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UNESCO Chair in
Children, Youth and Civic Engagement
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CHILD AND FAMILY RESEARCH CENTRE



Institute for
Lifecourse and Society

TÚSLA

An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency



The Evaluation of the Mol an Óige Common Sense Parenting Programme

BY
Mr John Reddy and Dr John Canavan
The UNESCO Child and Family Research Centre

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The authors of this report are:

Mr. John Reddy and Dr John Canavan

Research Team: Mr John Reddy, Dr John Canavan, and Dr Michelle Millar

Reviewers: Dr Bernadine Brady, Dr Allyn Fives, and Dr Lisa Moran

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For further information, please contact:

The UNESCO Child and Family Research Centre,

Institute for Lifecourse and Society,

National University of Ireland,

Galway

Tel: +353 (091) 495398

E-mail: cfrc@nuigalway.ie

Web: www.nuigalway.ie/childandfamilyresearch

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Contact Details:

Address: UNESCO Child and Family Research Centre, Institute for Lifecourse and Society, Dangan, Upper Newcastle Road, National University of Ireland, Galway, Ireland

Tel: +353 91 495398

E-mail: cfrc@nuigalway.ie

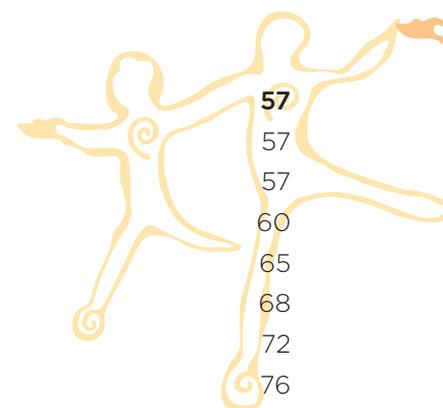
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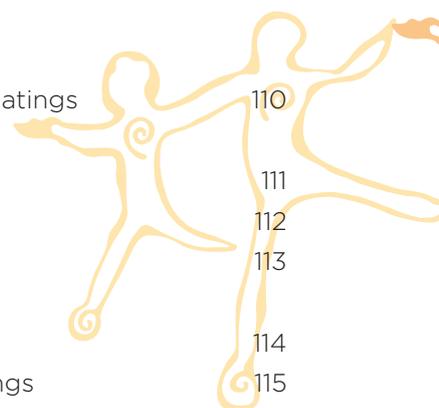
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Glossary of Terms

The Agency: Tusla: Child and Family Agency.

Convenience sampling: A non-probability method of sampling is where a researcher uses cases that are the most convenient or available.

DCYA: Department of Children and Youth Affairs.

HSE: Health Service Executive.

Implementation: The use of strategies to introduce or change evidence-based interventions within specific settings.

Non-responder: The term 'non-responder' is used to refer to study participants in the evaluation of the CSP programme who completed the pre-programme CSP Monitoring Pack but did not complete the post-programme pack.

Participants: Those who provided research data in the study are referred to as 'study participants' or 'participants' and include parents/guardians who completed CSP Monitoring Packs and parents/guardians who took part in focus group interviews.

PHN: Public Health Nurse.

Programme Fidelity: The extent to which an intervention is implemented as intended by the designers of the intervention.

Reference Child: Participants were asked to select a single child (if they had more than one child) as the focus of their responses to questionnaire surveys included in CSP Monitoring Packs. The reference child is a child whose behaviour most concerns them as parents/guardians.

Responders: Study participants who completed Pre- and Post-programme CSP Monitoring Packs.

Statistical significance: The significance criterion (α) is the standard of proof that the phenomenon exists. If the significance criterion (α) is set at 0.05, the conventional level of significance, this means accepting a 5 percent chance of wrongly rejecting the null hypothesis - i.e. in 5 times out of 100 such a finding could be obtained, but it would be as a result of chance rather than a true reflection of the situation.

Triangulate: To use more than one research method or source of data to investigate the same research question. The primary aim of triangulation is to provide a check on the validity and reliability of the research.

UCFRC: UNESCO Child and Family Research Centre.

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Executive Summary

The Mol an Óige Common Sense Parenting (CSP) programme is a parent-training intervention. Its purpose is to teach parents practical and effective ways to enhance their parenting skills and strengthen their children's potential and quality of life. First implemented in Co. Mayo and Co. Roscommon in 2009, CSP targets a mix of the general parent/guardian population and other at-risk groups. The programme has an interagency focus and operates under the guidance of a multidisciplinary steering committee. CSP is delivered by two trained facilitators in six weekly two-hour workshops to parents/guardians with children aged 6 to 16 years and in seven weekly two-hour workshops to those with children aged 2 to 5 years.

This evaluation assessed the effectiveness of CSP for improving participant parenting, child behaviour and the quality of family relationships. Using a mixed method, quasi-experimental research design, the study evaluated CSP implementation processes and outcomes between January 2015 and June 2016. Outcome data was gathered from programme participants using a number of standardised research tools administered by CSP programme facilitators at pre-, post-programme and follow-up time points. Qualitative research data gathered in individual, group and focus group interviews with a range of CSP stakeholders provided process information and some outcome data. In addition, a CSP practitioner survey and a CSP Participant Evaluation Form provided a mix of quantitative and qualitative research data relating to the process of implementing CSP and the perceived outcomes of the programme.

This research provides evidence of the success of the CSP programme in an Irish context. Both qualitative and quantitative findings suggest that core components of the programme involve both the teaching of effective parenting skills and the enhancement of participants' confidence through the group process. The study found consistent positive changes, and changes maintained over time, on child behaviour and parenting and no significant negative changes. Statistically significant pre- and post-programme improvements in total scores were recorded in all four standardised research tools used to assess child behaviour and parenting styles and well-being.

CSP is responding to a specific need for parenting and family support in Co. Mayo and Co. Roscommon. The programme equips participants with practical and effective skills which they can use to improve their parenting and family relationships. In addition, research evidence suggests that a partnership approach can be successful in the implementation of a programme that mixes universal and targeted parenting support, as significant success was enjoyed in engaging practitioners, recruiting parents and improving outcomes for children and families.

1.0

Introduction



The Mol an Óige Common Sense Parenting (CSP) programme is a parent-training intervention. Its purpose is to teach parents practical and effective ways to enhance their parenting skills and strengthen their children's potential and quality of life. CSP targets a mix of the general parent/guardian population and other specific at-risk groups. These groups include parents from the Travelling community, foster carers, parents of children in the child protection and youth justice systems, parents with addiction problems, and survivors of sexual violence. The programme has an interagency focus and is delivered by trained facilitators in six or seven weekly two-hour workshops.¹ The stated aims of the CSP programme are to teach parents to:

- Effectively praise their children in order to encourage positive behaviour.
- Develop effective discipline techniques that change behaviour and prevent and correct problem behaviour.
- Teach their children social skills that are beneficial for themselves and others.

This report presents the findings of an evaluation of the CSP programme in Co. Mayo and Co. Roscommon undertaken between January 2015 and June 2016. The study evaluated the CSP model and implementation, and assessed its impacts. This is the third study of the Mol an Óige service conducted by the UNESCO Child and Family Research Centre (UCFRC) and builds on the Evaluation of the In-Home Family Preservation Service (Coen et al., 2012) and the Review of the Treatment Foster Care Service (Reddy and Canavan, 2015).

1.1 CSP Evaluation: Aims, Objectives and Methods

The study evaluated CSP implementation processes and outcomes in order to assess the effectiveness of CSP in improving participant parenting, child behaviour and the quality of family relationships. In realising these aims the specific research objectives were to:

- Describe and locate the CSP programme model in its theoretical, policy, service, and geographical contexts.
- Explore the value of CSP in relation to differing levels of parental need.
- Assess the outcomes for participating parents/guardians and families.
- Investigate CSP processes and programme delivery in relation to fidelity, utilisation and organisation.

¹ CSP is delivered in six weekly two-hour group-based workshops to parents concerned about the behaviour or conduct of child(ren) aged from 6 to 16 years. The programme also is delivered in seven weekly two-hour workshops by public health and childcare professionals to parents/guardians with very young children (e.g. 2 to 5 years) individually or in small groups (e.g. to two parents).

- Assess the effectiveness of CSP vis-à-vis other evaluated parent-training programmes.
- Reflect the views of stakeholders associated with the programme.

