Parenting UR Teen

A Randomised Trial of implementation and effectiveness

END OF STUDY REPORT

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INTRODUCTION

The Study

This end of project technical report provides a detailed account of a two and a half year study of *Parenting UR Teens*' conducted by the Institute of Child Care Research (ICCR) for *Parenting Northern Ireland (Parenting NI)*.

Parenting UR Teens is a parenting programme developed and delivered by *Parenting NI*, an organisation in Northern Ireland with a regional remit to promote positive parenting by providing support, training and information on family issues. The programme was developed by *Parenting NI* in response to a gap in provision for parents of adolescents.

The study included an evaluation of the implementation of the programme, and how it was experienced by key stakeholders, as well as an assessment of its impact. This report details the methodology and findings from all elements of the project. To avoid selective reporting, it includes both significant and non-significant findings. Subject to further discussion and funding, messages tailored to more specific audiences may be produced in additional documents.

This study aimed to document the delivery of the *Parenting UR Teen* programme; to identify the parameters of variability in its delivery, the reasons for this and the potential impact on the programme's integrity and outcome; to determine whether the programme was appropriately targeted and attracting the intended constituency; and to identify issues requiring further development prior to an impact evaluation. The study evaluated the impact of the programme from the perspective of parents, adolescents and trainers, and through the use of a selection of validated outcome measures.

Research Questions

The project posed eight research questions spanning process, implementation and impact.

Process and implementation

i. What is the theoretical framework and logic model underpinning the programme?

ii. What impact is it seeking to achieve, with what groups?

iii. Does the take-up of the programme reflect its target audience, and if not, why not?

iv. Is the programme delivery consistent with intended delivery, across groups and across trainers? What variability is acceptable before the integrity of the programme is threatened?

Impact

v. How is the programme experienced by adult participants and trainers?

vi. What is the perceived impact of the programme by trainers, adult participants and the teenage children of group participants?

vii. What evidence is there of behavioural and attitude change commensurate with the aims of the programme?

viii. What are the essential elements of the *Parenting UR Teen* programme, in terms of core content and process (group process, exercises, homework)?

Summary Plan of Investigation

Formative evaluation In order to address questions i) – iv) above, and to ensure that the randomised trial of the programme's effectiveness provided a 'fair test', we conducted a process evaluation between February and May 2010. In brief, we sought to document in detail the implementation of *Parenting UR Teen* across the three locations (Belfast, Enniskillen and Strabane) in which it was then being delivered.

This was designed: i) to identify issues that might affect the programme's integrity, acceptability and perceived relevance; ii) to explore any issues affecting delivery,

including the extent and nature of any variation in delivery (across facilitators and groups), and iii) to explore the scope for variability without impacting on the 'core programme'. As a result of this work, *Parenting NI* undertook further developmental work on: the structure and content of the programme; programme resources; programme protocols (e.g. marketing and recruitment, assessment and supervision of facilitators), and the programme manual. This work also informed the development of the logic model underpinning the programme. The logic model informed the selection of standardised measures for use in the randomised trial.

This preparatory work illustrated the challenges in developing and implementing a new programme, and the importance – for both programme developers and evaluators – to invest in 'upstream work' to ensure that a programme is 'ready for evaluation' and that a rigorous evaluation is feasible.

Assessment of Impact The key focus of the second element of the study was a prospective, parallel group, randomised trial using a wait-list control. This was conducted between January 2011 and April 2012. Data were collected from parents attending the *Parenting UR Teen* programmes in 14 locations who had been assigned to either a waitlist (control) group or programme (intervention) group. Randomisation was used to create two broadly equivalent groups of parents (comparable in known variables such as demographics, family size, religion, and unknown factors), thereby enabling us attribute changes to the impact of the programme, rather than any systematic differences between the two groups, or other explanations such as the passage of time.

All participants completed two questionnaires, one prior to the start of the programme; the other at the end of the programme (post-test). Waitlist parents also completed a third questionnaire in week 8 after receiving their programme.

The index child of each parent (either their only teenager or the teenager about whom they were most concerned when registering for the programme) was also involved at the stage of programme delivery and completed a pre-test and a post-test questionnaire, either by postal or online survey.

Structure of the Report

This report is organised around five chapters. Chapter 1 provides a review of the literature and the policy and practice contexts relevant to the *Parenting UR Teen* programme. Chapter 2 systematically details the study design and methods employed throughout the evaluation, while Chapter 3 provides a full account of the findings from the impact evaluation. In Chapter 4 we present the experiences and perspectives of parents and staff on the programme and of the impact evaluation. In Chapter 5 we conclude with a discussion of the implications of the findings and provide some reflections on lessons learned through the course of the study.

1. ADOLESENCE AND EFFECTIVE PARENTING

In this chapter we provide a summary of some of the key issues facing young people as they negotiate their adolescence, the challenges facing parents, and the importance of authoritative parenting. We set out the policy context in which the current parenting programme was developed, and briefly consider the current evidence-base about 'what works' in helping parents to be effective parents during this critical period their children's lives.

Adolescent Development

Adolescence is the period of development between the ages of 11 and 19 years (WHO 2001a). During adolescence, young people experience significant physiological, psychological and social change: negotiating puberty; completing growth; developing new cognitive skills; learning to manage a range of complex emotions, thinking independently, and establishing their own personal values (Christie and Viner 2005; Fenwick and Smith 1996; Call and Mortimer, 2001; Flynn 1999). They move from being regulated by others to self-regulation and self-control (Tilton-Weaver and Marshall 2008). Much of the scholarly writing on adolescence argues that there are three features of adolescent development that give the period a special flavour and significance: (i) the onset of puberty (ii) the emergence of advanced thinking abilities and (iii) the transition into new roles in society. Steinberg (2008) refers to these three sets of changes i.e. biological, cognitive and social, as fundamental in that they occur universally in adolescents in every society.

The biological changes in adolescence dramatically change the adolescent's anatomy, physiology and physical appearance (Arnett, 2001), and understandably have a significant effect on the individual (Coleman, 2011). Many adolescents experience a period of self-consciousness as they attempt to adapt to these changes (Coleman, 2011). Research has documented the stresses and strains of adolescent development and the changing body. The media's promotion of unattainable images of beauty and perfection do little to comfort teenagers who already have idealised norms for physical attractiveness and – if they do not match up to these – subsequent feelings of inadequacy. A large body of evidence indicates that physical appearance is viewed as much more important for girls than for boys (Harter, 1990) with girls being more likely to be dissatisfied with their appearance than boys (Coleman, 2011). The most influential theory of cognitive development is Piaget's stage theory of cognitive development (Piaget, 1972). The stage most relevant to adolescence begins around the age of eleven, and is known as the stage of formal operations. At this stage adolescents are becoming more capable of thinking logically and abstractly, and have the ability to formulate hypothesis and test them systematically (Arnett, 2010).

This transition can be particularly challenging, not least of all because of its length and the role ambiguity that so often accompanies it, in which young people spend many years being neither a 'child' (in terms of dependency and direction) nor yet an 'adult' (in terms of social roles and responsibilities). Any transition through to maturity involves some level of disturbance, both in relation to internal feelings and attitudes to others. Striving for their own sense of identity, young people distance themselves from family, authority figures and institutional constraints (White 1987; Flynn, 1999) and spend more time socialising with peers (Smith *et al.*, 2001). They are faced with decisions regarding issues such as religion, education, political views, social behaviour. The decisions they make, or wish to make, can conflict with family expectations and those of wider society. During this time of transition, one of the most critical things teenagers need from their parents is an understanding of the process of growing up. However, as Coleman (2001)

points out, it is remarkable how little adults know about the adolescent process. This is unfortunate given that many of the contradictions and tensions apparent in adolescent behaviour can be seen to make sense in the context of the adolescent developmental process.

Parenting Adolescents

Teenagers need their parents for many purposes – to provide love and affection, to set appropriate boundaries, to act as role models in the development of a range of skills, such as negotiation, problem-solving and conflict resolution, and to provide support with the daily stresses of everyday living (Coleman, 2001). Indeed, parents influence many aspects of an adolescent's life, including a range of social, emotional and behavioural problems (Chu *et al.*, 2012). In adolescence, parents have also to accommodate the realities of their child's ever-increasing independence, the increased importance of peers over family (at least in terms of social networks and time allocation), and to manage the worries associated with increased risk taking and vulnerability to the adverse consequences of substance misuse and unprotected sex.

Adolescence can 'throw' the most competent of parents into turmoil (Coleman, 1997; Sheldon and Macdonald, 2009). Parent-youth conflict can occur in the face of conflicting norms and competing authorities and on occasions where there is a breakdown in communication between parent and child (Winder and Angus, 1968; Nelsen, 1996). Coleman (1997) suggests that status ambiguity (when does the young person become an adult) can add to parents' uncertainty about their parenting strategies. For these reasons the teenage years are often referred to as a time of conflict and rebellion, and are frequently portrayed in the media as turbulent and full of angst. Despite this, research indicates that high levels of family conflict are by no means typical (Gillies *et al.*, 2001). Most families only experience a slight increase in conflict coupled with a decrease in physical affection and warmth (Collins and Laursen, 2004). Moderate amounts of conflict between parent and teen are normal and some argue are a necessary part of adolescent development, providing a context in which the adolescent can assert their independence as part of the individuation process (Steinberg and Silk, 2002). Research evidence indicates that adolescents who report moderate amounts of conflict with their parents achieve higher marks in school, report fewer adjustment problems, and have improved self-esteem and ego development than their counterparts who report little or no conflict (Cooper and Cooper, 1992; Adams and Laursen, 2001). Unfortunately, some families experience intense levels of conflict which are associated with psychosocial problems in adolescence and later on in life (Smetana, 1996). Atypically high levels of conflict between parent and teenager are associated with increased delinquency, problems at school, running away and mental health issues (Mooney et al, 2009).

Parental Stress and Mental Health

Parenting stress is viewed as a balance between parents' judgement of a situation and the resources they have to deal with it (Abidin, 1992; Cooper *et al.*, 2009). Parenting stress has been linked to negative parenting and, as a consequence, more problem behaviours in children (Deater-Deckard and Scarr, 1996). Whilst parenting in all families may be considered stressful, the stresses and strains associated with parenting adolescents may be particularly difficult (Coleman, 1997). The key challenge, according to Joshi and Guiterez (2006), is maintain a close relationship whilst respecting the adolescents' desire for greater autonomy and privacy. However, coupled with adolescents' increasing socio-cognitive skills and increased tendency to assert their opinions, this may result in more conflict and arguments within the home.

Parenting stress has been found to affect the physical and psychological health of parents (Abidin, 1992). For instance, Miller *et al.*

(1992) found that parenting stress was linked to parental depression and anxiety. Furthermore, as Parkes *et al.* (2011) point out, how parents deal with their stress may impact on their parenting ability, which in turn can lead to difficulties with the child, resulting in yet more stress. Thus, any strategy/programme which helps lessen parenting stress will have implications for both parent and family wellbeing.

Parental self-efficacy has been identified as a major determinant of parenting behaviours and is associated with child psychosocial and developmental outcomes (Coleman and Karraker, 2003; Bloomfield and Kendall, 2012). Parental self-efficacy refers to an individual's appraisal of their competence within the parenting role (Coleman and Karraker, 1998) and has been shown to play a pivotal role in mental health and the management of parental stress (Bloomfield and Kendall, 2012). Self-efficacy theory (Bandura, 1982; 1977) argues that individuals with a high sense of perceived self-efficacy in relation to a specific task or goal, think, feel and act differently from those who view themselves as inefficacious. Individuals with a high sense of self-efficacy are also more likely to perceive success and failure differently from those with lower self-efficacy (McLaughlin *et al.*, 2008). Parents with high self-efficacy have a tendency to assess situations as less problematic and are more likely to feel confident that any difficulty can be resolved. However, those with lower parental efficacy may feel powerless in difficult situations and are more likely to give up easily when they encounter difficulty.

Despite the increasingly important role played by peers, parents remain an important influence in their teenagers' lives (Steinberg, 2001). Parents are particularly influential in shaping the teenagers' moral and religious attitudes, educational aspirations and the likelihood that they will use alcohol, cigarettes and drugs (Brown; 2004; Nurumi, 2004). Moreover, a warm, healthy relationship between parent and teenager appears to be a key predictive factor in keeping adolescents from engaging in anti-social behaviour (Loeber and Farrington, 1998; Sheldon and Macdonald, 2009).

Authoritative Parenting

Arnett (2010) identifies two aspects of a parent's behaviour that are critical: (i) parental responsiveness - the degree to which a parent responds to the child's needs in an accepting, supportive manner, and (ii) parental demandingness - the extent to which the parent expects and demands mature, responsible behaviour from the child. These critical aspects have been used as the basis for identifying different parenting styles. Baumrind (1968) and Maccoby and Martin (1983) identified four different types of parenting: indulgent, indifferent, authoritarian and authoritative parents. *Indulgent* parents are characterised by responsiveness, but also by low demandingness and are mainly concerned with their child's happiness. *Indifferent* parents are those who display low levels of both responsiveness and demandingness. *Authoritarian* parents use punitive, absolute and forceful discipline, and place a great significance on obedience and conformity. *Authoritative* parents are characterised by their use of warm, firm control and rational discipline. They are involved with their children and, when setting standards and boundaries, are more likely to explain and reason with the young person than be punitive. Authoritative parents encourage verbal 'give and take' by sharing with their child the reasoning behind decisions and 'they solicit the child's objections when the child refuses to confirm'. In this way they 'exert firm control' but do not 'hem the child in with restrictions' (Baumrind, 1978, p 248).

According to Steinberg *et al.*, (2006) the three core components of authoritative parenting style are: showing warmth in that they love and care for their children; providing structure so that the young person has expectations and knows the rules governing his or her behaviour, and giving autonomy by supporting

and encouraging the young person's individuality. Providing a secure environment whereby adolescents can assert their independence is a necessary part of adolescent development (Asmussen *et al.*, 2007). As the teenager achieves increased autonomy the parental role shifts from unilateral authority to one of mutuality (Youniss and Smollar, 1985). A large body of research suggest that this handing over of autonomy is best achieved by parents whose style is *authoritative*. Asmussen *et al.* (2007) argue that whilst authoritative parenting is important throughout a child's life, it is especially significant in adolescence as it encourages autonomy and responsibility through a democratic style of parenting, showing warmth and mutual respect, displaying an open style of communication and developing mutual trust between parent and adolescent. The crucial difference between this and authoritarian parenting is that the approach is child centred, and recognises the young person as a valued part of the interaction (Asmussen *et al.*, 2007). By contrast, the authoritarian style of parenting encompasses less warmth or autonomy and is a much more one directional style of parenting. Permissive parents are more positive towards their children but set relatively few, if any, guidelines for their teenagers' behaviour.

Effects of Authoritative Parenting

These 'good parenting' qualities are associated with healthy adolescent psychological development, leading to a range of positive outcomes (Chu *et al.*, 2012). For instance, research indicates that adolescents of authoritative parents perform better at school; exhibit fewer behavioural problems; are less likely to engage in delinquency or substance abuse and display better emotional adjustment that their counterparts raised in non-authoritative homes (Gray and Steinberg, 1999; Simons and Conger, 2007). Authoritative parents are more likely to be involved in their adolescents' education, increasing the adolescent's levels of school engagement and achievement (Brody *et al.*, 2002). Conversely, authoritarian and permissive parenting is significantly related to lower levels of academic performance (Pittman and Chase-Lansdale, 2001). Authoritative parenting has also been linked to improved social ties with peers and other significant adults, such as teachers (Cui *et al.*, 2002). Conversely, a poor relationship with parents has been linked to higher levels of adolescent psychopathology, including suicide (The Priory, 2005; Steinhausen *et al.*, 2006).

Authoritative parenting has also been associated with children's physical health and wellbeing, for instance, adequate nutrition (Rhee, 2008), active lifestyles (Bradley *et al.*, 2011) and how they cope with chronic health problems such as asthma, diabetes or obesity (West *et al.*, 2010). Teenagers who are given clear rules and guidelines regarding drug and alcohol use by authoritative parents are more likely to comply with these rules and less likely to engage in these behaviours (Cleveland *et al.*, 2005), and to show greater overall self-control (Brody *et al.*, 2002).

Authoritative parenting is associated with enhanced social and emotional competence of adolescents (Chu *et al.*, 2012). Authoritative practices, such as allowing teenagers to engage in decision-making and facilitating increased autonomy, encourage the development of specific skills required in adulthood (Asmussen *et al.*, 2007). In particular shared decision making is associated with higher levels of autonomous functioning in teenagers - the ability to hold and express their own views (Collins and Laursen 2004). Thus, as Asmussen *et al.*, (2007) state, an authoritative style of parenting protects teenagers from many of the developmental risks that they face.

Parental Monitoring

Parental monitoring is associated with a number of positive outcomes e.g. decreased tendency to engage in delinquent behaviour, substance abuse and unsafe sex (Dishion *et al.*,

2001; Patock-Peckham *et al.*., 2011). Parental monitoring, which refers to knowing where your teenagers are, who they are with and what they are doing, is most effective when it occurs within the context of authoritative parenting, where parents are willing to allow their teenagers some degree of autonomy and choice (Stace and Roker, 2005). According to Brookmeyer *et al.* (2005) parental monitoring is one of the most important family related factors that protects against psychological and social risk. Teenagers are less likely to get into trouble if their parents carefully monitor their leisure time, in comparison to teenagers who spend large amounts of 'unsupervised time' with their peers (Stattin and Kerr, 2000). Teenagers who are well monitored are also more likely to do better in school and report greater satisfaction with the parent-teen relationship (Fletcher *et al.*, 2004). Parental monitoring is associated with high levels of communication and support within the parent child relationship (Ceballo *et al.*, 2003). It protects young people against negative experiences and assures them that there is someone who cares for them and looks after them (Bacchinni *et al.* 2011). Adolescents who have experienced high degrees of monitoring throughout their childhood are more receptive to keeping their parents informed of their whereabouts, as they recognise that this parental interest serves a protective function (Stace and Roker, 2005). Thus, parental monitoring is a two way process, including the parents solicitation of knowledge and the adolescents' willingness to make their parents part of their lives. Adolescents must be willing to share their experiences and activities with their parents. Parents who are effective monitors have already established a warm and loving relationship characterised by good communication, and as a result are knowledgeable about their adolescents' daily experiences. Despite parental monitoring being a two way process, relatively little attention is paid by researchers to the role of the adolescent (Stattin and Kerr, 2000).

Policy Context

The UK government has shown increased interest in the support that parents need to bring up children. The 2007 report from the UK to the UNCRC stated that a number of initiatives had been developed since the previous report in 1999, with a substantial increase of investment into publically funded services for children (Cabinet Office, 2007). In England and Wales the Green Paper *Every Child Matters* (DfES 2003) proposed a number of measures to improve the care of children, stating that all organisations needed to be more responsive to the variety of needs of children, young people and their families, with a focus on safeguarding children and young people from harm. Subsequent legislation, policy initiatives and guidance have sought to bring about improvements through early intervention, access to high quality services, safeguarding children's welfare and supporting parents. In England, legislation was introduced to further integrate all services provided to all children and their families (e.g. DH 2004; Children Act 2004).

Policy change in Northern Ireland is often slower, the result of limited legislation relating to children complicated by societal conflict. However since 1998, strategy and policy documents have been developed that aim to improve the lives of children in Northern Ireland. These include: 1) *Children First* (DHSSPS, 1999); 2) *Investing in Early Learning* (Department of Education, 1998); 3) *Our Children and Young People – Our Pledge 2004 (OFMDFM,* a ten year strategy outlining plans aiming to ensure all children and young people are fulfilling their potential (2006-2016), and 4) *Families Matter: Supporting Families in Northern Ireland* (DHSPSS 2007). More recently *Healthy Child, Healthy Future* (OFMDFM, 2010) takes account of the Child Health Promotion Programme (CHPP) and is based on *Health for All Children* (Hall and Elliman, 2006), a new public health framework that offers support to every family with children, such as screening, immunisations, and guidance to parents to

ensure that children and families achieve their best possible health and wellbeing. Of particular interest is their emphasis on parenting support and positive parenting – services which adopt a whole child perspective and an awareness of relationships between child, family and community. The Children and Young People's Strategic Partnership, established in 2011, aims uphold the rights of children and young people from Northern Ireland and improve their wellbeing. The partnership comprises key people across a range of agencies responsible for improving outcomes for children and young people.

Parenting Programmes

Providing support to parents is recognised as a significant factor in improving children's lives, and there is a growing emphasis on structured parenting programmes, often delivered in a group format, that aim to improve parenting and family relationships by providing advice, support and sometimes an opportunity to develop/practice skills. Helping parents learn how to be supportive and more involved in their adolescents' lives has been shown to improve parent adolescent-relationships (Stallman and Ralph, 2007). Communication and problem solving training has been found to help families deal with conflict and enhance social functioning. Additionally, the most effective programmes for addressing problems such as delinquency and substance abuse aim to strengthen family relationships and improve parenting skills (Moore *et al.* 2010). Similarly, Petrie *et al.* (2007) found that those parenting programmes that emphasise strategies for monitoring activities, giving praise and being consistent, are most effective in decreasing problem behaviours in adolescence. Earlier research suggested that positive outcomes following parental programmes can continue for up to four years post intervention (Spoth *et al.*, 1999, 2000).

This accumulating body of evidence indicates that parenting programmes have the potential to lead to better outcomes and lifestyles for both parents and adolescents (Chu *et al.*, 2012). However, most of the research has been conducted outside the UK. A recent Cochrane review concluded that group based parenting programmes are effective in improving child conduct problems, parental mental health and parenting skills (Furlong *et al.,* 2012), however this focused on children aged between three to twelve years. In the UK, few programmes are available for parents of adolescents; those that exist vary in content and few have been rigorously evaluated.

STOP (Supporting Together Offenders' Parents) was developed in line with the principles of the Incredible Years Project (Webster- Stratton *et al.*, 2004), and is one of the few specifically designed for parents of teenagers in the UK. It focuses on building upon and enhancing the parent adolescent relationship (Lindsay *et al.*, 2011), and the key aims of the programme include providing parents with a greater understanding of the adolescent process, enhancing their parenting skills and helping them to have more realistic expectations of themselves as parents. The programme comprises ten weekly sessions (with the possibility of a further three), and topics covered include praising, problem solving and setting the limits. STOP was delivered as part of the West Berkshire CAMHS Parenting project and has provided promising evaluation results. A battery of measures including the Parenting Stress Index (Abidin, 1995), General Health Questionnaire (Goldman, 1972), Eyeberg Child Behaviour Inventory (Eyeberg, 1999) and the Strengths and Difficulties Questionnaire (Goodman, 1997) was administered to parents pre- and post-intervention. Results revealed that, post-intervention, parents reported less parental stress and improved general health (Rivers and Wise, 2007). More recently, in conjunction with the Targeted Mental Health in Schools (TaMHS) Project in West Berkshire, the STOP programme was again evaluated using the same battery of measures. Whilst all of the measures indicated improvements, statistically significant results were only found for the

Strengths and Difficulties questionnaire (Beesley, 2012).

