The value of evaluating parenting groups: a new researcher's perspective on methods and results

Judy Cabral RGN RSCN RHV MSc Freelance Specialist Health Visitor

Correspondence: judy.cabral@tiscali.co.uk

Key words

Child behaviour, evaluation, parenting groups, self-competence, self-esteem

Abstract

The aim of this research project was to evaluate the impact of the Solihull Approach Understanding Your Child's Behaviour (UYCB) parenting groups on the participants' parenting practice and their reported behaviour of their children. Validated tools that met both the Solihull Child and Adolescent Mental Health Service (CAMHS) and academic requirements were used to establish what changes, if any, in parenting practice and children's behaviour (as perceived by the parent) occur following attendance of a UYCB parenting group. Independent evidence of the efficacy of the Solihull Approach UYCB programme was collated. Results indicated significant increases in self-esteem and parenting sense of competence; improvement in the parental locus of control; a decrease in hyperactivity and conduct problems and an increase in pro-social behaviour, as measured by the 'Strength and Difficulties' questionnaire. The qualitative and quantitative findings corroborated each other, demonstrating the impact and effectiveness of the programme and supporting anecdotal feedback on the success of UYCB parenting groups.

Community Practitioner, 2013; 86(6): 30-33.

No conflict of interest declared.

Introduction

It is widely acknowledged that a failure to meet a child's early needs can affect his or her emotions, behaviour and future development (Vigil and Geary, 2006). If these problems are not anticipated and prevented as early as possible, they may become severe and affect the part the child plays in society (Sutton, 2006); with an implied impact on the social, welfare and justice systems (Field, 2010). There is also ample evidence from the nature–nurture debate (Hawley, 2000) and ongoing research into children's brain development (Schore, 2001) to conclude that poor parenting negatively affects the child.

Parenting groups are an effective way of providing parents with the help and guidance they need to address what has been termed 'normal behaviour issues' (Morowska and Saunders, 2007) or predictable spurts in development (Brazelton, 2006). However, most of the evidence relating to the benefits of parenting groups has been found to be anecdotal and more rigorous research is required (Barlow et al, 2010) to substantiate the benefits delivered and to ensure the continuance of parenting programmes in these financially challenged times.

Research objective

The objective of this research was to identify and evaluate the impact attending a parenting programme had on parenting practice and the parent's perception of their child's behaviour.

The Solihull Approach Understanding Your Child's Behaviour (UYCB) parenting programme was selected for the evaluation, as a campaign of these parenting groups was about to be run in the Solihull area providing a chance to collect primary data.

The UYCB programme focuses on relationship building and has three core psychotherapeutic elements that appear

to benefit participants: containment, reciprocity and behaviour management. Earlier research reported that it reduces both parent and child anxiety as well as parent-reported child behaviour problems (Bateson et al, 2006).

The north of Solihull in the West Midlands is a deprived area with high unemployment, poor educational achievement, many single parents and high rates of domestic violence. All of these are indicators for poor parenting, brought on by the additional stresses the residents have to cope with (Sutton, 2006). As a result, these groups were an ideal source to gather information.

Having worked for Solihull Child and Adolescent Mental Health Service (CAMHS) before moving to Aberdeen and becoming familiar with the UYCB programme, selecting it for evaluation afforded the combined benefits of a thorough understanding of the programme content with separation from the process (both organisational and physical distance).

Hence, the dissertation project afforded an opportunity to carry out research as a remote and informed as well as impartial (unpaid), independent (free from the influence of office politics and colleagues) evaluator of the information gathered.

Being objective

The challenge in social research is often to determine exactly what information is needed to prove a hypothesis, to find a way to capture this and to then measure or quantify the findings in an objective, unbiased and meaningful way.