The evaluation strategy combined primary and secondary research. Quantitative data was gathered by child and family services practitioners from programme participants at pre-, post-programme and six-month follow-up time points. This secondary data then was collected and analysed by the research team. Individual, small group and focus group interviews gathered qualitative data from several sources, including CSP participants, CSP facilitators and management, and Child and Family Services practitioners. In addition, a CSP Practitioner Survey, a Personal and Demographic Information Form for study participants, and a CSP Participant Evaluation Form provided a mix of quantitative and qualitative research data.

1.2 Report Structure

Following this introduction, Chapter Two presents the origins and contextual background of the CSP programme. Focusing on the key inputs of the service, it describes its development, resources and services provided. Chapter Three reviews relevant policy and literature concerning evidence-based parenting support interventions. Chapter Four describes the research strategy and methodology utilised. Chapter Five presents an analysis of quantitative research data collected from CSP programme participants. Chapter Six presents an analysis of research data gathered in interviews and focus groups with service providers and a survey of CSP facilitators. Chapter Seven presents an analysis of research data gathered in focus groups with CSP participants and in CSP End of Programme Evaluation Forms completed by participants. Chapter Eight presents a discussion of the research findings from the study, and conclusions and recommendations. Finally, references and appendices are included.

2.0



Chapter Two: Programme Context

2.1 Introduction

This chapter presents the contextual background of the Common Sense Parenting programme. It outlines the background to the Mol an Óige service before describing CSP and its implementation in Co. Mayo and Co. Roscommon.

2.2 The Mol an Óige Programme: Background and Objectives

In 2007, HSE West Child and Family Services in Counties Mayo and Roscommon established the Mol an Óige service (Coen et al., 2012). Modelled on approaches developed and operated by Boys Town USA, Mol an Óige incorporated three distinct parts:

- The In-Home Family Preservation service.
- The Treatment Foster Care service.
- The Common Sense Parenting programme.

The aim of the Mol an Óige service is to develop new ways of working with at-risk children and families (Coen et al., 2012). In particular, the development of outcomes-focused practice, applicable across a range of settings and services, is a core consideration (Coen et al., 2012). In October 2006, following extensive consultations, Child and Family Services in both counties agreed with Boys Town USA to develop and implement two elements of the Boys Town Continuum of Care model: the In-Home Family Preservation Service and the Treatment Foster Care Service (Coen et al., 2012).² A third element, the Common Sense Parenting programme, was added in 2009 (Reddy and Canavan, 2015).

Established in 1917, Boys Town USA provides services to youth in out-of-home care programmes. The Boys Town Family Programme is a teaching model of family support (Coen et al., 2012). It involves family consultants (teachers) working with at-risk children and youth and their families to teach skills, help build relationships and empower young people to gain self-discipline and control (Coen et al., 2012). Based on an ecological framework, the programme provides a range of childcare services (Coen et al., 2012). Services are multi-systemic, working in collaboration with young people, their families, peers, school and community (Coen et al., 2012). The programme does not view individuals or families in isolation, but regards them as part of their wider ecology, mutually impacting each other (Coen et al., 2012).

² The Mol an Óige Treatment Foster Care Service was not implemented in Co. Roscommon.

The Family Preservation Model, for example, is described as a strengths- and outcomes-orientated way of working to meet the varying needs of children and families in different settings (Coen et al., 2012). The model draws on behavioural approaches to addressing issues within a nested context of individual, family, peer, school and community domains (Coen et al., 2012). The emphasis is on developing practical skills in families through building relationships, teaching, creating a positive family environment, and promoting self-determination (Reddy and Canavan, 2015). It is designed for families where there is a risk of an out-of-home placement or where such a placement has already occurred (Coen et al., 2012). It can also be used to prevent serious problems from occurring in children's and families' lives (Coen et al., 2012). The Boys Town USA's Continuum of Care model is described in Figure One.

Figure One: Boys Town USA Integrated Continuum of Care Model



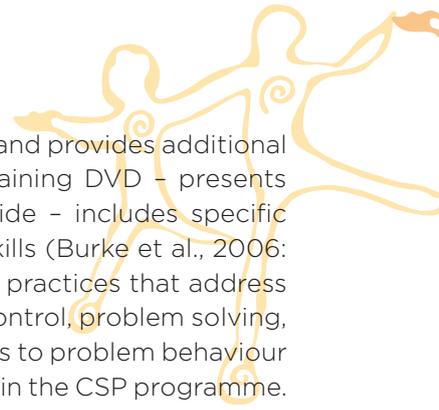
(<http://www.boystown.org>, reproduced in Coen et al., 2012)

2.3 CSP: Programme Background and Content

CSP was developed by Boys Town USA in the late 1980s as a way of teaching parents 'practical and effective' ways to increase their children's positive behaviours, reduce negative behaviour and teach them appropriate alternative behaviours (Burke et al., 2006: 5). Based on an adaption of the Family Teaching Model (Wolf et al., 1976), CSP draws from social learning principles (Bandura, 1969), social interaction theory, and coercion theory (Patterson 1982, 1986, cited in Rueter and Conger, 1998). These theories emphasise the role of poor parenting in the development of child problem behaviours and outcomes (Mason et al., 2015).

CSP seeks to help parents improve how they discipline and care for their children with the aim of forming healthier, happier families and stronger parent-child relationships (Oats et al., 2014; Burke et al., 2006: 5).³ CSP focuses on 'experiential learning' and has five training components: instruction, modelling, practice, feedback and review (Burke et al., 2006: 5). Modules provide participants with opportunities to learn and use CSP skills in a neutral classroom setting before their introduction and use with their children in the family home (Burke et al., 2006: 5). The programme utilises 'logical, practical methods of teaching' that help parents change and improve their children's behaviour (Burke et al., 2006: 3). The CSP Trainers Guide suggests that improving relationships between children and their parent(s) is important in this role (Burke et al., 2006: 3). CSP requires that a parent or parents combine the parenting skills learnt through the programme with 'unconditional love' for their children (Burke et al., 2006: 3).

³ Boys Town USA is national service provider of children and family programmes in the USA.



CSP has three main instructional tools: (1) the Parent Book – describes CSP skills and provides additional tools for parents to use with their children (Burke et al., 2006); (2) a CSP Training DVD – presents examples of correct and incorrect use of CSP skills; and (3) the Trainers Guide – includes specific instructions for conducting learning activities designed to teach parents CSP skills (Burke et al., 2006: 5). In CSP workshops, parents learn and practise parenting skills (e.g. parenting practices that address issues of communication, discipline, praise, decision making, relationships, self-control, problem solving, and school success) in order to promote positive behaviour and teach alternatives to problem behaviour (Mason et al., 2015; Oats et al., 2014). Table One outlines the six modules included in the CSP programme.

Table One: CSP Core Module Outline

1. Parents are Teachers (2 hours)	<ul style="list-style-type: none"> • Effective discipline • Using consequences to change behaviours • Development.
2. Encouraging Good Behaviour (2 hours)	<ul style="list-style-type: none"> • Giving kids reasons • Using effective praise.
3. Preventing Problem Behaviour (2 hours)	<ul style="list-style-type: none"> • Teaching social skills to children • Using preventive teaching.
4. Correcting Problem Behaviour (2 hours)	<ul style="list-style-type: none"> • Staying calm • Using corrective teaching.
5. Teaching Self-control (2 hours)	<ul style="list-style-type: none"> • Safe home plans • Using teaching self-control.
6. Putting it all Together (2 hours)	<ul style="list-style-type: none"> • Holding Family Meetings • Establishing family routines/traditions • Developing a parenting plan.

Boys Town CSP was designed originally for children aged between 6 and 16. More recently, however, it has been modified to focus more on early years and adolescent development, including help with school transition and moves towards successful adolescent independence (Oats et al., 2014). The parent book (for parents with children in the 6 to 16 year age group) contains five core sections that aim to teach parents to:

- Become ‘effective teachers’ for their children by learning skills that help them set reasonable expectations, use consequences and give reasons for decisions taken.
- Learn techniques to encourage good behaviour and prevent problem behaviour by their child(ren).
- Deal appropriately with misbehaviour, anger and defiance. This includes parents learning how to stay calm in highly charged confrontations and how to teach their children self-control.
- Utilise parenting skills learnt, for example, by holding family meetings, establishing family routines and traditions, and developing a personal parenting plan.
- Cope with issues that may cause distress in families, for example, problems at school, peer pressure, and possible negative impacts of media (TV, internet).

