

# **Evaluation of the Oxfordshire Parent-Talk course, based on the Take 3 Parenting Programme, 2005-2008**

## **Evaluation Report July 2008**

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## **Summary**

### **1. The programme**

Parent-Talk is an Oxfordshire based organisation which offers group and 1:1 courses designed to provide support and skill development to parents with teenage children. This evaluation focuses on the group courses for parents of children between 10 and 19 years old. These are courses of 12 weekly sessions of 2 hours working in groups of 8-12 people. Each group is run by 2 trained and experienced facilitators, working from a programme published under the title *Take 3: skills and strategies for supporting parents to deal with challenging teenagers* (Hill 2008).

#### **The evaluation**

- focuses on gaining the perspectives of parents on their experience of the course, and the impact of the course on their relationship with their children;
- samples from courses that were completed over a three year period so as to tap into the longer term benefits of the programme;
- collects evidence from parents at various stages in the completion of courses to inform discussion about barriers to participation.

The data for the evaluation was collected from:

- i) attending a 12 week parenting course as a participant observer
- ii) attending a facilitators group supervision session
- iii) interviewing people who refer to Parent-Talk and facilitators who run sessions
- iv) interviewing parents who have attended a parenting group or had individual parenting sessions. 50 parents / carers were interviewed (36 women and 14 men), completing courses during the period 2005-2007. Interviewees included mothers, fathers, step parents and grandparents.

### **2. Evaluation findings**

Findings are reported using the following headings:

- i. Who is the programme designed for?
- ii. What is the content of the programme and how is it delivered?

- iii. How are practitioners trained and supported in using the programme?
- iv. What is the effect of the programme?

## **2.1 Who is the programme designed for?**

The programme is classified as a *prevention intervention* drawing referrals from a wide range of services on the basis of the professional judgements of the referring fieldworkers in consultation with the Parent-Talk project manager. Approximately 50% of referrals were coming from health related services and 50% from a range of fieldworkers within children's services. Parent-Talk operates with a selective focus, aiming to support the parents of at risk or vulnerable young people whose challenging behaviour is causing problems for the parents and / or the community.

### **Establishing parents suitability for participation in the programme**

Parent-Talk facilitators contact parents by phone prior to the course meeting and arrange home visits with course members. The phone calls and home visits provide an opportunity to explain how the course runs, discuss issues and concerns and to establish what the parents would like to achieve on the course. Parents frequently referred to the importance of this meeting in reassuring them about the value of the course and helping them to develop the confidence to attend the group sessions.

A feature of Parent-Talk, appreciated by referring services, was the direct contact with the project manager on making a referral. This led to:

- ease of referral, avoiding burdensome paperwork and time delays
- opportunities for detailed discussions on making the referral, helping each side to decide whether this was the right intervention for the parents
- good informal communication generating high levels of trust

## **2.2 What is the content of the programme and how is it delivered?**

The course focuses on helping parents to:

- nurture young people, and in particular to help them to reflect on how current patterns of interaction are perceived by young people in relation to this theme
- provide their children with structure
- to value and take care of themselves in order to be in a position to achieve the first two themes

Each session develops awareness and skills in relation to these key themes.

It was clear from observing a Parent-Talk course, that the intended learning outcomes were clearly explained to parents at the beginning of the course and then elaborated and exemplified through the tightly structured weekly sessions. Data from parent interviews demonstrated that course terminology, and the skills described, were regularly being used by parents two years after the course was completed.

### **2.3 How are practitioners trained and supported in using the programme?**

The course facilitators are recruited using a detailed person specification and essential requirements include previous training to run parenting groups and previous experience of working with parents. Trainee facilitators are attached to a mentor, receive an introduction to the training materials and attend a full course as a participant observer. This is followed by working on a course as a co-facilitator, gradually taking on a group leadership role. Interviews with course facilitators and observation of sessions with parents and group supervision sessions, confirmed that the stated quality assurance procedures were being well maintained in practice. In addition evaluation data was collected and publicly presented in an annual report.

### **2.4 How effective is the programme?**

Asked about their anticipations of the course some parents showed that their involvement was positively framed, whilst others were initially reluctant conscripts. However despite the often ambivalent feelings that accompanied joining the course, the overall judgements of parents on the programme were very positive. Of the 39 people interviewed who attended 3 or more sessions, 21 rated the course as very good, 16 as good and 2 as O.K. Of the 11 people who attended 2 or less sessions, 4 were felt to need more intensive support and were offered 1:1 sessions which they accepted, completed and reported on very positively. Other reasons given for low attendance or dropping out of the course were that:

- interventions should be addressing their children rather than themselves
- they had difficulties in organising attendance e.g. transport and child care
- sessions were not specific / intensive enough to meet their child's needs
- they disliked aspects of the course delivery e.g. written work / group work
- they were generally stressed 'it had all become too much'

Two key factors that contributed to parents engaging positively with the course were:

- the personal qualities of the facilitators
- the opportunities for sharing experiences with other parents.

The theme that emerged from the course as being of particular value, mentioned by three quarters of the parents was that of 'listening to children and seeing their perspectives'. Parents also referred to a range of skills that they had learnt on the course. Specific strategies were frequently drawn upon when they gave examples of changes for themselves and their children. There was a feeling from some people that they needed more time to implement these new skills, however most agreed that 12 weeks was as long as it was possible to manage for regular attendance.

### **Impact on the children**

All parents interviewed who attended the course for more than 4 sessions, experienced participation in the Parent-Talk programme as resulting in positive and substantial gains for themselves and their family. Two thirds of these parents felt that these gains were also significant for the target children in the family. They described their children as being happier, more confident, calmer, more in control of themselves, more responsive, more helpful. For most parents these improvements had sustained over time, indeed as parents became more practised, the impact of the course intensified. Of the parents who dropped out of the course, some were making a clear choice not to attend but for others a more joined-up multiprofessional context might have made a difference to their obtaining positive outcomes.

All the referrers described Parent-Talk as a very effective programme and commented on the value of the provision for supporting parents of teenage children particularly in a context where there was very little else available. Comments focused on the value of building parents confidence and skills in parenting and the importance of this for their children. In asking for improvements they all felt there should be more of it, more opportunities to offer 1:1 support and more penetration in rural areas.

### **Management of the course**

A significant feature of this course is the role of the Project Manager. The *Take 3* materials are impressively comprehensive and well tuned, drawing on materials trialled over a ten year period, however it is clear from this evaluation that they can not in themselves ensure quality provision. Running a programme such as Parent-Talk also requires an ongoing commitment to effective communication and support for a range of people, e.g. parents, referring services, group facilitators, funding agencies.

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# **Evaluation of the Oxfordshire Parent-Talk course, based on the Take 3 parenting programme, 2005-2008**

**Evaluator: Georgina Glenny, Oxford Brookes University, July 2008**

## **1. The Context for the Evaluation**

### **1.1 Introduction**

Parent-Talk is an Oxfordshire based organisation, which offers courses designed to provide support and skill development to parents with children aged 6-19. The courses are based on a programme published under the title *Take 3: skills and strategies for supporting parents to deal with challenging teenagers* (Hill 2008). The organisation receives funding from the local Children's Fund, The Child and Adolescent Mental Health Service (CAMHS) and the local authority (Children and Families).

Parent-Talk's work falls into three main areas, in part defined by the referral parameters of particular sponsors: group courses for parents of 10-19 year olds, 1:1 courses for parents of 6-19 year olds in urban areas with high levels of deprivation and where parents meet certain special needs criteria, and 1:1 courses for parents of 8-13 year-olds in rural areas.