In Northern Ireland, the TATI programme (Talking To your children about Tough Issues) was developed to empower parents to assess their own family situation and to furnish them with the skills to parent effectively (Houlahan, 2009). The TATI programme, which is facilitated by the YMCA in Lisburn, employs highly interactive and participatory techniques. Delivered in three two hour sessions, the underpinning message is that parents' ability to provide a supportive and secure home environment is pivotal in reducing the risk of their teenager developing problem behaviours such as substance abuse (Houlahan, 2009). Whilst the programme focuses on issues such as effective family communication, clear rules and boundaries, a key element is improving parental self-efficacy in order to help parents engage with their children in a consistent and positive manner. The TATI programme is in line with the approach to prevention outlined in the New Strategic Direction for Alcohol and Drugs (DHSSPS, 2006-2011), and was awarded third place in the Health and Personal Social Services (HPSS) Quality Award in 2005. A small, one-group, pre-post survey evaluation indicated that parents reported being more aware of risk factors that could impact on their children, and there was also evidence of increased self-efficacy.

Rationale for the study

Despite better evidence of the role parents play in adolescent development, a significant research gap exists with regards to what interventions can support parents of adolescents (Chu *et al.*, 2012). Moreover, most of the literature that does exist focuses on specific groups, such as adolescents engaging in alcohol or drug use, or those at risk of developing emotional or behavioural disorders. Little is known about the potential impact of adopting an early intervention, broad-based educational approach to parenting adolescents (Chu, *et al.*, 2012).

Most parenting programmes are geared towards early years' interventions (e.g. Triple P, Incredible Years, Roots of Empathy), with the teenage years being largely overlooked. This is somewhat surprising given that parenting adolescents brings forth a new set of challenges for parents who find their changing role and the changes in their adolescent quite daunting and at times very stressful (Coleman, 2011). Whilst there are a few programmes yielding promising results, few have been subject to rigorous evaluation. The *Parenting UR Teen* programme and the evaluation wrapped around it were designed to form a contribution to the development of evidence-based interventions to support the parents of adolescents.

Ethical considerations

The British Psychological Society (BPS, 2009) Ethical Principles for Conducting Research, their Code of Conduct regarding access to and storage of confidential information, and the Research Governance Framework for Health and Social Care (DHSSPS, 2006) were followed. The study was undertaken within the University's Research Governance Framework and ethical approval was obtained from the Research Ethics committee of the School of Sociology, Social Policy and Social Work, QUB. The Committee reviewed the study selection procedures, consent arrangements, participant information sheets, confidentiality arrangements, fieldwork protocols, data handling and storage and security, ensuring that the study met acceptable ethical standards. Protocols were also developed to ensure the safety of researcher and participants (e.g. if risks were identified).

2. IMPACT EVALUATION

The Programme

The *Parenting UR Teen* programme is a group-based intervention, delivered over eight 2 hour sessions, named:

- Building firm foundations.
- Parenting styles.
- Teen development.
- Self-esteem.
- Rules and consequences.
- Conflict.
- Problem solving, and
- Pulling it all together.

Sessions consisted of presentations by programme facilitators, group discussions, role-plays, and problem solving and homework tasks. Full information on the content of the sessions, tasks, and facilitator training information can be found in the *Parenting UR Teen* manual, available from Parenting Northern Ireland. Figure 1 shows the mechanisms by which the *Parenting UR Teen* programme is theorised to produce change. Moving across columns from the left to the right shows the sequence in which events take place, and the effect these events have on parents, family units and teenagers.

Participants

Participants were parents who applied to attend courses run between January 2011 and April 2012 in locations across Northern Ireland and were a parent to an adolescent child who lived with them. For the duration of the study, participation in the study was also an eligibility criterion. Parents were deemed ineligible if they did not live with their adolescent child, or if they had severe mental health difficulties.

Procedure

Recruitment Participants responded to advertisements for a *Parenting UR Teen* programme in their area and registered to attend through the *Parenting NI* helpline. Parents were screened against the inclusion criteria prior to registration. The offer of a place on the programme was contingent upon participants' agreement to be involved in this study.

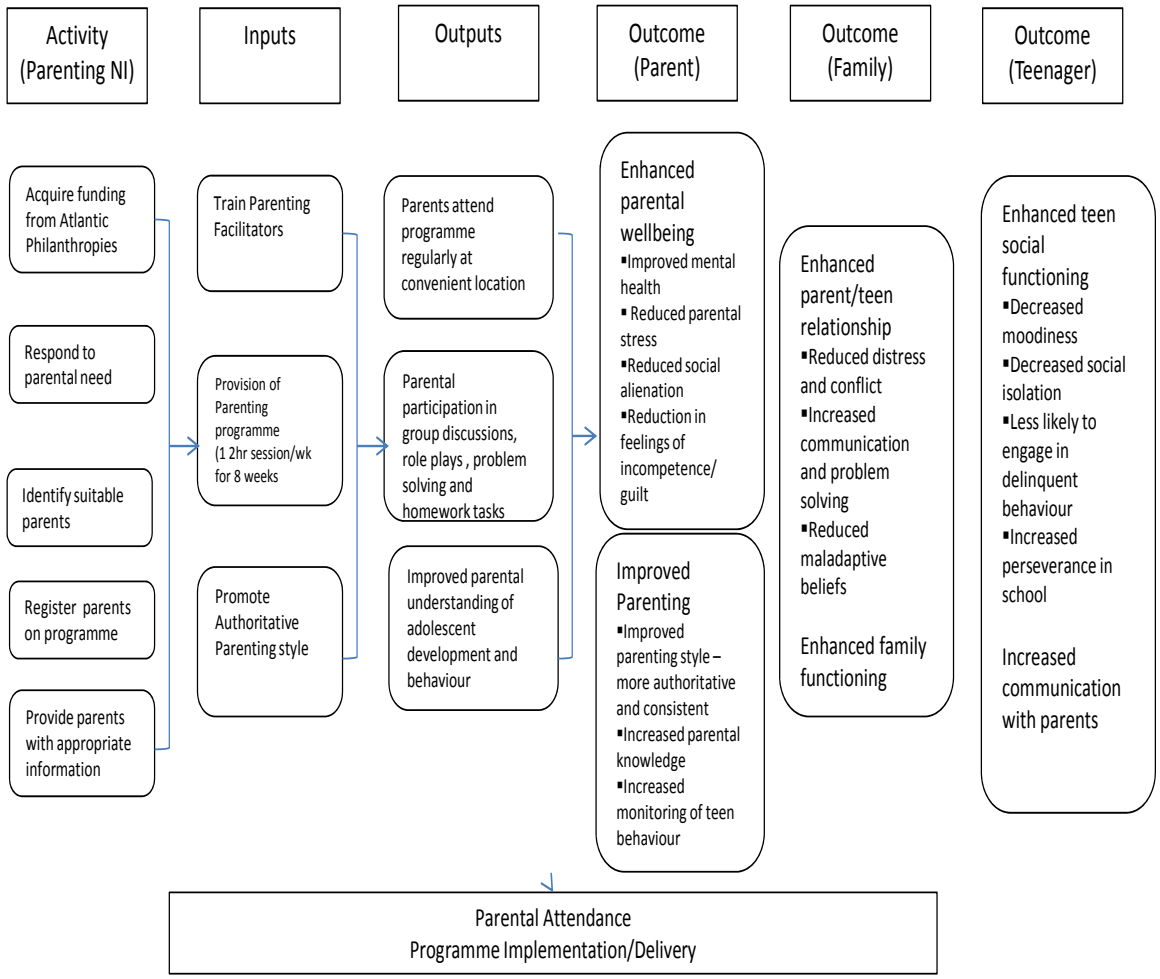
Parenting NI personnel ensured that parents were happy to proceed knowing that they might be randomised to either the wait-list or intervention arm of the study, and checked that they understood what would be required in terms of data collection (for both parent and teen). Once parents had agreed to participated, their names were sent from *Parenting NI* to QUB for randomisation.

Following a number of issues in the early stages of programme implementation, *Parenting NI* was asked to forward names at least 7 working days prior to the start date of a programme. This was to ensure sufficient time to inform parents of their allocation and to collect completed Time 1 questionnaires from those in the wait-list arm (who received and returned their questionnaires by post – see below).

Parenting NI were advised to recruit 24 parents per programme in each location (to achieve two groups of 12) to meet the target sample of the evaluation and to allow for attrition.

Randomisation Eligible parents were randomly assigned (by means of a computer generated random number table) either to the experimental arm or to a wait-list control. Those in experimental arm were offered a place on the advertised programme. Those in

Figure 1: Logic model depicting the theorised effect of the *Parenting UR Teen* programme



the wait-list group received the programme eight weeks later.

For the first sweep of recruitment, participants were allocated to programme (intervention) or waiting list (control) until the group size quota was reached to ensure comparable group sizes. At the second sweep of recruitment, some participants stated they wanted to attend the programme with a friend or partner, and *Parenting NI* informed QUB that these parents would refuse to attend the programme unless this condition was met. Up to this point the protocol dictated that parents could only find themselves in the same arm (and therefore attending the same programme) as the result of the randomisation process. However, this became a recurring theme, so a strategy was devised to accommodate the 'pair' phenomenon and to ensure comparably sized groups. This was to stratify randomisation by 'attend alone' versus 'attend as pair' status. All further groups were block randomised, stratified by pair status, with a block size of four using a computer based random number generator.

Parenting NI contacted parents to inform them of their allocation and start dates for the programme, either by phone or by letter. Parents were not blinded to their allocation onto waiting list (control) or programme (experimental) group.

Figure 2 illustrates the flow of participants (p. 17).

Pre-test/Baseline (experimental and control groups) All parents recruited to the study completed a set of baseline measures.

Intervention Those in the intervention group completed these before the first session of the programme. Parents were asked to attend the session 30 minutes early, and researchers were present to collect completed questionnaires and answer any queries. Parents were issued with a pack for their designated teenager to complete, with a request to return the completed questionnaire and consent letter to QUB using the freepost envelope provided. Any parent who, for whatever reason (including not turning up for the first session), could not do so, was asked to complete the questionnaire at home and return by freepost envelope.

Wait-list Control Approximately one week prior to programme start dates, pre-test questionnaires were posted from *Parenting NI* to those parents allocated to the waitlist control group, together with a letter requesting wait-list parents to return the survey by freepost to QUB within a one week time frame. This included a questionnaire for their designated teenager.

Post-intervention (experimental and control groups) When those in the intervention arm finished the programme, both groups again completed the questionnaires. Those in the intervention group came 30 minutes early to the last session to do so, with researchers on hand to collect them. They were given a follow-up questionnaire pack for their teenager to complete, to be returned to ICCR using the freepost envelope provided or via the on-line option. Parents were asked to encourage all teens to complete as soon as possible

Wait-list Control Those in the wait list control completed a questionnaire during the first and last sessions of their programme, using the procedures described for the Intervention Group.

Measures completed at the first session of the programme attended by those in the wait-list control (which was between one and six weeks after completion of the programme group by parents in the experimental arm) served as the post-intervention completion for control parents. Teenagers of experimental parents only completed a post-test schedule of measures at this point. Teens were issued with a £10 gift voucher on receipt of both completed questionnaires.

Post-intervention (control group only) Parents in the waitlist group completed the same measures after they attended the programme, this time following the last session, with researchers on hand to collect the data. Parents in the wait-list control were then given a questionnaire for their teenagers to complete and return to the ICCR using the freepost envelope provided. Control group teens were also issued with a £10 gift voucher on receipt of both completed questionnaires. Researchers were not blind to experimental status at any stage of the programme.

Figure 2: Flow diagram showing participant numbers, completion rates and loss from study

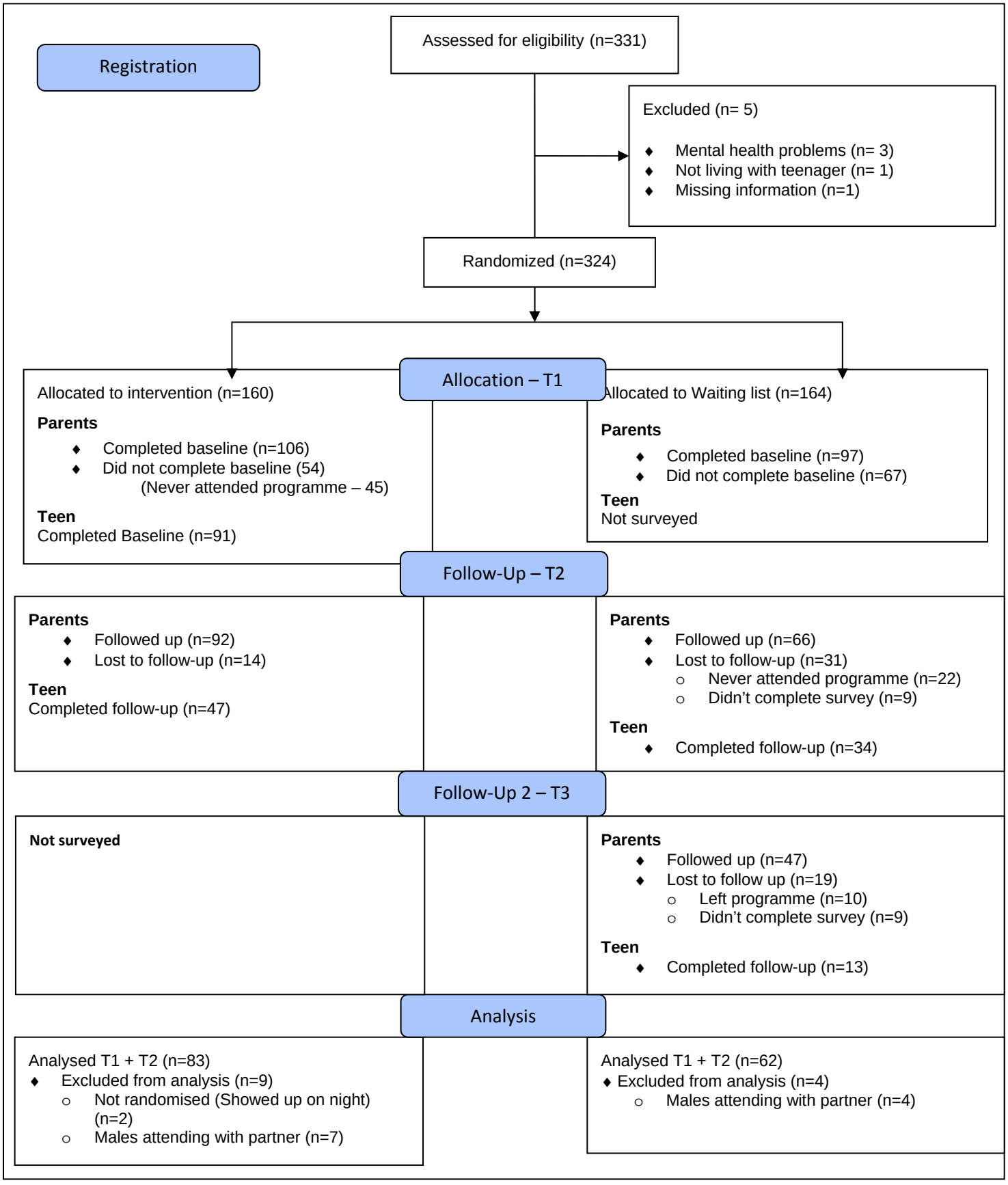
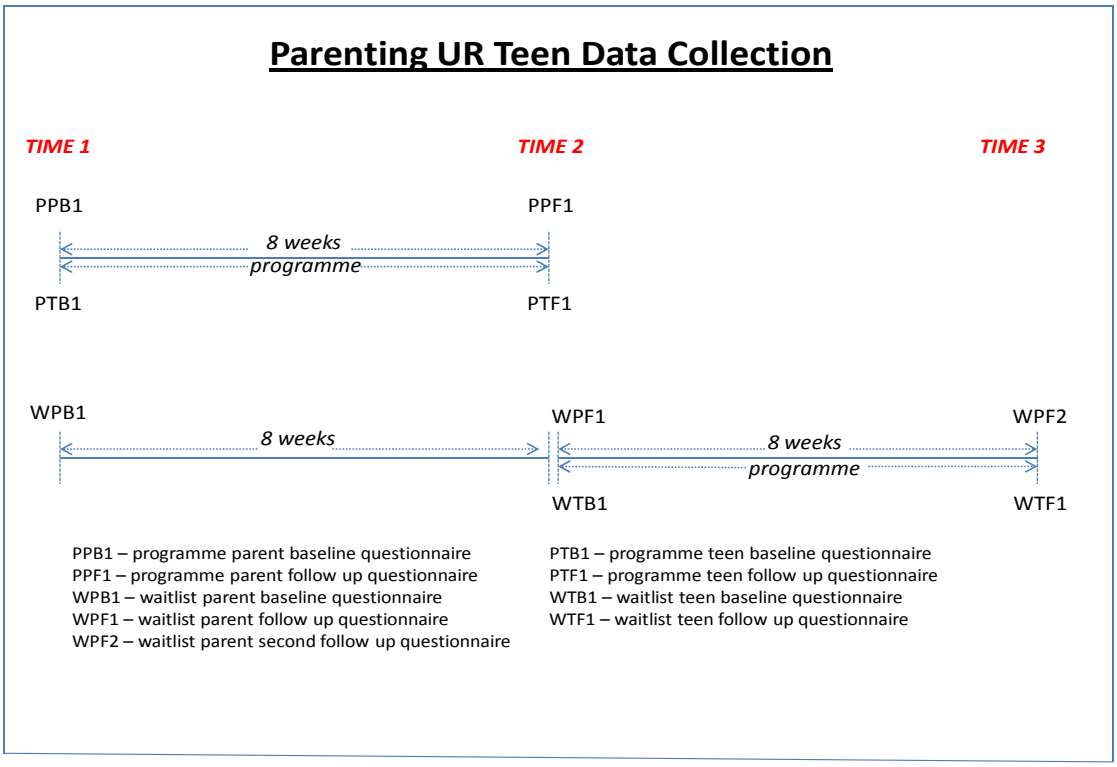


Figure 3: Survey collection framework for the Parenting UR Teen evaluation



Data Retention

Parents in the wait-list control arm were followed up by telephone call and/or reminder letter by *Parenting NI* if their baseline questionnaire was not returned to QUB within the defined time frame. Any parent not completing their questionnaire on the first session of the programme, and who did not return it by post, was also followed up by *Parenting NI* through telephone calls. Similarly, parents absent in week 8 of the programme were also posted a follow-up (post-test) questionnaire pack with freepost envelope. Outstanding baseline teen questionnaires were followed up through contact with parents at the programme and subsequently through a telephone call by *Parenting NI* to their parent.

The expectation of the organisation funding the study (Atlantic Philanthropies) was that the evaluation would run in parallel with the delivery of *Parenting UR Teen* programmes. Information provided to the funders by *Parenting NI* stated that over the course of the project the intervention would be completed by parents of up to 120 adolescents. The study therefore set out to achieve a minimum sample size of 120. The achieved sample size was 145. Further details on response rates are detailed in the results section (see Chapter 3).

Measures Table 1 summarises the measures used to assess the outcomes described in the logic model (see also Figure 1).

The measures used were; the General Health Questionnaire, the Stress Index for Parents of Adolescents, the Parent Adolescent Relationship Questionnaire, and the Stattin and Kerr measures of parental monitoring. Further information on the measures used in the questionnaire appears below.

Table 1: Programme outcomes and measures used to assess them

OUTCOMES	QUESTIONNAIRE MEASURES
Enhanced Parental Wellbeing	
• Improved mental health	General Health Questionnaire (GHQ)
• Reduced parental stress	Stress Index for Parents of Adolescents (SIPA) – parent domain and total stress score
• Reduced social alienation	Stress Index for Parents of Adolescents (SIPA) – social alienation domain
• Reduction in feelings of incompetence/guilt	Stress Index for Parents of Adolescents (SIPA) – incompetence/guilt domain
Improved Parenting Skills	
• Increased parental control	Stattin and Kerr Parental Monitoring - parental control domain
• Increased parental knowledge	Stattin and Kerr Parental Monitoring - parental solicitation domain
• Increased monitoring of teen behaviour	Stattin and Kerr Parental Monitoring - parental monitoring domain
Enhanced Parent/Teen Relationship	
• Reduced stress and conflict	Parent Adolescent Relationship Questionnaire (PARQ) – global distress, eating conflict and school conflict scales
	Stress Index for Parents of Adolescents (SIPA) – adolescent-parent relationship domain
• Increased communication and problem solving	Parent Adolescent Relationship Questionnaire (PARQ) – communication, problem solving and cohesion scales
• Reduced maladaptive beliefs	Parent Adolescent Relationship Questionnaire (PARQ) – malicious intent, ruination, perfectionism and conventionalisation scales
Enhanced Teen Social Functioning	
• Decreased moodiness	Stress Index for Parents of Adolescents (SIPA) – Moodiness/emotional liability domain
• Decreased social isolation	Stress Index for Parents of Adolescents (SIPA)– social isolation/withdrawal domain
• Less likely to behave in delinquent behaviour	Stress Index for Parents of Adolescents (SIPA) – delinquency/anti social domain
• Increased perseverance in school	Stress Index for Parents of Adolescents (SIPA) –Failure to achieve or persevere domain
• Increased communication with parents	Stattin and Kerr Parental Monitoring - child disclosure domain

Parent Measures

Demographics (Census Questionnaire, NISRA, 2011) This measure is an adaptation of the demographic measure detailed in the 2011 Census Questionnaire. The questions ask parents their gender, age category, religion ('Do you belong to any particular religion? If Yes please state') and nationality ('British, Irish, Northern Irish, Other (please state)').

General Health Questionnaire *(GHQ)*, (Goldberg, 1978) The GHQ is a self-administered screening instrument designed to detect diagnosable mental health conditions. It targets two areas: (1) the inability to carry out normal functions and (2) the appearance of distress. The 12 item version was used in the surveys.

Parent Adolescent Relationship Questionnaire *(PARQ Parent Version)*, (Robin *et al.*, 1990). The PARQ examines the relationships between adolescents and parents. Based in behavioural family systems therapy, the PARQ has three main domains: Conflict/skill deficits; Beliefs, and Family Structure. The subscales of each domain that were used in the questionnaires are defined below.

PARQ Conflict/skill deficits domain

i. *The Global Distress Scale* –assesses overall dissatisfaction with the parent-adolescent relationship, evidence of general conflict, and desire for change.

ii. *The Communication Scale* – assesses specific positive and negative communication skills (e.g. interrupting, blaming, monopolising the conversation, arguments, listening, understanding, having consideration for each other's feelings).

iii. *The Problem Solving Scale* – assesses the parent's and teenager's ability to resolve specific disputes and conflicts effectively. Items on this scale tap into the skills needed to solve problems.

iv. *The School Conflict (SCH) Scale* – assesses the extent to which the parent and the adolescent argue about (a) school, (b) schoolwork, (c) getting to school on time, (d) homework, (e) tests and exams, (f) grades, (g) studying, (h) other school related activities.

v. *The Eating Conflict Scale* – assesses the extent to which the parent and adolescent argue about (a) food, (b) eating, (c) weight, (d) desire for thinness, (e) exercise, (f) appearance related issues.

PARQ The beliefs domain

i. *The Malicious Intent Scale* – appears on the PARQ parent schedule only and assesses a parent's belief that the adolescent misbehaves on purpose to anger, hurt, annoy, upset or shock parent(s).

ii. *The Perfectionism Scale* – appears on the PARQ parent schedule only and assesses a parent's belief that a teenager should behave flawlessly at all times, or it is a catastrophe. This includes but not limited to (a) perfect school performance, (b) taking care of personal possessions, (c) making excellent choices regarding friends and high-risk behaviours.

iii. *The Ruination Scale* – is on both the PARQ parent and adolescent schedules. For the parent, RUIN assesses a parent's belief that if a teenager is given too much freedom, the teenager may do things that could ruin his/her life and cause him/her to grow up and irresponsible adult.