The literature review established that self-efficacy and a sense of competence (Gilmore and Cuskelly, 2008) together with self-esteem (De Montigny and Lacharite, 2004), were key enablers of emotionally nurturing practice. Within parenting research low self-esteem is associated with a low mood state that leads

to the parent having low aspirations and feeling ineffective in their parenting role. This, in turn, can lead to harsh and punitive parenting practices (Sutton et al, 2004), which can affect a child's emotional, physical and social development.

The review undertaken also identified high self-esteem as being associated with positive attachment styles (Schmitt and Allik, 2005) and being positively correlated with nurturing but authoritative parenting styles (Furnham and Cheng, 2000).

Obtaining valid impartial data requires careful evaluation of options before the methodology is adopted. Both ethical and practical considerations have to be taken into account when selecting the techniques and instruments used. Beyond the need to prevent distress to participants and ensure the confidentiality of information collected (in line with current good practice that all institutions and organisations now require) there were constraints imposed by the nature of what was to be achieved.

The most vulnerable and troubled sections of the population with the greatest need for parenting support are also among the least literate. This meant the information-gathering process needed to be sensitive to their abilities while still collecting comprehensive data; there was a simultaneous need for succinctness and simplicity.

There is truth in the statement 'Data not captured is an opportunity lost' but, equally, 'questionnaire fatigue', 'facilitator overload' and 'researcher enthusiasm' are genuine problems that had to be considered. Consequently, the information to be collected, collated and processed needed to be specific and limited so that none of the participants (parents, facilitators nor the researcher) were overwhelmed by its volume or complexity.

The use of well established, standardised and validated questionnaires can facilitate the comparison of results with other related published studies. They can be a valuable starting point, but they are not always appropriate to the work to be undertaken. While their use can permit comparative evaluation of the findings, careful analysis of the areas of focus and approach adopted is required to ensure that their conclusions are pertinent. Something as simple as differences in the number of divisions on the Likert scale used can invalidate assessments.

The cost of these, often copyrighted, research instruments can be significant, particularly when programmes expand and grow, and the substantial number of free-to-use validated questionnaires available on the internet should not be overlooked.

Another important factor in the cost of the research process is the resources that need to be deployed. The data collection process requires effort and time that would otherwise have been used to deliver content. Additional researcher and facilitator time needs to be factored into the resource requirement projections. Processes should be kept as simple as possible and good preparation at the outset will have immediate as well as long-term benefits for the research.

Research methods

Relevant permissions and approvals to proceed with the research were sought and obtained from the various institutions (university, NHS unit and Solihull Approach team) as well as the individuals involved. Data protection and confidentiality measures taken included anonymising data at the point of collection, storing data in a secure manner and ensuring that the information held was treated with respect at all times.

The limited academic capabilities and literacy skills of a substantial number of the participants were key considerations. To avoid data distortion, a significant effort was made to ensure that the language and grammatical structures used in the questionnaires were simple and unambiguous. In practice, despite efforts to ensure the statements were straightforward and support was provided by the facilitators, participants reported problems completing the questionnaires. This highlighted the problems these parents must experience accessing advice and information in the public domain - something most people take for granted.

As this was a first attempt at research and being remote from the parenting group sessions affected the ability to be involved in the data collection exercise, it was decided that the questionnaires would only be administered at the beginning and at the very end of the 10-week programme. This lack of intermediate data meant that the benefits of each session and the time taken for material covered to have an impact were not captured. In future programmes data will be collected at interim

"

THE QUALITATIVE QUESTION-NAIRES RESULTED IN A VARI-ETY OF RESPONSES, WITH A DEPTH AND RICHNESS THAT COULD BE ANALYSED AT A NUMBER OF LEVELS

"

stages (based on the further analysis of this research).

Not being a sponsored study, with a potentially large number of participants, freeto-use, validated questionnaires were selected. Two of the questionnaires - the Rosenberg Self-Esteem (RSE) scale (Rosenberg, 1965) and the Strengths and Difficulties (S&D) questionnaire (Goodman, 1997) - had previously been used in a similar parenting study based on the Incredible Years (IY) programme, reported on by Patterson et al (2002) and Stewart-Brown et al (2004). Other instruments selected were the Parenting Sense of Competence (PSOC) questionnaire (Gibaud-Wallston and Wandersman, 1978) and a self-developed, qualitative questionnaire with four, short, open questions devised to allow participants to express views in their own words.