Parents who are referred to Parent-Talk are offered one or more of the above interventions, though 1:1 support is limited because it is more expensive. This evaluation focuses on the first option, the groups. These are courses of 12 weekly sessions of 2 hours working in groups of 8-12 people. Each group is run by 2 trained and experienced facilitators. They work from the *Take 3* programme manual originally devised by Parent-Talk. The programme uses a social skills development model intended to help parents to further understand their young people through exploring parental feelings and attitudes, improving parent-child communication, enhancing family co-hesion and reducing conflict.

Parents are offered the group courses if their children are 'vulnerable' / 'at risk' 10-19 year olds whose behaviour is challenging, who are truanting or at risk of exclusion from school, or at risk or involved in criminal activity.

It is important to note that whilst parents are 'offered' the service, since the Criminal Justice Act (1998) parents can be required by law to attend parenting courses through the use of a 'parenting order'. This legislation also contains a lesser form of mandatory requirement through the formal drawing up of a 'parenting contract'. The contract is not legally binding but failure to fulfil the mutually agreed contract can result in an order being made.

## **1.2 The value of parenting programmes – the national context**

National data presents a confident picture as to the effectiveness of well structured parenting programmes. The National Institute of Clinical Excellence (NICE 2006) recommends the use of group based parent-training / education programmes in the management of children with 'conduct disorders' (although they also specify this guidance only applies to children aged 12 years or younger). The NICE review updates and builds on earlier work by Barlow (1999) who concluded that 'parent education programmes are markedly effective in improving the behaviour of pre-adolescent children' (p.72). In the NICE review, the results for both child behaviour outcomes and parental mental health outcomes, showed a consistent trend across studies for an improvement in all measures for parent training compared with no treatment controls. They also found that there were no differences in the outcomes for individuals and for groups and thus recommended that individually based programmes should only be used in situations where the parents are particularly difficult to engage with and/or the complexities of the family's needs cannot be met by group based parent-training / education programmes.

Ghate and Ramella (2002) looked specifically at parent programmes set up for parents required to attend parenting groups following parenting orders. The group studied were also the parents of young people on Youth Offending schemes so an older age group than the NICE guidelines refer to. They collected evidence from 800 parents, 500 young people and related project workers. Parents reported improved communication with their children, a reduction in parent child conflict and feeling more confident in the role of parent.

DCSF (2007) statistics show that in England, over the period 2004-2007, there has been 33,884 parenting contracts and 1,446 parenting orders for truancy (the mildest category of offence for which parenting orders can be evoked). This has led Henricson and Bainham (2005) to argue that the introduction of parenting orders, breach the spirit if not the letter of the European Convention of Human Rights.

However although in Ghate and Ramella's study, parents who had been subject to parent orders frequently reported negative expectations at the outset, 9 out of 10 said they would recommend the experience to people in a similar situation. For example one commented 'I was annoyed but I am glad I came'. At the same time, there was no differences in the level of benefit reported between those referred voluntarily and those referred by a parenting order. 'The evidence from the evaluation was that a combination of the genuinely supportive ethos of the services, the skills of the project staff and the parents' very real need for help and support, helped to dissolve these initial reservations '(p.77).

### **1.3 The focus for this evaluation**

The purpose of this evaluation is to enhance the evidence base upon which funding agencies will make judgements about the effectiveness of Parent-Talk as it is run in Oxfordshire and the *Take 3* materials from which it is drawn, and to give the course providers feedback to help them improve and develop the service.

As demonstrated in the previous section, the national and international evidence provides a strong case for the value of parenting courses, even in a context where parents are required to attend. This evidence has been drawn upon by The National Academy for Parenting Practitioners to develop a Parenting Programme Evaluation Tool (PPET) which from November 2008 will be the basis for establishing quality ratings for Parenting courses (National Academy for Parenting Practitioners, 2008). A programme's quality rating will be established by rating each programme on four critical areas, identified as underpinning good quality parenting programmes. These are:

1. They clearly specify their targeted population and include explicit processes to ensure that appropriate families (as determined by their level of need or risk) can be recruited into and participate in the programme
2. The content (what information parents learn) and processes (how information is delivered to parents) of the programme is based on an explicit and sound theoretical framework
3. They have carefully considered and detailed the training, supervision and implementation procedures that will allow the programme to be readily set up and implemented in new and independent settings

4. They have robust evidence that participation in the programme results in positive, substantial and long lasting gains for parents and their children.

In this evaluation these four elements will provide the structure for reporting findings and will be discussed in turn (see section 2).

#### **1.4 Evaluation design**

The value of the service could be defined in a number of ways, for example in terms of:

- parents improved effectiveness in the management of their children's behaviour
- changes in their children's behaviour that are perceived to be in a positive direction.

Establishing that any outcomes link directly to the programme is highly problematic because:

- these behaviour outcomes are a function of a number of variables, that vary in intensity and combination on a day-to-day basis
- these perceived outcomes may change over time without intervention - young people's behaviour problems frequently attenuate as a natural function of maturation
- children and their parents are subject to other service provision, over the same time period, in order for the referral to be made in the first place. In the case of several of these services (see table 2), the interventions provided by the other service provision will be substantial.

Further the use of 'gold standard' approaches such as Random Control Trial (RCT) methodologies are difficult to operationalize because:

- comparisons of levels of need are difficult to make, so that control groups are difficult to populate
- the difficulty of establishing levels of need also makes comparisons between studies unreliable so that true replication of findings is problematic
- it is impossible to control for contaminating variables of which there are many
- significant change may take place without threshold outcomes being obtained (for example improved school attendance / lower re-offending rates)
- 'treatment variables' are difficult to ascertain (for example what counts as having done the course? how many sessions can be missed? how much homework completed? how many understandings obtained?).

These factors mean that RCT designs are only appropriate if the sample size is very large, in order that the contaminating variables can be bleached out .

At the same time there is emerging evidence (for example Glenny and Roaf, 2008) that multi-faceted interventions are particularly effective precisely because of the positive interaction between different and complementary interventions.

Given the limited resources for this evaluation, an RCT of necessary size was not possible. The aims of the programme are clearly focused on changing parents' skills and perceptions about parenting so the focus of the evaluation was on recording parents' experience of the programme. Parent-Talk's internal monitoring procedures already provide for the completion of before and after questionnaires recording the development of parenting skills (see Hill 2008, appendix A) and whilst this yielded valuable data, it was clear that some parents struggled with detailed expression of their views in written form. Much of the UK based research on parenting groups, particularly those for the parents of older children, relies on questionnaire data. As a result samples are derived from those people who return questionnaire data and who complete courses, thus biasing the data substantially in the direction of those who are confident at responding in written form and those who have felt positively enough about the course to complete it (for example Ghate and Ramella 2002). Further, most of the data has been collected on the impact of courses recently completed. As a result the NICE review concludes that more research needs to be carried out on the medium to long term benefits of the programme and more qualitative work needs to take place, looking at parental satisfaction and preference, and barriers to participation and how these might be overcome.

For these reasons, it was decided to:

- focus on interviewing parents, in order that they will have the best opportunity to give their detailed perspectives on their experience of the course and the subsequent impact of the course on their relationship with their children;
- to sample from courses that were completed over a three year period so as to tap into the longer term benefits of the programme;
- to sample from parents at various stages in the completion of courses to ensure the data would inform discussion as to barriers to participation.