PARQ family structure domain

The Cohesion Scale –assesses a continuum of family togetherness from very connected, over-involved to very disconnected, alienated and disengaged.

Conventionalization

Conventionalisation assesses the extent to which family members are responding in a socially desirable manner, including exaggerating the positive characteristics and minimizing the negative characteristics of the family.

Stress Index for Parents of Adolescents (SIPA), (Sheras and Abdin, 1998) The SIPA is a screening and diagnostic instrument that identifies areas of stress in parent-adolescent interactions and is appropriate for parents of adolescents aged 11-19 years. Four subscales measure adolescent characteristics including: (1) moodiness/emotional liability; (2) social isolation/withdrawal; (3) delinquency/ antisocial behaviour, and (4) failure to achieve or persevere. A further three subscales measure parent characteristics: (5) life restrictions, (6) social alienation, and (7) incompetence/guilt.

Stattin and Kerr Parental Monitoring, (2000) These questions relate to possible family-level risk processes, namely: the quality of the relationship between parent and child and the strategies that parents use to monitor and supervise the behaviour of their children. This scale provides a measure of parents' perceptions of knowledge of their child's behaviour outside the home, together with measures of three sources of knowledge: child self-disclosure of free time activities and associations, parental solicitation of knowledge and parental control (knowledge of the child's whereabouts gained by limiting time spent outside of the house).

Adolescent Measures

Demographics (as above)

Strength and Difficulties Questionnaire (SDQ), (Goodman, 1997) The SDQ is a brief behavioural screening questionnaire relevant for teenagers. Items are divided between 5 scales, (1) emotional symptoms, (2) conduct problems, (3) hyperactivity/inattention, (4) peer relationship problems and (5) pro-social behaviour. The sum of scales (1) through to (4) can be used to give a total difficulties score.

Parent Adolescent Relationship Questionnaire (PARQ), (Robin *et al.*, 1990) (Adolescent Version) As above the PARQ examines the relationships between adolescents and parents. Based in behavioural family systems therapy, the PARQ has three main domains, (1) conflict/skill deficits, (2) beliefs and (3) family structure. Subscales relevant to the adolescent are defined below.

PARQ Overt Conflict/Skill Deficits Domain

1. *The Global Distress Scale* As above.
2. *The Communication Scale* –See above. On the adolescent PARQ, the overall level of communication is scored separately by adolescent communication with the mother and adolescent communication with the father.
3. *The Problem Solving* Scale See above. For the PARQ adolescent, the overall level of problem solving is scored separately for adolescent problem solving with the mother and adolescent problem solving with the father.
4. *The School Conflict Scale* As above. For the adolescent, school conflict is scored separately for conflict with the mother and with the father.
5. *The Eating Conflict Scale* As above.

PARQ Beliefs Domain

1. *The Ruination Scale* The teen scale assesses an adolescents belief that parental restrictions will ruin the teenage years and interfere with personal enjoyment, same and opposite sex peer relations and recreational activities.
2. *The Autonomy Scale* assesses an adolescent's belief that he/she should have as much freedom as he/she desires from parental restrictions and rules.
3. *The Unfairness Scale (TEEN)* assesses an adolescent's belief that parental rules and restrictions are intrinsically unjust and unfair.

PARQ Family Structure Domain

The Cohesion Scale – The COH assesses a continuum of family togetherness from very connected, over-involved to very disconnected, alienated and disengaged.

***Stattin and Kerr Parental Monitoring* (2000)** This scale also provides a measure of child's perceptions of the knowledge that their parent(s) have about their behaviour outside the home, together with measures of three sources of knowledge: child self-disclosure of free time activities and associations, parental solicitation of knowledge and parental control (knowledge of the child's whereabouts gained by limiting time spent outside of the house).

Analyses

Descriptive Statistics Summary statistics describe the characteristics of all participants in the programme. Further summary tables are presented, relating to the characteristics of participants included in the primary and secondary analyses, along with an assessment of the comparability of the programme and waiting list groups.

Attrition Analysis With loss to follow up from the study as the outcome, regression analyses were used to assess characteristics relating to attrition from the study, in order to determine whether certain characteristics predisposed individuals to drop out of the study, thereby possibly moderating the impact of the programme on the outcomes.

Primary analyses were based on a comparison of the programme and waiting list groups, with analyses conducted on an intention to treat basis i.e. 'once randomised, always analysed'. That is, changes in outcome measures were assessed on all those randomised. There was one exception to the intention to treat approach: the majority of males who attended were there with their partners. Males who attended as a couple may have a different response to the programme, influenced by their partners' attendance above and beyond the influence of being male. We therefore took the decision to drop from the analyses those males who were attending the programme with their partners. Males attending by themselves were retained. All males were included in the ancillary analyses, to assess the variations due to gender after accounting for whether or not they attended as a couple.

Effectiveness

Change Score The change score was used to assess outcomes for parents from Time 1 to Time 2 (the 8 weeks of the programme for the programme parents, and 8 weeks of no intervention for waitlist parents). The change score is simply the change in parental measures between Time 1 and Time 2. It shows the amount of change in a particular outcome across the 8 week period e.g. the reduction in parental stress.

Change score regression was used to quantify the difference in improvement between the experimental and wait list groups. Since characteristics of individuals may influence how they respond to the programme, these regression models assessed if respondent characteristics affected the amount of improvement they experienced due to participating in the programme.

The conventionalisation scale may be an indicator of whether or not parents were reporting socially desirable, rather than honest answers. Regression models assessed whether controlling for level of conventionalisation affected the results of the analyses.

Ancillary Analyses

The main analysis looked at outcomes, comparing the two groups of parents randomised to experimental and wait-list controls before and after the former participated in the programme. Information on change for wait-list parents was also collected following their subsequent participation in the programme, and information was also obtained from those designated teenagers who filled in surveys at the beginning and end of the 8 week programme.

These latter data allow us to explore how changes due to the programme vary by facilitators, programme rounds, and programme sites. This is important for describing the importance of delivery, practice

effects, audience etc. for success of the programme. These analyses also examined whether any demographic or other factors influenced levels of improvement after participation in the programme. Teenagers' surveys were collected only before and after the programme, hence the analysis of teenager data forms part of this section.

Adherence, Quality and Dose-response Analyses

Parenting UR Teen was delivered 28 times during the study. Observational data were collected for each individual delivery of the programme, in order to assess programme fidelity i.e. the degree to which the programme was implemented as intended by its developers (Dusenbury *et al.*, 2003).

Five core elements of fidelity have been identified: i) adherence to an intervention, ii) exposure or dose, iii) quality of delivery, iv) participant responsiveness, v) programme differentiation (Carroll *et al.*, 2007).

i) Adherence to the Intervention was addressed through a structured observation schedule based on the *Parenting UR Teen* session plans defined in the programme manual. The core content of each session plan was identified and endorsed by the programme Director and the Chief Executive of *Parenting NI.*

ii) Exposure / dose Data were recorded and obtained from *Parenting NI* on parent attendance, for inclusion in the analysis to account for variability in *exposure or dose* during programme implementation.

iii) Quality of delivery This was assessed by means of a 'Leader Observation Tool (LOT)', adapted from the fidelity measure for the 'Incredible Years Parenting Programme' (Eames *et al.*, 2007). Facilitators were scored on 18 standard behaviour categories that formed the basis of four skill subgroups; (1) listening, (2) empathy, (3) physical encouragement, and (4) positive behaviour (Eames *et al.*, 2007). The LOT was scored during two 10 minute observation periods, chosen to assess the facilitators' behaviour whilst a) presenting course material, and b) managing a group work/feedback session.

An average of the scores for the two observation periods was used to produce an overall score for each session. Examples of behaviours within categories were also recorded by researchers.

In the early stages of LOT implementation, it became evident that the number of defined behaviour categories did not account for the variation in different behavioural responses, either on behalf of the parent or facilitator. All (nine) researchers involved in the collection of LOT data met to discuss further categories that could be added to the original LOT to account for such variation. The revised version was used through to completion of the evaluation in Stage Two (see Appendix 3).

As the LOT observations were conducted by 'live coding' of the group (Eames *et al.*, 2007), inter-rater reliability was assessed to ensure accuracy across the board. A video recording of a sample *Parenting UR Teen* session was observed by all QUB researchers for the two defined time slots of the LOT. Researchers were instructed to score each 10 minute session as they would during a normal evening at the programme. Scores from the video session were used to calibrate responses from different researchers, so that overall ratings for each observed session were independent of any tendency for some raters to give higher or lower scores than others.

iv) Participant responsiveness Observers counted the number of times participants performed positive interactions in areas such as: engagement with facilitator, personal reflection, reframing behaviour, displays of enthusiasm, breakthrough moments etc. (see Appendix 3 for full listing of categories).

v) Programme differentiation Measures of (i) adherence to an intervention, (ii) exposure or dose, (iii) quality of delivery, (iv) participant responsiveness detailed above, were used to assess which elements of the programme were associated with overall outcomes for parents. The programme developers did not identify

any elements of the programme as 'key components', rather the programme functioned holistically, hence the identification of differentiating components is tentative.

Multilevel regression models, accounting for pre-programme levels, with post-programme measures as the outcome variable, were used to assess the extent to which adherence, delivery quality and exposure to the programme affected the magnitude of post-programme improvement.

Ancillary analyses Differences in rates of improvement across gender, age, number of children and attendance as a couple were analysed using multilevel models controlling for pre-programme outcome scores.

Teenager analyses We first investigated the reasons for not completing the survey before and/or after their parents attended, including the characteristics of teenagers' and parents, and teenagers' and parents' pre-programme measures (where available). Changes in teenager-reported outcomes after their parents' attendance at the programme were analysed using *t*-tests.

3. RESULTS

Of the 324 parents registered on the programme, survey data for Time 1 and Time 2 were available for 145 (47%) parents; 83 (55%) of the programme group and 62 (39%) of the waiting list group.

Table 2 profiles the number of completed surveys returned at each stage of the study as a percentage of the total number of individuals originally registered on the programme. It also shows the numbers available for the two phases of the analysis, the RCT analysis and the secondary analysis; these totals and percentages are calculated after excluding from the RCT analysis males attending with their partners, and people attending without being randomised.

The majority of loss from the study occurred between randomisation and the beginning of data collection, either from parents not attending the programme, or parents on waiting list not responding to the postal survey (see Figure 2, page 17).

Missing data Table 3 gives a breakdown of the pattern of missing data. There were five parents who attended the programme but who did not respond to any surveys (Exp 1; Control 4). 15 parents (Exp 15, Control 0) did not attend at the last week of the programme, therefore did not complete a Time 2 survey on the last night, and did not return a survey posted to them, despite follow-up. There were 118 parents (Exp 45; Control 73) who did not attend the programme at any stage, and never engaged with the research. In total, 203 parents attended the programme, 190 of whom were eligible for inclusion in the study.

Table 2: Total number of surveys by respondent type and collection phase

	(Experimental Group)		(Control group)		Total	
	Maximum	Achieved	Maximum	Achieved	Maximum	Achieved
Adult						
Time 1 (Baseline)	160	106 (66%)	164	97 (59%)	324	203 (63%)
Time 2 (Follow up 1)	160	94 (59%)	164	80 (49%)	324	174 (54%)
Time 3 (Follow up 2)	0	0	164	56 (34%)	164	56 (34%)
Time 1 and Time 2 (RCT analysis)	150	83 (55%)	158	62 (39%)	308	145 (47%)
Secondary analysis	160	92 (58%)	164	54 (33%)	324	146 (45%)

Table 3: Patterns of attrition / data loss from analysis

Response patterns	Complete data	Lost from analysis
No survey response – attended programme	~~~	5 (3%)
Partial survey response	~~~	25 (15%)
Never attended programme	~~~	118 (72%)
Left programme by week 8	~~~	15 (9%)
Responded at Time 1 and Time 2	145 (100)	~~~
Total	145	163

Table 4: Programme characteristics for those lost from RCT analysis

	Included (% of variable)	Lost from analysis (% of group)	Loss Odds ratio (95% CI)
Total	145	163 (53)	
Allocation			
Waiting List	62 (42)	96 (61)	Reference
Programme	83 (57)	67 (45)	0.51 (0.33, 0.79)**
Round			
One	33 (22.8)	29 (46.8)	Reference
Two	36 (24.8)	45 (55.6)	1.42 (0.73, 2.76)
Three	18 (12.4)	26 (59.1)	1.64 (0.75, 3.59)
Four	37 (25.5)	33 (47.1)	1.01 (0.51, 2.01)
Five	21 (14.5)	30 (58.8)	1.63 (0.77, 3.44)
Site			
One	8 (5.5)	9 (5.5)	0.75 (0.27, 2.11)
Two	5 (3.4)	9 (5.5)	1.2 (0.37, 3.84)
Three	40 (27.6)	60 (36.8)	Reference
Four	30 (13.8)	21 (12.9)	0.70 (0.34, 1.45)
Five	11 (7.6)	8 (4.9)	0.48 (0.18, 1.31)
Six	16 (11.0)	15 (9.2)	0.63 (0.28, 1.41)
Seven	13 (9.0)	9 (5.5)	0.46 (0.18, 1.18)
Eight	24 (16.6)	20 (12.3	0.56 (0.27, 1.14)
Nine	8 (5.5)	12 (7.4)	1.00 (0.38, 2.66)

Significant difference at 0.05* , 0.01** and 0.001*** levels

Study completion and loss to follow up

Table 4 shows the proportions lost from analysis by characteristics of the programme relating to them. It was more common to lose parents from the waiting list than from the programme. This is most likely due to the different mode of survey completion i.e. postal vs. completion in person at first night of the programme. Also, they had not yet engaged with the researchers nor had they received any service from *Parenting NI*. There was no difference in the proportions lost across the rounds of the programme, or by the site where the programme took place.

Table 5 shows the demographic characteristics relating to loss from the study; females were slightly more likely than males not to complete, although no other characteristics were associated with study loss.

Table 6 shows the distribution of respondents by programme characteristics, for the waiting list and programme groups. The percentage of respondents in each wave of the programme, and across the different programme locations, is similar for groups in both arms, indicating that there were no problems with the randomisation into each group, nor were there problems of selective dropout of respondents from some rounds or locations.

Table 7 shows the demographic characteristics of respondents in the programme and waiting list groups. Again, the percentage of respondents in each wave of the programme, and across the different programme locations, is similar for groups in both arms, suggesting that randomisation succeeded in establishing equivalent groups, and that any attrition due to drop-out was 'random' and unlikely to have introduced a systematic bias which might have impacted on the findings.

Table 5: Demographic characteristics for those lost from the RCT analysis

	Complete data (% of total)	Lost from analysis (% of group)	Loss Odds ratio (95% CI)
Total	145	163	
Mean age(s.d.)	***44.4 (0.58)***	***41.0 (1.17)***	
30 to 39 Years	22 (15)	11 (33.3)	Reference
40 to 44 years	37 (26)	6 (14.0)	0.32 (0.11, 1.00)
45 to 49 years	38 (26)	6 (14.0)	0.32 (0.10, 0.97)
50 to 75 years	18 (12)	2 (10.0)	0.22 (0.04, 1.13)
Missing info.	30 (21)	138 (82.1)	9.20 (4.03, 20.98)
Gender			
Male	10 (7)	2 (16.7)	Reference
Female	134 (92)	41 (23.4)	1.53 (0.32, 7.27)
Missing info.	1 (1)	120 (99.2)	600 (49.0, 7205.20)
Employed			
No	37 (26)	10 (21.3)	Reference
Yes	78 (54)	15 (16.1)	0.71 (0.29, 1.73)
Missing info.	30 (21)	138 (82.1)	17.02 (7.63, 37.97)
Relationship Status			
Single	14 (9)	2 (12.5)	0.70 (0.14, 3.38)
Married	73 (50)	15 (17.1)	Reference
Cohabiting	3 (2)	3 (50.0)	4.87 (0.89, 26.48)
Separated	10 (7)	2 (16.7)	0.97 (0.19, 4.90)
Divorced	9 (6)	3 (25.0)	1.62 (0.39, 6.71)
Widowed	4 (3)	0 (0)	~~~
Non-cohabiting partner	1 (1)	0 (0)	~~~
Missing	31 (21)	138 (81.7)	21.66 (10.99, 42.70)
Number of children			**Linear trend 0.79 (0.52, 1.20)**
One	20 (14)	5 (20.0)	
Two	40 (28)	13 (24.5)	
Three	33 (23)	2 (5.7)	
Four	18 (12)	5 (21.7)	
Five	3 (2)	0 (0)	
Seven	1 (1)	0 (0)	
Missing info.	30 (21)	138 (82.1)	

Table 6: Programme characteristics for RCT analysis sample

		Waiting list	Programme
Round			
	One	16 (25.8)	17 (20.5)
	Two	15 (24.2)	21 (25.3)
	Three	5 (8.1)	13 (15.7)
	Four	19 (30.7)	18 (21.7)
	Five	7 (11.3)	14 (16.9)
Site			
	One	2 (3.2)	6 (7.2)
	Two	1 (1.6)	4 (4.8)
	Three	22 (35.5)	18 (21.7)
	Four	7 (11.3)	13 (15.7)
	Five	5 (8.1)	6 (7.2)
	Six	6 (9.7)	10 (12.1)
	Seven	5 (8.1)	8 (9.6)
	Eight	10 (16.1)	14 (16.9)
	Nine	4 (6.5)	4 (4.8)
	Total	**62**	**83**

Table 7: Demographics for RCT analysis sample

	Waiting list (% of group)	Programme (% of group)
Mean (s.d.) age	43.4 (5.99)	45.2 (6.25)
30 to 39 Years	12 (19)	10 (12)
40 to 44 years	16 (26)	21 (25)
45 to 49 years	15 (24)	23 (28)
50 to 75 years	5 (8)	13 (16)
Missing info.	14 (23)	16 (19)
Gender		
Male	6 (10)	4 (5)
Female	56 (90)	79 (95)
Employed		
No	19 (31)	18 (22)
Yes	29 (47)	49 (59)
Missing info.	14 (23)	16 (19)
Relationship Status		
Single	8 (13)	6 (7)
Married	27 (44)	46 (55)
Cohabiting	1 (2)	2 (2)
Separated	5 (8)	5 (6)
Divorced	4 (6)	5 (6)
Widowed	1 (2)	3 (4)
Non-cohabiting partner	1 (2)	0 (0)
Missing	15 (24)	16 (19)
Number of children		
One	9 (15)	11 (13)
Two	17 (27)	23 (28)
Three	13 (21)	20 (24)
Four	8 (13)	10 (12)
Five	0 (0)	3 (3)
Seven	1 (2)	0 (0)
Missing info.	14 (23)	16 (19)
Total	62	83

Pre-post data for experimental and wait-list control

Table 8 shows the results for parental outcome measures. In the GHQ, scores above four are usually considered as indicative of potential mental health problems. There was a reduction in scores for both groups over the 8 week period; with the decrease being much larger for those attending the programme. The PARQ and SIPA scales are standardised to a percentile scale based on data for the general population. For most of the PARQ measures, a higher score indicates a poorer outcome. The exception is the conventionalisation measure (see Table 12) where higher scores indicate that respondents are presenting socially desirable answers; scores above 60 on this measure suggest that parents are presenting an overly positive view of family functioning and consequently their scores for other items may be questionable. At baseline, only four respondents had scores above 60. For the other scales, scores between 46 and 55 are considered in the normal range, while scores above 66 are considered highly elevated.

The Stattin and Kerr measures are not scaled according to 'problematic' cut points, but high scores on these scales indicate higher levels of the behaviours e.g. exerting greater amounts of control. For the SIPA items, scores above the 85th percentile indicate potential problems, with scores over the 90th percentile indicating clinically significant issues.

For the SIPA; the 'parent domain' percentile score is based on the mean percentile scores for the Social alienation and Incompetence/Guilt scores. As two parental subscales (life restrictions and relationship with partner) were not asked in the survey, the percentile could not be calculated based on raw scores. For the same reason, the Total Stress Score was calculated as the mean of the percentile scores for the Adolescent, Parent, and the Adolescent-Parent relationship domains. Using this method to calculate total adolescent percentile scores produced results that were very similar to those based on the population norm tables, and hence this method should provide valid measures on the percentile scale.

At Time 1 the mean scores for the domains social alienation, incompetence/guilt and parent stress and the total stress score were all above 66, indicating that high levels of problems relating to parental well-being among the participating parents (Table 8). There were no differences between the groups in mean scores at Time 1, with the exception of the total stress score which was higher among the control group than for the experimental group. Scores for the well-being measures amongst parents in the experimental group seemed to decrease more over time than scores for those in the control arm. There was little evidence of a trend for the parenting skills measures.

Most of the mean scores for the family outcome measures were in the normal range, with the exception of the global distress measure, which was near the 'problem' cut point of 66 in both groups, and the adolescent-parent relationship domain, which was highly elevated, indicating high levels of problems in this domain (see Table 9).

All mean scores for communication and problem solving, and maladaptive beliefs fell within the normal range. The mean scores were comparable at baseline apart from there being higher levels of problematic adolescent-parent relationships among the control group than the experimental group. There was a trend for greater reduction in problems among the experimental group than among control.

Table 8: Scores for parental outcome measures

	Waiting list			Programme		
	N	Time 1	Time 2	N	Time 1	Time 2
		M (s.d.)	M (s.d.)		M (s.d.)	M (s.d.)
Enhanced Parental Well-being						
GHQ	47	4.1 (3.58)	3.9 (4.00)	61	4.7 (3.78)	2.3 (3.05)
SIPA Social Alienation	59	72.0 (21.65)	73.1 (23.36)	80	68.3 (28.16)	59.2 (30.86)
SIPA Incompetence/Guilt	58	87.4 (12.83)	84.1 (17.60)	74	85.9 (19.02)	73.1 (24.25)
SIPA Parent Domain	60	79.7 (14.32)	78.5 (17.07)	81	77.0 (21.52)	66.1 (25.51)
Total Stress Score	**60**	**70.2 (10.64)**	**69.6 (12.68)**	**80**	**65.3 (14.31)**	**58.1 (18.11)**
Parenting skills						
Stattin and Kerr						
Parental Control	62	22.0 (3.86)	21.8 (4.72)	83	23.0 (3.14)	22.9 (3.48)
Parental Monitoring	61	26.7 (4.31)	27.1 (3.93)	83	27.8 (4.61)	28.5 (4.67)
Parental Solicitation	61	14.4 (2.59)	14.7 (2.27)	82	15.0 (2.09)	15.4 (3.25)

Bold denotes significant difference in Time 1 scores between experimental and control groups

Table 10 shows the Time 1 and 2 scores for the teenager outcomes. Most of the teen measures fell within the normal range, although the moodiness/emotional liability measure, and the total adolescent score verged towards the problematic 85th percentile level. There were differences in the mean level of the delinquency subscale, adolescent stress domain, adolescent-parent relationship domain, and total stress score comparing the waiting list and programme groups. For all of these scales, the control group had higher average problem scores than the experimental group.