(Burke et al., 2006: 4).

Practitioners delivering CSP to young children (under six years of age) utilise the *Common Sense Parenting of Toddlers and Pre-schoolers* (Barnes and York, 2001) parent book. In addition to teaching parents effective parenting as described in the CSP modules outlined above, the book incorporates parenting information and suggestions relevant to parents of very young children. Information concerning child development and ways parents may nurture young children and integrate them successfully into family life are provided (e.g. suggestions on routines to be followed at mealtimes, bedtime, when toilet training, and when on trips outside of the home).

2.3.1 Research Evidence on CSP

As CSP has developed and expanded it has been recognised and implemented by many family and parenting organisations across North America and in Europe (Oats et al., 2014). According to Burke et al. (2006), research has contributed to the development and effectiveness of CSP, and a number of studies have reported positive outcomes for CSP. A control study by Thompson et al. (1996), for example, found that parents who had participated in CSP indicated significant improvement in their children's behaviour (e.g. reduced delinquency and aggression) in comparison to the children of parents who had yet to begin the programme.

As well as improved child behaviour, studies indicate that participating in CSP improved family relationships and satisfaction (Mason et al., 2016; Griffith, 2010; Thompson et al., 1997; Ruma et al., 1996; Thompson et al., 1996). Research reports decreases in the risk of physical child abuse and that parents indicated they felt they were more competent and effective parents after completing CSP (Mason et al., 2016; Burke et al., 2006: 6). Furthermore, CSP is an evidence-based service rated as 'promising' on the registry of the Office of Juvenile Justice and Delinquency Prevention Model Programs Guide (USA)⁴ and by the California Evidence-Based Clearinghouse for Child Welfare.⁵

2.4 CSP in Co. Mayo and Co. Roscommon

First implemented in Co. Mayo and Co. Roscommon in 2009, CSP targets parents/guardians of children in two age cohorts. Participants concerned about the behaviour or conduct of children aged from 6 to 16 years receive CSP in six weekly two-hour group-based workshops. CSP also is delivered in seven weekly two-hour workshops by public health and childcare professionals to parents/guardians with very young children (e.g. 2 to 5 years) individually or in small groups (e.g. to two people). In addition, two extra modules are added to the original six CSP modules to accommodate parents with particular needs (e.g. parents with addiction problems, survivors of sexual abuse and violence, and foster carers). The study also found, in some instances, that workshops targeting older children included parents with children aged 17 years.

In Co. Mayo, CSP operates under the guidance of a multidisciplinary steering committee led by Tusla: Child and Family Agency, and the Foróige Youth Development Organisation. In addition, the programme receives administration support from a Tusla staff member. In Co. Roscommon, management

⁴ The Office of Juvenile Justice and Delinquency Prevention Model Programs Guide (USA) contains information about evidence-based juvenile justice and youth prevention, intervention, and re-entry programmes. It is a resource for practitioners and communities about what works, what is promising, and what does not work in juvenile justice, delinquency prevention, and child protection and safety.

⁵ The California Evidence-Based Clearinghouse for Child Welfare is a website providing a database identifying evidence-based child welfare practices and programmes that improve child safety, increase permanency, increase family and community stability, and promote child and family well-being.



representatives from both organisations coordinate the implementation of CSP. Each CSP programme is delivered by two trained facilitators using a Common Sense Parenting Trainer Guide.⁶ From 2009 to 2014 approximately 500 to 700 parents participated in CSP programmes in Co. Mayo and Co. Roscommon.⁷

An Evaluation of the Mol an Óige Family Preservation Service published in 2012 reported that practitioners ‘spoke positively’ of CSP’s universal nature (Coen et al., 2012: 105). This research found that practitioners implementing CSP felt it was ‘fundamental’ in their work to support parents and important in encouraging interagency collaboration (Coen et al., 2012: 105). In addition, CSP was identified as ‘a good entry point’ for practitioners ‘being trained up in Mol an Óige’ as well as representing a ‘useful complement to worker’s one-to-one, in-home intervention work’ (Coen et al., 2012: 105). While valuing CSP, practitioners felt the group aspect of the programme was a challenge for many programme participants. Low literacy levels among a minority of participants and CSP’s complexity, in their view, were barriers for some parents (Coen et al., 2012: 105).

2.4.1 CSP Facilitator Training Programme

The CSP Facilitator Training Programme has been an important part of the programme’s development and expansion in Co. Mayo and Co. Roscommon. The three-day programme typically is delivered to practitioners in groups of 12 by two CSP trainers. Initially, CSP trainers from Boys Town USA delivered a supervised training programme to Irish practitioners. Subsequently, five practitioners received the ‘train the trainers’ CSP programme so that locally based practitioners could deliver the CSP Facilitator Training Programme to service providers in both counties. To date, a total of 143 child and family practitioners have received CSP facilitation training.⁸ Trained CSP facilitators work in a variety of child and family services, including family support, social care, early years, youth work, public health (nursing), child welfare and foster care, addiction, intercultural support, and physical and sexual violence support.

2.4.2 Financial Costs of Implementing CSP

The study sought financial data from the CSP Steering Committee regarding the implementation of CSP in Co. Mayo and Co. Roscommon. While the full costs of designing, managing and implementing CSP were unavailable to the evaluation, a mix of preparation, administration and delivery time costs and fixed expenses information (e.g. practitioner training), provided a base upon which to estimate the general costs involved in implementing CSP programmes.

Overall, 22 CSP programmes comprising 127 participants were monitored in Co. Mayo, and 12 programmes comprising 50 participants were monitored in Co. Roscommon. Twenty-seven programmes were delivered in the six two-hour weekly workshop format, six in the seven two-hour weekly workshop format, and one CSP programme was delivered in eight two-hour weekly workshops to parents with addiction problems. Table Two provides a breakdown of the implementation costs for the CSP programmes monitored during the period of evaluation. Based on this financial information, the estimated annual cost of implementing CSP programmes in both counties is €20,372.⁹

⁶ In 2016, CSP in Co. Mayo and Co. Roscommon received updated versions of the CSP Parent Book, Training Manual, and Training DVD.

⁷ Tusla CSP programme documentation March 2016.

⁸ Tusla CSP programme documentation May 2016.

⁹ The estimated cost of delivering CSP programmes excludes management, practitioner training, copyright costs, and other related travel and organisational expenses.

Table Two: Financial Costs of Implementing CSP Workshops

Programme Type	Number of Programmes	Practitioner Hours*	Facilitation by two Practitioners	Administration§ (two hrs. per programme)	Total
Six Workshops	27	756	€815 per programme [†] = €22,005	€42 per programme = €1,134	€23,139
Seven Workshops	6	192	€1,018 per programme [‡] = €6,108	€42 per programme = €252	€6,360
Eight Workshops	1	36	€1,018 [†]	€42	€1,060
Total (18 months)	34	984	€29,131	€1,428	€30,559

* Includes four hours preparation time for each CSP programme.

[†] Based on salary of Social Care Leader, 7th point on salary scale.

[‡] Based on salary of Public Health Nurse, 9th point on salary scale.

§ Based on salary of Assistant Staff Officer, 8th point on salary scale.

The CSP Facilitator Training Programme also represents a significant financial commitment by child and family services in Co. Mayo and Co. Roscommon to evidence-based parenting support. Table Three presents a breakdown of the costs incurred in training practitioners to facilitate the CSP programme. Programme participants also pay a fee of €20 to participate in CSP. The fee covers the cost of the CSP Parent Book (Burke et al., 2006), which CSP management purchase from Boys Town USA.¹⁰

¹⁰ The €20 fee is waived for participants on low incomes or those who cannot afford this expense.