### 1.5 The data for the evaluation was collected from:

- i) attending a 12 week parenting course as a participant observer
- ii) attending a facilitators group supervision session
- iii) interviewing professionals who refer to Parent-Talk (6) and facilitators who run Parent-Talk sessions (4)
- iv) interviewing parents who have attended a parenting group or had individual parenting sessions (50)
- v) reviewing the process and findings of the evaluation with a steering group of facilitators and representatives from funding agencies

#### Parents interviews

3 cohorts of parents / carers were interviewed, those completing courses in:

- 2005 interviewed at least two years after the completion of the course
- 2006 interviewed at least one year after the completion of the course
- 2007 interviewed at least three months after the completion of the course.

Each cohort contained participants from 3 different groups, running in three different areas drawing on 12 different trainers (working in pairs). 50 parents were interviewed, 36 women and 14 men. Interviewees included mothers, fathers, step parents and grandparents. The sample included 6 couples. Please see appendix 1 for details of how parents were recruited to the study.

**Table 1: The sample of parents interviewed, grouped by the year they attended the course and their level of attendance. The figures in brackets show the number from the whole cohort from which the interview sample was taken.**

	2005	2006	2007	Total
Total no. of people attending groups in each cohort	33	33	30	95
Didn't want to participate in the evaluation	3	2	3	8
Interviewed - attended 2 or less sessions	4*(8)	5* (9)	2* (7)	11*(24)
Interviewed – attended between 3-6 sessions	5(8)	3(10)	1(2)	9(20)
Interviewed – attended between 7-12 sessions	9(17)	6(13)	15(21)	30(51)
<b>Total interviewed</b>	<b>18</b>	<b>14</b>	<b>18</b>	<b>50</b>

\*Of these, approximately one third were offered and accepted one-to-one support.

Although the data from the different cohorts was analysed separately the themes that emerged remained largely similar across the three year period and so will be discussed together.

## 2. Evaluation findings

### 2.1 Who is the programme designed for?

The programme is classified as a *prevention intervention* drawing referrals from a wide range of services on the basis of the professional judgements of the referring fieldworkers in consultation with the Project Manager of Parent-Talk. However it operates with a selective focus, aiming to support the parents of at risk or vulnerable young people whose challenging behaviour is causing problems for the parents and / or the community.

*Whatever their individual adolescent may be doing or refusing to do, they will find in a group a mutual meeting place in that other parents will have similar feelings of rage, frustration, depression, anxiety or disempowerment. That shared experience is the starting place for this parenting course, which is generic rather than problem- specific. (Hill,2008)*

This mixed population has evolved over the ten years the courses have been running because group facilitators have found that this provides the best climate for successful group functioning. Mixed groups also have the advantage of ensuring viable, geographically local groups, at regular intervals, so that parents do not have to wait a long time following their decision to commit to a course. The value of mixed groups was endorsed by all the group facilitators interviewed for this evaluation and was also mentioned as important by 3/6 of those making referrals to the course. A number of parents also commented on the value of the meeting with others from a range of different backgrounds.

The accessibility of the course was seen as an important feature by all of those making referrals and the following comment reflects the views of 4/6:

*The courses are very accessible, repeated often in different areas. That is very important as some people can't go unless it is very local and others choose to go out of their local area so that they won't meet anyone they know*

Thus the groups contained a mixture of people, some of whom were required to attend the Parent-Talk courses through the use of parenting contracts and parenting orders, some through agreed referral from other agencies and some of whom who had actively sought help themselves. The two referrers who had used Parenting

Orders felt that this had often been counter productive, but in each case had examples of where they had been successful in engaging parents who would otherwise not have participated in parenting courses. Parents interviewed said that being asked to go to a parenting course made them feel like bad parents:

*We were made to do the course and I resented that, and you shouldn't be made to do it*

*I didn't want to go, I felt pushed and felt I had to go if I was a good parent – being asked to go on the course made me feel a failure..*

However in each case they rated the course as good, expressing the same turn around in their feelings as reported by Ghate and Ramella (see page 3). One parent expressed this ambivalence clearly:

*They made us go through the courts.. I was so annoyed at first, on the first day I thought how is this going to get (child) back to school? I would have never have thought of going and I went with a negative mind because after all they were telling me I was a bad parent... after the first day I realised it was really good...*

### **Patterns of referral**

Parenting issues varied. Some parents were seeking help with their children for issues already clearly identified, for example children with long standing mental health issues, autism, learning difficulties and ADHD and for others the behaviour issues had emerged or become critical in adolescence and had often been amplified by school factors. There were a number of cases where the Parent-Talk referral was a direct result of truancy and this factor accounted for all but two of the required attendance in this sample.

**Table 2: Referrals for the whole sample, (the number in the second column refers to those who attended 7-12 sessions)**

Mental health hospital /unit	3	2
Child and Adolescent Mental Health Service (CAMHS)	13	6
Primary CAMHS	9	4
Health visitor	16	7
General Practitioner	3	3
Link worker / Home start	4	2

School / school counsellor / behaviour support	11	3
Youth Offending Service	3	2
Educational social worker	11	9
Social work teams	10	5
Solicitor	1	1
Self referral / Parent Talk	11	9

This pattern of referral was very similar to that found in the Parent-Talk evaluation in 2001 (Burnett, 2001), except for a reduced number of referrals from the YOT team which now has its own dedicated parenting workers.

The following are typical examples of parent's reasons for being on the course:  
 Referred by the GP .. *we needed help communicating with him more effectively, trying to get through to him and dealing with him in his more difficult moments..*

Suggested by the solicitor.. *I was having difficulty with both my children and breaking up with their dad who was also moving away and they were very unsettled...*

Suggested by the health visitor... *I had just taken over the voluntary care of my two boys and the youngest was getting into lots of trouble....*

*Required by the ESW... They made us go, through the courts, because (child) wasn't going to school..*

*Required through the Youth offending service ...It was organised by the courts in order to encourage my ex husband to come. I did it but he hasn't made the effort..*

### **Checking parents suitability for participation in the programme**

Parent-Talk facilitators contact parents by phone prior to the course meeting and arrange home visits with course members. The phone calls and home visits provide an opportunity to explain how the course runs, discuss issues and concerns and to establish what the parents would like to achieve on the course. This includes the completion of a parenting profile which provides a formal needs analysis and a baseline for a further profiling exercise at the end of the course. Parents frequently referred to the importance of this meeting in reassuring them about the value of the course and helping them to develop the confidence to attend the group sessions. In

the case of several parents, this initial contact with a *friendly face* made it possible to contemplate joining the group sessions, which for them was a rather daunting prospect. In several cases more than one individual meeting was arranged in order to ensure parents were at a point where they would be able to manage working in a group. The referring fieldworkers also recognised the difficulties parents might have in joining a group and 4/6 of those interviewed had accompanied parents to the first session if they had expressed a need for support.

The use of follow-up telephone calls and individual meetings was continued as a means of supporting parents during the course if they missed sessions or were dealing with issues that were difficult to support within a group setting. This frequently resulted in the setting up of a 1:1 programme or recruiting parents to a later running group. There were several examples, from parents interviewed, who had dropped out of their first group but successfully completed a later group because this contact had been maintained. This kind of support could have been experienced as intrusive, but there was no evidence from the interviews with parents that it was perceived negatively. From the sample as a whole, 20 of those interviewed stated that the personal contribution of the facilitators had been a key factor in the success of the course. These parents gave examples of how this relationship had sustained their engagement in the course when they were experiencing difficulties implementing some of the strategies with their children.

It was clear from talking to referring fieldworkers that they had been able to have detailed discussions with the Parent-Talk project manager on making the referral and that this had helped them to decide whether this was the right intervention at the right time for the parents concerned.