Table 9: Scores for family outcome measures

	Waiting list			Programme		
	N	Time 1 Mean (s.d)	Time 2 Mean (s.d)	N	Time 1 Mean (s.d)	Time 2 Mean (s.d)
Reduced distress and conflict						
PARQ						
Conflict/Skills deficit						
Global Distress	61	66.4 (12.64)	64.7 (14.59)	80	65.7 (10.8)	56.9 (11.7)
School Conflict	60	55.4 (11.35)	54.9 (11.73)	82	55.8 (10.09)	51.2 (8.75)
Eating Conflict	60	58.3 (15.49)	56.6 (17.3)	79	59.4 (14.91)	52.3 (11.19)
Adolescent-Parent relationship						
SIPA Stress Index for Parents of Adolescents	**58**	**82.9 (15.37)**	**82.1 (16.28)**	**78**	**73.4 (22.05)**	**63.6 (25.63)**
Increased communication and problem solving						
PARQ Communication	61	64.4 (12.18)	62.2 (13.33)	78	64.0 (10.73)	54.6 (10.56)
PARQ Problem Solving	61	64.2 (11.15)	61.5 (11.35)	78	62.6 (9.48)	55.3 (8.98)
PARQ Cohesion	62	56.3 (12.86)	55.2 (12.24)	80	54.2 (10.21)	50.6 (8.77)
Reduced maladaptive beliefs						
PARQ Malicious Intent	61	51.8 (11.07)	51.3 (10.99)	82	52.4 (9.65)	46.8 (6.35)
PARQ Ruination	60	46.8 (12.48)	47.1 (12.94)	82	49.1 (11.91)	46.1 (10.04)
PARQ Perfectionism	62	45.4 (11.18)	46.5 (10.53)	82	45.7 (8.88)	43.8 (8.16)
PARQ Conventionalisation	62	42.3 (7.75)	42.5 (8.12)	80	42.9 (5.95)	47.1 (8.22)

Bold type denotes significant difference in Time 1 scores between experimental and control groups

Table 10: Scores for teenager outcome measures

	Waiting list			Programme		
	n	Time 1 M (s.d)	Time 2 M (s.d)	n	Time 1 M(s.d)	T2 M (s.d)
Enhanced teen social functioning						
SIPA Stress Index for Parents of Adolescents						
Moodiness / Emotional liability	55	84.6 (16.91)	79.7 (22.29)	71	79.3 (20.37)	67.2 (26.93)
Social Isolation	55	74.5 (19.74)	68.0 (25.29)	79	70.0 (23.94)	61.0 (28.55)
Delinquency	**56**	**72.7 (24.97)**	**71.5 (24.88)**	**76**	**62.9 (26.14)**	**54.8 (27.36)**
Failure to achieve	55	91.5 (9.66)	91.6 (10.29)	75	88.6 (11.34)	84.9 (15.60)
Adolescent Domain total score	**46**	**87.6 (12.87)**	**84.3 (16.87)**	**65**	**80.8 (16.85)**	**71.9 (23.04)**
Increased communication with parents						
Child Disclosure	61	12.8 (2.85)	13.6 (4.78)	82	13.5 (3.23)	14.5 (3.21)

Bold type denotes significant difference in Time 1 scores between experimental and control groups

Effect of the programme on outcomes

The following tables show the mean change scores for the outcome measures used. A positive number for the GHQ, PARQ and SIPA measures, indicates a reduction in the magnitude of the measure over time i.e. an improvement. For the Stattin and Kerr measures, a positive number indicates a reduction in the amount of that parenting behaviour. Statistical tests for difference between the two groups can be found in Appendix 1; the results here will be described as 'the programme having an effect' if a group mean difference is statistically significant at the 0.05 level, or 'no evidence of an effect' at significance levels above 0.05.

Parent Outcomes

In terms of parental well-being, the results suggest that the programme had a positive effect on parents' mental health, and that it reduced parental stress, feelings of social alienation and feelings of guilt and incompetence surrounding parenting (see Figure 4).

There was no suggestion that the programme influenced the Stattin and Kerr Measures of parenting, and no difference between the experimental and control groups on any measure of parental control of their child's activities, monitoring of their activities or the extent to which they tried to communicate with their child about their day to day activities. The study included no objective measure of the change in parenting knowledge for analysis.

Figure 5 shows the findings relating to family outcomes. In terms of conflict; the programme did appear to lead to lower levels of overall distress, conflicts about school, and conflict about meals and eating. Similarly, the programme group saw greater improvements in communication, problem solving, and family cohesion, and lower levels of stress relating to the relationship between parents and teens. In terms of maladaptive beliefs, parents after the programme were less likely to interpret their teen's behaviour as malicious, were less likely to think that their teen's bad behaviour would end in disaster or ruin. Parents who completed the programme were less likely to feel their teenager should behave flawlessly at all times, however they were more likely to respond in a socially desirable manner (i.e. to exaggerate positive family characteristics and minimise negative characteristics).

Figure 4: Change in parental outcomes by group allocation

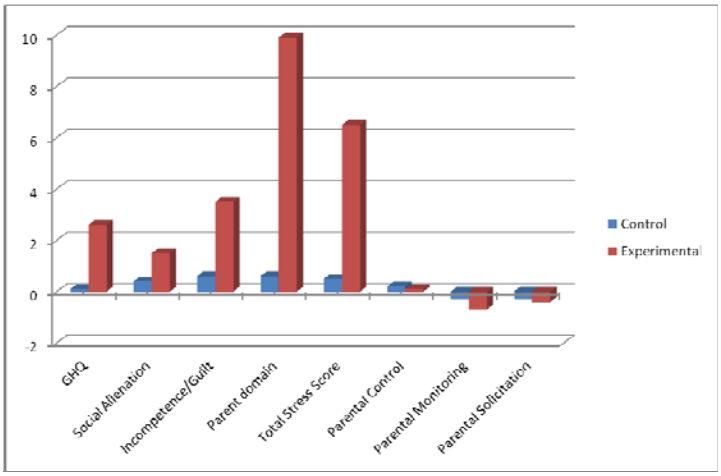


Figure 5: Change in family outcomes by group allocation

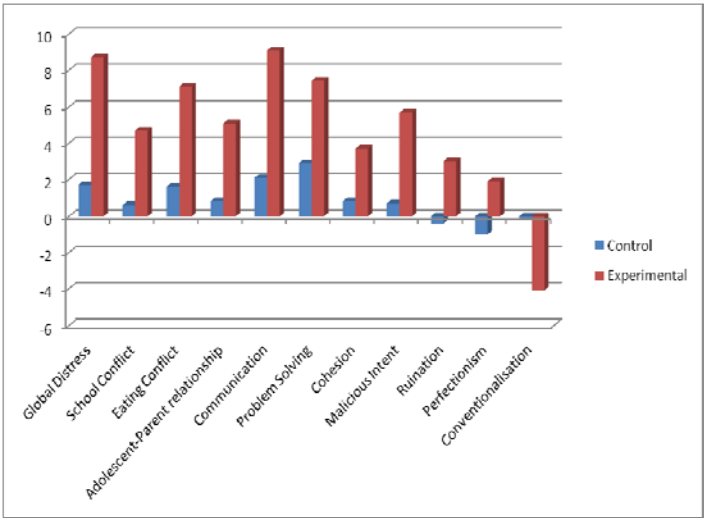
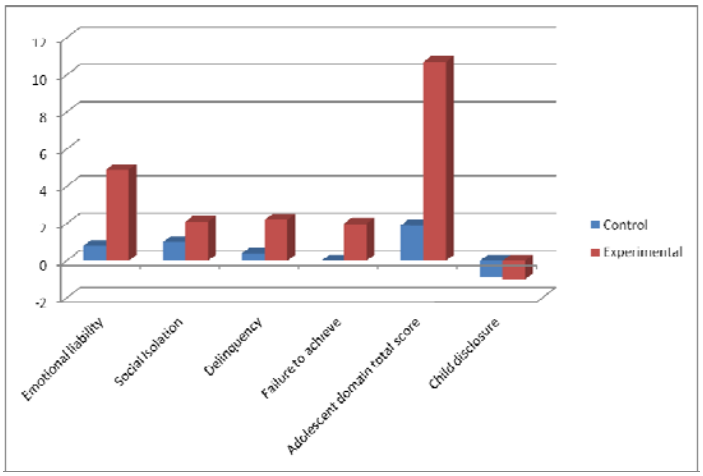


Figure 6: Change in teenager outcomes by group allocation



Summary of RCT findings

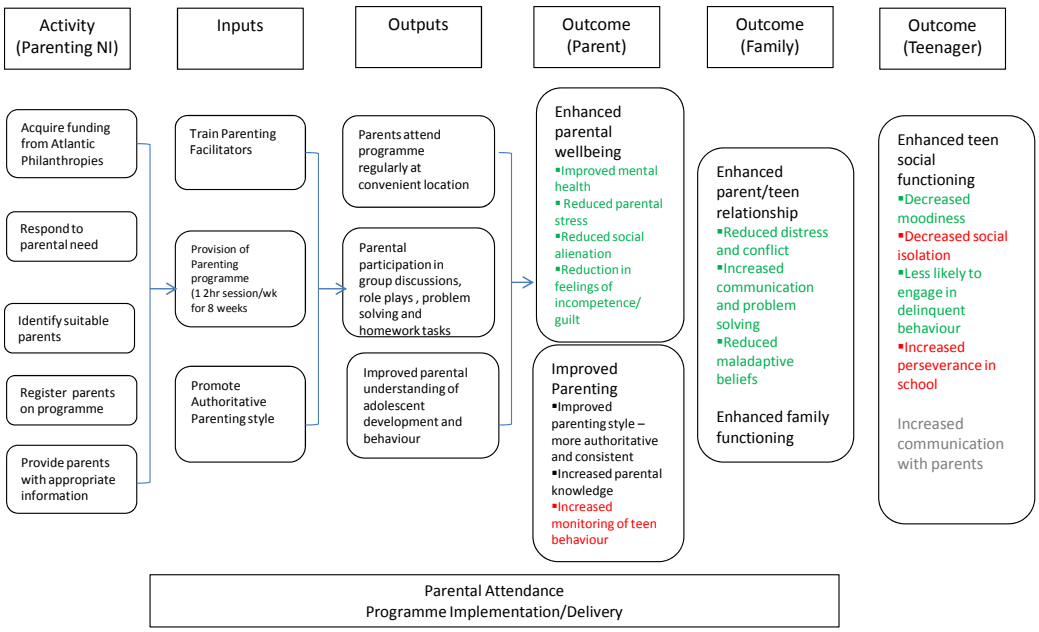
The study findings suggest that the *Parenting UR Teen* programme is of benefit to parents attending the programme in terms of improved outcomes for parents, their teenage children and family functioning as a whole. Figure 7 presents the findings of the evaluation in terms of the logic model being assessed. The data indicate that attending the programme enhanced parental well-being, improved the parent/teenager relationship, and impacted positively on some aspects of teenagers' social functioning, in particular moodiness and delinquency.

The programme did not have as strong an effect on improving parenting skills, but as we noted earlier, there was no direct measure of changes in parenting skills. Similarly, the study failed to identify an effect in relation to decreasing teenagers' isolation or motivation in school. In terms of increased communication with parents, while there was no evidence that children volunteered information or opened discussions more frequently, parents did report that the quality of communication with their child improved.

Risk of bias It is important to note some issues relating to these findings. Firstly, a large proportion of parents did not attend the programme, about whom we have no information. While the demographic characteristics were balanced between the experimental and wait-list control groups, the higher rate of drop out from the waiting list group, and the higher rates of certain measures (delinquency, total stress, adolescent stress, and adolescent-parent relationship) among participants in the waiting-list indicate that the two groups may not be perfectly comparable, and there is a risk of bias in the finding of a positive effect of the programme due to differences between the two groups.

There was no variation in the level of drop out across time, or across the regions where the programme operated. This indicates that there is a good level of uptake and good ability to make contact with parents across urban and rural regions. Similarly, drop out was not associated with demographic characteristics, suggesting that the programme provides an equitable service to the general population of parents.

Figure 7: Logic model: Positive changes (green), no change (red), partial change (grey),and unmeasured (black)



Appropriately targeted Many of the measures, in particular the parent outcome measures, were highly elevated at the beginning of the study. This indicates that the parents attending the programme have high levels of stress and the programme is thus targeting and attracting correctly parents with high levels of need.

There were some measures that the programme did not appear to affect. In particular, the Stattin and Kerr measures of parental control, monitoring, solicitation and child disclosure did not change for those in either the wait list or the programme group. There are three possible explanations for this. Firstly, the Stattin and Kerr measures may not be correctly measuring the constructs that the programme aimed to change. In terms of setting rules and boundaries, for example, the frequency with which a parent allows their child to go out without permission may not properly measure the ways in which the setting of rules and boundaries change during the programme. Secondly, it may be the case that parents' perceptions of how often they do or do not talk to their child, know where they are in the evening etc., are rather stable and impervious to any change in behaviour over the eight week period. Thirdly, it may be that altering behaviour relating to the Stattin and Kerr scales requires a different type, or intensity, of intervention than that provided by the *Parenting UR Teen* programme in order to effect change.

Ancillary Analysis

The secondary stage of the analysis moves beyond the estimated effects of the programme shown in the previous section. The programme has been shown to have an effect, in that it leads to improvements on a number of outcomes; this part of the report aims to describe how these improvements vary, and to assess whether or not there are any explanations for any variation. Variation between programmes was assessed using multilevel models, with parents clustered within each delivery of a programme. Post-programme scores were the outcome measures for the models, controlling for pre-programme scores.

The tables below show the amount of 'clustering' by programme for each of the outcome measures. A value of zero would mean that there is no difference between each of the delivered programmes in terms of the improvement (zero clustering by programme), while a value of 100 would mean that everyone on the same programme showed the same level of improvement (100% clustering by programme). Higher levels of clustering indicate that there are differences in the effect of the *Parenting UR Teen* programme depending on when and where parents attended. Lower levels of clustering indicate that the *Parenting UR Teen* programme has a similar effect regardless of when and where the programme was delivered. The ideal situation is to have zero clustering, as this means the programme was equally effective in producing change for all participants.

There was no evidence that parental outcome scores varied depending on which programme parents attended (see Table 11). Likelihood ratio tests comparing the multilevel models to single level models gave no indication of clustering of outcome scores by programme.

Table 12 shows the variation in family outcomes by programme. There was no sign of clustering for any of the outcomes except for the eating conflict scale of the PARQ. Around 16% of the variation in levels of eating conflict occurred between programmes. There was around a 13% difference in mean outcome score comparing the best to the worst programme, while this scale ranged from 0% to 92% between individuals.

Table 11: Between-programme variation in parent outcomes

Measure	Between-programme variation (% of total variation)
Enhanced Parental Well-being	
General Health Questionnaire	0
Social Alienation	0.0
Incompetence/Guilt	2.4
Parent Domain	0.9
Total Stress Score	3.1
Improved Parenting Skills	
Stattin and Kerr	
Parental Control	0
Parental Monitoring	8.6
Parental Solicitation	8.8

Table 12: Between-programme variation in family outcomes

	Between-programme variation (% of total variation)
Reduced distress and conflict	
Parent Adolescent Relationship Questionnaire	
Global Distress	8.7
School Conflict	4.6
Eating Conflict	16.4**
Stress index for parents of adolescents	
Adolescent-Parent relationship	4.7
Increased communication and problem solving	
Communication	6.0
Problem Solving	7.3
Cohesion	3.9
Reduced maladaptive beliefs	
Malicious Intent	7.7
Ruination	0.6
Perfectionism	8.2
Conventionalisation	5.3

Table13: Between-programme variation in teenager outcomes

	Between-programme variation (% of total variation)
Enhanced teen social functioning	
Stress Index for Parents of Adolescents	
Moodiness / Emotional liability	6.5
Social Isolation	27.9***
Delinquency	2.9
Failure to achieve	6.9
Adolescent Domain Total Score	10.1
Increased communication with parents	
Child Disclosure	9.9*

There was no evidence of between-programme variation for teen outcomes apart from social isolation and child disclosure, the between-programme variation being around 28% and 10% respectively (see Table 13). As the programme did not have an effect on these scales, this variation is probably not due to difference in the characteristics of programme delivery.

Overall, there was very little variation between the outcomes for parents depending on the programme which they attended. This suggests that the delivery of the programme was largely uniform in terms of presenting the elements of the programme that effected change.

Given that there was little evidence of different rates of improvement between the programmes, it is very difficult to attribute different rates of improvement to differences in programme fidelity (e.g. adherence to the programme, dosage, or quality of delivery). Indeed, there was little evidence that the fidelity measures were associated with differential rates of improvement. The analyses relating to the fidelity measures appear in Appendix 2.

Teenager surveys

Table 14 shows the number of teenagers responding at each time point. All participants completed surveys before and after their parents participated in the programme, regardless of whether or not their parents were on a waiting list. Around 40% of teenagers filled in a survey when their parents began the programme, and around 21% at the end of the programme. There were 60 (19%) teenagers who completed both surveys.

Table14: Number of surveys collected from teenagers

	Maximum	Achieved
Before programme	324	125 (39)
After programme	324	68 (21)
Both surveys	324	60 (19)

Table 15 shows the association between programme characteristics and loss of teenagers from the study sample. There was a trend for teenagers from later rounds of the programme to be lost from the study sample. Participation was particularly low among teenagers from rounds 4 and 5. A higher proportion of teenagers in these rounds completed no surveys at all. These teens were also more likely to have completed a survey only at one time point than their counterparts in rounds 1-3.

There was also large variation in response rates between the different programme locations. In two locations, there were no teenagers at all included in the study sample.

Table 16 shows the age and sex of teenagers related to loss from analysis. This information is very sparse due to low overall response. Only a handful of teenagers who responded to both surveys provided their age, all were either 14 or 15. Gender was not related to loss from the study sample.

Table15: Programme characteristics and loss from analysis

	Included (% of variable)	Lost from analysis (total lost) (% of group)	Lost from analysis (Never Responded) (% of group)	Lost from analysis (Responded to One Sweep) (% of group)	Lost from analysis Odds Ratio (95% CI)
Total	60 (19)	264 (81)	191 (59)	73 (23)	
Round					
One	21 (31)	47 (69)	35 (51)	12 (18)	Reference
Two	21 (26)	61 (74)	47 (57)	14 (17)	0.77 (0.38, 1.57)
Three	12 (27)	32 (73)	25 (57)	7 (16)	0.84 (0.36, 1.94)
Four	2 (3)	74 (97)	48 (63)	26 (34)	0.06 (0.01, 0.27)
Five	4 (7)	50 (93)	36 (67)	14 (26)	0.17 (0.06, 0.56)
Site					
One	4 (22)	14 (78)	10 (56)	4 (22)	Reference
Two	0 (0)	14 (100)	9 (64)	5 (36)	~~~
Three	19 (18)	87 (82)	62 (58)	23 (24)	0.76 (0.27, 2.58)
Four	12 (28)	31 (72)	25 (58)	6 (14)	1.35 (0.37, 4.94)
Five	1 (4.17)	23 (96)	14 (58)	9 (38)	0.15 (0.02, 1.50)
Six	10 (32)	21 (68)	18 (58)	3 (10)	1.67 (0.44, 6.38)
Seven	6 (27)	16 (73)	12 (55)	4 (18)	1.31 (0.31, 5.62)
Eight	8 (18)	36 (82)	24 (55)	12 (27)	0.78 (0.20, 3.00)
Nine	0 (0)	22 (100)	17 (77)	5 (23)	~~~

Significant difference at 0.05*, 0.01** and 0.001*** levels

Table16: Demographic Characteristics related to loss from analysis

	Included	**Completed Baseline Only (% of total)**	**Follow-Up Only (% of group)**	**Loss Odds ratio (95% CI)**
Total	60	65	8	
Age				
12 years	0 (0)	3 (5)	~~~	~~~
13 years	0 (0)	7 (11)	~~~	~~~
14 years	4 (7)	7 (11)	~~~	1.43 (0.18, 11.09)
15 years	2 (3)	5 (8)	~~~	Reference
16 years	0 (0)	6 (9)	~~~	~~~
17 years	0 (0)	3 (5)	~~~	~~~
Missing Info	54 (90)	52 (34)	8 (100)	-
Gender				
Male	24 (40)	32 (49)	~~~	Reference
Female	35 (58)	30 (46)	~~~	0.73 (0.36, 1.50)
Missing Info	1 (2)	3 (5)	8 (100)	~~~

Table 17 shows the association between parent characteristics and teenager response rates. There was no association between parent age and teenager loss from the study sample. There was a slightly lower response rate for children whose mothers were attending, but given the smaller number of fathers attending, this may have been a spurious association. Being in paid employment was not associated with teen response, nor was marital status or number of children.

Table 17: Parent characteristics related to loss of teenager data from study sample

	Included (% of total)	Responded to baseline or follow-up	No response	Total Loss Odds ratio (95% CI)
Total	60	73	191	
Age				
30 to 39 Years	7 (12)	13 (18)	15 (8)	Reference
40 to 44 years	16 (27)	16 (22)	14 (7)	2.13 (0.76, 5.96)
45 to 49 years	16 (27)	19 (26)	13 (7)	2.00 (0.72, 5.56)
50 to 75 years	8 (13)	9 (12)	5 (3)	2.29 (0.69, 7.59)
Missing info.	13 (22)	16 (22)	144 (75)	0.33 (0.12, 0.89) *
Gender				
Male	3 (5)	10 (14)	12 (6)	Reference
Female	55 (92)	57 (78)	65 (34)	0.30 (0.87, 1.05)
Missing Info	2 (3)	6 (8)	114 (60)	8.18* (1.29, 51.83)
Employed				
No	16 (27)	19 (26)	14 (7)	Reference
Yes	31 (52)	38 (52)	33 (17)	0.90 (0.43, 1.87)
Missing info.	13 (22)	16 (22)	144 (75)	0.17 (0.07, 0.38) ***
Relationship Status				
Single	4 (7)	7 (10)	7 (4)	0.52 (0.16, 1.71)
Married	34 (57)	34 (47)	28 (15)	Reference
Cohabiting	1 (2)	3 (4)	3 (2)	0.30 (0.04, 2.63)
Separated	2 (3)	5 (7)	5 (3)	0.36 (0.08, 1.76)
Divorced	4 (7)	6 (8)	2 (1)	0.91 (0.26, 3.25)
Widowed	1 (2)	2 (3)	1 (1)	0.61 (0.06, 6.07)
Non-cohabiting partner	0	1 (1)	0	~~~
Missing	14 (23)	15 (21)	145 (76)	0.16 (0.08, 0.32) ***
Number of children				Linear trend 0.82 (0.60, 1.13)
One	6 (10)	12 (16)	9 (5)	Reference
Two	17 (28)	25 (34)	17 (9)	0.71 (0.25, 2.05)
Three	13 (22)	9 (12)	15 (8)	0.53 (0.17, 1.63)
Four	10 (17)	8 (11)	6 (3)	0.40 (0.12, 1.35)
Five	1 (2)	2 (3)	0 (0)	0.57 (0.04, 7.44)
Six	0 (0)	0 (0)	0 (0)	~~~
Seven	0 (0)	1 (1)	0 (0)	~~~
Missing info.	13 (22)	16 (22)	144 (75)	3.50 (1.41, 8.67)*

Logistic regression models assessed whether teenager loss from the study was associated with parent scores on outcome measures. There was no association between baseline measures and odds of loss from study, except for the delinquency measure, where teenagers were less likely to provide full data if their parents rated their behaviour as more delinquent. The upper 20% were 5.37 times (95% CI 1.63, 17.74) more likely to have not completed the study than those in the bottom 20% of delinquency ratings.