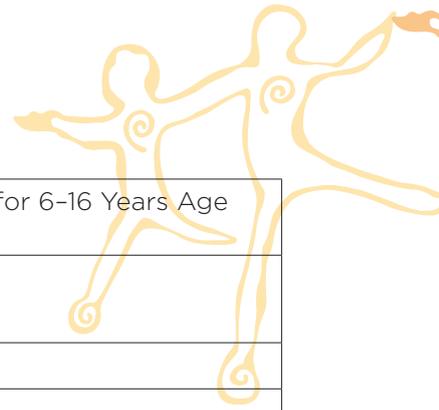


Table Three: Financial Costs of the CSP Facilitator Training Programme

	CSP Programme for 2-5 Years Age Category	CSP Programme for 6-16 Years Age Category
Practitioner's Salary (three days)*	€611.24	€611.24
CSP Trainers Guide	€60.00	€60.00
CSP Parent Book	€15.00	€15.00
Skill Card	€0.20	€0.25
Workbook	€6.00	€7.00
Total Cost Per Participant	€692.44	€693.49

* Based on salary of Social Care Leader, 7th point on salary scale.

2.5 Summary

CSP is a group-based parent-training programme developed by Boys Town USA and introduced into Counties Mayo and Roscommon in 2009 as a part of the Mol an Óige service. Its purpose is to teach parents practical and effective ways to increase their children's positive behaviours and reduce negative behaviours. Parents learn and practise parenting skills that address issues of communication, discipline, decision making, relationships, self-control, and school success in order to promote positive behaviour and teach alternatives to problem behaviour.

CSP targets a mix of the general parent/guardian population and other specific at-risk groups. The programme has an interagency focus and is delivered by two trained facilitators in six weekly two-hour workshops to parents/guardians with children aged 6 to 16 years and in seven weekly two-hour workshops to those with children aged 2 to 5 years. The CSP Facilitator Training Programme has been an important part of the programme's expansion, and, to date, 143 practitioners working in both counties have received CSP facilitation training.

3

Chapter Three: Research Literature and Policy

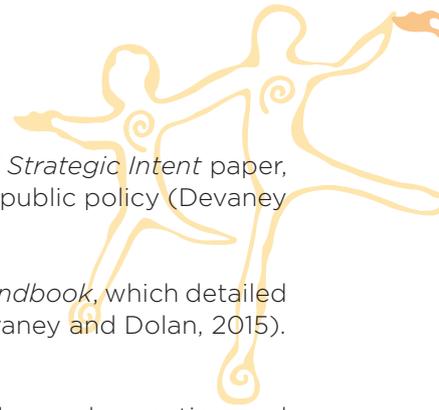
3.1 Introduction

Evidence-based parent-training programmes are considered well-established ways of improving family environments for children (Lindsay and Strand, 2013; Wyatt-Kaminski et al., 2008; Thompson et al., 1996). Research suggests parent-training programmes promote positive child behaviours and help to prevent the development of antisocial behaviour and emotional difficulties in children (Lindsay and Strand, 2013; Wyatt-Kaminski et al., 2008; Thompson et al., 1996). Increasingly, child and family services in many countries, including Ireland, implement parent-training programmes in order to assist parents in rearing their children (Fives et al., 2014; Lindsay and Strand, 2013; Wyatt-Kaminski et al., 2008). This chapter first reviews the Irish policy context in relation to parenting and family support, then reviews academic literature and research relating to parent-training programmes.

3.2 The Irish Policy Context: Parenting and Family Support

In Ireland, parenting and family support has long been a public policy imperative (Devaney and Dolan, 2015). The 1991 Child Care Act, for example, established the policy principle that, in general, it is in the best interest of a child to be brought up in his or her family (Devaney and Dolan, 2015: 7). The Act places a statutory duty on the Department of Health and child and family services to promote children's welfare, particularly those who are not receiving adequate care and protection (Department of Health and Children, 2001). The policy of supporting families has developed since through the introduction of initiatives including:

- The establishment in 1994 of the first Family Resource Centres.
- The publication in 1998 of *Strengthening Families for Life: The Final Report of the Commission of the Family*, which recommended that public policies support the introduction and implementation of preventive and support initiatives to help strengthen families (Connolly, 2016).
- The publication in 2000 of the *National Children's Strategy: Our Children – Their Lives*, whose three main aims were to ensure children had 'a voice in matters that affect them'; that children's 'lives would be better understood'; and that quality services and supports would be provided to help 'promote all aspects of their development' (Connolly, 2016: 8). The Strategy also emphasised a 'whole child' perspective and the need to provide appropriate supports to parents (Connolly, 2016).
- The Family Support Act 2001, which identified a need to provide families and parents with information regarding relevant issues, including parenting (Connolly, 2016).



- The publication in 2004 of the *Family Support in Ireland – Definition and Strategic Intent* paper, which focused on the strategic implementation of family support in Irish public policy (Devaney and Dolan, 2015).
- The publication in 2007 of the *Agenda for Children’s Services: A Policy Handbook*, which detailed a new way of working with children, families and local communities (Devaney and Dolan, 2015).

In recent years, reforms in the provision of child and family services have advanced parenting and family support. The establishment in 2011 of the Department of Children and Youth Affairs (DYCA), for example, brought a new focus to a range of activities related to child welfare policy and the provision of services for children and families (Connolly, 2016). The DCYA works to ‘develop, strengthen and align policies, legislation and resources’ in order to ensure better outcomes for children, and support for parents and families (Connolly, 2016: 9).

In 2014, Tusla, Child and Family Agency, was established as the sole statutory department with responsibility for the provision of services for children and families (Fives et al., 2014). Tusla seeks to improve outcomes for children and families, and to implement an evidence-based approach to the provision of parenting and family support (Fives et al., 2014). To this end, Tusla implements child and family intervention programmes through a range of statutory, voluntary, community and private sector services (Gillen et al., 2013b: 9, cited in Fives et al., 2014).

Recent policy contributions reinforce the central role of parents in children’s lives. *Better Outcomes, Brighter Futures – The National Policy Framework for Children and Young People* (DCYA, 2014), for example, highlights the benefits of positive parenting and prioritises supports for parents (Connolly, 2016). In 2015, *A High-Level Policy Statement on Parenting and Family Support* (Devaney and Dolan, 2015) supported the provision of services and programmes that build on the strengths of families (Connolly, 2016: 9). The Statement calls for the development of a system that delivers parenting and family support in a range of settings and formats (Connolly, 2016: 9). Services should provide ‘universal support in informal settings for self-referring parents, through to more targeted and specialist services to support families in particular situations; dealing with specific problems that may present at different times in the life-course of a child’ (Devaney and Dolan, 2015: 8).

In addition, the Statement advocates Tusla’s promotion of parenting and family support as important elements in how the Agency achieves its statutory child welfare and child protection responsibilities (Connolly, 2016). This approach, as the Statement acknowledges, is proactive, participatory, preventive and evidence-informed, and based on inter-agency, cross-organisational and inter-disciplinary collaboration (Connolly, 2016).

3.3 Rationale for Parent-training Programmes

Over recent decades, socioeconomic and demographic changes have introduced new demands on parents (Biehal, 2014; Arkan et al., 2013). Fewer marriages, increased cohabitation, separation and divorce, single parenthood, and increased disparity between rich and poor families are among the factors affecting the well-being of children and families (Arkan et al., 2013). In addition, increases in what Griffith (2008: 10) has termed ‘oppositional or defiant behaviour’ by children can increase

during 'specific periods of development', for example, toddler years and adolescence, increasing parental pressure and stress. Whereas most children progress beyond these stages, for some, 'problem behaviour is maintained or even intensified as they progress through childhood and adolescence' (Griffith, 2008: 10).

Research indicates that poor parenting is a public health issue (Mason et al., 2016, 2015; Arkan et al., 2013; Wilson et al., 2012) and inadequate parenting practices have significant negative impacts on children's behaviour (Griffith, 2008; Rueter and Conger, 1998). For example, poor parenting practices are identified as harmful to a child's well-being and a predictor of children's and adolescent involvement in problem behaviours, including antisocial behaviour and criminal activity, substance misuse, and risky sexual activity (Mason et al., 2016, 2015; Wyatt-Kaminski et al., 2008). Problem behaviours in adolescence may adversely affect life chances by disrupting family relationships, educational attainment, and job prospects (Mason et al., 2016; Furlong, 2013). In addition, as several studies argue, inadequate or negative parenting practices are common predictors of child maltreatment among children placed in out-of-home care (Farmer, 2014; Barth et al., 2005).