*The personal connection is good because it means you can get informal feedback, help parents attend meetings and provide continuity...*

*Ease of referral is a big positive and being able to talk directly to [the project manager] has been very good to make sure the referral is suitable and to allow me to feel confident to encourage parents to transfer the trust that they have established with me.....*

This issue of the importance of trust around referral came through in all of the interviews, this comment was typical:

*I have known [the project manager] a long time and feel confident parents will have a good experience.*

4 out of the 6 fieldworkers interviewed had attended a Parent-Talk course as a participant observer and thus had a good understanding of what parents would experience and who would benefit from the referral. The practice of encouraging members of referring agencies to attend courses seemed to be contributing to the quality of decision making around placement on the course but also aided continuity of provision:

*The course content was very good and I got a lot from going and use some of the approaches and have taken on the ethos of the programme so that we can start working with the families whilst we are waiting for the courses to come through and know we are speaking the same language...*

Fieldworkers also appreciated the short feedback forms received following referred parents' completion of the course.

### **Anticipated outcomes for parents participating in the programme**

Observation of the course demonstrated that the intended learning outcomes were clearly explained to parents at the beginning of the course and then elaborated and exemplified through the tightly structured weekly sessions. The course focuses on helping parents to:

- nurture young people, and in particular to help them to reflect on how current patterns of interaction are perceived by young people in relation to this theme
- provide their children with structure
- value and take care of themselves in order to be in a position to achieve the first two themes

Each session developed awareness and skills in relation to these key themes.

## **2.2 What is the content of the *Take 3* programme and how is it delivered?**

The current programme was originally influenced by parenting packs published by the Family Caring Trust which are based upon family systems theory. The Family Caring Trust materials emphasise the importance of improving communication skills,

understanding adolescent culture, respectful management of conflict, assertiveness, and helping parents take care of themselves, all of which are also key themes in the *Take 3* programme used by Parent-Talk. Other key influences have been solution focussed brief therapy and the work of Jean Illsley-Clarke, working with parents using transactional analysis. Good consideration is also given to the approaches to learning adopted in the group sessions, explicitly drawing on learning theory, for example Kolb's experiential cycle (Kolb,1984) and understandings of group dynamics (for example Tuckman,1965).

The Parent-Talk programme began in Oxfordshire in 2000 and was positively evaluated as part of the National Youth Justice Board Parenting Programme in 2001 (Burnett and Appleton, 2001, 2004). Since then an average of 15 courses have run each year, involving approximately 150 parents, and the evaluations from facilitators and parents have refined and developed the course structure and materials. For example, concerns about the levels of literacy required to benefit from support materials resulted in the employment of an artist to illustrate concepts, providing visual aide memoirs and minimising the use of text (see the *Take 3* handbook, Hill 2008).

This evolutionary approach to programme design has resulted in tightly specified guidance material for each session directly linked to the theoretical assumptions of the programme. At the same time good consideration has been given to the learning needs of particular individuals and groups, so that alternative approaches to particular learning objectives are available in the *Take 3* pack. For example, facilitators can choose whether to address particular issues through drawing on group experiences or discussing DVD scenarios.

It was clear from observing a Parent-Talk course, that trainers kept closely to the programme design, but at the same time were fluent in the underpinning ideas of the programme. This enabled them to offer a variety of approaches to help parents to achieve the key ideas and skills that the programme promoted. It also ensured that key concepts were regularly followed up as new skills were introduced. A number of parents commented on factors that had helped them to absorb the ideas and skills introduced on the course, for example:

*It was also good that examples given were replicated many times which helps it to sink in...*

Data from parent interviews demonstrated that course terminology, and the skills described, were regularly being used by parents two years after the course was completed (see section 2.4).

### **The format and resourcing of the programme**

The *Take 3* pack (Hill, 2008) provides a clear account of the theoretical underpinnings of the course design, followed by a carefully formatted programme with session-by-session support materials and DVD resources. These are specified at a detailed level for both content and process, providing clear guidance for others wishing to implement the programme. Whilst the materials are designed to ensure accurate replication of the programme, there is also a two day training programme to introduce the pack, available through the Trust for the Study of Adolescence.

### **2.3 How are people trained and supported to use the programme to ensure effectiveness, consistency and fidelity?**

The course facilitators are recruited using a detailed person specification (see appendix 2). Essential requirements include previous training to run parenting groups, on named programmes, and previous experience of working with parents. Trainee facilitators are attached to a mentor, receive an introduction to the training materials and attend a full course as a participant observer. This is followed by working on a course as a co-facilitator, gradually taking on a group leadership role. As a co-facilitator trainees are supported by the experienced facilitator with whom they are working and attend the regular group supervision sessions (normally two per course). If facilitators are not able to attend the group supervisions, then individual supervision is set up instead. The training does not currently lead to accreditation as it is felt that the process of skill development and supervision should be ongoing. To assist this, the pairing of facilitators is organised so that different trainers work together on each course giving the opportunity for the sharing of skills and experience across the group of trainers. This also ensures that there is regular communication across the whole group, providing the feedback to enhance consistency of practice across the different courses.

The groups are always co-facilitated and frequently also have a third observer, sometimes a facilitator in training and sometimes a member of the referring agencies. The opportunity for referring agencies to observe sessions assists in providing a

quality process for the making of referrals and ensures continuity for parents as previously discussed (see page 10).

Interviews with course facilitators and observation of sessions with parents, and group supervision sessions, confirmed that the stated quality assurance procedures were being well maintained in practice. In addition evaluation data was regularly collected and publicly presented in an annual report.

### **Costs of the programme**

Each 12 week group costs approximately £2000. This includes facilitators' fees and travelling costs, pre-course home visits to parents and refreshments and materials. It does not cover the cost of taking and discussing referrals, setting up the groups, administration and supervision time, or the extended time needed to communicate with and try to engage parents. These functions are carried out as part of the role of the Project Manager, a .6 appointment. The Project Manager is also responsible for organising the training of new facilitators and quality assurance processes.

## **2.4 How effective is the programme?**

In reviewing the effectiveness of the programme, evidence was sought to examine the extent to which the course aims were achieved and whether these were sustained over time.

The course aims to help parents to:

- nurture young people, and in particular to help them to reflect on how current patterns of interaction are perceived by young people
- provide their children with structure
- to value and take care of themselves in order to be in a position to achieve the first two themes

In order to achieve positive outcomes, parents need to engage with the programme content, and the whole programme has to be managed in a way that achieves the quality assurance issues discussed in sections 2.2.and 2.3. In addition, the purpose of enhancing parenting skills is ultimately to achieve improved outcomes for children, so parents' perceptions of the impact of the course on their children will also be explored. Evidence will therefore be reviewed under the following headings:

- i) engagement with the programme

- ii) nurturing young people and reflecting on interactions with them
- iii) providing children with structure
- iv) valuing and taking care of themselves
- v) parents perceptions of the impact of the course on their children
- vi) management of the course

### **Engagement with the programme**

Asked about their anticipations of the course some parents showed that their involvement was positively framed, whilst others were initially reluctant conscripts:

*I assumed it was a group of parents who were at 'their wits end' and that they would meet together and discuss things and work it all out..*

*I hoped it would provide ways and means of getting out of the despair I was in...*

*I hoped I would learn to be a better parent and to have a good relationship with my son and that he would respect me..*

*I was a bit sceptical at first, we are quite private people and brought up to feel counsellors and such like are a bunch of do-gooders, just pushing the blame around, but I was quite surprised to find it was informative and helpful. It wasn't 'this is what you are doing wrong' but more information and thinking about what we might do to bring change...*

*I went along with it but I expected it would be tedious and a waste of time ... but I found it valid and helpful. There were some very good ideas and it opened my eyes to what we hadn't been doing, letting things drift along and not really dealing with them before things had gone too far...*

*I felt I had failed when they suggested I should go, I would sooner have pulled my own teeth out, but I felt I should make the effort.... It was good because you weren't made to feel a failure, there were other people in my position and I realised I was doing a good job in difficult circumstance...*

It was also clear that for some parents, the difficulties with their children that had led them to come on the course had made their lives really miserable. The history of one mother's referral illustrated a level of distress that a number of parents expressed:

*I was absolutely desperate and went to the GP several times and he offered me pills for depression the first time and the second time sent me to a psychiatrist because I cried so much! She said there was nothing wrong with me and referred me to Parent-Talk.*

This comment also demonstrated the level of self blame many of the parents experienced and the power of professionals to position parents, through their constructions of the problem, in ways that were empowering or dis-empowering. This in turn influenced the parent's capacity to tackle the issues they were facing. This woman had benefited from the psychiatrist's positive construction of her mental health and was immediately able to build on this when the Parent-Talk trainers took a similar line.

