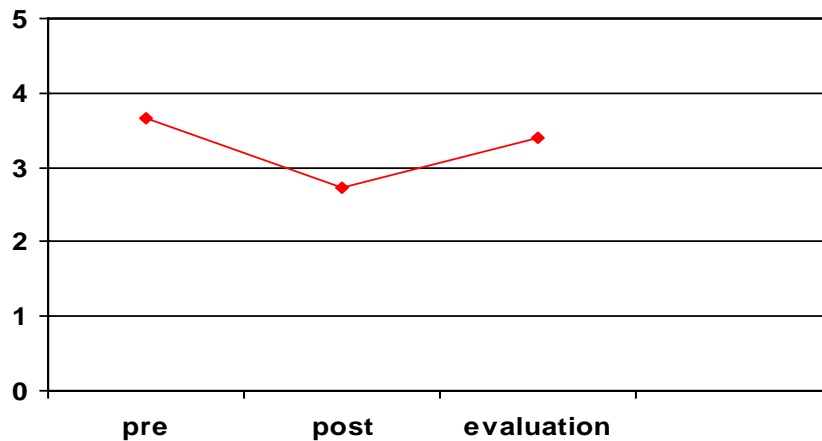
Restless, overactive, cannot stay still for long



This graph shows a fall in mean scores over time. Parents therefore felt their child's hyperactivity and inattention decreased continually from pre-course to the point of evaluation. The scores fall from the abnormal range (high need) to being in the normal range.

#### *Emotional Symptoms*

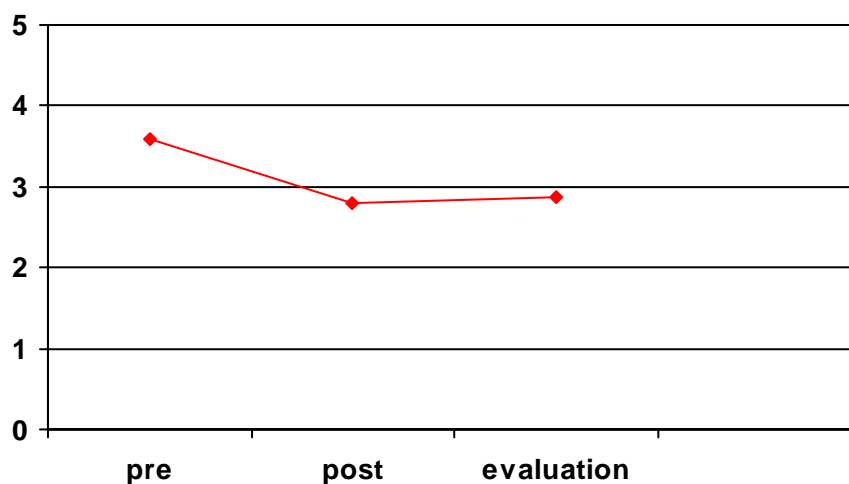
E.g. Many worries, often seems worried  
Many fears easily scared



This graph shows a reduction in parent rated scores of emotional symptoms upon completion of the parenting course and then increasing by the point of evaluation, almost to point of baseline (pre-course score). The baseline score, however, already falls within the "low need range", suggesting that parents within this evaluation felt their children had few emotional problems. The increase in parent reported emotional problems may be due to the development of a more open relationship with their children and consequently the children feeling able to express emotional problems with their parents. It may also be due to completely unrelated events which may have occurred after course completion, such as difficulties with school. A number of the children were in the adolescent age group which may also explain a fluctuation in emotional symptoms scores.

#### *Peer Problems*

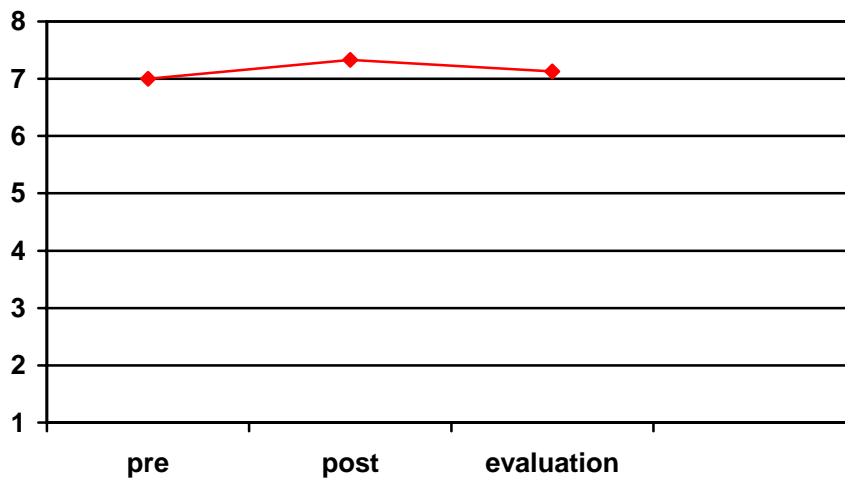
E.g. Rather solitary, tends to play alone  
Picked on or bullied by other children



The graph demonstrates that parents rated their child's peer related problems as decreasing post-group. The scores increase slightly at the point of evaluation, but not to the point of baseline. Again, these scores, even at baseline are low – meaning that parents generally felt their children had few peer problems. This score may have fluctuated as this scale is somewhat unrelated to parenting, but based upon peer relationships.

### *Pro-Social*

E.g. Considerate of other people's feelings  
Shares readily with other children



Unlike the other scales, higher scores show a more positive result on the pro-social scale. Parents rated their children as displaying high levels of pro-social behaviour, even at baseline. The scores increase at the post course measurement and then revert almost completely back to baseline score at the point of evaluation. The increase may be due to parents feeling greater positivity toward their child at the end of the course – due to the increase in positive interaction. Also, the course encourages parents to be positive and focus upon their child's positive behaviour and this positive focusing may deteriorate after course completion.