Growing evidence of child maltreatment and neglect in society and the societal costs of problem childhoods for individuals in later life has led to the development of a large number of diverse interventions seeking ways to improve child welfare (Mason et al., 2016; Axford et al., 2012). Increasingly, child welfare services implement programmes to improve parenting practices in families identified as being at risk of child neglect or maltreatment (Wyatt-Kaminski et al., 2008). Parent-training programmes, for example, are recommended as ways of treating 'childhood trauma and other internalising problems' (Wyatt-Kaminski et al., 2008: 581).

Child problem behaviour can be influenced by parental drug and alcohol misuse, maternal mental ill-health, and poverty (Reyno and McGrath, 2006). In addition, negative parenting, for example, harsh and inconsistent discipline, or a lack of parental monitoring, can increase the likelihood of child problem behaviour (Griffith, 2008). Growing up in nurturing environments, on the other hand, is considered important as it is associated with positive child well-being and the development of prosocial behaviours as well as minimising exposure to harmful problem activity (Sanders et al., 2014; Sneddon and Owens, 2012). Griffith (2008: 2) argues that positive parenting, what she defines as 'the use of positive reinforcement and appropriate and consistent discipline', reduces the probability of child problem behaviour and increases the probability of positive and prosocial behaviour.

3.4 Parent-training Programmes

Parent-training programmes have been developed with the aim of working with families to reduce child problem behaviour, improve child and adolescent self-regulation, and prevent behaviour problems in adulthood (Mason et al., 2016; Skotarczak and Lee, 2015). Most are group-based and seek to train parents (or primary caregivers) in effective parenting techniques (Mason et al., 2016; Cottam and Espie, 2014). Generally, programmes seek to develop and reinforce the attitudes, skills and information needed to raise children, improve family relations and help parents fulfil their responsibilities to children and society (Arkan et al., 2013).



According to Mason et al. (2016: 177), typically programmes teach participants to effectively praise, appropriately discipline and monitor their children, which in turn helps 'children learn how to cope with adversity, control their anger, and proactively problem solve'. Parent-training programmes have been identified as important frontline interventions helping parents understand how their children develop and the need for healthy parent-child relationships (Benzies et al., 2013).

3.4.1 Theoretical Base for Parent-training Programmes

In the past, interventions to reduce child problem behaviour have focused on practitioners working directly with children (believing problems originated within the child); however, current models aim to alter the social environment in order to reduce the levels of child problem behaviour and so improve well-being (Griffith, 2008; Wyatt-Kaminski et al., 2008). This change stemmed from the realisation that parents, not just trained professionals, were able 'to act as agents of children's behaviour change', both positive and negative (Wyatt-Kaminski et al., 2008: 589). Much research emphasises the vital role that parents play in influencing the positive development of their children (Mason et al., 2016, 2015; Sneddon and Owens, 2012; Lindsay et al., 2011). Secure parent-child relationships are widely recognised in parenting support literature as fostering positive social, emotional and psychological development (Sneddon and Owens, 2012; Golombok, 2008).

The literature also suggests that most parent-training programmes are rooted in the behavioural school of psychological theory, in particular, social learning theory (Skotarczak and Lee, 2015; Cottam and Espie, 2014). Social learning theory 'assumes that children learn from parents through modelling, shaping and reinforcement of behaviour, and that changing parental behaviour can change child behaviour' (Cottam and Espie, 2014: 455-56). Parents influence the behaviour of their children and vice-versa (Rueter and Conger, 1998). Coercive or punitive parenting, for example, can reinforce child problem or aggressive behaviour (Patterson et al., 1967, cited in Asmussen, 2011). Moreover, parents with poor parenting skills frequently employ 'erratic and often hostile' practices in managing their children (Rueter and Conger, 1998: 1471). Children, in turn, respond by engaging in manipulative and antisocial behaviour, and both parent and child engage in a cycle of coercive behaviours in an effort to gain 'wins' over one another (Rueter and Conger, 1998).

Parental problematic or inappropriate behaviours increase the likelihood of child problem behaviour; and modifying and improving parental behaviours is expected to reduce child problem behaviour (Asmussen, 2011). Furthermore, aggressive, punitive parenting styles have been linked to low parent confidence, which has been identified in research as influencing the time expended and the levels of energy devoted to playing, teaching and parenting children (Bohr et al., 2010; Golombok, 2008). In addition, attachment theory (Bowlby 1973, cited in Cottam and Espie, 2014) has been cited as underpinning a focus on developing and reinforcing 'empathic' and long-lasting relationships between parents and children inherent in many parent-training programmes (Cottam and Espie, 2014: 466; Bohr et al., 2010).

3.4.2 Implementing Parent-training Programmes

Parent-training programmes aim to help parents identify and understand child and adolescent problem behaviour, utilising several practically based delivery strategies (Reyno and McGrath, 2006: 99). These may include demonstrating positive parenting practices and providing opportunities for participants to observe how parenting techniques are implemented. Group discussion, role play exercises and feedback, and homework assignments also are used to further promote 'skill development and application' (Reyno and McGrath, 2006: 99). While processes may differ across interventions, the primary aim of parent-training programmes remains one of reducing child problem behaviour by altering parents' responses to that behaviour (Skotarczak and Lee, 2015). Targeted programmes also usually aim to introduce parents to available supports and services and promote parental involvement in their community (Benzies et al., 2013).

Common features of parent-training programmes include:

- Content – child development information, effective parenting and communication skills, and behaviour and discipline management strategies.
- Delivery – clinic-based therapy sessions, community-based group workshops delivered by trained practitioners using standardised manuals, and individual homes visits.
- Service users – parents of children and adolescents who have been identified as having behaviour problems, young and first-time mothers, and low-income parents.

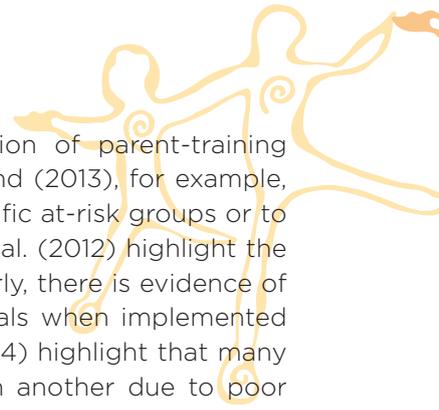
(Wyatt-Kaminski et al., 2008; Cottam and Espie, 2014)

3.4.3 Parent-training Programmes: Research Evidence

Research has found that for a large proportion of participating parents and families, parent-training programmes are effective in reducing child disruptive behaviour and in the development of positive emotional and social behaviour (Leijten et al., 2013; Lindsay and Strand, 2013). However, some studies also have found parent-training programmes do not help all parents improve their parenting and address their child behaviour problems (Leijten et al., 2013; Maughan et al., 2005, cited in Griffith, 2008). Non-significant improvements in parenting capacity, and failure to maintain improvements over time, have been reported (Reyno and McGrath, 2006).

Parent and child factors have been identified as influencing the outcomes of parent-training programmes for participants (Leijten et al., 2013; Webster-Stratton and Hammond, 1990, cited in Griffith, 2008). Parent factors include education level, socioeconomic status, mental health issues, stress levels, and motivation to change (Leijten et al., 2013). Gender, age, and type, extent and nature of problem behaviour have been identified as child factors impacting outcomes for participants (Leijten et al., 2013).

Research indicates that the achievement of positive outcomes for parents completing parent-training programmes is frequently predicated on the concurrent treatment of parental difficulties and problems (Reyno and McGrath 2006). In addition, parents in most need of parenting support, for example, those who are economically and socially disadvantaged, are more likely to display poor attendance and less likely than others to complete programmes (and so achieve poorer outcomes) according to several studies (Kazdin et al., 1993; Holland et al., 1990; Kazdin, 1990; Webster-Stratton and Hammond, 1990; all cited in Reyno and McGrath, 2006).



Much debate focuses on whether to support the increasing implementation of parent-training programmes and, if support is provided, how best to do so. Lindsay and Strand (2013), for example, identify a particular need to establish whether programmes should target specific at-risk groups or to provide universal programmes seeking to benefit society in general. Axford et al. (2012) highlight the complexities of translating models developed in one context to another. Similarly, there is evidence of ‘treatment failure’ in programmes shown to produce positive outcomes in trials when implemented in ‘real-world’ conditions (Axford et al., 2012: 2061). In addition, Oats et al. (2014) highlight that many programmes underpinned by positive research findings in one context fail in another due to poor implementation. However, they do note considerable variance in research data collected and reported by researchers evaluating the effectiveness of parent-training programmes (Oats et al., 2014).