Pre-post changes in adolescent measures

At baseline, all measures were below clinical cut-offs for potential problems. For the majority of teen outcomes, scores did not differ significantly between baseline and post-programme scores (see Table 18). There were significant positive changes on global distress and conflict with mothers over school, both of which had fallen in post-programme data collection. There were no significant changes on Strength and Difficulties Questionnaire (SDQ) scores.

Table 18 Pre and Post Programme Adolescent Outcomes (N = 45 - 57)

	Pre	Post	T test for group difference: p-value
Strengths and difficulties questionnaire			
Emotional problems	8.6 (2.5)	8.5 (2.5)	0.64
Conduct problems	6.7 (2.0)	6.4 (1.7)	0.17
Hyperactivity	6.9 (1.6)	6.8 (1.9)	0.72
Peer relationships	6.2 (2.0)	6.1 (1.7)	0.55
Prosocial behaviour	12.3 (2.1)	12.5 (1.8)	0.28
Total difficulties	28.3 (5.0)	27.7 (5.0)	0.26
Distress and conflict			
Global Distress	53.6 (10.6)	50.8 (8.6)	0.005**
Mother: School Conflict	51.6 (10.2)	49.3 (9.5)	0.03*
Father: School Conflict	53.1 (6.6)	52.9 (6.2)	0.76
Eating Conflict	53.6 (10.1)	56.4 (12.8)	0.06
Communication and problem solving			
Mother: Communication	56.5 (4.5)	56.0 (5.0)	0.49
Mother: Problem Solving	55.9 (6.0)	54.8 (5.5)	0.24
Father: Communication	54.4 (6.3)	54.7 (6.1)	0.81
Father: Problem Solving	54.7 (8.9)	54.0 (9.2)	0.56
Cohesion	51.6 (9.4)	49.9 (8.7)	0.13
Maladaptive beliefs			
Ruination	52.9 (12.4)	53.1 (13.4)	0.85
Autonomy	54.1 (11.7)	54.1 (12.9)	0.93
Fairness	53.4 (12.5)	53.6 (13.7)	0.85
Conventionalisation	48.1 (9.5)	49.6 (10.1)	0.17

Significant difference at 0.05* , 0.01** and 0.001*** levels

4. PERSPECTIVES FROM PARENTS AND STAFF

Introduction

In this chapter we present information on the experiences and perceptions of those parents who completed the programme and *Parenting NI* staff.

Parents' Perspectives

Telephone interviews were conducted with 52 parents who had recently completed the programme (approximately three from each location). Parents were telephoned and asked if they would be willing to be interviewed, and, if they agreed, a suitable time was arranged. No parent refused to take part. Before beginning the interview, parents were informed that all information would be treated in the strictest confidence, and they were assured that they could answer as honestly as possible, confident that anonymity would be maintained. Parents were also asked if they consented to the interview being recorded - all consented.

The data from the interviews were subject to thematic analysis. All interview recordings were transcribed verbatim. Transcripts were read and re read until the researcher was familiar with the data and then initial codes were generated. Themes were developed and this process was informed through the use of memos, which were taken throughout the interview process. Themes were then verified with another researcher and - after negotiation and discussion - were decided upon. In order to preserve participants' anonymity, each transcript was given an identification number, which is now reported alongside quotations.

Parents were asked questions around the delivery of the programme, what sessions they found most useful, what they felt could have improved the programme, any changes they perceived to be as a result of the programme, and any other issues they deemed relevant.

Six categories were generated by the analysis namely:

- practicalities of the programme
- change
- expectations and reality
- support
- challenges to learning
- suggestions for change

Practicalities of the Programme

This first category includes programme structure, delivery, and characteristics of facilitators; most beneficial sessions, course materials, home tasks, venue, timing and thoughts on the evaluation. The majority of parents commented on the structure of the course and specifically mentioned '*how it blended together like a jigsaw'* (1). They observed that the series of topics '*sort of went from very general to more specific ones'* (49) and '*every week you had a catch up from the week before, which was good'* (21).

Facilitators Respondents were overwhelmingly enthusiastic about their course facilitators, praising their expertise and communication skills. The factors parents appreciated most were the skills facilitators used to encourage and guide group discussion. For example, mother(s) commented that:

> *It wasn't too slick in that she gave time for people to answer out, and she was very encouraging because you've all sorts of different personalities involved, who might not necessarily want to immediately speak...[Name] made it OK for people to say what they wanted to say' (48). Others commented that [Name]… really went out of her way to include everybody. Very articulate girl, really made you feel at ease. Not condescending or anything, she has great communication skills I felt. (*50*)*

> *I felt confident and you could share things with [Name]' (*47*). As well as encouraging*

people to talk, keeping the group on task was also seen as important, with comments like 'He [name] kept the thing moving, where some of us maybe would have wittered on, he just dealt with it very, very well without dismissing it. (51)

Another parent liked the way her facilitator '*kept us all in check…without being rude'* (15). Parents liked the way facilitators were '*respectful of the group's ideas'* (49) and '*compassionate'* (14). The majority of participants really appreciated the fact that they were able to express their opinion without being judged. Typical comments illustrating this were: '*Nobody's idea was laughed off, everybody had a chance to have their own opinion and discuss and try to compromise and different ideas for using with your teenager*' (29). The facilitators' expertise and experience were also highlighted. Typical statements reflecting this were; '*I thought [Name] was very good, very informative and very experienced. You know you could tell that she knew what she was talking about*'.

Parents often associated the facilitator's effectiveness to their status as parents themselves, saying things like: '*she's been there, got the T-shirt'* (41); '*she's a mother too'* (4), or 'he was able to say *'this works, I've tried it on my daughter'* (15). One recalled another parent challenging a facilitator in a class as to whether they had children, and objected to this, arguing '*it didn't make a bit of difference the fact that she didn't have any kids'* (39). However, for most, the facilitators' credibility was tied to their parenthood:

I believed everything he said...it helped as well the fact that he shared a wee bit about his 15 year old daughter… the fact that he was a parent of teenagers really meant that he had empathy. He really understood how difficult it can be at times. I can't imagine it would be the same if it was a parent of toddlers or a parent of adult children. (51)

When it came to discussing sensitive issues, no problems were reported, perhaps because, as many parents pointed out, '*what you didn't want to discuss you didn't have to discuss'* (46). However, some reported that in their class, '*we were able to discuss, because we felt that we were all on the same level*' (4); '*because everyone was sort of in the same boat'* (49), and so '*there was nothing we couldn't discuss'* (15). Others talked about their own experiences of discussing sensitive issues with their group. One mother recalled a particular evening when she had attended the class immediately after an upsetting incident with her daughter, saying:

I had no problem sharing… it was very appropriate for the discussion. It was kind of integrated into that night, which was a very positive experience. (39)

Sessions and tasks Parents were asked which of the sessions and group tasks they found most useful. Those most commonly cited were sessions and exercises on parenting styles, self-esteem, rules and consequences, dealing with conflict, problem solving, whose problem is it? the 'I' statements and teen development. The handbook and printed course materials were also very much appreciated, and described as '*useful*' (2), '*essential*' (44) and '*very clear'* (10). Parents reported treating them as '*references*' (50), both in the short term and more longer term. Many found it '*beneficial*' (to) '*take them away at the end and read them on your own'* (38), while another reported '*they are useful to flick back on'* (3). A father commented '*I'll keep them forever and a day because that's something that you want to be able to look back on'* (15).

Some parents used them when problems arose, saying '*if ever I come into a situation I don't know how to handle all I have to do is go right to the handbook. And I do'* (42). Others read them whenever they could. One mother remarked, '*they're great, in fact I was just looking at them the other day'* (4). Some parents had not referred back to the handbook yet, but still kept them and expected them to be useful in future. One explained '*I've had such a hard time with her, I haven't actually been able to sit down and read them… It's something you can always go back to at a later time, when I do have time to sit down by*

myself' (45). Another said '*the handbooks really come in to their own over the next couple of years when you come back to read them'* (48).

Homework tasks The majority of parents saw completing the home time tasks as both informative and useful. Some parents reported very positive experiences of doing the tasks together with their teenagers, seeing it as '*a learning process for both of us'* (11). As one respondent said, homework encouraged discussions - '*we maybe haven't talked about certain things, that just haven't come to my mind'* (51). Another mother said the home tasks '*gave us an opportunity to discuss things which we wouldn't have done had she not been asked to do it as well, so I thought that was a brilliant idea'* (15). Some welcomed the opportunity to '*really talk to your teenager about certain issues'* (48), seeing it as a way of '*checking in with your child'* (9).

The results '*surprised*' some, giving them new insight into their teenager's perspective (10). Typical statements reflecting this were: '*Also I like the homework task where we had to name who we thought was important in the teenagers life compared to who really was, you know. So it was my impression of who was important in my daughter's life as against who she thought was important – I thought that was very good, it certainly opened my eyes'*.

Parents believed that the home time task also benefited their teenager and encouraged them to think about things. One mother said: '*I'd leave her at it and I wouldn't look at it, I'd let her decide and I felt she was going over it in her mind…that was good for her too'* (4). Another added, *'I think its great and my daughter loves it was well because after the first night whenever I came home she would say have we any homework tonight?*' (5). But not all the teenagers were willing to take part; sometimes they '*just couldn't be bothered'* (46) or '*didn't want to do their share'* (3).

And, whilst parents were very positive about these tasks, completing them was seen as a challenge due to time pressure or finding '*that set period of getting them to do it'* (14). As one mother put it, '*it's hard to get them to comply.... They don't understand why you're going to the training, why you have to do all this'* (49). So, whilst many parents thought the tasks were useful, they were not always done. In addition to time pressures, other obstacles mentioned by parents were: '*sickness*', '(school) *homework*' and '*appointments*' (41), '*family life and work'* (12). For busy families, '*it was like homework, "I better get this done"'* (50). One mother suggested '*it was important that you didn't feel like you had to' complete all the home time tasks'* (38).

Timing and venue Parents were mostly very happy with the venues used, saying rooms were suitable and comfortable and parking was adequate. Most had only a short journey from home, but one travelled *'87 miles from down south'* (4). The few difficulties that were raised were concerned with occasional access issues. One parent who had been '*embarrassed*' that her knee problems ('*because of my age'*) made it difficult for her to climb the stairs in a building with no lift (41); another had hearing problems which, coupled with '*poor acoustics'*, made it hard for her to hear the facilitator at times (51). One mother also raised the issue of religion - which she was quick to note didn't bother her – but she felt that one of the venues could be perceived as particularly alienating to one side of the community and as a result would deter parents from coming on the course:

> *"I was brought up in a mixed family and there is a lot of people that I know would not attend that course because of where it was. Initially the first day I was there, and it doesn't annoy me as my Granny is a Catholic, but I was sort of, and it was Communion and all and its issues that people are ok to talk about but initially I was a wee bit taken aback with it but… I just know an awful lot of people wouldn't have went back."* (34).

A few of the parents also remarked upon having to wait for the programme:

"I think I initially applied for it could have been March or something and at that time I was just having difficulties I suppose and it was something it could have been done with there and then so having to wait 10 months was a bit…but then it has helped me but it would have been nice to have access to something there and then would have been great and I think that's where there is a bit of a hole where there should be something available for parents, like somewhere you can go or whatever, like a support group or something" (30).

The evaluation

Most parents said they were comfortable with the evaluation team observing the sessions, and those that had reservations said these were quickly alleviated. One parent thought that '*other parents, not necessarily me, had feared the observers would make it hard to have the craic that the parents would have with each other because you get a bit more aware of the environment …but they're trying to get something out of the training for themselves as well'* (49). The most common comment from parents about the evaluation questionnaires they filled in was that they were '*too long'* (1), and took '*quite a considerable length of time'* (50). The repetitive or '*redundant*' (24) nature of the questions was often frustrating for respondents. Several also mentioned that they found them 'confusing' (13) or 'muddling' (51) as '*I felt that some of the questions weren't very clear, they didn't all apply to me*' (2). The idea that they or their teenager might '*give the wrong answer without meaning to'* (51) was troubling for some parents.

While parents reported some teenagers '*weren't too forthcoming about them'* (16) or as reluctant because they were 'shy' (47), others said their teens '*were happy enough to engage'* (22) and '*enjoyed responding*' (39). Positive factors included not only the '*little voucher in the post'* (12) but a sense of participation. One mother explained that her daughter '*was so convinced that the only reason I was going to the teen course was because she was so bad…So when she had the questionnaire to do she felt like she was part of it, like it wasn't all down to her, you know'* (45).

Even though parents were aware that teenagers' participation was intended to be confidential and anonymous, several talked about their desire to find out what their children had said, how it compared to their own answers, and whether the results had changed over time. Some parents dealt with this by using the questionnaires to prompt discussion at home: '*whenever my daughter was filling in her response it was confidential, but I would say to her, is there anything you filled in there that you would like to talk to me about'* (39). Respondents asked the telephone interviewer if it would be possible for them to provide individual feedback to the parents. While interviewers explained that the aim of the research was to evaluate the course, rather than individual parents or their relationship with their children, some parents were concerned in case there was '*anything that the teen feels really, really bad about that maybe I should know about or anything like that'* (39).

Despite our best efforts to maintain teenagers' confidentiality by providing them with freepost envelopes and the option of completing the forms online, several parents divulged that they had read their teen's answers. Whilst the parents were aware that they should remain confidential, they were more than happy to tell the interviewer that it had been useful to them: '*I thought it was interesting …to read their perspective'* (38); '*you are able to reflect on how your parenting skill is and how they feel about it because there are things that are left unsaid and they're very important and they're quite sensitive too, so through those questionnaires I was able to read through them'* (49). One parent described how, upon reading her daughter's questionnaire, she became aware that her daughter had an issue with food, something she hadn't realised about before:

There seemed to be a number of food issues which was good because I read my daughter's questionnaire before she

returned it and to her food was an issue and I didn't realise it was. So I thought that was quite good in that we didn't.., that wasn't raised as an issue during the training but because the research had asked the questions I am more aware of her seeing eating as an issue. (33)

Change

In this section we compare parents' teenage years with that of their own teenagers, examine the perceived change in their parenting style and attitude toward their adolescent, consequent changes in the relationship with their adolescent and reports of improved home life.

Changes in the experience of teenage life One of the most commonly highlighted topics was the comparison between the lives of teenagers today and parents' own teen years. Some found that recalling experiences of their own parents was important, either because it evoked distressing memories such as physical violence in the home, or because it revealed how ideas about parenting had changed between the generations. Several parents remarked that '*you forget yourself what you went through as a teenager'* (47), and credited the course with reminding them they were '*teenagers themselves'* (41) once. There was a general consensus that '*In this day and age teenagers have a lot more issues'* (38). In particular, parents thought that contemporary teenagers faced more challenges to their '*self-esteem'* (42) than they had experienced. Factors seen as new to the current generation included the internet in general, mobile phones, as well as different social expectations and wider availability of drugs and alcohol.

Attendance at the programme also helped to make parents more aware of their own parenting, with the result that a change in attitude was often reported. For example, parents often said they now believed that problems in the parent/child relationship were not only down to their teenager, but also to themselves e.g. '*We as parents have issues too'* (38). Others were specific about how they may have contributed to the problem: '*it was up to me to change, and not just let them go on a long leash and hope for the best' (*15*).* Certainly one of the main changes parents reported in their relationship with their teenagers was consistency. One mother, who was very happy with the results of the course, reported that '*after the second week we sat down and we negotiated the rules and we negotiated the consequences, and if they're broken, well they're carried through'* (42). The importance of setting boundaries and following through was remarked upon often. Statements reflective of this viewpoint were:

I'm probably not as passive, I would be a bit more authoritative and if I do say something I stick to it now because I realise that is you don't, well there's no point, it's difficult putting rules in place because then you think you need another one, but it is picking out what's important and what is not. (30)

Consequences, it was the hardest thing to carry out but it was definitely the best piece of information we got, there's no point in threatening 101 things and delivering on none of the. (28)

Parents frequently mentioned improved communication between them and their teenagers. One father reported that '*once I came home from the course I was buzzing to talk to her'* (15). The course offered some '*a different way of talking to teenagers'* (48), and several parents said things like '*I think I speak to my children in a different way'* (53). In particular, the use of *'I' statements'* were seen as helpful. Parents found these helpful in '*working out how you were going to react'* (47) to challenging situations, such as conflict. A mother who would use the 'I' statements a lot recounted a '*confrontation*' she had had with her teenage daughter the previous day; '*before even I reacted to it, I took a step back and waited… she apologised right away. And that would never have happened before, never'* (42). Another parent stated, '*it gave me a good grounding for communication, my communication skills were much better with her and still are'* (15).

Also apparent throughout the interviews was the normalisation of adolescent behaviour. Having attended the programme, parents recognised that much of the behaviour that they were seeing was typical as opposed to unique to their own teenage and family. One parent remarked: '*The course made some recognize that a lot of this is normal teenage behaviour, whereas I thought it was kind of unique to my child, you know'* (51). One mother had previously viewed her teenager's arguing as '*cheeky and pushing boundaries and all that sort of stuff*' reported that she now saw '*this is just them asserting their own independence'* (9). Another typical statement reflecting this is:

> *I think that was a good thing about the course, it normalised a lot of the behaviours because everybody was throwing up the same type of things, the bickering and the fighting and the bad language…its all fairly typical and that was soothing to us because everybody seemed to have similar issues.*(28)

Some parents mentioned successfully putting other ideas into practice, like letting teenagers have '*space*' (4) and '*trying to find your comfort zone and knowing when to wage a battle or not'* (49). Together, for the majority of parents, these changes had an impact on their relationship with their adolescent and consequently on their home life. Many of the parents reported enjoying a much quieter and more harmonious home life; '*I'm a wee bit more calm and I don't go in head first and start screaming and shouting at her…if things do get heated I just walk away rather than continue an argument with her'* (21). And *I've got a bit more closer to my son, so that getting that end of the bargain sorted'* (14). Another parent reported, '*it's had a great outcome and all our problems at the minute are gone and have all been put to bed and we're getting on much better*' (15).

Expectations and Reality

This category includes parental expectations of the course, both generally and more specifically in relation to the content of the course and stigma attached to attending a parenting course.

Whilst most of the parents didn't really know what to expect, the majority were very pleased with the programme. Statements illustrating this were: '*I don't know if I had any expectations – but I think it surpassed my expectations. I think I expected it to be less professional and I was certainly impressed with that aspect of it, and all the slides and the way it was run'* (33). However she was also understandably a little apprehensive due to not knowing what to expect, and stated: 'The *worst thing was walking into the room initially and not knowing. A fear of the unknown and really what was I doing?'* (33). Another mother stated, '*I felt a wee bit silly going along to a parenting course at this stage, but it was useful and once I got there I felt part of the group…I'm glad I went'* (3).

Apparent throughout the interviews was the perceived stigma attached to attending a parenting programme, and concern that, by attending, participants might be labelling themselves as bad parents or their teen as problematic e.g. '*maybe I'm labelling myself as someone terrible, a terrible mother'* (40). Some parents also voiced their concerns over other parents on the course. One mother said, '*I thought, oh dear God, who would we be with? Maybe sitting with a big crowd of rough people and thinking oh, this is not for us, or people shouting and getting on'* (15). A mother who had told her friends about the course had to explain to them that '*there were just ordinary parents there with ordinary problems with their teenagers, not huge problems… they didn't have to be the big drugs and alcohol but, you know what I mean'* (48). Another said: '*I thought I was going to go with a load of people that had all these teenagers that were up to no good, and it wasn't like that at all'* (24). When asked how they felt about interacting with each other one mother commented, '*I suppose I was going to (place name) which is quite a distance from where I live, which meant that we didn't know each other, nobody knew anybody outside the*

course so that created a freedom in that you knew you weren't going to be walking into people the next day down the street, …I personally think that you shouldn't stigmatise a child…' (26).

While most parents were happy with the content of the course, one couple felt their individual concerns had not been addressed as much as they would like, and a father whose teenage daughter had been adopted was disappointed not to learn about the '*trauma and attachment problems'* that adoptive families experience, including his own: '*I thought maybe it'd be covered in the course but it wasn't, unfortunately you can't cover everything'* (46). One mother had hoped for more specific advice about how to avoid '*anything like my daughter becoming pregnant'*, but found that the training in communication skills was useful in this respect: '*because of doing the course I was able to talk to her about things like that'* (40). Another mother commented that '*the one thing that it didn't really fill in for me was stealing. You know, the sticky fingers'* (45), and that she had expected more on '*self harm'* (45). Another parent described how she could relate better to her daughter and was sometimes at a loss with her son. She observed that '*all the people that were on our course had problems with their male teenagers…so if there was recommended reading around specifically male behaviour because I can link better with my daughter, whereas boys, my eldest boy is very quiet, moody sort of a being, I don't really understand the reasons why he's like that all of the time'* (28).

Support

This category includes perceived support from other parents, reassurance that they 'weren't on their own', and any other support parents received, both actual and perceived.

Interaction with other parents was seen as valuable by almost all the parents we interviewed. The variety of parents present was seen by many as a source of important experience and advice. As one summarized it, '*we had different genders, we had a grandparent there, and then we had working mothers and people at home, and different scenarios came up from different people and we talked them through'*(39). Several parents thought it was useful to speak with parents with '*older teenagers'* (51) '*so they would already be going through what you were facing'* (7). One commented that '*all those wee stories, all those personal touches, really helped me to put into practice the practical things'* (15). Interaction with other parents also added to the enjoyment of the programme for many, as '*we could have a good laugh'* (47); another mother remarked '*we fed off and looked forward to seeing each other every week'* (24).

A broader benefit of interacting with other parents was that it revealed '*a commonality of problems'* (48) and provided much needed reassurance that parents weren't on their own and that they were doing the job of parenting satisfactorily. Parents who were uncertain about their parenting skills were often reassured, for example: '*I wasn't a bad parent'* (39); '*maybe I'm not a bad parent after all'* (47). It also revealed that while some had thought '*I was the only one that was going through so much hassle with the kids'* (45), they were not alone and '*there is an awful lot worse off*' (45). One said '*oh dear God I thought I was in a bad state, but these people are worse'* (15). The phrase '*all in the same boat*' came up many times and there was a general sense that '*knowing people are going through the same thing helped'* (7). Typical statements reflecting this were:

> *It is stressful and you think what am I doing wrong as a person, so its so nice to hear other parents and you realise you are not alone and you're not doing anything wrong and coming to the session, it's not that you are a bad parent and that you have to go, it was because you care*. (17)

> *Very impressed, she made you feel at ease, and that you weren't a failure, and you're idea of a parent you thought I'm doing the wrong thing and you weren't.* (29)

Whilst there were few men on the course, the few that were there appreciated the presence of another man either on the course or as a facilitator. One stated; '*there was just myself and another man, we were the only two blokes at the sessions…and he said thank God there was another man on the course'* (14).

Respondents generally felt that they had gained extra help and confidence from participating in their group as '*everybody was really supportive of each other and we sort of gave compliments to each other as to how far we've come'* (49). Most thought they had formed '*a lovely little bond with each* other' (4) but not all found participating in this type of mutually supportive group easy. One mother commented: '*getting together in group. It could be hard work at times! After dealing with your own life all day Wednesday, to go 'here we go, more!'* (44). In spite of the effort required, she concluded that '*at the same time it was very useful'* (44). Another mother pointed out that '*when you're in a crisis with your child you're not really at your social best'* (15). Several parents mentioned meeting classmates outside the course e.g. *'I've met one of the girls that was in it for lunch'* (53).