A decision was taken to collect both qualitative and quantitative data, primarily as an exercise to observe the difference in the quality of information. The experience was enlightening; the qualitative questionnaires resulted in a variety of responses with a depth and richness that could be analysed at a number of levels (eg, literacy, level of engagement, warmth of the relationship with the child/partner, etc), something the established quantitative questionnaires could not provide. They provided an insight as to how the content had been internalised and adopted by the parents, supporting the recommendation that intermediate data should be collected in future.

Results

Access to the information from the 'start of programme questionnaires' at the beginning of the course could have been incredibly useful to the group facilitators. Analysis of the data provided a snapshot that succinctly

Table 1. Changes in mean scores for overall population				
Results for overall population	Mean scores At start	At end	Standard deviation	P-value
Parenting Sense of Competence questionnaire	52.59	63.24	7.44	<0.001
Parental Locus of Control questionnaire	26.41	21.71	6.42	0.003
Rosenberg Self-Esteem Scale	29.47	33.35	4.78	0.001
Strength and Difficulties questionnaire (SDQ) – hyperactivity	6.2	4.1	2.45	0.029
SDQ – conduct	4.1	3.4	2.5	0.027

summarised the issues and expectations of the participants. These data could also be used to ensure that the participants were grouped appropriately (Segrott, 2007) to ensure effective learning.

While the validated, standard quantitative questionnaires facilitated quicker production of aggregated data (Boynton and Greenhalgh, 2004), enabling the rapid identification of areas of concern and providing an indication of the perceived severity of problems reported, they lacked the richness of the qualitative answers. The responses to four, simple, qualitative questions, where the respondents' answers were not constrained by predetermined choices, provided a surprising level of clarity that was fundamental to being able to explain the nature of the issues reported by the quantitative data collected.

Thematic analysis (Braun and Clarke, 2006), used widely where researchers lack the sophisticated skills and resources required to undertake 'branded forms' of analysis, was key to the evaluation of this qualitative data. Its 'open', 'axial' and 'selective' coding techniques were initially used to develop a conceptual framework from which patterns and trends were identified. While this thematic analysis was time consuming, possibly a reflection of the inexperience and lack of skill of the researcher, it was an extremely rewarding process. It provided an insight into the diversity of problems faced and emphasised the need to both expand and improve the provision of support.

Literacy levels affected the responses, with some parents being able to express themselves more eloquently than others; but those with limited ability used powerful words to describe the impact of the programme. What was surprising was that literacy skills appeared to have a more significant impact on the 'standard validated' quantitative questionnaires where the language and grammatical structures used were found to be challenging, with parents requiring facilitator assistance (potentially introducing bias). In spite of these barriers, attending the UYCB programme resulted in significant change in all the measures used; and were measurable in each of the groups (4) as well as the overall population (21 participants). The results of the paired samples t-tests for the overall population are displayed in Table 1.

This quantitative data corroborated the qualitative findings. Where the overall thematic analysis provided an understanding of the changes that had taken place, the quantitative data enabled the change to be measured by the use of paired t-tests on the pre- and post-data.

Although, initially, most of the parents had labelled their child as difficult to manage, with behaviours including snatching, biting and crying excessively when leaving playgrounds, developing an understanding of their child's needs meant they felt less anxious and able to cope effectively. They became aware that all behaviour has a meaning and is age specific; and the problem behaviour experienced was probably normal for the stage of the child's development. By the end of the course the parents' attitudes were changed, helping them to better anticipate, interpret and respond sensitively to their child's needs.