### **Parents' overall judgements on the course**

Despite the ambivalent feelings that accompanied joining the course, the overall judgements of parents on the programme were very positive. Of the 50 people interviewed, 11 people attended 2 or less sessions and so were not felt to have sufficient knowledge of the course to give a rating. Of the remaining 39, 21 rated the course as very good, 16 as good and 2 as O.K. There were no ratings on the other two scales of 'disappointing' or 'poor'.

### **Reasons for dropping out of the course**

Of the 50 people interviewed 11 attended 2 sessions or less. Of these, 4 transferred to, and had successful outcomes from, the 1:1 support. Of the remaining 7, 3 felt the course should be changing their children rather than themselves, and gave examples of what they felt would be more appropriate interventions for their child, for example, the 'boot camp' programmes they had seen on the TV. Other parents came into the course with similar feelings but described changing their view as a result of discussions on the course, for example:

*I thought it would be about how to change the children, but it was actually about how to change my parenting – a real eye opener, my mum always says it is the woman who sets the tone of the house and I had to admit she was right!*

For others there were concerns about confidentiality and not enjoying aspects of the way the course was run:

*One of the helpers at the school was there and it bothered me, I didn't want personal information going back to the school...*

*I am sure the course would have been useful but I felt uncomfortable... I am not a group person..*

*They wanted you to fill in forms and I didn't want to do that, I don't mind going with the flow, but I didn't want to fill forms in...*

Some parents felt the sessions needed to provide more intensive or focused support for their child's particular needs, and for others, practical concerns such as transport or child care were not able to be resolved.

There were a further 9 people interviewed who attended between 3-6 sessions. Those attending 5 or 6 sessions felt they had gained benefit from the course but circumstances had caused them to miss individual sessions. Those who dropped out after 3 or 4 sessions invariably expressed a commitment to the value of the course but found unexpected pressures or changed personal circumstances made attendance difficult. In most of these cases there seemed to be an associated feeling of stress and as one parent said 'it had all become too much'.

There was evidence from this study that when the course was running alongside supportive field workers from other services, outcomes were better than when the case had been closed or relationships had broken down. In particular, parents described feeling undermined by fieldworkers who suggested they were supporting their children's non-attendance at school when from their own perspective, they were doing the best they could. Several of those who dropped out after 3 or 4 sessions were involved in ongoing conflict with school or fieldworkers concerning their child's attendance or behaviour. Some of these were being picked up by additional parent-talk support but some drifted away. This group also contained those people who did not rate the writing elements of the course positively, which may suggest literacy issues were causing further stress.

It is important here to hold the line between fully supportive services, that are helping people to negotiate the gap between different aspects of provision, and overly intrusive services that are ignoring parent's rights to choose not to take up the

services they are offered. However it was my impression that this group of parents did feel benefit from the Parent-Talk approach but needed a bit more support than the Parent-Talk groups alone, could offer.

### **Factors that aided engagement on the course**

Two key factors (see table 3) that contributed to parents experiencing the course positively, were the personal qualities of the facilitators and the way in which sessions were structured to provide lots of opportunities for sharing experiences with other parents.

In relation to the facilitators:

*It is an organisation who listen, and you feel they have gone through it themselves and know what you are experiencing, and it gets you motivated – and it feels on the personal side rather than on the authority side like the... (another service)*

*I feel I have ... (course facilitator) on my shoulder suggesting what I might do and having a calming effect....*

*There were opportunities for individual chats at the end that were very supportive...*

*Very friendly people giving very sound advice...*

*The people who ran the course were incredible and were able to take the time to talk to us and helped me to see that I was not alone...*

*One of them came round and gave me a debriefing after the course, and helped with my husband, helping him to put things in a different way or think a bit more about how the children might be thinking and how to explain things better and to see that he can't be there to protect them all the time, that they have to have some independence...*

In relation to working with other parents:

*you think you are on your own, you feel cut off, but then you see other people's lives and realise you don't have it so bad...*

*discussing curfew times and realising that although she was late she did at least come back eventually.... unlike some of the other children.*

*good to talk to other parents.. you can feel very alone...*

*it was good to hear you were not alone – there is no training for parents.. it gave me some energy and hope...*

*...others in the group were really helpful... you can think you are the only one and the statutory services hold you accountable rather than trying to help you..*

*.. we could talk about succeeding and sharing things that had worked, psychologically it equipped us and confirmed us in a strange way and helped us to feel we were on the right track...*

### **Nurturing young people and reflecting on interactions with them**

The theme that emerged from the course as being of particular value, mentioned by three quarters of the parents (see table 3) was that of 'listening to children and seeing their perspectives':

*It helped to see things from her perspective, and to see what was going on differently..*

*I learnt to see their point of view and see them as individuals*

*We were very much calmer, it gave us clues to what she was reacting against..*

*The cumulative effect of the course – the length was an important feature – helped me to develop a lot more understanding of my relationship to the children...*

*I realised I wasn't on my own, the people on the course helped me to look at things differently to my way, especially listening... they taught me to listen and hear his point of view.. and just walk out instead of having an argument...*

*It is hard for teenagers, and I got to thinking about how they feel and the fact that there is very little provision for them, very few places to go...*



### **Providing children with structure**

Parents referred to a range of skills that they had learnt on the course, a course which for some of them had taken place 2 years earlier:

*The course made me stronger and introduced me to a range of techniques...*

*It helped me see things a lot differently, I didn't really like myself, I wanted to do things differently but I didn't know how to get there....*

*It got me to be a lot more active at an earlier stage before things drift..*

*It helped me to become more confident and to realise you could address things in a different way so that it doesn't get confrontational and use words like 'I feel' and 'we need to discuss'.... And helping them to realise mum and dad have feelings to...*

*It helped with specific ways of dealing with particular problems – the way you word things so that it sounds positive and not blaming, how you approach things to keep calm so that everyone is listening, it has helped our relationship to get a lot closer...*

*I have learned to be a bit more calm, and learned not to open my mouth as much, and found asking nicely rather than yelling did actually work...*

*It helped me say things differently.. I used to holla and shout a lot – when you holla and shout it doesn't get the children to do things it just makes you feel bad....*

Specific strategies were frequently drawn upon, Table 3 shows how frequently they mentioned specific techniques taught on the course and examples of these are illustrated below:

*I was always saying I was going to do things and then not going ahead... I learnt to stick to things and life is so much better..*

*I am much better at keeping things positive.. they talked a lot about that on the course..*

*Before the course I would always speak my mind and put my ideas across very harshly, now I spend time thinking about saying it in a way he will understand, I think about it more rather than just exploding and take a step back rather than responding to him straight away..*