Parents also discussed seeking out and accessing other sources of support, in addition to attending the *Parenting UR Teen* programme. Several respondents had used the *Parenting NI* helpline, which was often where they had heard about the course. Some parents had received one-to-one counselling through the helpline, and one respondent who had started counselling after the course said *'I would have felt very lost without that sort of support'* (51). Another mother who had seen a counsellor through *Parenting NI* suggested that this service should be publicized more clearly during the course, as another woman in her group had not been told and she had been very relieved to hear one-to-one support was available.

Other sources of outside support used by parents included Sure Start, CAMHS, social services, a family GP, school welfare officer and a community police officer. One father described the difficulties his family faced accessing support for his '*little girl'* and at the same time getting '*some help'* for himself and his wife, saying *'I feel like I'm banging my head against a brick wall at times'* (46). He described the great difficulty he encountered communicating with agencies that were dealing with his daughter while maintaining her '*confidentiality'* (46). For other parents, simply knowing support was available from *Parenting NI* was enough: '*I know it's there…I feel encouraged*' (48), or '*I'm not ruling it out in the future'* (44). They mentioned facilitators passing on '*all the relevant numbers*' (52) and telling them that '*there was always a lifeline there'* (42).

Challenges to Learning

This category includes all of the issues that parents reflected upon that for one reason or another may impact on their learning. These included putting the theory into practice, group dynamics and group heterogeneity.

Some parents found putting the practical advice received on the course into practice was '*easier said than done'* (10). As one mother commented: '*Implementing the knowledge was the hardest thing to do but it has the biggest effect'* (39). In real family life, of course, '*the difficulty is…thinking of them at the time when you need them'* (44). Also a few parents reported that their attempts to implement ideas from the course had not been successful. One parent stated, '*Some of the things I did try, didn't always work' (18).* A father who was having particular difficulties with his teenage daughter said he '*tried the "I" statements and other things we used on the course, but she just near laughed and palmed it off… unfortunately it's not really working at the moment'* (46).

The parents who felt they were successfully implementing ideas from the course did not necessarily find it easy. As one said, '*I just want to be a good parent. I do want to be a good parent, and I think we're doing the best we can, but it is tough'* (4). Another explained that '*it is easy to slide into the old habits,*

because you want everything to go back to normal, which means making less effort, but I realize now that the kids need a lot more' (15). Sometimes parents discussed how differences between them made it hard to be consistent and parent the way they wanted to. One mother remarked: '*we went together, myself and my husband as a team…now me and him are at loggerheads because I am saying no and he's saying maybe, so I know the practical advice was there yes, but I still find it hard to deliver on it …I think it's a bit of fear on my husband's behalf because he is thinking the house will be fraught if he doesn't get his way'* (28). A few parents also highlighted how differences in intellect between the parents could impact on learning and putting knowledge into practice. Statements illustrating this were: '*there are parents that are, I suppose, not as intellectually able to make decisions or research materials and then they're completely lost' (28).*

Some respondents reported problems with dominant members of the group, or particular parents monopolizing the discussion. For instance, one facilitator had to tell a group 5 or 6 weeks into the course that '*if it was something about their own child that they wanted to speak about that there were other options available, but that this was a course for everyone, a general course'* (2). In some groups, there were '*a few people who were not that easy to manage*' (9), such as '*one person in particular who would have taken over…a bit of a time waster…somebody like that can ruin the whole thing, when you're trying to hear, or he's offering dopey advice that you know is not relevant'* (15). There were also parents dealing with stressful situations in every group. As one mother remarked, managing discussion effectively and sensitively is '*very difficult to do with people who are on edge'* (15). Another mother suggested building in '*opportunities for parents who have had a particularly difficult encounter during the week to talk that through'*, as '*that did happen'* but '*sometimes it was useful and sometimes it went round in a circle that was never-ending'*, which '*was not an easy thing for the facilitator to manage at times'* (9).

A minority of parents believed that the programme was not suited to their needs in relation to the age of their teenagers. Typical statements reflecting this viewpoint were:

> *'we went on that course because of our son who is 16 and we are struggling with him and if we had of known about it 4 years ago, I would say it's more suited to parents of early teens, like I have a daughter who has just turned 14 and it would have been at that stage with our son we just didn't really know what to do and really needed help and we found that a lot of the damage has been done at this stage with [son]…But I think at one stage we were actually going to phone Parenting NI and say, look we are not really suited to this'*. (35).

> *'I think that ironically I felt a bit odd about the course sometimes because I have a daughter who is 12.5, doesn't have any issues… I'm kind of sitting a wee bit aside from everybody else here, and I nearly felt at times like I nearly have to make something up here and that may sound bad as there really wasn't a problem but you didn't want to sound like the class swot if that makes sense'* (32).

Suggestions for change – looking forward

Many parents put forward suggestions for changes, including actively seeking to involve teens and fathers, and wider recruitment/letting people know about it.

Something for the teenagers? Some respondents suggested possible changes to the programme, such as the inclusion of the teenagers, but there were mixed feelings about whether any change should be made. For instance, while one mother raised the idea that teens might be included in the programme, '*something for the teenager to complement the course at the same time, that they would be in a group similar'* (1), another added that '*I don't even know whether my son would have been willing'* (44). Another mother suggested some kind of '*after-programme…for the*

child…for them to understand as well how parents feel' (11).

Fathers Many parents advocated involving both mothers and fathers: one mother said '*it would have been an excellent opportunity for couples, for mothers and father to go on'* (2). Others wanted to see more fathers: '*it would be a good idea to bring along partners and to have maybe one night where both parents are involved, because what you tend to find in these situations is that one parent is seeking these courses and the other parent thinks that children rear themselves. I can let you guess which one's which!*' (44). A mother explained that '*I told him everything that was happening but I would have loved for him to hear it from somebody else, together'* (4). One mother *'wished her partner'* had come but thought he would have refused (5), while another *'didn't realize'* her husband could have attended until it was too late to put his name down, and '*really wished he had have been able to come'* (11). Some believed that the presence of fathers would have contributed positively to the group dynamics, for instance one mother remarked:

> *'It was also a shame that there was one gentleman in the group and then he didn't come back after one week and I would love there to have been men, I think it takes their dynamic. But I know that it is quite intimidating for a man to come into that environment. I think what happens when you get a group of females together and I get quite frustrated, and it did happen in this group in one week you know it starts to become the partner bashing and that was one thing that kind of niggled me and I thought no, bring this back to the kids, I'm not interested in going there. Again I appreciate that that is part of the course and if you are in that sort of situation then it is good to talk through it, but it wasn't relevant to me, so that to me was going off track a little bit' (*32*).*

A father who had attended with his partner thought it had been helpful, as it meant that they '*were both singing off the same hymn sheet, or trying to'* (14). He described being one of '*the only two blokes at the sessions'* and said that his male companion also welcomed the fact that he wasn't the only father. However, another mother, whose group had included a couple, said '*I found that it was a little bit distracting having a couple there, because I could see that there was a bit of conflict between them. It was just a distraction really, and I don't know whether they really benefitted from it as much as if they'd gone on their own'* (51).

Recruitment Quite a few times parents remarked on the recruitment process and felt that *Parenting NI* should do more to make the public aware of what they have to offer. One mother reported:

> *'Getting it out there to the wider community – what I thought was interesting was that considering that I work in health and social care if I hadn't of heard about the course through [name] who is a trainer in the [service], I don't think I would ever have come across it, nor any of my colleagues'* (32).

> *'I think it should be publicised more – I only found out about it through my social worker or health visitor' (6).*

Support for parents of adolescents Finally many of the parents also pointed to the lack of support and facilities for parents of adolescents. Typical statements reflecting this viewpoint were:

> *'There is so much around early years and drop in centres for young mums and first time mums and single mums and dads and all that there, but when you get to 10 or 12, you're left in no man's land. And I think it would be ideal if more of this type of support was offered rurally…there's bound to be issues going on beyond every door in my street with teens and you suffer in silence'.* (28)

> *'I suppose from my point of view there's not really a lot out there, maybe material to make you aware of what teenagers are like.* (30)

Parenting NI Staff Perspectives

Interviews were conducted with the Chief Executive of *Parenting NI* and the Director of Parenting Education (*Parenting NI*). These interviews explored their background and role in the organisation, issues relating to staffing, the recruitment, training and supervision of facilitators, programme design, content, implementation and delivery, the programme marketing and recruitment strategy and the role of the evaluation during this process.

A focus group was conducted with all facilitators of the *Parenting UR Teen* programme (n=4). This explored updates in facilitator training; the change in programme content and preparation in this respect; levels of supervision and support; any issues relating to programme delivery and group dynamics, and their experience of the evaluation. Both interviews and the focus group were recorded with participant consent, and conducted on *Parenting NI* premises in Belfast. The data were analysed adhering to the principles of Thematic Analysis, as outlined earlier.

Marketing and Recruitment

The process evaluation had highlighted the need for change to the current marketing and recruitment strategy to ensure optimal uptake to the programme. It was acknowledged that in this stage, *Parenting NI* hadn't '*done anything drastically different other than spend more money'*. As before, programmes were advertised in newspapers, through email and by erecting posters in different locations. *Parenting NI* reported that they were doing '*bigger mail shots to specific areas,*' with a higher volume of sessional workers going out into the communities to put up advertisements.

Uptake to the programme was slow in the early rounds of impact evaluation– partially influenced by evaluation recruitment and the randomisation process (documented in Expert Advisory Group research brief, March 2011) – with continued variability across later rounds. While *Parenting NI* acknowledged the need for a more comprehensive marketing strategy for the organisation, there were difficulties in achieving this:

> *The marketing of the organisation has always been extremely weak I think. I suppose it's because it's a specific job and no one has the skills, the dedicated skills for that …. I don't know how you get or how you know a marketing strategy is ok unless you get the people in. I think they have covered all the avenues of marketing that we can. … It is an extremely difficult one to try.*

Programme Content

Following the advice from ICCR, a content review of the *Parenting UR Teen* programme took place between June and December 2010. Based on the knowledge paper produced by an external consultant, sessions were restructured and edited to include new information. Though this was regarded as having been a '*challenging time*', it was felt that the production of a knowledge paper and the grounding of the programme content in the literature became '*enormously helpful*,' not only for *Parenting UR Teen,* but in informing the organisation's strategic plan. Facilitators noted that having the underpinning theory gave the programme credibility and increased their own confidence in what they were delivering:

> *...because you had the research paper and the knowledge paper it was as if that experience and life experience somehow complemented the core thing of the programme really, for me that was quite reassuring that it wasn't just down to what experience and knowledge I personally had, that it was researched and you know it was good to come back to.*

> *I think what you are saying is right because the knowledge paper is actually backing up all the things our programmes are based on, different forms of research. But as facilitators we weren't always aware of where that actually came from so it gives us a clearer understanding and it is about that using your personal experience but also knowing that there's proven method behind that with research.*

Parenting NI had also been advised to revise facilitator notes for the manual, to make them more comprehensive and 'facilitator friendly'. The final programme product was discussed by facilitators:

> *Personally I think it's super, I have so much confidence in it even in the way it's presented and things like our power points and our facilitator manual, I just feel that's it's went up on the whole.*

> *The course was good but now you have the research there to sort of back it up and as I say give it that creditability.*

They also mentioned that the programme was well received by parents:

> *Just even I suppose referring to one of my parents in the group they had done the teens previously a few years ago and they commented on how much better it was now and just even the fact that it was backed up with research and better structured and she found it fantastic.*

Although redesigned mainly by the Director of Parenting Education, the *Parenting NI* Chief Executive was more involved in this, compared with other programmes running in the organisation. In addition to her oversight, facilitators were able to, and did, contribute to the revised content:

> *...so we very much as a team decided what we thought worked. And realistic times for exercises and things or maybe if it worked better as a word storm or... And talk about music and different things and colour and you know, we were all sourcing information and different thing.*

> *I think that makes us feel valued as being part of the programme…It was great for the team, it was great everybody working on it and then coming back and sharing it with everyone and feeling very valued.*

Facilitators now felt that they were part of the continuing development of the programme, through open discussions as a team with their line manager. When asked if they thought the current programme achieved parents' expectations and desired outcomes staff thought that, largely it did:

> *Mostly yes. You still have the odd one who has a very specific reason. They are looking a short cut. They want us to tell them what to do. I really genuinely believe if they take on board everything over the 8 weeks that all of that matters. I really do and that it is all genuinely connected and it matters what way they handle the situation. How they deal with the conflict, how to solve and prevent things happening in the future. All of that matters. I think even having a better understanding.*

> *I think they all do still come with wanting to fix their situations, their home, they are concerned with their own situations as opposed to learning in general how things work and you know when we're bringing them back all the time to the importance of communication and keeping the equilibrium and all that, that's good for them but at the end of the day they want to deal with their own stuff a lot of the time which I suppose is only normal and natural.*

Facilitator Training

The process evaluation identified the need for a standardised training course for all current and new facilitators. Given the revised programme, this would also include training in the delivery of new programme content. Designed and delivered by their line manager (the Director of Parenting Education) and with the oversight of *Parenting NI*'s Chief Executive, facilitators of *Parenting UR Teen* were involved in a 5 day training programme. In addition to the original induction process of all *Parenting NI* facilitators (meeting with the Chief Executive, tour with health and safety advisor, introductions to all projects and Directors, meeting up with other facilitators and shadowing) the five days incorporated (1) an overview of *Parenting NI* policies and services; (2) group facilitation and delivery in practice; (3) supervision and support; (4) integration of the knowledge paper; (5) identification and outsourcing of specialist facilitator training, and (6) peer practice. Facilitators were also given a copy of the *Parenting UR Teen* manual, including hand-outs and slides from the training programme for reference.

Views on Facilitator Training Facilitators were generally positive about the new training programme and its content. Peer support and reflection during the training were highlighted and considered particularly helpful for sessional workers:

> *It was really good to keep in touch with everybody else and to have that uniform standard approach to it [programme delivery] rather than just being left to do your own thing.*

> *Yes I think it was really useful for all of us who were delivering the teens, to have that, the opportunity, where we could talk about things maybe that we felt might come up in groups and how we would address that and even talking through things like the knowledge paper and people were very good.*

The sharing of experiences as a positive aspect of the training was reinforced by the inclusion of peer practice and impromptu questions by management:

> *Also the opportunity to use our colleagues as group participants, that we had the chance at actually practising delivering it.*

Delivering a sample *Parenting UR Teen* session to other facilitators and management enabled facilitators to prepare and practice their delivery to an informed audience. Having practical scenarios and being presented with sample questions gave the opportunity for on-then-spot instances to demonstrate or apply learning:

> *I found the practical examples, the scenarios we did with parents in the groups, and things like that that we would have done was really useful.*

> *I found for me it was great [peer delivery], it was very beneficial so it was because I think our learning is fluid it is constantly so it is because all the time we are dealing with different parents…so the learning during the summertime was beneficial, I found for myself in the sense that everybody here has different knowledge and experience and everything else, everyone was able to contribute differently to the examples that we were using and things like that.*

Facilitators also appreciated their role in, and contribution to, training development. Having a break between each training session gave facilitators time to reflect on their learning and gave an opportunity for further research and reading to be undertaken and brought back to the table:

> *I actually remember [facilitator name] going away and you would have come back with newspaper articles and cuttings and things that maybe we would have talked about something and in between [facilitator name] would have noticed an article in the newspaper of some research or something and [facilitator name] was very good actually photocopying and bringing things up and then we would have spent some time looking back on that and discussing where that fitted in with research, I found it very useful.*

Facilitators talked about being encouraged to share knowledge and how, in addition to meeting up on team days (where they would update and discuss their experiences of delivering the programme) they made more use of the telephone as an additional form of on-going peer support during programme delivery.

Integrating the knowledge paper was an aspect of the training that proved difficult. Although all acknowledged the benefit of having a knowledge paper (as above), management did reflect on the difficulties encountered in its integration to sessions, particularly in relation to how facilitators should present the material in their delivery of session content:

> *They all found it difficult. Even I found it difficult. I wasn't quite sure what was the best way to do it.*

Facilitators had copies of the original knowledge paper and were all given the opportunity to read the recommended texts relevant to each *Parenting UR Teen* session. Issues arose in the methodological approach to integrating the knowledge base and the level of detail required at relevant points. Initially the knowledge paper was '*daunting*' to all:

It was different, different and my concern at the beginning was these parents are dealing with teenagers on a day to day basis and they need to know what would work for them and practicality of it all and do they really want to know what research says? (Facilitator)

It was decided that the knowledge paper would be summarised and mapped to each session, with facilitators taking responsibility for ensuring that all of this information was conveyed over the period of delivery. It was evident the initial hurdle was in the learning:

It did take us a long time to get our heads around that cause learning the knowledge paper off by heart was really what they were asked to do. Learn all the sessions and then find a way of marrying them all together...to make it flow.

This was followed by an attempt to make it flow naturally into existing programme content, ensuring it was not too formal or academic for parents:

I suppose there has to be a balance, sometimes you don't want to dwell too much on Arnett or something because once they hear that word it's like, oh my god this is like being back at school again so it's balancing it so that you get the information across and that you're not...Going to inundate them with heavy stuff.

Programme Delivery

The newly developed session plans for facilitators were viewed as the 'core elements' of programme delivery. Management expressed the view that all sections should be covered, with the summary knowledge base presented '*practically word for word*'. Agreed flexible elements included scenarios and 'word storms', with the structure and implementation dependent on group size (flexibility only in groups of less than 6 parents).

Prep for practice Preparation for delivering *Parenting UR Teen* was an issue during the process evaluation, with some facilitators reflecting on the effects of limited preparation time assigned before sessions. Regardless of the tight timeframe following programme content review and the rolling out of the impact evaluation, facilitators said they felt relatively well prepared for delivery after the 5 days training. However, despite the inclusion of peer practice in the training, they agreed that their integration of theory to sessions improved over the course of rounds 1 to 5:

'I think through the experience now of actually doing the programme and stuff I think it's starting to roll off a bit easier at the beginning of each session and this is what we are talking to each other about as well that maybe it's useful now at the beginning of the sessions even just to mention a wee bit of the background to each particular session, mention a few of the researchers and then follow through as we we're going along so we're kind of developing that at the same time too'.

Issues Arising Facilitators reflected on the effect of group numbers on parent engagement and programme delivery. They discussed their own experiences of working with small and large groups and acknowledged the positive and negative aspects of both. Highlights of working with small groups included the ability to provide a safe encouraging environment for shy parents to contribute, and the capacity for the development of close relationships between participants. Conducting small groups was considered difficult for facilitators, particularly if parents were not eager to engage in discussion. Highlights of working in large groups included more interaction and feedback between respondents and the facilitator; and more shared experiences in the group, with less intimidation for parents who do not wish to contribute orally. Facilitators also mentioned difficulties in time keeping with large groups and in ensuring everyone got the opportunity to speak or share their stories.

Group composition was recognised as an influential factor in successful programme delivery. Cultural issues, gender issues, and pre-existing personal issues between participant parents influenced group dynamics, sometimes presenting challenges for facilitators.

Facilitators also mentioned that they are now given the opportunity to read screening questionnaires from parent recruitment. Having some level of background information on the group was viewed as beneficial in preparation for programme delivery.

Supervision

Internal Each facilitator received monthly supervision from the Director of Parenting Education. A standardised protocol for discussion is used and facilitators are given the opportunity to document responses to a set of questions prior to meeting. Facilitators indicated that, during supervision meetings, the information provided via the protocol is discussed and agreed action points are noted.

External According to *Parenting NI*, all facilitators have access to external, non-managerial supervisors. These individuals are independent of the organisation and approached on the basis of their suitability and availability. Facilitators themselves select who they would like in this role from a list provided for their area. Following this, management:

> *..would send them all a copy of our non managerial policy if they are happy with the terms and conditions and if they understand... it is very important they understand the role the facilitators play so that they can manage them properly*.

Further group supervision takes place as mentioned above in team meetings which take place every 6 to 8 weeks to discuss developments with the programme. During programme delivery, the Director of Parenting Education now contacts all facilitators by telephone following each Parenting UR Teen session to discuss the evening and the issues arising.

Assessment of Implementation To address programme implementation, managers observe the delivery of sample *Parenting UR Teen* sessions, based on set criteria such as delivery style, presentation and group interaction. Issues arising are addressed on the night and/or the next day in the office and during supervisory meetings. The process itself is seen as challenging:

> *It's extraordinarily difficult in the work they are doing to know the quality until you observe somebody and once you have them in, I mean (name of Parenting Education Director) has interviewed them, I have interviewed them, talked to them, talked to them in training sessions, listened to their answers and so forth, it is extraordinarily difficult because there isn't any particular standard and a lot of it is to do with experience....So the whole monitoring and quality of facilitators is very exacting to get it right. So when it works well it works well. We are not just talking about different styles here we are talking about standards that need to be complied with*.

Issues arising from structured managerial observation can sometimes be addressed from additional in-house mentoring or through peer demonstration:

> *I see one facilitator just say it like it's their second language and then another facilitator struggling with that exact same thing. So what I would do is say (facilitator name) you did that bit really well, phone (facilitator name) and tell him how you say it. Until they meet up again in the office and then I'll say go to the projector and put that up and get him to show you what he did and vice versa. Sometimes it takes half an hour to top them up.*

Observer effects on programme delivery were noted, and management acknowledged that their presence in the room may potentially raise the level of anxiety among facilitators, affecting their adherence to programme content.

Facilitator Self-Assessment In addition to a facilitator log detailing any issues arising during programme delivery, facilitators are now asked to conduct a self-evaluation. Any pressing issues are dealt with through supervisory protocols (supervision meetings, informal telephone calls), with additional non urgent issues discussed among the group at team days:

> *Well we actually sat in our last meeting and that's what our meeting was about, let's go*

through our evaluations and individually we were talking about what we each thought about each session and the dilemmas, the difficulties, what went well, how you would change it, just general feedback and we were just sharing it just to sort of see what each other thought so that's good for ourselves'.

'What I find useful about the evaluations as well is that whenever we come back and share whatever it is that we have noted there is someone else has noted it in a different way which is great or said something different which you think maybe that's useful to use so I find that that part of it, that learning part of it very useful.

As well as providing an aid to reflective learning, logs were also used as a reference tool for discussion during external supervision:

'*I would use mine very much to help me with my external supervision so in my group in Belfast one of the questions is there anybody in the group that you're having difficulty with and I noticed that one name was coming up time and time again so I hadn't actually realised that myself it was only when I read the evaluations together I was thinking that person is coming up all the time so when I was going to external supervision that's a big part of looking at why that was an issue for me so I found they were very useful at actually pinpointing something because it was maybe in week two and then again in week four so it wasn't every week but that was the name that was coming up so I found it very useful.*'

Evaluation

Views on the Evaluation Both management and facilitators were asked about their experience of the evaluation. Feedback was mixed, with both positive and negative aspects of the process acknowledged by all parties. Generally management found the process confusing:

Confusing. That's my favourite word. I found it very very confusing.... I'm that confused I wish I could tell you.'

Stressful... It has been very exacting. It's been fascinating on the one hand, I am so pleased we have done it. I wouldn't have said that writing the session plans last August tearing my hair out on Sunday afternoon (laughs) but I am very keen to make sure it is as good as it can be. I think it is a massive thing for the organisation. I really, really want to get some good learning out of this and I think it will set the parenting education programme for a long time because we will get all that learning and we will get better structures for the programmes and we will get better facilitators.