Successes and benefits

Research provides support from the start. Data collected at the outset enabled the needs of participants to be established, verified and validated, giving the delivery team additional guidance and the opportunity to adapt and tailor content.

The collection and collation of information involves active observation and review of the whole process. This led to new insights and ideas on how to improve delivery of the course, refine/develop materials and content as well as streamline/facilitate the research process itself. While experience has shown that data collection and collation is most effective when undertaken by the research team, it is important that the information is readily available to those who can benefit from it.

Freely shared knowledge never diminishes, but it can grow exponentially to the advantage of all. Advertising and celebrating successes, achievements and benefits provides opportunities for cross-fertilisation, grafting and transplanting of ideas – nurturing greater efficacy and improved practice. Data from this study enabled one of the facilitators to convince the head teacher of a school of the impact that the parenting programme was having on the child of a participant, and the consequential benefits this had for the rest of the class. Without robust information, such opportunities to recruit allies and change impartial bystanders into champions of the cause will never arise.

Recommendations

The best advice received was to keep it simple. Start small and let your research aspirations grow with experience, confidence and self-esteem; just as all good parenting programmes recommend. Give the participating parents a chance to express themselves without the



THE RESULTS OF THE RESEARCH SHOWED THE POSITIVE IMPACT OF THE PARENTING PROGRAMME, PROVIDING EVIDENCE OF WHAT HAD BEEN SUGGESTED ANECDOTALLY

Key points

- The benefits of parenting groups
- Sharing and celebrating success to promote improved practice
- Evaluation of intangible aspects of behaviour, which are difficult to quantify
- Improving parent's competence, self-esteem and improved children's behaviour
- Motivating others as to the positive aspects about research.

constraints of multiple-choice answers and Likert scales. The richness that this freedom from constraints gives the data delivers invaluable insights into what is working well, together with what is required to address unmet needs.

A few unsophisticated questions can yield huge quantities of rich data and this may even be enhanced by the limited abilities of participants. Judging by the number of ways the word 'reciprocity' (a core element of the UYCB programme) was spelt in the qualitative questionnaire, the concept had a significant impact on participants. Even data as simple as attendance figures can be used to evaluate levels of engagement and the perceived relevance/attractiveness of programme content.

Also, believe in, get involved in and remain committed to the process – from data collection through to processing, analysis and dissemination. Support and mentoring is readily available from research veterans in most organisations. Exposure to both the identification and resolution of issues is stimulating, but most critical of all is the dissemination of information. 'Research is politically motivated and exclusive to those who do not share the ideological underpinnings of the research programme...' (Pring, 2000: 1), so there is a duty to ensure the findings make their way to those with their heart and mind in the right place.

Conclusions

The results of the research showed the positive impact of the parenting programme, providing evidence of what had been suggested anecdotally. Participants had greater self-esteem, were more contained, less anxious and their family relationships easier. The various questionnaires, qualitative and quantitative, corroborated each other's findings, signifying that the results were also robust. The value and richness of the qualitative data was a key learning point from the research.

The implications of the findings were that the programme was effective, with

participant competence increasing through the understanding gained. This had given the parents confidence in themselves and their parenting ability. More importantly, this was reflected in the improvement they reported in both their children's behaviour and their parenting practice being more nurturing and authoritative.

This contributed to an immense sense of satisfaction and pleasure in taking part in the process. The Solihull Approach team can report with pride and conviction that the programme has enabled a significant improvement to participants and their families. This research also reinforces evidence of the need to monitor and support parents to ensure that they are coping with the difficult – but normal – stages of a child's development.

Not only did the investigation result in the realisation that rigorous research and robust evidence are critical to ongoing and developing practice, but it has also resulted in an awareness that research need not be onerous and that even intangible abstract concepts like self-esteem, efficacy, sense of competence can be measured and change quantified.

Most important of all is the realisation that a lack of formal research has resulted in there being significant good practice out there that is not being captured and shared among professionals. It is hoped that this article will motivate other professionals to take an active part and undertake similar research and share their findings.