3.5 Summary

The literature reviewed identifies the following:

- Poor parenting is harmful to child well-being and a predictor of children’s and adolescents’ involvement in problem behaviours, including antisocial behaviour and criminal activity, substance misuse, and risky sexual activity.
- Problem behaviours in adolescence can disrupt family relationships, affect educational attainment and job prospects, and have lasting consequences for health and well-being.
- Poor parenting skills are among the greatest predictors of child maltreatment among children placed in out-of-home care.

Parent-training programmes aim:

- To work with families to reduce child problem behaviour, improve child and adolescent self-regulation, and prevent later behaviour problems in adulthood.
- To develop and reinforce the attitudes, skills and information required to raise children, improve family relations, and fulfil parental responsibilities to children and society.
- To teach parents to effectively praise, appropriately discipline and monitor their children, which is expected to help children learn how to cope with adversity, control anger, and solve problems.

Parent-training programmes may:

- Include child development and parenting information, effective behaviour and discipline management strategies, and parent/child communication approaches.
- Include group discussion, role play exercises and feedback, and homework assignments used to further promote skill development and application.
- Be delivered to participants in clinic-based therapy sessions, community-based group workshops facilitated by trained practitioners using standardised service manuals, and during individual homes visits.
- Be universal and open to all parents/guardians or targeted towards specific parents or guardians of children and adolescents who have been identified as having behaviour problems, young and first-time mothers, and low-income parents, among others.

Literature reports that:

- For a large proportion of parents and families, parent-training programmes are effective in reducing child disruptive behaviour and conduct and in developing positive behaviours.
- Parents' education level, socioeconomic status, motivation to change, mental health and stress levels, and their child's (or children's) gender, age, and type, nature and extent of problem behaviours are factors influencing programme outcomes for participants.
- The achievement of positive outcomes for parents completing parent-training programmes frequently is predicated on the concurrent treatment of parental difficulties and problems.

4



Chapter Four: Research Design and Evaluation Methodology

4.1 Introduction

This chapter provides an overview of methodology and study design used to evaluate the CSP programme. It first discusses the research design and outlines the research objectives. It then describes the CSP Monitoring Process, the implementation of the CSP Practitioners Survey, and the qualitative data collection process. Lastly, it discusses the ethical considerations involved in evaluating the CSP programme.

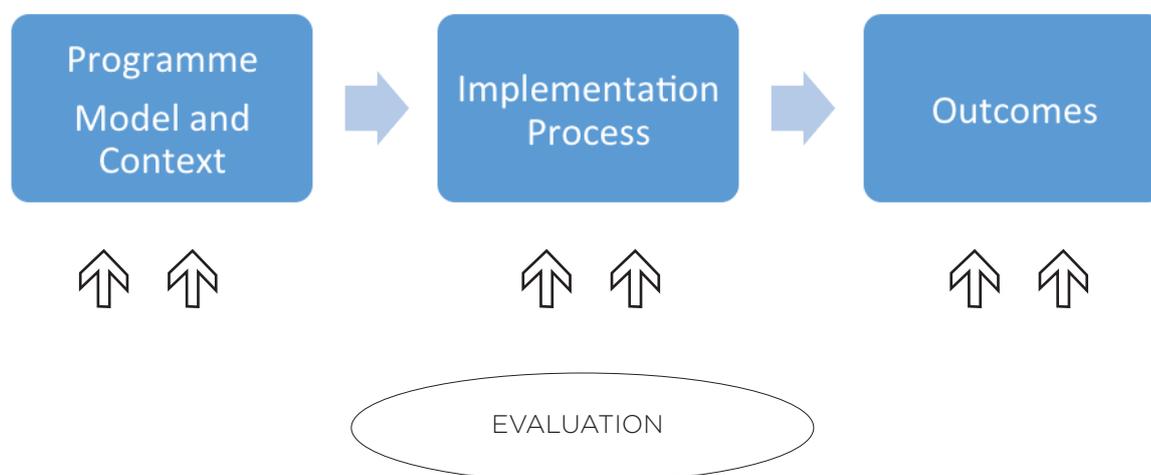
4.2 Research Design and Objectives

The study evaluated CSP implementation processes and outcomes between January 2015 and June 2016 using a mixed-method, quasi-experimental research design. First, a CSP Monitoring Process gathered outcome data from programme participants using a number of standardised research tools administered by CSP programme facilitators at pre-, post-programme and six-month follow-up time points. The standardised research tools included interview questionnaires which measure change in participants' parenting, emotional and behavioural well-being. This quasi-experimental research process (pre- and post-intervention and follow-up test within-groups) provided a base upon which to evaluate child behaviour and parenting outcomes associated with participation in CSP.

Second, qualitative research data, gathered in individual, small group and focus group interviews with a range of CSP stakeholders, gathered largely process information and some outcome data. In addition, a CSP Practitioner Survey and a CSP Participant Evaluation Form provided a mix of quantitative and qualitative research data relating to the process of implementing CSP and the outcomes of the programme.¹¹ This multi-method, sourced, and staged implementation assessment is a hallmark of rigorous programme evaluations (Oats et al., 2014). The mixed-method research strategy allowed the study to triangulate data in order to thoroughly assess the data collected and examine the reliability and validity of research findings (Becker and Bryman, 2004). Figure Two sets out the conceptual orientation of the evaluation; utilised in order to make the CSP programme meaningful through detailed description of its theoretical basis and contexts of operation; describing and identifying issues in implementation; and assessing outcomes for all stakeholders.

¹¹ Financial information concerning the implementation of the programme also was gathered from the CSP Steering Committee.

Figure Two: Conceptual Orientation of the Evaluation



The purpose of the study was to assess the effectiveness of CSP for improving participant parenting, child behaviour and the quality of family relationships. The research objectives were to:

- Describe and locate the CSP programme model in its theoretical, policy, service, and geographical contexts.
- Explore the value of CSP in relation to the differing levels of parental need.
- Assess the outcomes for participating parents/guardians and families.
- Investigate CSP processes and programme delivery in relation to fidelity, utilisation and organisation.
- Assess the effectiveness of CSP vis-à-vis other evaluated parent-training programmes.
- Reflect the views of stakeholders of the programme.

4.3 The CSP Monitoring Process

Quantitative data was collected from programme participants using CSP Monitoring Packs administered by CSP facilitators at pre- and post-programme and at follow-up CSP refresher workshops conducted six months after completion of the programme. Monitoring Packs contained a Study Information Sheet, three standardised research tools, a Personal and Demographic Information Form (only pre-programme), a CSP Facilitator Information Sheet (only pre-programme), and CSP End of Programme Evaluation Forms (only post-programme).¹² In total, 383 CSP Monitoring Packs were completed by participants over the period of evaluation: 177 pre- and 144 post-programme packs and 62 follow-up packs.

¹² The standardised research tools, the CSP participant consent and information sheets, and the CSP participant demographic and facilitator information form are included in Appendices C-K.



Monitoring Procedure

In the evaluation planning phase, CSP facilitators in both counties received instruction from the research team on how to administer CSP Monitoring Packs to programme participants. At the first CSP workshop, facilitators introduced the Evaluation study to programme participants and discussed its purpose, aims and objectives. If participants agreed (and gave signed consent) to become involved in the evaluation study, they then completed a Pre-programme CSP Monitoring Pack before the workshop commenced. Participants who completed this pack were asked to complete a Post-programme CSP Monitoring Pack at the end of the final workshop when all teaching and instruction had ceased.

CSP Participants were invited to attend a follow-up 'refresher' workshop approximately six months after completing the programme. Participants attending the follow-up workshops and who had previously completed Pre- and Post-programme CSP Monitoring Packs were asked to complete a Follow-up CSP Monitoring Pack before the refresher workshop got underway (so their answers would not be influenced by their reintroduction to and reminders of CSP programme content). The Follow-up CSP Monitoring Pack was identical to the CSP Post-programme Monitoring Pack (i.e. it contained the standardised measures used in the study).¹³

Reference Child

An important element in the CSP monitoring process was the selection of a 'reference child'. Participants were asked (by CSP facilitators) to select a single child (if they had more than one child) as the focus of their responses to the questionnaire surveys included in CSP Monitoring Packs. This reference child is a child whose behaviour most concerns them as parents/guardians. In addition, one of the questionnaires (the Parenting Scale) included in the monitoring packs separated children according to development stage (e.g. children and adolescents). Accordingly, study participants received a CSP Monitoring Packs for parents/guardians with a reference child from 2-10 or 11-17 years as appropriate.