ICCR checked that *Parenting NI* staff understood what was required in the evaluation, and why, and understood that all aspects of the evaluation were clear and understood by *Parenting NI* management. Regular team meetings between ICCR and PNI were held and the processes involved in the implementation of a randomised trial were discussed at length and in detail. *Parenting NI*'s views of the evaluation were, however, influenced by what they expressed as their general lack of understanding of the processes themselves:

I have beat myself up so many times about misinterpreting something, thinking something was supposed to be this way but it's that way and thinking 'how did I miss that?' and afterwards you are thinking of course it's so obvious but in the middle of it you just don't see it and I don't have a research background and the language that is used by evaluation and research is very confusing. Very confusing at times. I just really think sometimes I have a handle on it and then something stupid happens and I really don't know how it happened. There have been lots of mistakes made, nothing life changing, nothing major. They are all fixable, they have all been fixed.

...And its only now and I'm still getting my head around it. Back then the evaluation was the part that Queen's played and I saw us separate to that... There definitely has been massive confusion around the roles when it comes to the evaluation part. I didn't really know what you guys were sitting at the back of the room to do other than observe. But to observe what I didn't know.'

In addition to confusion around the purpose of observational methods, *Parenting NI* also

expressed a level of uncertainty around recruitment and the administration of questionnaires. Facilitators also said they had limited knowledge of the evaluation process. When asked what they had been told in this respect they responded:

> *I don't feel I have as much knowledge as I need, that would be how I would sum it up.*
>
> *Just (been told) the practical things about what's happening, that there will be the questionnaire at the beginning for the parents and at the end and that you would come to some of the sessions.*
>
> *I would maybe hear a wee bit more because I would be in the office more so I would hear things like when the dates had to be changed it was because those parents there has to be the same length of time between the parents are waiting so I would hear wee bits but I don't really... I don't know an awful lot about it.*

Facilitator lack of knowledge with regard to the evaluation process left a level of uncertainty among the group, which ultimately impacted on programme delivery. It was acknowledged by management that facilitators felt intimidated by researchers observing, and the lack of understanding in terms of the purpose of data collection elements heightened anxiety during programme delivery. Facilitators themselves felt observation put '*a bit of pressure'* on them:

> *I'd love to know what you're writing' (laughs).*
>
> *It feels like pressure on us and it's the same if [Director of Parenting Education] comes to observe, it's like being in an exam situation so sometimes I feel as if I'm not being natural and I'm not and the session isn't as the session would be if you' weren't there and that's no reflection on you' because you' are always very good.*

It was suggested that parents themselves did not have enough knowledge of the evaluation, particularly in relation to measures included in questionnaires. In fact, facilitators also mentioned that parents could sense a level of unease during periods of observation which ultimately had an effect on group dynamics and parent disclosure:

> *At the minute I sort of feel as if they feel that we're batting in different corners and it would be the same if [Director of Parenting Education]comes in to observe us, they'll come in and then they'll say 'is that your boss' and sometimes depending on your group sometimes they'll actually clam up because it will be like I don't want to say anything in case I say the wrong thing and get her into trouble and it's not said but you can.... feel it like.*

Although it had been discussed - and agreed with ICCR - that details of the evaluation would be included as part of session one, this was never implemented.

Evaluation Benefits The benefits of the evaluation (as above) were also acknowledged by all. With regard to redefining programme content and the restructuring of the design, management stated:

> *Another big thing in the development of that was when you and (ICCR Director) said it has to be incremental and that is something we would do automatically in the programmes with the demonstration, though the overt demonstration of that probably wasn't there. So getting all of that written down, and making that clear in the manual and so forth, was another turning point - that alongside the reading that the facilitators did, and the training.*

Facilitators also noted:

> *I think just personally, and I know from our meetings and what we've talked about is, that we all feel that the programme has really escalated in its value and its content and in just the way it's perceived.*
>
> *Compared to the last time I feel much more professional delivering, not me personally but I'm happier to deliver it, it seems to be more....*
>
> *I think we all feel because Queen's are involved it does give the programme credibility.*

Lessons Learned In addition to regular meetings between *Parenting NI* and ICCR,

Parenting NI expressed a need for further clarification on different elements of the evaluation:

> *I think if there had been a check list of things we were responsible for that would have been helpful. Maybe that is not possible when you are going into an evaluation as you don't know what will come out the other end.*

The lack of understanding of key elements of the evaluation e.g. the requirement of attendance data for parents at each programme, was highlighted as a barrier to *Parenting NI*'s role in the evaluation:

> *I do try to but I think the problem is I am keeping up and it's only when I'm back to the office that I think 'did they mean this or did they mean that?' and that's when it sort of dawns on me 'maybe I don't understand that'.*

With regards to what facilitators were told about the evaluation, management stated:

> *Anything I did know I told them but it was very little…I wish I could turn the clock back and ask questions in a very different way and find out more information. Every month to me is learning with this thing. The whole process of it has been massive learning.*

> *Obviously it's my responsibility but I thought the evaluation is out here, our job is the programme and the stuff that I have put together for the parents, the very first line is 'PNI and Queens are in partnership...' and if that sort of thinking and image had come into my mind then the evaluation would have been part of that training. But it didn't and I saw that as that is your job, you are doing the evaluation and our job is to get this programme right. That's how I thought of it and I'm sure that's what (name of Director of Parenting Education) thought of it. So yeah we should have done that. I think we would've had to have had a session with you, with the facilitators and that would have sorted it out.*

The effect of '*them and us*' was acknowledged as a factor in the evaluation process. The requirement for more collaborative working arrangements and clearer communication between both parties, plus presenting a united front to parents in terms of the integration of the evaluation to *Parenting UR Teen* were recognised. *Parenting NI* acknowledged they should have asked more questions and at the same time ICCR clearly underestimated what PNI knew and/or understood. ICCR were also under the impression that all facilitators had been briefed by management on the evaluation and processes involved, either in the early stages of the study or during the revised training programme. Following the discovery of such confusion over research processes, the purpose of data collection methods and overall evaluation design, researchers met to discuss with all involved in *Parenting UR Teen* during round 2 of the impact evaluation. This was well received by all and acknowledged as something that should have happened at an earlier stage:

> *I think we are getting it right now. We should have done it earlier but I think we are getting it right now. That was one of the best meetings last Friday, everybody loved it. They really felt so good about it afterwards.*

5. PULLING IT ALL TOGETHER

Overall the findings demonstrate the effectiveness of the *Parenting UR Teen* Programme as an intervention for parents of adolescents. The study is to our knowledge unique, being the only Randomised Control Trial of a parenting programme for *adolescents* in the UK. The research sits amidst a wider portfolio of randomised trials focusing on earlier intervention. There are a few small scale evaluations of parenting adolescent programmes evident within the literature but none with the sample size or inherent design of the current research. Taking the range of outcomes for parents and teenagers in turn, this final section will draw out the importance of the study findings. The chapter ends with a reflection on lessons learnt throughout the project.

Parent Outcomes

Parental Mental Health

The results indicate that *Parenting UR Teen* had a significant impact on parental mental health as measured by the General Health Questionnaire (Goldberg, 1972). Available evidence suggests that the prevalence of maternal mental health problems in urban populations (measured by the GHQ) can be as high as 45% (Barlow *et al.*, 2002), further illustrating the weight of the results. This also has implications for child development and wellbeing: poor maternal emotional health has been shown to predict children's mental health difficulties (Meltzer *et al.*, 2003) and is associated with physical and behavioural problems in children (Moran *et al.*, 2004).

A recent Cochrane review concluded that parenting programmes have been found to be effective in improving psychosocial health in parents; reducing anxiety and depression and improving self esteem (Barlow et al, 2011). However, Barlow *et al.* (2011) note that, whilst programmes can make a significant contribution to the short term psychosocial health of mothers, further evidence is needed to ascertain longer term benefit, in addition to identifying the mechanisms responsible for this positive change.

The association between interpersonal social support and mental health is well documented (Moak and Agrawal, 2009). According to the buffering hypothesis (Cohen and Wills, 1985) increased social support, particularly in those experiencing high levels of stress, can act as a protective influence against physical and mental health problems. The group-based structure of *Parenting UR Teens*, coupled with the availability of one to one support and a helpline, serves parents well. Certainly receiving non-judgemental support and having someone and somewhere to turn to is significant for parents under pressure, and unless programmes achieve this, they are not considered to be effective from the parents' point of view (Moran *et al.*, 2004). The qualitative findings in this study (see Chapter 4) reveal that parents felt supported throughout the programme and viewed the helpline as very much there in the future as and when they needed it.

Of particular relevance to this research is the association between family composition and parental mental health. Lone parenting has been linked to poorer mental health (Crosier *et al*, 2007). Divorced individuals may experience increases in physical and mental health difficulties (Cooper et, al 2009); following divorce individuals report poorer mental health (Meadows *et al.*, 2008), lower functional and self rated health (Lorenz *et al.*, 2006) worsened health-related behaviours (Lee *et al.*, 2005) than their married counterparts. This has particular implications for this study as our results indicate that both single parents and parents who were divorced suffer from poorer mental health than their married counterparts before attending the programme. Thus an improvement in mental health after

attending the parenting programme is an extremely interesting and worthwhile finding.

Parental stress

Parenting stress generally refers to a condition in which a parent perceives that the demands associated with parenting exceed their resources to meet these demands (Cooper et al, 2009). High parenting stress has been linked to low satisfaction with parenting and poorer maternal well-being (Parkes *et al.*, 2011). Mothers who experience high levels of parenting stress are more likely to report greater psychological distress and lowered life satisfaction than their less stressed counterparts (Cooper et al, 2009). The results from the present study indicate that the programme had a significant impact on the stress of parents who attended the programme in comparison to those who did not. This finding is noteworthy as it has implications not only for the mother, but also for the adolescent and the remainder of the family.

According to Anthony *et al.* (2005) parental stress is associated with less than ideal parenting, lowered levels of developmental competence in children and discordance within the family. In the present study, not only was there a statistically significant difference in the overall stress score, but the subscales social alienation, incompetence/guilt and parent domain also showed statistically significant changes. It is understandable that feeling incompetent within the parenting role and worrying that you are not doing the right thing may lead to heightened stress. Thus, attending a programme which provides reassurance seems reasonable in reducing participants' sense of stress within their parenting role. This finding is confirmed by the results of the interviews, which revealed that parents felt that being on the *Parenting UR Teen* programme helped them feel as if they weren't on their own, and provided them with reassurance that they were doing a good job and weren't so bad after all. Parenting, in any family, is a challenge; however given the well documented stresses and strains of parenting adolescents (Coleman, 1997) this finding is particularly pertinent.

Parental Monitoring

Whilst the results did not evidence any improvement in parental monitoring and supervision, there may a number of reasons for this. Firstly, recent research suggests that parental knowledge results more from adolescent disclosure of information than from parental efforts to monitor or control their child's movements (Kerr *et al.,* 2012). Rather, it is suggested that the parent adolescent relationship is most appropriately viewed as bi-directional rather than uni-dimensional, involving transactional processes between parent and adolescent. Also, implicit within the Stattin and Kerr (2000) measure is that parental control is viewed as positive, and this may not always be the case. Furthermore, parenting skills are notoriously difficult to measure at home, and the reliability of parental report of changes in their parenting is open to question (Moran *et al.*, 2004).

Whilst the study did not include a quantitative objective measure of parental knowledge, the findings from the telephone interviews indicate that parents certainly perceived themselves to be more knowledgeable as a consequence of participation in the programme, across a range of issues including teen development, teen behaviour and effective parenting styles (see Chapter 4).

Family outcome measures

Positive change was found across all of the family domains assessed. The results indicate that the programme resulted in a reduction in overall distress, with less conflict about school and decreased conflict around meals and eating. This finding has far reaching implications, not only for family functioning but for the psychosocial development of the adolescent. As previously indicated, high levels of conflict between parent and adolescent are associated with increased delinquency, problems at school, running

away and mental health issues (Laursen and Collins, 1994).

The results also suggest that programme parents reported a less stressful parent adolescent relationship, with significant improvements in communication, problem solving and family cohesion. These domains encompass the core components of authoritative parenting. As Asnussen *et al.* (2007) point out, authoritative parenting encourages communication between parent and adolescent, fosters warmth and mutual respect, encourages autonomy and responsibility and develops mutual trust between parent and adolescent. This finding reflects the on-going promotion of authoritative parenting which underpinned the *Parenting UR Teen* programme, and has implications for a range of positive adolescent outcomes. For instance, authoritative parenting has been associated with healthy adolescent psychological development (Chu, *et al.*, 2012); physical health and wellbeing (Rhee, 2008; Bradley *et al.*, 2011); and increased levels of school engagement and achievement (Brody, *et al.*, 2002). Again these findings are mirrored in the qualitative data, where parents reported how improved the communication was between them and their adolescent, and as a result, family life was perceived to be much more pleasant. The results are also consistent with previous research that has, for example, found that training parents to be more supportive and more involved in their adolescents' lives improves the parent adolescent relationship (Stallman and Ralph, 2007). Similarly according to Moore *et al.* (2010) communication and problem solving training has also been shown to help families deal better with conflict, and improve social functioning.

The findings also indicate that attending the programme made parents less likely to interpret their teens' behaviour as malicious, and less likely to believe that the teenagers' behaviour would end up in disaster or ruin. This acceptance, or 'normalisation', of adolescent behaviour and increased awareness of the way teenagers behave was very apparent in the qualitative interviews detailed in Chapter 4. After attending the programme, parents were also less likely to expect adolescents to behave flawlessly all the time. Given that a large focus of the programme is to increase parental knowledge of teen development and create awareness of what it is like to be a teenager, more acceptance of typical teen behaviour seems logical. It is also noteworthy that whilst the relationship between mental health and parenting stress is complex, research suggests that mental health problems can contribute to the experience of parenting stress through biased perceptions of daily hassles and child behaviour (Crnic and Acevedo, 1995). One interpretation of this is that the parents in this study, as a result of improved mental health, were less likely to catastrophize about their teens' behaviour and more likely to see things as they are (although the converse could equally be true).

Teen Outcomes

Parental perceived teen social functioning

Qualitative data indicated that, after the programme, parents perceived their teens to be less moody and less likely to engage in delinquent behaviour. Han *et al.* (2010) argue that parents who are stressed and feel emotionally and physically drained may be less likely to engage in warm and supportive interactions with their adolescents, which in turn may compromise the quality of the home environment leading to increased adolescent risk taking behaviours. As we have seen, this programme had a significant impact on the parenting stress of those who attended it, with significant improvements in communication, problem solving and cohesion within the family. It seems logical that this may have had a crossover effect on teen social functioning. These results confirm findings from a systematic review which found that parenting programmes that emphasise strategies for monitoring activities, praising appropriate behaviour, and applying consistent behaviour, have reported decreases in problem behaviours

in adolescence (Petrie *et al.*, 2007). However, it should be noted that more often than not, these programmes also included a classroom based component directly involving adolescents. It is difficult to say if these outcomes would still be apparent without the direct intervention with the teenagers.

Teen outcomes

Our results suggest an improvement in teen perceptions of global distress and conflict with mothers over school related issues after parents attended the programme. Teenagers perceived there to be less distress and, more specifically, less conflict around school issues with their mothers after completion of the programme. It is interesting that statistically significant results were found only in relation to communication around issues related to school with mothers. This finding may be attributed to the fact that mostly mothers attended the programme, hence attending the programme helped lessen some of the conflict between mother and adolescent. In many families, mothers also carry most of the responsibility for getting children to school and overseeing their homework. Recent reviews of parenting programmes mostly conclude these parenting programmes show little impact on the children themselves (Moran *et al.*, 2004). However whether this is because the programme simply has no impact on the children, or because a longer period of follow up is required, is difficult to say. Future research would benefit from longer follow up outcome measures for young people to confirm this. Additionally, research would also benefit from the inclusion of teens, given that they are also the intended beneficiaries of these programmes.

Implications for practice and research – Lessons learnt

Readiness for Evaluation

Whether a programme is ready or not for evaluation is important for both evaluators and practitioners. Premature evaluation can cast doubt on programmes that could have the potential to make important differences to individuals' lives (Mancini *et al.* 2004). Thus, before evaluating any programme, a number of considerations need to be taken into account (MRC 2010). Amongst other things, a detailed manual needs to be available which provides enough information to ensure replicability. For complex social interventions such as 'Parenting UR Teens' there needs to be a clear and explicit theoretical framework underpinning the programme, and preferably a logic model which provides a clear description of how a programme is intended to produce particular outcomes. And clear protocols for recruitment and data collection need to be in place, understood by all those involved and adhered to. As Chapter 2 details, much of this was not in place when the research commenced and took some time to put in place.

Evaluators' and Practitioners' Perspectives

Evaluators and programme practitioners often have different perspectives on issues which can, if not managed well, lead to a poor fit between the two (Telfair and Mulvihill, 2000). On one hand, practitioners may feel that research is a hindrance to be endured, whereas evaluators feel their work would progress much more effectively if only the programme and those involved with it would not get in the way (Mancini *et al.*, 2004). These contradictions introduce tensions like those that were sometimes evident during this study. However, despite these differences, it is important to note that rather than viewing the two groups as 'poles apart', each possess expertise that the other does not have. As such, collaboration between the two represents a unique opportunity to improve the work of each (Manchini *et al.*, 2004).

Stigma

Most of the parents referred to the stigma of attending a parenting programme, fearing that their attendance would label them as bad parents or their teenagers as problematic. More needs to be done to raise parents' awareness

and willingness to attend parenting programmes, to normalise their experiences - both within the home and in receiving professional support. Parents need to be made aware that the aim of these courses is not to undermine or label them, but to support them in their efforts to be better parents. In order for this to be achieved, similar influence needs to be brought to bear on policy makers, service providers and others.

Strengths and Limitations

This study provides a rare evaluation of a parenting programme for the parents of adolescents. To date, this is the only randomised trial of such a programme in the UK. The trial was carried out throughout Northern Ireland across a diverse range of locations, thereby strengthening the generalisability of the findings.

The inclusion of direct observation of interactions between parent and adolescent would have strengthened the research, in addition to a longer period of follow up, for both parents and adolescents. The current research also does not take into account the economic cost of delivering the intervention.

In conclusion, the findings presented here provide convincing evidence of the effectiveness of the *Parenting UR Teen* programme. The results indicate that this intervention can bring about positive changes in parental mental health and stress. The benefits are not restricted to the parents. The results indicate that the programme can enhance family life by improving parent-adolescent communication and lowering levels of distress. The findings were based on short term assessments of outcomes, but nonetheless illustrate the impact/importance of an intervention for parents of adolescents. Importantly, it reminds us that it is ‘never too late’ to effect positive change. Further research following up the longer term outcomes for families would be beneficial.

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Appendix 1. Tables showing change scores by experimental group, and *t*-tests for group differences

The following tables show the mean change score for parents in the experimental and control groups, and the results of statistical tests to determine if there was a meaningful difference between the two groups in terms of these measures. The change score is the difference in measure scores between Time 2 and Time 1 (T2 minus T2). Hence, a positive score indicates a reduction in value over time, and a negative number an increase over time. For the GHQ, PARQ, and SIPA measures therefore relates to an improvement. For the Stattin and Kerr measures, a positive number indicates a reduction in the amount of the behaviour. The *t*-test indicates whether there is a difference between the two groups in terms of the amount of change, the smaller the *p* -value for the *t*-test, the more convincing is the evidence for a difference between the groups.

Refer to the first measure in for an example: among the waiting list group, the mean general health questionnaire change score for those in the wait-list control was -0.1 (it barely changed at all between Time 1 and Time 2) and for the programme group, 2.6 (GHQ scores improved by 2.6 points between Time 1 and Time 2). The *t*-test of $p<0.001$ provides strong evidence that there is a difference between the waiting list and programme groups in terms of the change in general health questionnaire score. The interpretation of this is that the programme group had a greater improvement in this mental health outcome than the waiting list.

In terms of parental well-being, the results suggest that the programme had a positive effect on parents' mental health, reduced parental stress, feelings of social alienation and feelings of guilt and incompetence surrounding parenting (see Figure 4).

There was no suggestion that the programme influenced the Stattin and Kerr Measures of parenting; there was no difference between the experimental and control groups in terms of measures of parental control of their child's activities, monitoring of their activities or the extent to which they tried to communicate with their child about their day to day activities (see Table 19). There was no objective measure of the change in parenting knowledge for analysis.

Table19: Outcome change scores for parental outcome measures

Measure	Waiting List (Control group)	Programme (experimental group)	T test for group difference p-value
Enhanced Parental Well-being			
(General Health Questionnaire)	-0.1 (2.67)	2.6 (4.48)	*<0.001****
Social Alienation	-0.4 (3.64)	1.5 (4.61)	0.008**
Incompetence/Guilt	0.6 (3.73)	3.5 (5.89)	0.016*
Parent Domain	0.6 (11.3)	9.9 (22.0)	0.001**
Total Stress Score	0.5 (8.78)	6.5 (14.75)	0.003**
Improved Parenting Skills			
(Stattin and Kerr)			
Parental Control	0.2 (5.20)	0.1 (3.78)	$0.969^{n.s.}$
Parental Monitoring	-0.3 (3.31)	-0.7 (5.47)	$0.614^{n.s.}$
Parental Solicitation	-0.3 (2.82)	-0.4 (3.33)	$0.876^{n.s.}$

Significant difference at 0.05* , 0.01** and 0.001*** levels

Family outcomes

Table 20 shows the findings relating to family outcomes. In terms of conflict; the programme did appear to lead to lower levels of overall distress, conflicts about school, and conflict about meals and eating. Similarly, the programme group saw greater improvements in communication, problem solving, and family cohesion, and lower levels of stress relating to the relationship between parents and teens. In terms of maladaptive beliefs, parents after the programme were less likely to interpret their teen's behaviour as malicious, were less likely to think that their teen's bad behaviour would end in disaster or ruin. Parents who completed the programme were less likely to feel their teenager should behave flawlessly at all times, however they were more likely to respond in a socially desirable manner (i.e. to exaggerate positive family characteristics and minimise negative characteristics).

Table 21 summarises the results relating to the teenager outcomes. After the programme, parents rated their teens as less moody; engaging less often in delinquent behaviour, but there was no apparent change in levels of social isolation, or change in achievement for teens after the programme. While there was only evidence for a change in two out of the four subscales, there was still a change in the summed overall adolescent stress score. There was also no evidence to suggest that teenagers communicated with their parents more after the programme.