## APPENDIX 2: EXAMPLES OF PARENTS LEARNING REGARDING WORKING POSITIVELY WITH THEIR CHILDREN'S BEHAVIOUR

### Examples of Using Strategies

Below are examples, given by parents who participated within the evaluation, of using the strategies they have learnt. These examples offer some insight into how course participants have gained a solution focus and how they are trying to create positive relationships with clear boundaries between themselves and their children.

#### Example 1: Learning to Establish Boundaries

'The one that works for me is 'you've upset me now' and just go in the other room and don't say another word and he might still be 'yap, yap, yap' and I just shut the door. Then guaranteed within half an hour, he's in the room – 'I'm sorry dad' and I haven't had to say another word! I haven't got to shout, or scream – just shut the door and leave him carry on. Then you hear him go quiet and the door opens .....That works very well.'

'I like the idea that if you start off shouting, with an ultimatum, there's nowhere else you can go. If you start off speaking with a suggestion, you can move towards a realistic ultimatum and a compromise.'

'You say 'now you've got 3 minutes before you go to bed' – if he won't go and it goes into a programme that he likes that's 3 minutes less of a programme that he likes next time. You put an egg timer where he can see it and he can see it ticking down. He just goes then...To get him to go to bed was a nightmare – riots- but now he knows what time he goes to bed – at the weekend, as a treat, he stays up.'

'he was going through a phase of hitting me all the time and one of the mums said when he does it say Jackie Chan. If I shouted at him he would have to say something like Robbie Williams to me. We tried it and we both ended up in hysterics. Do you know what he doesn't hit or kick any more. It's such a simple little thing but to me it has made all the difference in the world.'

#### Example 2: Strategies to help understand Children's Behaviour

'One visual aid was marvellous. It was a tank with positive energies going in and positive and negative energies coming out. You just think of course – It's common sense. It was a really simple diagram. You do get out what you put in. If you tend your garden, you weed, you water and sunshine, if it is deprived of water or sunshine it isn't going to flourish. Things like that are really simple.'

'I felt the spices are a really big eye-opener. Sometimes we really expect too much – whether it be their physical size or their actual age. I was overwhelmed by that- it was something I had never thought about and it was like whoah I have been expecting too much of her...'

## APPENDIX 3: STATISTICAL ANALYSIS OF THE GOODMANS SDQ SCORES

Figure 1

## Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Parental Total 1 – total 3	4.200	4.799	1.239	1.543	6.857	3.390	14	.004

From the above figure, one can see that there is evidence that the individuals' scores before the intervention and at the time of evaluation are significantly different as the significance is less than .05. The initial scores are on average 4.2 points higher than the scores taken at the end point.

## Independent Samples Test

Figure 2 control group versus parenting group

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
total 3	Equal variances assumed	.059	.811	-2.835	19	.011	-10.700	3.774	-18.599	-2.801
	Equal variances not assumed			-2.659	8.195	.028	-10.700	4.024	-19.942	-1.458

**Figure 3 control group compared to parenting group****Group Statistics**

	group	N	Mean	Std. Deviation	Std. Error Mean
total 3	parenting	15	15.80	7.495	1.935
	control	6	26.50	8.643	3.528

The above figures demonstrate that the means of the total scores of the control group compared to the parenting group are significantly different. The mean scores of the control group are on average 10.7 points higher than those of the parenting group at the point of the evaluation. In terms of measurable outcomes, these SDQ scores show that the intervention of the Neath Port Talbot Parenting Matters project has benefited parents.

**SUMMARY**

This study sought to evaluate parents' experiences of parenting groups using both qualitative and quantitative data.

30 parents who attended parenting courses for behavioural difficulties in Neath Port Talbot in the spring of 2004 were invited to take part in a survey in September 2004. Although only 16 parents responded, they appear to be a representative sample from the parents who attend these courses, in terms of ages of the children (from 4 years to 14 years of age) and the severe difficulties that they were encountering.

For the quantitative data, the Goodman's Strengths & Difficulties questionnaire for children was used prior to the start of the course, on completion of the course, approximately 12 weeks later and 6 months afterwards with no intervention from the service. A small control group of 5 children who had a 3-month delay in receiving the service was used to compare the results. These children from the control group had showed slightly more difficult behaviour than the parents who completed the service intervention. At the end of the service intervention (ie: a 10-week group parenting programme) these 16 parents' children had moved out of the high need group with a drop of approximately 5 points. This improvement was held for the 6-month period when there was no service intervention. There was a particularly big improvement from those parents who were repeating the course for a second time. There was no improvement noticed for the control group.

For the qualitative information, 3 focus groups were held and similar themes emerged. Firstly, there was need for support for parents at every stage:

- a home visit before the groups started
- during the course through the use of parent volunteers, peer support and weekly telephone contact with the facilitators between group sessions
- after the course through a Parent Support Group and the Leaving Pack.

The second theme to emerge was the types of intervention with parents commenting on the flexibility in session content, handouts and group size.

Lastly, in talking about their daily life, parents commented on the difficulty of obtaining support which might be helped by better inter-agency work. Of particular note were the difficulties that they had found with the Health, Social Care and Education system with parents commenting on their feelings of lack of support from these services.

The 16 parents were aware of the stigma in receiving support for parenting skills and felt that this could be reduced if it were recognised that all parents need some help and support. It is suggested that more universal and accessible services would reduce stigma and be widely beneficial to communities.