CSP Monitoring Pack Contents

1. *Strengths and Difficulties Questionnaire*

The Strengths and Difficulties Questionnaire (SDQ) is a child behaviour screening questionnaire that asks about 25 attributes, some positive and others negative (Goodman, 2001). The 25 items are divided between five scales of five items each, generating scores for conduct problems, hyperactivity, emotional symptoms, peer problems, and prosocial behaviour. All scales except prosocial behaviour are summed to generate a Total Difficulties score. Items are rated on a three-point scale regarding the child's behaviour in the past month: 0 = not true, 1 = somewhat true, 2 = certainly true. Higher scores indicate more problems on all scales except the prosocial behaviour scale, where lower scores denoted social behaviour difficulties.

¹³ In a majority of cases, CSP Monitoring Packs were collected for analysis by a member of the research team from CSP management.

Clinical categories were defined using banding from the Youth in Mind website SDQ (UK) scoring file.¹⁴ Categories were defined as follows for each scale:

- Total Difficulties Scale: normal 0-13; borderline 14-16; abnormal 17-40.
- Emotional Symptoms Scale: normal 0-3; borderline 4; abnormal 5-10.
- Conduct Problems Scale: normal 0-2; borderline 3; abnormal 4-10.
- Hyperactivity Scale: normal 0-5; borderline 6; abnormal 7-10.
- Peer Problems Scale: normal 0-2; borderline 3; abnormal 4-10.
- Prosocial Behaviour Scale: normal 6-10; borderline 5; abnormal 0-4.

2. The Parenting Scale (2 to 10 years)

The Parenting Scale (2 to 10 years) is a 30-item measure of discipline styles in parents (Arnold et al., 1993). Parents/guardians indicate on a seven-item rating scale how they would respond. It yields a total score and scores for laxness (permissive discipline), over-reactivity (authoritarian discipline, displays of anger) and verbosity (over-reliance on talking or long reprimands). The total score represents an average of responses on all items. Similarly, subscale scores are the average responses on all items relating to that subscale. For the total score and for each of these scales, higher scores denoted a greater level of reported problematic parenting discipline style.

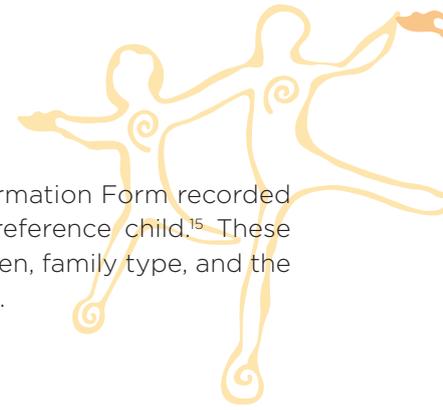
3. The Parenting Scale (11 to 17 years)

The Parenting Scale (11 to 17 years) is a 13-item measure of discipline styles in parents (Arnold et al., 1993). As above, parents/guardians indicate on a seven-item rating scale how they would respond. It yields a total score and scores for laxness (permissive discipline) and over-reactivity (authoritarian discipline, displays of anger). For the total score and for each scale, higher scores denoted a greater level of reported problematic parenting discipline style.

4. The Parental Stress Scale

The Parental Stress Scale (PSS) is a self-report scale that contains 18 items representing pleasure or positive themes of parenthood (emotional benefits, self-enrichment, and personal development) and negative components (demands on resources, opportunity costs and restrictions) (Berry and Jones, 1995). The scale is intended to be used to assess parental stress for both mothers and fathers and for parents of children with and without clinical problems. Respondents are asked to agree or disagree with items in terms of their typical relationship with their child or children and to rate each item on a five-point scale: strongly disagree (1), disagree (2), undecided (3), agree (4), and strongly agree (5). Eight positive items are reverse-scored so that possible scores on the scale can range from 18 to 90. All items are summed to create a Total Stress score. Higher scores on the scale indicate greater stress.

¹⁴ Available at <http://www.sdqinfo.com/py/sdqinfo/c0.py>



5. Personal and Demographic Information Form

In the Pre-programme CSP Monitoring Pack, a Personal and Demographic Information Form recorded a number of socio-demographic characteristics of the respondent and the reference child.¹⁵ These characteristics included the age and gender of CSP participants and their children, family type, and the respondent's employment status, education level, nationality and referral status.

6. Information Form for CSP Facilitators

An Information Form for CSP Facilitators was included in the Pre-programme CSP Monitoring Pack. The form sought process information, including whether the CSP facilitator agreed to collect monitoring data (including at the CSP follow-up refresher workshop) from the CSP participant on behalf of the study, a unique participant number, the participant's rate of attendance at CSP workshops, and the CSP workshop venue and start and finish dates.

7. CSP Workshop Evaluation Form

At the final CSP workshop, participants completed a CSP Post-programme Monitoring Pack. As well as the above standardised questionnaires, the post-programme monitoring pack included a non-standardised CSP End of Programme Evaluation Form focusing on participant satisfaction with CSP and participant perception of improvement in parenting skills, stress, and child behaviour.

4.3.1 Analysis of Quantitative Data

Research data was analysed in relation to the predicted outcomes of the CSP programme – improved parenting, family relationships and child behaviour (child emotion regulation skills). A repeated-measures design was used to assess the effect (outcomes) of CSP over time (pre- and post-programme and follow-up). The 'standardised mean difference' is used to describe the size of the effect (see below for an explanation of effect size) in standard deviations (Fives et al., 2014: 17).

As this study did not include a control group and random allocation of participants, conclusions cannot be inferred with confidence about causality and programme effectiveness (Society for Prevention Research, 2004). Nonetheless, as the interval between pre-test and post-test was short (seven to eight weeks) and as the sample size was large (as recommended for this type of quasi-experimental design – Shadish et al., 2002: 110), it is reasonable to infer that changes reported by parents were associated with their participation in the programme. SPSS Version 23 for Mac (IBM Corporation) was used throughout for statistical analyses.

Effect Size

A repeated-measures design was used to evaluate the effect of the programme over time (Fives et al., 2014). Consequently, the effect size represents the difference in mean scores on the dependent variable between one group at two time points. It is necessary to represent the effect size in standardised form. This is achieved by using the 'standardised mean difference', which describes the size of the effect in standard deviations and indicates how large the effect is 'relative to the range of scores found between the lowest and the highest ones in the study' (Rossi et al., 2004: 304, quoted in Fives et al., 2014: viii). For example, an effect size of $d = 0.5$ indicates that the mean score at post-programme is half a standard deviation greater than the mean score at pre-programme.

¹⁵ CSP Monitoring Packs also contained Study Information Sheets.

As the quantitative element of this research involved a pre-, post-programme and follow-up time points test (e.g. within-group pre-test – post-test design), effect sizes were calculated by dividing the mean difference between the samples by the standard error of the mean (or the standard error of the differences). An important consideration is what impact the relative power of a repeated-measures design has on effect size calculation. Using the same participants across two time points reduces the error variance and increases the power of the analysis. Therefore, larger effect sizes will be reported from a repeated-measures design than from a between-groups design even when the relevant means in the two study designs are the same (Field, 2009: 342, cited in Fives et al., 2014). This is an important consideration when comparing the effect sizes reported in this study or the effect sizes reported from other quasi-experimental studies.

Wherever possible, effect sizes have been presented as Cohen’s *d* values. The convention recommended for the interpretation of Cohen’s *d* values is that 0.2 is ‘small’, 0.5 is ‘medium’ and 0.8 is ‘large’ (Cohen, 1988: 19–27, cited in Fives et al., 2014). Inter-item reliability was analysed for all standardised scales using the Cronbach’s alpha test. Cronbach’s alpha was calculated to determine the internal reliability of each of the measures (see Table Four). Internal consistency was found to be reasonable to good (Cronbach’s alpha \geq 0.6) for these scales, with the exception of SDQ Peer Problems subscale and the Parenting Scale Verbosity (2 to 10 years) sub-scale.