*The negotiations and boundaries really helped, for example giving allowances actually worked... I was about to buckle and the support of the group helped me to stick to it and she learnt in the end...*

*I got to realise I wasn't really thinking about her needs as a teenager, for example, I was being too controlling, like with money – if she wants to spend it on something I think is a waste it is up to her..*

*Two years later I still use some of the tricks, well not really tricks, I can literally sit here and bite my cheeks in order not to say anything, and that allows her to talk without me interrupting and the important thing doesn't usually come until the end and if you stop it they don't get any chance to express their feelings...*

*Sometimes I would say 'I need time out here' and that made me feel more in control and helped them, modelled for them so that my son sometimes says 'I am losing control here mum... and he will take himself off and come back when he has calmed down and then we can talk ....*

*I stopped blaming him for everything, I started setting boundaries, which I was very bad at before, and started using 'I' statements and then eventually we could negotiate... I got my son back...*

*I discussed what I was doing with the other parents and I realised I was smothering her and listening to other people's ideas helped me to relax and to start letting her exercise her own judgement and be more independent...*

There was a feeling from some people that they needed more time / support with implementing these new skills, however most agreed that 12 weeks was as long as it was possible to manage for regular attendance:

*A shame not to have a bit more follow up, or a bit longer – numbers to ring, it was a bit 'off you go now!' It would have been good to come together as a group again or have another kind of group where you could go together with your teenager..*

*The strategies were very useful but it would be useful to have follow up sessions after you have had a chance to try things out..*

*It would have been good to meet up after a couple of months to see how we had been putting things into practice over time, discussing how we were managing etc.*

The course facilitators did encourage the group to continue to meet together and this was happening for some members from two of the groups sampled in this study, but not for most people.

### **Improved relationships with others**

Parents were able to benefit from their work on interactional skills in contexts other than with their children. Perhaps most usefully in terms of the purposes of the course, it was helpful in negotiating their relationship with schools and other services:

*It helped me to get him to school, it gave me the boost I needed, it helped me feel I could do it and helped me to talk to the school as well as working things out with my son*

*I have been able to listen to my ex husband better and feel I have gone as far as I can in keeping up links with him... he is a very assertive character and was violent with me.. and the course has given me a lot more confidence in myself and that has really helped in dealing with things..*

*In the past we flared up more than we should have done, we needed to take a more measured approach, there were a number of things we realised we were just not doing, for example we have three boys and we never actually sit down together, and spend time together, that is one thing we have addressed..*

*Now I have been able to cope with the idea of family therapy, and that has been going on for 9 months now and is really helping, but I wouldn't have had the confidence before...*

This improvement in family relationships did sometimes bring counter-intuitive results from the Local Authority perspective. One couple expressed a view held by several of the parents interviewed:

*It made us less inclined to take extreme measures to send her to school, to spoil our relationship with her...*

And, outcomes had been good for this particular family, having re-established a good relationship with their daughter and supported her through various projects since leaving school, now, two years later, she was planning to return to college.

### **Valuing and taking care of themselves**

This theme of the course was not commented on by all parents, but was clearly very important to some:

*It has helped me to feel I don't have to suffer in silence...*

*I can remember the message about keeping myself calm and not adding to the difficulty.. it helped me to have a wider view and put things into perspective and not blame myself..*

*there were some good ideas – one in particular was the idea of 'you' time, putting aside some time for yourself each day, even now I do that and it is really helpful, from 6-6.30 I do something for me, relax, have a drink and have a bit of time to myself..*

*It helped me understand that it is O.K. to feel stressed sometimes, and to get to know when I was getting stressed, and the importance of allowing time for me, which especially when you are a single mum you feel you don't deserve...*

### **Doing the course as a couple**

Couples doing the course together all commented positively on the process:

*..it helped that we were both pushing together and could take it in turns when things got really difficult and had a common drive and focus on taking care of ourselves...*

*When I finished ..(partner) started almost straight away so we compared notes and that was very helpful..*

Although one couple also felt:

*Our group was heavily weighted towards couples and this was intimidating for single mums.*

### **1:1 support**

Only four people who were interviewed had 1:1 support, but all rated the experience as 'very good' and talked about the very significant changes the sessions had brought to their lives.

*It was difficult to talk about his particular issues in the group and hard to find the time to get to the group as it was a long way to travel.... It has helped with ideas of what to do with T.. getting him to stop sleeping on our bedroom floor, getting him in the taxi in the morning to go to school, and I learned to deduct his pocket money to pay for damage to the house and things like that..*

*it was nice to have someone to talk to – I am going through this and I had to toughen myself, and social services dumped us, and through talking I found some energy.. and she gave us some strategies and gave me a pat on the back when we managed to get him to do things.... I feel a lot stronger now because of Parent-Talk...*

*The 1:1 was amazing, she made me believe in myself again.. I really missed it, I had her number but realised I had become strong enough, she was a really nice person but I felt I could manage without her..*

### **Impact on the children**

Assessing the impact of Parent-Talk on the children of participants requires evidence of a long causal chain. Whilst most parents talked about experiencing very significant changes for themselves and other children in their family as a result of the Parent-Talk programme, about a third felt going on the course had not resulted in significant change for the children who had been the cause of their referral to Parent-Talk. Although, of those less optimistic about change, only five felt there had been no difference for the target children. This seemed to be because although relationships were significantly better in the home context, their children were still not meeting the requirements of other agencies, notably in relation to attendance at school. Some parents also felt that although communication with their children had

improved, their new skills had come too late to make a significant difference to the choices their children had made. Recognising this, a number of parents argued for earlier opportunities to attend this kind of course. This was also suggested by two of the fieldworkers referring to Parent-Talk:

*There needs to be more access and more publicity for children in the 8-12 age range, that is the time you could really make a difference*

Never-the-less for the two thirds who felt there was significant change, parents saw the change as very important:

*The kids are a lot happier- we had problems as a unit, we shut the outside world out, we were very inward facing and this really helped me to get out and help the kids come out of their shells...*

*I got calmer through going on the course and as a result so did she – she could be so difficult and there are no books on it... I can't tell you how much I got out of it...*

*It helped him to listen to what I was saying and to take advice and to realise that it wasn't just mum going on at him – we discuss things openly now and that helps him recognise my feelings, and I have laid down boundaries and he knows he can have a frank dialogue with me and that has really helped us sort things out as they come up, and he will still have a spat but we can talk about it now....*

*He is willing to talk to me now, he does more and talks and he gets his moments but I walk away now and things are much easier and he cools down much more quickly.. but it hasn't made any difference to his attendance*

*It was very useful.. for example the 'I' statements.... explaining how you feel and what you expect, certainly makes you feel better, helps you to get less upset and so helps to diffuse the situation and more likely to bring change..*

*Stepping back helped me to have a bit of distance and not to get so emotionally involved, to plan a bit more and be more strategic with the children, it had a lasting effect and things were very much improved...*

For most parents these improvements had sustained over time, indeed as parents became more practised the impact of the course intensified. However the exceptions to this were parents who needed a little more support to consolidate their skills:

*It was good, talking to other people and hearing their ideas.. and it worked to start with but I feel it has all slipped back now, really I need someone to chat to as I go along to give a bit more support... the kids have got on top of me again...*

and parents of children who had particular difficulties, noticeably those with autistic spectrum conditions and those identified as ADHD.

*He hasn't changed in a significant way, he is on medication again and when he settles down he may be more susceptible to the approaches we talked about...*

Some members of this latter group identified themselves as needing more specialist sessions and this was endorsed by comments from one of the referring fieldworkers and one of the course facilitators interviewed.