Table 20: Outcome change scores for family outcome measures

	Waiting list	Programme	*T*-test for group difference p-value
Reduced distress and conflict			
(Parent Adolescent Relationship Questionnaire)			
Global Distress	1.7 (7.64)	8.7 (9.22)	*<0.001****
School Conflict	0.6 (7.55)	4.7 (7.03)	0.001**
Eating Conflict	1.6 (9.88)	7.1 (13.01)	0.005**
(Stress index for parents of adolescents)			
Adolescent-Parent relationship	0.8 (9.02)	5.1 (8.64)	0.007**
Increased communication and problem solving			
Communication	2.1 (7.95)	9.1 (9.92)	*<0.001****
Problem Solving	2.9 (6.92)	7.4 (9.90)	0.002**
Cohesion	0.8 (7.68)	3.7 (8.04)	0.03*
Reduced maladaptive beliefs			
Malicious Intent	0.7 (6.22)	5.7 (7.28)	*<0.001****
Ruination	-0.4 (6.30)	3.0 (8.90)	0.009**
Perfectionism	-1.0 (7.38)	1.9 (8.36)	0.03*
Conventionalisation	-0.2 (4.63)	-4.1 (5.98)	*<0.001****

Significant difference at 0.05* , 0.01** and 0.001*** levels

Table 21: Outcome change scores for teenager outcomes

	Waiting list	Programme	T test for group difference
Enhanced teen social functioning			
(Stress Index for Parents of Adolescents)			
Moodiness / Emotional liability	0.8 (5.89)	4.9 (6.75)	0.002**
Social Isolation	1.0 (4.31)	2.1 (6.94)	0.299[n.s.]
Delinquency	0.4 (4.81)	2.2 (4.74)	0.040*
Failure to achieve	0.0 (4.00)	2.0 (6.00)	0.058 [n.s.]
Adolescent Domain Total Score	1.9 (13.46)	10.7 (20.47)	0.003**
Increased communication with parents			
Child Disclosure	-0.9 (4.65)	-1.0 (3.36)	0.883[n.s.]

Significant difference at 0.05* , 0.01** and 0.001*** levels

Appendix 2. The association between programme fidelity measures and improvement in parent, family and teenager outcomes

The following section will look more closely at variations between each of the programmes in terms of the characteristics of programme delivery, rather than in terms of outcomes for those who attended. These characteristics are; adherence to an intervention; exposure or dose; quality of delivery; and participant responsiveness.

Adherence to an intervention

This element relates to how similar the delivery of the intervention (in this case an eight week parenting programme) was to the 'gold standard' intervention i.e. how much of the specific content - as outlined in the *Parenting UR Teen* manual – was presented at each programme.

Adherence to the programme was assessed by scoring how many of the key points mentioned in the session plans were covered during the group sessions. Sessions were scored by one or two raters (depending on fieldwork availability and absence). The majority of fieldwork observation sessions occurred at week 1 and week 8. For the majority of the sessions, only one or two time points were observed, the first and last week, although some sessions were observed for five weeks. The scores for the sessions varied, depending on the number of key topics mentioned in the session plan

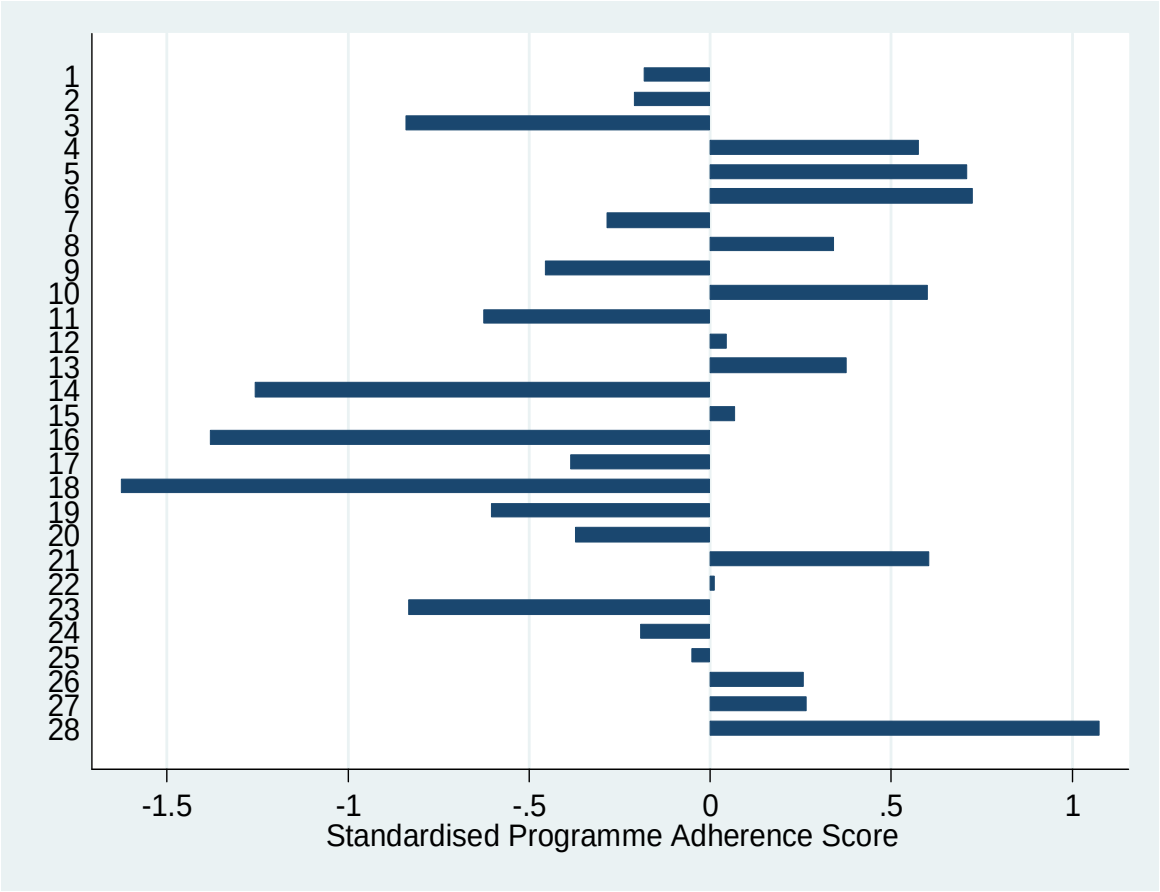
Table 22 shows the raw scores from the observed sessions, averaged over the raters' observing each session. It is important to note that in early sessions, a different version of the session plan scoring framework was used and hence the scores were systematically higher after implementing the new scoring structure. To deal with this variation, the weekly scores were standardised to have a mean of zero and standard deviation of one, thus placing adherence to each week of the programme on comparable scales (in other words, the 'average' programme was scored zero, less adhered-to programmes scored below zero, and well adhered to programmes greater than zero).

The resulting standardised scores for each week were then averaged within each programme to give an overall measure of adherence for each programme. Figure 8 shows these standardised scores for the observed programmes.

Table 22: Raw scores for session plan observations over eight weeks

Session Week	Number of ratings	Mean rating (s.d.)	Minimum – Maximum ratings
One	27	61.1 (14.81)	26 - 93.5
Two	7	61.9 (10.64)	44 - 73.5
Three	13	59.5 (12.02)	39 - 77
Four	10	73.9 (13.66)	55 - 99.5
Five	8	45.1 (6.71)	32 - 54.5
Six	5	40.4 (6.61)	33 - 46
Seven	10	43.7 (6.6)	35 - 58
Eight	9	31.1 (7.28)	13 - 37
Eight (early rounds)	17	14.9 (6.1)	0 - 22

Figure 8: Standardised adherence score for the 28 observed *Parenting UR Teen* programmes



*Programmes are listed in no particular order

There was variation in the levels of adherence to the programme, although this variation is normally distributed, with the majority falling near the average and few performing very far below or above average. Only one outcome varied between programmes – eating conflict. Hence, regression models were used to assess whether or not adherence scores were associated with change in eating conflict.

Table 23 shows the regression coefficients for adherence scores' association with post-programme eating conflict, after having controlled for pre-programme levels of conflict. There is no association between the overall adherence score (the mean of each week's score, where data was available) and improvement in eating conflict. There was some evidence than higher adherence to content in Week 3 (Teen Development) and Week 6 (Conflict) was associated with greater improvement; after accounting for adherence, there was also a marked reduction in between programme variation. Some caution must be taken in reading too much into these findings, as observations were only available for eight and three - out of a total of 28 - programmes.

Table 23: Association between adherence measures and eating conflict scores

Adherence measure	Regression coefficient (95% CI)	Between-programme variation (% of total variation)	Number of programmes observed
None	~~~	16.4**	~~~
Overall adherence	0.40 (-3.25, 4.05)	17.1**	28
Week 1	0.07 (-2.68, 2.82)	17.2**	16
Week 2	4.14 (-12.18, 20.47)	36.4*	4
Week 3	3.89 (0.20, 7.57)*	0.0	8
Week 4	3.13 (-0.34, 6.59)	0.0	7
Week 5	1.76 (-27.43, 30.94)	47.7	3
Week 6	0.79 (0.02, 1.56)*	0.0	3
Week 7	-1.17 (-9.33, 6.99)	6.8	5
Week 8	-1.02 (-5.01, 2.98)	25.1**	14

Exposure / dose

In drug trials, the amount of drug received by patients is studied to see the effect the drug has in larger or smaller amounts or doses. For a programme such as *Parenting UR Teen*, the amount of the programme participants are exposed to is akin to the 'dose' of a drug and it makes sense to ask whether those parents who attended less than the full eight weeks of the programme received less benefit than those who attended more frequently and/or completed the course? One major problem with answering this question is that those who decided not to continue with the programme were also much more likely not to continue participating in the evaluation. Table 24 shows the number of weeks attended by parents who completed surveys before and after the programme, and those who did not. For the people that did complete both pre- and post-programme surveys, the vast majority attended over half of the sessions. This makes it difficult to make general statements about the effect of attending one or two weeks of the programme with any certainty.

Multilevel regression models assessed the association between post-programme score and attendance, after accounting for pre-programme scores for any of the parent, family, or teenager outcome measures. There was no evidence of an association between any of the parental (see Table 24), family (see Table 25) or teenager (see Table 26) outcome measures and attendance.

Table 24: Exposure to programme (weeks attended) for those included and lost from analysis

Number of weeks attended	Completed pre-post surveys	Lost from analysis
None	1	120
One	1	10
Two	1	7
Three	1	4
Four	4	4
Five	11	4
Six	20	6
Seven	55	12
Eight	52	11

Table 25: Regression coefficients showing the association between attendance and parental outcomes

	Regression coefficient (95% CI)
Enhanced Parental Well-being	
(General Health Questionnaire)	-0.18 (-0.60, 0.25)
Social Alienation	-1.60 (-4.70, 1.51)
Incompetence/Guilt	1.65 (-1.23, 4.52)
Parent Domain	0.14 (-0.96, 1.25)
Total Stress Score	1.92 (-2.73, 6.57)
Improved Parenting Skills	
(Stattin and Kerr)	
Parental Control	0.34 (-0.16, 0.83)
Parental Monitoring	0.19 (-0.40, 0.78)
Parental Solicitation	0.27 (-0.15, 0.69)

Significant difference at 0.05* , 0.01** and 0.001*** levels
Coefficients adjusted for pre-programme scores

Table 26: Regression coefficients showing the association between attendance and family outcomes

	Regression coefficient (95% CI)
Enhanced teen social function	
(Parent Adolescent Relationship Questionnaire)	
Global Distress	-0.44 (-1.72, 0.84)
School Conflict	-0.78 (-1.69, 0.13)
Eating Conflict	-0.01 (-1.49, 1.47)
(Stress index for parents of adolescents)	
Adolescent-Parent relationship	0.73 (-1.92, 3.38)
Increased communication and problem solving	
Communication	-0.87 (-2.22, 0.48)
Problem Solving	-1.00 (-2.25, 0.25)
Cohesion	-0.15 (-1.16, 0.86)
Reduced maladaptive beliefs	
Malicious Intent	-0.18 (-1.12, 0.76)
Ruination	0.80 (-0.28, 1.88)
Perfectionism	-0.17 (-1.25, 0.91)
Conventionalisation	0.27 (-0.54, 1.09)

Significant difference at 0.05* , 0.01** and 0.001*** levels
Coefficients adjusted for pre-programme scores

Table 27: Regression coefficients showing the association between attendance and teenager outcomes

	Regression coefficient (95% CI)
Enhanced teen social functioning	
(Stress Index for Parents of Adolescents)	
Moodiness / Emotional liability	1.25 (-1.68, 4.18)
Social Isolation	1.03 (-2.04, 4.10)
Delinquency	2.11 (-0.44, 4.66)
Failure to achieve	1.16 (-0.63, 2.96)
Adolescent Domain Total Score	0.50 (-1.71, 2.72)
Increased communication with parents	
(Stattin and Kerr)	
Child Disclosure	0.28 (-0.14, 0.71)

Significant difference at 0.05* , 0.01** and 0.001*** levels
Coefficients adjusted for pre-programme scores

Quality of delivery

The quality of the programme delivery was assessed using a modified Leader Observation Tool (LOT). Each session observed for session plan adherence (see Table 22 above) was also observed at two ten-minute time points by independent raters. Raters scored the occurrence of facilitator behaviours (verbal and non-verbal) using the categories of listening, empathy, physical encouragement and positive behaviour. Raters also scored positive and negative behaviours from parents, for example negative, critical language, and 'off-agenda' discussion from both parents and facilitators.

To assess the variability in raters' LOT scores, one of the sessions was video recorded, and all the raters scored the same two ten minute sessions. Anova tests suggested there was no evidence of variation between raters' scores on the listening, empathy or parental positive behaviour items. There were no other/negative events noted during the video session. There was evidence that raters varied when scoring physical encouragement (p=0.02) and positive behaviour (p=0.02).

Variation in 'physical encouragement' appeared to be due to a particularly high score for a fieldworker who performed ratings only for a single session; after removing their results, the Anova test gave an average score of 8 and a range of scores from 4 to 15 (p=0.05; the removed rater scored 19 for the video session). For positive behaviour, the average score was 19, ranging from 9 to 27 (the removed rater scored 38).

As there was some variation in these scales, there was also some variation between raters in terms of the total LOT score, and appropriate caution should be taken in the interpretation of the following scores. Table 28 shows the average score for each subscale, together with the minimum and maximum scores within each programme. Two versions of the total score were calculated. The first was simply the sum of all the scales excluding the negative items. The second was the sum *excluding* negative items and parent behaviours, as these were not elements of delivery, but rather of engagement (see participant responsiveness below). Behaviours deemed empathic or negative scales were less frequent than behaviours in the other categories.

Table 28: Average, minimum and maximum scores for Leader Observation Tool scales

Scale	Mean frequency (s.d.)	Minimum – Maximum Frequency
Total Score	37.2 (15.7)	19 – 69
Total (without parent behaviour)	31.1 (10.4)	19 – 57
Listening	13.1 (4.8)	6 – 23
Empathy	1.1 (0.9)	0 – 3
Physical Encouragement	7.5 (3)	2 – 17
Positive behaviour	9.5 (6.4)	2 – 19
Positive parent behaviour	12.7 (2.9)	7 – 18
Other (negative)	0.5 (0.8)	0 – 3

Multilevel regression models assessed whether or not overall LOT score was related to outcomes. For the most part, there was no association; but parental mental health and social alienation scores tended to be slightly higher for parents attending more highly rated programmes (see Table 29). Also, the family measures of global distress, adolescent-parent relationship and communication tended to be higher among more highly rated programmes (see Table 30). In all cases, these associations suggest that parents and families on the more highly rated programmes fared slightly worse, most likely a spurious association. There was no association between LOT score and teen outcomes (see Table 31).

Table 29: Regression coefficients showing the association between LOT score and parental outcomes

	Regression coefficient (95% CI)
Enhanced Parental Well-being	
(General Health Questionnaire)	0.44 (0.01, 0.86)*
Social Alienation	2.66 (0.03, 5.29)*
Incompetence/Guilt	2.06 (-0.41, 4.53)
Parent Domain	0.66 (-0.20, 1.52)
Total Stress Score	2.87 (-0.46, 6.19)
Improved Parenting Skills	
(Stattin and Kerr)	
Parental Control	-0.24 (-0.66, 0.19)
Parental Monitoring	-0.51 (-0.95, -0.08)
Parental Solicitation	-0.52 (-0.85, -0.19)

Significant difference at 0.05* , 0.01** and 0.001*** levels
Coefficients adjusted for pre-programme scores

Table 30: Regression coefficients showing the association between LOT score and family outcomes

	Regression coefficient (95% CI)
Parent Adolescent Relationship Questionnaire	
Global Distress	1.68 (0.35, 3.01)*
School Conflict	0.86 (-0.03, 1.75)
Eating Conflict	0.25 (-1.54, 2.05)
Stress index for parents of adolescents	
Adolescent-Parent relationship	2.43 (0.12, 4.74)*
Increased communication and problem solving	
Communication	1.45 (0.04, 2.85)*
Problem Solving	0.76 (-0.66, 2.18)
Cohesion	1.00 (-0.01, 2.02)
Reduced maladaptive beliefs	
Malicious Intent	0.05 (-1.01, 1.11)
Ruination	-0.01 (-1.13, 1.10)
Perfectionism	-0.26 (-1.20, 0.68)
Conventionalisation	-0.30 (-1.15, 0.54)

Significant difference at 0.05* , 0.01** and 0.001*** levels
Coefficients adjusted for pre-programme scores

Table 31: Regression coefficients showing the association between LOT score and teenager outcomes

	Regression coefficient (95% CI)
Enhanced teen social functioning	
(Stress Index for Parents of Adolescent)s	
Moodiness / Emotional liability	1.09 (-1.81, 4.00)
Social Isolation	2.02 (-1.94, 5.99)
Delinquency	1.28 (-1.26, 3.82)
Failure to achieve	0.77 (-0.56, 2.09)
Adolescent Domain Total Score	0.15 (-2.00, 2.29)
Increased communication with parents	
(Stattin and Kerr)	
Child Disclosure	0.01 (-0.39, 0.40)

Significant difference at 0.05* , 0.01** and 0.001*** levels
Coefficients adjusted for pre-programme scores

Participant responsiveness

The positive parental behaviour scale, collected using the Leader Observation Tool, serves as a measure of parental responsiveness to the programme. This measure showed a bimodal distribution, with peaks at 11 and 15 and an even distribution either side.

Regression models were carried out using quintiles of positive behaviour score and also using continuous scores; neither of these sets of models showed any association between higher overall levels of positive parental behaviour and better improvement in parent, family or teenager outcomes (see Tables 32-34).

Table 32: Regression coefficients showing the association between participant responsiveness and parental outcomes

	Regression coefficient (95% CI)
Enhanced Parental Well-being	
(General Health Questionnaire)	0.28 (-1.97, 2.52)
Social Alienation	8.02 (-3.73, 19.76)
Incompetence/Guilt	3.09 (-7.53, 13.70)
Parent Domain	1.94 (-2.15, 6.02)
Total Stress Score	6.02 (-12.28, 24.33)
Improved Parenting Skills	
(Stattin and Kerr)	
Parental Control	0.92 (-0.17, 2.01)
Parental Monitoring	-0.66 (-3.06, 1.74)
Parental Solicitation	0.72 (-0.28, 1.72)

Significant difference at 0.05* , 0.01** and 0.001*** levels
Coefficients adjusted for pre-programme scores

Table 33: Regression coefficients showing the association between participant responsiveness and family outcomes

	Regression coefficient (95% CI)
Parent Adolescent Relationship Questionnaire	
Global Distress	4.90 (-4.99, 14.79)
School Conflict	-2.47 (-7.08, 2.15)
Eating Conflict	-0.65 (-15.02, 13.71)
Stress index for parents of adolescents	
Adolescent-Parent relationship	-4.20 (-18.84, 10.43)
Increased communication and problem solving	
Communication	1.97 (-8.99, 12.94)
Problem Solving	2.96 (-7.42, 13.33)
Cohesion	1.03 (-7.13, 9.19)
Reduced maladaptive beliefs	
Malicious Intent	-1.87 (-6.90, 3.16)
Ruination	-1.11 (-7.23, 5.02)
Perfectionism	-0.78 (-6.15, 4.59)
Conventionalisation	-0.13 (-6.20, 5.93)

Significant difference at 0.05* , 0.01** and 0.001*** levels
Coefficients adjusted for pre-programme scores

Table 34: Regression coefficients showing the association between participant responsiveness and teenager outcomes

	Regression coefficient (95% CI)
Enhanced teen social functioning	
(Stress Index for Parents of Adolescents)	
Moodiness / Emotional liability	-2.54 (-15.34, 10.26)
Social Isolation	0.83 (-10.19, 11.86)
Delinquency	5.90 (-6.39, 18.18)
Failure to achieve	5.27 (-1.57, 12.11)
Adolescent Domain Total Score	-0.10 (-6.90, 6.70)
Increased communication with parents	
(Stattin and Kerr)	
Child Disclosure	-0.64 (-3.52, 2.24)

Significant difference at 0.05* , 0.01** and 0.001*** levels
Coefficients adjusted for pre-programme scores

Appendix 3. Leader Observation Tool (LOT)

Date:

Location:

Session:

Facilitator:

Researcher:

Time Slot of Observation: **Time1 / Time2** **(*delete as appropriate)**

Start Time of Observation:

Facilitator Skills	**Behaviour Category**	**Example**	**Frequency Count**	**Example Quotes**
Listening	Acknowledgement	Yes, no, hmmm		
	Clarifying question	So you are telling me you tried...? Did that surprise you?		
	Reflective Personal	I remember last week you told me...		
	Reflective Programme	Remember in week three we talked about....		
Empathy	Feelings acknowledgement	That must have been hard		
	Self-Reflection	I've done the same		
Physical Encouragement	Positive body language	Nodding, thumbs up		
	Positive effect	Smiles, laughs		
	Physical Engagement	Can you help me hold this flip		
	Physical positive	Pat on the back		
Positive Behaviour *Facilitator - Parent Interaction*	Engagement	Does anyone have anything else they would like to add to this?		
	Understanding	Is everyone following me?/ do you see the relevance/importance of this?		
	Role Play	Imagine how your teen might feel in that situation?		
	Praise	Great, well done.		
	Principle Reflection	You will see this in Harters principle of 8 domains... Realisation of behaviour and potential behaviour change I can see a difference in you over the last few weeks...		

	Thought Provoking	How would you help Jessica? What would you do in that situation?		
	Reframing - parent behaviour change	Simplifying jargon/simplification of theoretical abstract concept.		
	Reframing - clarity of content being delivered	What that is simply saying is...		
	Engagement of all parents	Attempts to include all parents – not just most talkative		
	Enthusiasm	Displaying enthusiasm for the subject/course		
Parent Positive Behaviour ***Parent - Facilitator Interaction***	Engagement	Could you help me please? *Offering personal examples (with/without prompt) requesting help		
	Role Play	Parent describing practical example of action taken with teen and asks for further advice		
	Praise	Thank you for that, it will really help with my teen		
	Principle Reflection	Thank you for that, it will really help with my teen		
		Is there any research done on that? Can you tell me more on that principle?		
	Reflective Personal	I remember you told me about ... in week 3 and I tried this...		
	Positive Body language	Parent is sitting forward, listening intently, nodding in agreement		
	Reframing - parent behaviour change	I don't understand...Can you tell me what you mean by that?		
	Realisation of behaviour and potential behaviour change	I have seen a difference in me over the past weeks...		
	Breakthrough moment	Ah Ha, I understand now...		
	Enthusiasm	Displaying enthusiasm for the course		
	Parents providing support to other parents	Parents emphasising with other parents, offering advice etc		

Other LOT Categories	Negative body language (Parent)	Frowning, General disagreement with everything		
	Negative body language (facilitator)	Frowning/Displaying any displeasure		
	Critical Parent (to pare	I don't agree with that		
	Critical Facilitator (to parent)	No, that's wrong		
	Closed questions	Was that good? (prompting Yes/No responses)		
	Off agenda	When discussions veers off agenda		
	Time off agenda	Off-agenda discussion duration		

NOTES:

*Please add extra notes on this interval session or note additional quotes

**Please add a couple of lines on the group dynamics.