Acknowledgements

The author would like to thank the Solihull Approach team for the data collection and Suzanne Brown for assistance with statistical analysis.

References

Bateson K, Delaney J, Pybus R. (2006) Meeting expectations: the pilot evaluation of the Solihull Approach Parenting Group. *Community Pract* **81**(5): 28–31. Barlow J, McMillan A, Kirkpatrick S, Ghate D, Barnes J, Smith M. (2010) Health led interventions in the

early years to enhance infant and maternal mental health: A review of reviews. *Child and Adolescent Mental Health* 15(4): 178–85.

Boynton P, Greenhalgh T. (2004) Hands-on guide to questionnaire research – selecting, designing, and developing your questionnaire. *BMJ* **328**: 2.

Brazelton T. (2006) Touchpoints: Birth to Three – Your child's emotional and behavioural development, 2nd edn. New York: De Capo Lifelong Books.

Braun V, Clarke V. (2006) Using thematic analysis in psychology. *Qual Res Psychol* **3**(2): 77–101.

De Montigny F, Lacharite C. (2004) Perceived parental efficacy: concept analysis. *J Adv Nurs* **49**(4): 387–96. Field F. (2010) *The Foundation Years: preventing poor children becoming poor adults.* London: HM Government.

Furnham H, Cheng H. (2000) Perceived parental behaviour, self-esteem and happiness. *Soc Psychiatr Epidemiol* **35**(10): 463–7.

Gibaud-Wallston J, Wandersman LP (1978) Development and utility of the parenting sense of competence scale. Paper presented at the meeting of the American Psychological Association, Toronto.

Gilmore L, Cuskelly M. (2008) Factor structure of the Parenting Sense of Competence scale using a normative sample. *Child Care Health Dev* **35**(1): 48–55.

Goodman R. (1997) The Strengths and Difficulties Questionnaire: a research note. *J Child Psychol Psychiatry* **38**(5): 581–6.

Hawley T. (2000) Starting Smart: How early experiences affect brain development. Washington, DC: Zero to Three and Ounce of Prevention Fund.

Morowska A, Sanders M. (2007) Concurrent predictors of dysfunctional parenting and maternal confidence: implications for parenting interventions. *Child Care Health Devel* **33**(6): 757–67.

Patterson J, Barlow J, Mockford C, Klimes I, Pyper C, Stewart-Brown S. (2002) Improving mental health through parenting programmes: block randomised controlled trial. *Arch Dis Child* **87**(6): 472–7.

Pring R. (2006) Philosophy of Educational Research, 2nd edn. London: Continuum.

Rosenberg M. (1965) Society and the Adolescent Self-Image. Princeton, NJ: Princeton University Press.

Schore AN. (2001) Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Ment Health J* **22**(1-2): 7–66.

Schmitt D, Allik J. (2005) Simultaneous administration of the Rosenberg Self-Esteem Scale in 53 nations: exploring the universal and culture-specific features of global self-esteem. J Pers Soc Psychol 89(4): 623–42. Segrott J. (2007) Assessing the potential of the Cardiff Strengthening Families Programme 10-14 (UK) as a national programme for Wales. Cardiff: Institute of Society, Health and Ethics.

Stewart-Brown S, Patterson J, Mockford C, Barlow J, Klimes I, Pyper C. (2004) Impact of a general practice based group parenting programme: quantitative and qualitative results from a controlled trial at 12 months. *Arch Dis Child* **89**(6): 519–25.

Sutton C, Utting D, Farrington D. (2004) Support from the start: Working with young children and their families to reduce the risks of crime and social behaviour. London: Department for Education.

Sutton C. (2006) Helping Families with Troubled Children: A Preventative Approach, 2nd edn. London: Willey

Vigil J, Geary DC. (2006) Parenting and community background and variation in women's life history development. *J Fam Psychol* **20**(4): 597–604.