### **Referrer's perceptions of the impact of the programme**

All the referrers described Parent-Talk as a very effective programme and commented on the value of the provision for supporting parents of teenage children particularly in a context where there was very little else available.

*I feel it is a really effective service and I have observed Parent-Talk sessions and feel the parents do get a lot out of it.. it is a really relaxed atmosphere and I learnt a lot....*

*It seems to be a very effective service... parents feel supported and less isolated and it is an opportunity for them to share experiences and this helps them take on the learning from the course.. things don't always get better for the young person because they are usually on a steady decline by the time they are referred to Parent-Talk, but it makes a difference to how the parents feel and the strategies they have available and that gives them the bigger picture and is helpful in the longer term..*

Referrers comments focused on the value of building parents confidence and skills in parenting and the importance of this for their children :

*Parent-Talk helps parents to feel supported in what they are doing, helps them to feel less like failures as parents, some of them haven't had a good experience of being parented and don't know how to be good parents themselves.... even small changes in approaches to parenting affect the family in positive ways..*

*Parents talk about the course as a calming influence and they say 'I came to change my kids and it is me that has changed'... and they take it in their stride and they look after themselves better... lots of them have had a really bad experience of education themselves and as well as helping them with their children I think they get much better at handling the authorities and better at accessing education themselves because their self-esteem is raised..*

In asking for improvements they all felt there should be more of it, more opportunities to offer 1:1 support and more penetration in rural areas. In addition several people mentioned that it would be useful to have more detailed information sheets for colleagues who had not had a chance to attend the courses.

### **Management of the course**

A significant feature of this course is the role of the Project Manager. The *Take 3* materials are impressively comprehensive and well tuned, drawing on materials trialled over a ten year period. This in itself required significant management, drawing on the experience of at least 30 part-time facilitators and processing the evaluation data from 150 or so course participants a year. However it is clear from this evaluation that they can't in themselves ensure quality provision. Running a programme such as Parent-Talk also requires an ongoing commitment to a number of management tasks that are central to the success of the programme.

The first of these is the care required in recruiting parents to courses. It was clear from parents' evidence and from referring agencies, that the careful discussions with both referrers and parents could take considerable amounts of the Project Manager's time. In addition to those parents who came on the course, there were many more who received a supportive phone call to discuss the course who did not subsequently attend a course immediately and were encouraged to take up other forms of support or who retained contact with Parent-Talk for attendance at later courses. This careful selection seemed to be important in ensuring that a viable group could be maintained for the twelve weeks of the programme, in itself crucial for the group to work effectively. At the same time, the following up of people who failed to attend

sessions once the course started, enabled parents to receive additional support to attend if needed, to negotiate 1:1 support if appropriate, or to come back to later courses to successfully complete the programme. Parents in all these categories were interviewed and commented positively on the levels of support they received.

This care in following up referrals was also recognised by referring fieldworkers and regarded as a significant factor in the effective role Parent-Talk played as part of a multiprofessional network of support for families. The quality of communication allowed for continuity of provision where it was possible, whilst also maintaining the service as separate so that parents who had fallen out with other services could feel they were getting a genuinely fresh start.

### **Continuity in multiprofessional practice**

There were a number of examples of continuity between services. For example some referrers monitor parents' participation in Parent-Talk, encouraging them to attend and in some cases going with them to their first session or giving them a ring after the session to check how things had gone. Others were sufficiently well informed about Parent-Talk to build the provision into their ongoing work with the family:

*...I work with the parents on a 1:1 basis and then when they are ready for a group I pass them onto Parent-Talk ... working in a group is better for their self-esteem, to see that they are not alone with their problems.. and helps them to pick up information from each other in ways that are informal and non-threatening..*

At the same time there was evidence from this study that the developing confidence and skills of parents could be undermined by failure to negotiate successfully with other professionals during their time on the course. Attending Parent-Talk sessions represented a significant commitment of time and energy for parents and reflected their very real efforts to do the best for their children:

*We received a letter threatening us with court... we were worried sick... it just added to the stress.. we were doing the best we could..*

For some referrers ongoing support was not possible because Parent-Talk was being used as a means of achieving further support after the agency had closed the case.

The coherence of this kind of multiprofessional communication could feel to parents like an erosion of their privacy - not turning up is a choice and a right. However all the evidence I collected from parents suggested that the right choices had been made about whether further intervention would be perceived as support or interference. Indeed parents' suggestions for improvements in the service tended towards encouraging further multiprofessional communication. For example parents' suggestions for specialist courses for children with particularly complex behaviour problems implies that a more conscious liaison with Child and Adolescent Mental Health Services would be appreciated. Other parents wanted to extend Parent-Talk approaches to include other family members:

*It should be family talk-rather than parent-talk. Parent-Talk makes it sound like you are bad parents and it is about the whole family needing help, including the grandparents.*

*It could be improved if you had a mother and daughter group or have some way the whole family could talk through when we don't know what to do, to give us a helping hand, to help us find what is really going wrong.*

These suggestions often seemed to go beyond Parent-Talk's core brief, recognised by referrers as providing one of the few services for supporting the parents of teenage children. However these suggestions were made by parents because Parent-Talk had been a good experience and thus, had become for them, a gateway to effective and acceptable provision.

### **Conclusions and recommendations**

The Parent-Talk course provides participating parents with an experience that they value very highly. The evidence from the parent's perspective demonstrates that this is because the course:

- generates a supportive context in which they can explore very personal and challenging ideas about their own behaviour as parents
- presents clear guidance about enhancing their parenting skills
- creates opportunities to practice and discuss new ways of relating to their children.

The *Take 3* programme provides systematic guidance for facilitators and is a rich source of well trialled materials. *Take 3* also offers facilitators choices of approach, so that they can adapt the course to the needs of particular groups.

For most of the parents interviewed the Parent-Talk groups provide a safe place where they can explore their experiences as parents and experiment with changing their thinking and behaviour and some of the patterns of their family life. In exploring why some parents did not complete the course three different groups emerged.

For the first group, the Parent-Talk approach did not chime with their own way of looking at the issues their families were facing and these parents were making a clear choice not to engage in this type of approach.

For the second group, practical difficulties and changed circumstances made it difficult for parents to fulfil their initial commitment to the course. It was clear that the ongoing support and contact that Parent-Talk provides, enables many of this group to retake the course at a later stage. The actions of referring fieldworkers were also important in enhancing the chances of successful completion through preparing parents for the course and helping them manage the practicalities of attending. Several parents interviewed had successfully retaken the course through being supported by Parent-Talk, their referring fieldworker or both.

For the third group, more tailored support may have improved their outcomes. The type of support that was needed varied, and will be considered here as three separate factors, although in reality they were often intertwined. These were:

- specific conditions
- literacy difficulties
- the 'it had all become too much' factor

The issues around more intensive courses for those with specific conditions were discussed on p.28. My feeling was that some of the concerns raised, were a function of a perceived lack of support for parents in relation to these conditions in general, rather than something that could be sorted out by changes to the Parent-Talk course. The *Take 3* materials include extra sessions designed to develop parents' understandings and skills in talking with young people about drugs, alcohol, sexual health, joined up families and managing anger and anti-social behaviour. To add a range of medical and mental health issues would be to over extend their remit. At

the same time, parents' concerns would be more likely to be met by joint work between Parent-Talk and other support services.

The issues around literacy levels are not well identified in this evaluation because it was not an issue directly discussed with parents. However the concerns some parents expressed about form filling suggests that the in-course planning strategies and the homework activities may be problematic for parents with low literacy levels, despite the efforts that have gone into making the paperwork as accessible as possible. This dilemma is not easy to resolve because many other parents commented on how helpful the planning exercises were, acting as an aide memoir for trying different strategies with their children, and how useful the materials were to revise the main points from the sessions. At the same time parents with literacy difficulties may represent a group who could gain particular benefit from the course because of their potential difficulties in accessing other resources. Alternative ways into the course might be through the development of pod casted materials or through giving this group a choice of 1:1 support.

Parents who were experiencing the 'it had all become too much' factor, raised questions for providers about the context in which the course took place. The Parent-Talk course is a substantial intervention requiring considerable personal commitment and time on the part of the parents who engage with it. The multiprofessional support present for many parents involved in this study, was noticeably absent for parents experiencing this factor. Furthermore these parents were frequently feeling stressed because of failing relationships with other services. In particular, they felt unfairly blamed for choices their children were making that they had tried and failed to do something about. This general context was not conducive to achieving the aims of the Parent-Talk course. It is important to say here that this represented a minority of cases, and did not reflect on a particular service, but did indicate the importance of good communication and joint endeavour.

Although this evaluation did not look specifically at the 1:1 mode of the course, there was strong evidence to indicate the effectiveness of this approach and to raise questions as to whether this could be offered more widely.

Finally, a particular issue for this evaluation was the extent to which the effects of Parent-Talk sustained over time. Parents asked in 2008 about courses they did in 2005 had no difficulty in providing detailed recall of their experience. In particular

they were able to discuss the strategies they had learnt about, and tried out, and offer critical commentary on the experience. Perhaps more significantly they gave examples of patterns of family life that had changed and been sustained. Many talked about the value of the strategies they had developed for improving their relationship with their 'target' child even if they did not manage to change the behaviours that had originally resulted in the referral. Parents were even more positive about the effect of their new skills on their younger children and on the general tenor of family life. A number recommended that the course should be available more widely and earlier and this was also suggested by referring fieldworkers.

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## **Appendix 1**

### **Research methodology**

**Parent sample** - All parent participants received an information sheet with a letter requesting their involvement. The letter sent, from Parent-Talk, asked them to contact Parent-Talk within two weeks if they did not wish their names and contact numbers to be passed on to the researcher.

The researcher then phoned the potential participant asking whether they were happy to be involved and explaining points raised on the information form. If participants were happy to be involved then a telephone appointment / face-to-face meeting was arranged. Notes were taken during the interviews and written up into a permanent record, immediately following the interview.

At the start of the arranged interview, they were again asked if they were still happy to be involved and the purposes of the evaluation and commitment to anonymity were re-explained. At the end of the interview participants were asked whether they were happy for their exact words to be quoted anonymously in any written reports of the study. It was explained that these will be quoted in the context of: 'one parent commented .....'. Quotes from the interview were used to provide an example of what this might mean for the parent being interviewed.

Each stage of consent was recorded on the interview schedule.

**Field workers - sample** Fieldworkers were selected on the basis of their frequent use of Parent-Talk as an intervention for parents. The sample drew from the range of different agencies that refer to Parent-Talk. The researcher contacted the field workers directly, and if they were happy to be involved, a face-to-face or telephone interview was arranged. Face-to-face interviews were recorded and notes were taken during the telephone interviews and written up into a permanent record, immediately following the interview.

### **Parents interviews**

The schedule was semi structured. The bullet points providing probes if the theme was not covered in the response to the initial question.

*Thankyou for agreeing to this telephone call / meeting. Are you still happy to talk to me about your experiences with Parent-Talk? Do you mind if I make notes as we talk?*

*How did you come to be on the course?*

- *origin of the referral*
- *issues for your child*
- *feelings about being involved*

*What did you think the course would be about, was it what you expected?*

- *anticipations and expectations for self and child*
- *briefing / hand over from referring service*

*How did you find the course?*

- *how useful / practical*
- *any aspect of the course you particularly enjoyed / disliked*

*Do you think the course has changed your life in any way?*

- *development of new skills*
- *changed interactions with other family members*
- *changed approach and relationship with target child*
- *changed mood state / stress levels / feelings of capability*

*Do you think the course has made any difference to your son / daughter?*

- *changes in mood / behaviour / actions*
- *examples*

*Were there any particular experiences you have had when you noticed a difference because of the course?*

*How did you feel when the course finished?*

- *levels of support on completion*
- *current levels of support*
- *relationship of course to the rest of the patchwork of provision.*

*Is there anything else that you would like to say about your involvement with Parent-Talk?*

*How would you rate the course on a scale of 1-5*

*1(very good), 2 (good), 3 (OK), 4 (disappointing), 5(poor)*

*Are there any questions that you would like to ask me?*

- *note feelings and provide opportunities to extend if wanted*

*Would it be OK to use your words, as you have said them, in my report? Any comments would be presented anonymously so they would not be attributable to you, for example written up in the following way:*

*one parent commented....*

*(reassure re. confidentiality and give actual examples from the interview).*

*Thank you for your time and if you have further thoughts or concerns or would like a copy of the report, please contact me (contact details on original information letter).*

## **Appendix 2**

### **PERSONAL CRITERIA FOR FACILITATORS OF THE OXFORDSHIRE 'PARENT-TALK' PROGRAMME**

#### **A. SKILLS**

1. Ability to co-facilitate adult groups.
2. Ability to communicate effectively with people from a variety of backgrounds and engage participants in a non-judgemental and supportive way.
3. Ability to build rapport, encourage participation and build confidence amongst group members.
4. Ability to negotiate the curriculum and structure sessions to meet individual and group learning and support needs.
5. Ability to help participants reflect on their experience of being parented and being parents.

6. Ability to help participants explore and plan change.
7. Ability to use a range of methods to enable learning (e.g. discussions in large and small groups, case studies, simulations, role play, dvd etc).
8. Ability to encourage participants to reflect on their parenting in relation to cultural, social and spiritual diversity.
9. Ability to acknowledge and deal appropriately with emotions expressed by participants (e.g. anger, guilt, anxiety).
10. Ability to balance a response to the needs of individuals with the needs of the group.
11. Ability to balance process and content.
12. Ability to judge when and where to refer on (e.g. domestic violence, child protection, counselling etc).
13. Ability to evaluate the programme and contribute to the overall project development.
14. Ability to keep appropriate records.

## **B. EXPERIENCE**

### **Essential**

Experience of group work with adults

### **Desirable**

Experience of facilitating parent education/support groups

Experience of co-leading groups

Experience of working with parents/families where children are at risk

## **C. PERSONAL CRITERIA**

### **Essential**

1. Respect for family, cultural and religious diversity and a commitment to anti-discriminatory practice.
2. Self-awareness of own experiences and attitudes around parenting.
3. An awareness and understanding of emotional language.
4. A warm, empathic and non-judgmental approach to others.
5. A commitment to evaluating and improving practice.
6. A commitment to developing own skills through supervision/training.

## **D. UNDERSTANDING/KNOWLEDGE**

### **Essential**

1. Working knowledge of child and adolescent development.
2. Understanding of the ways in which people learn and make changes.

3. Understanding of group dynamics.
4. Sensitivity to the needs of parents.

#### **Desirable**

1. Knowledge of the education system.
2. Knowledge of local statutory and voluntary support agencies.

### **E. EDUCATION AND TRAINING**

#### **Essential**

1. Training to run parenting groups

#### **Desirable**

1. Training in group work with adults or teaching adults e.g. City & Guilds 7307.
2. Training the Trainers (OCC or equivalent).
3. Training in Counselling Skills.

28/08/08

Facilitators/Person spec