Table Four: Scale Reliability Analysis (Cronbach’s Alpha) for SDQ, Parenting Scale and Parental Stress Scale Scores at Pre-, Post-programme and Follow-up

	Pre-programme	Post-programme	Follow-up	No. of items
SDQ Total	0.71	0.70	0.73	25
Emotional Symptoms	0.71	0.69	0.81	5
Conduct Problems	0.66	0.64	0.56	5
Hyperactivity	0.75	0.72	0.76	5
Peer Problems	0.39	0.37	0.45	5
Prosocial Behaviour	0.74	0.72	0.72	5
Parenting Scale Total - 2 to 10 years	0.79	0.83	0.84	30
Parenting Scale Total - 11 to 17 years	0.79	0.85	0.82	13
Laxness - 2 to 10 years	0.82	0.86	0.87	11
Laxness - 11 to 17 years	0.80	0.74	0.84	6
Over-reactivity - 2 to 10 years	0.87	0.83	0.84	10
Over-reactivity - 11 to 17 years	0.79	0.82	0.74	6
Verbosity - 2 to 10 years	0.25	0.45	0.35	7
Parental Stress Scale Total	0.79	0.80	0.72	18



4.4 The CSP Practitioners Survey

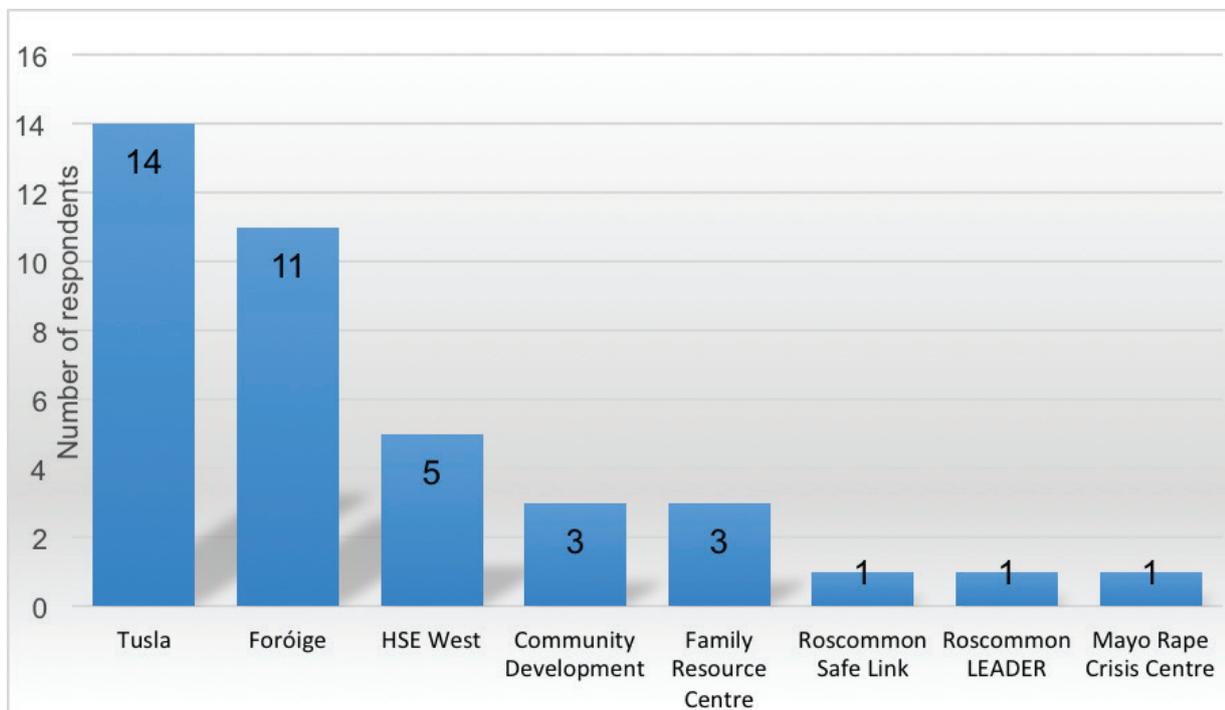
An anonymous questionnaire was administered online through the SurveyMonkey website to practitioners involved in implementing the CSP programme.¹⁶ A website link was sent to practitioners' email accounts provided to the research team by the CSP Steering Committee. In total, 42 practitioners completed the survey from the 56 who received the survey, yielding a response rate of 75 percent. The CSP Practitioners Survey is reproduced in Appendix L.

Participants were asked a range of retrospective questions relating to the CSP programme. Practitioners were questioned on their experiences of and opinions of CSP, the perceived needs of service users, the CSP Facilitator Training Programme, CSP programme content and delivery, its impact on their roles or organisation, and the perceived impacts of the programme for participants. Qualitative data (i.e. respondents' written comments) were analysed for content based on the aims and objectives of the study. Basic frequencies and percentages were used to describe the quantitative findings.

4.4.1 Profile of Survey Respondents

A majority of survey respondents were experienced child and family services professionals; almost two-thirds (25) had worked in their current role for over ten years. Respondents were employed in a number of support organisations, including Tusla: Child and Family Agency, Foróige Youth Development Organisation, the HSE, Roscommon Safe Link, Roscommon Leader Partnership, Mayo Rape Crisis Centre, and community development projects and family resource centres located in both counties (see Figure Three).

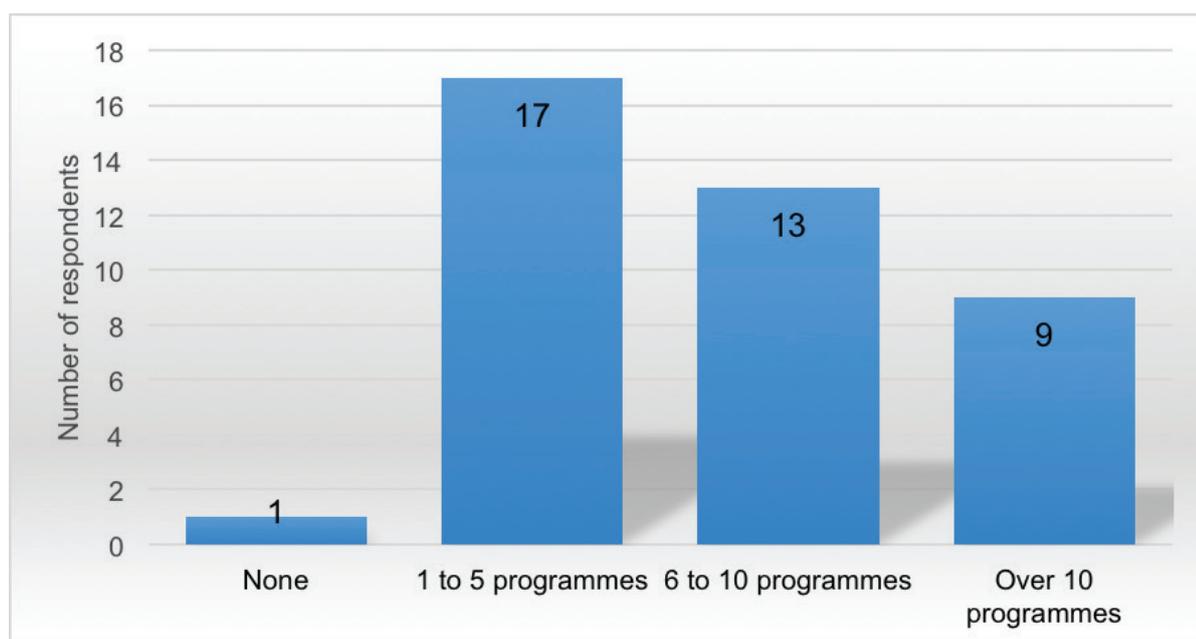
Figure Three: Organisations Participating in the CSP Practitioner Survey



¹⁶ SurveyMonkey is an online survey development website available at <https://www.surveymonkey.com/>.

Survey respondents worked across a range of disciplines, including family support and social care, nursing (public health) and social work, child care and youth work, psychotherapy and counselling, community development, and administrative support. Two-thirds (25) indicated that they had delivered CSP in Co. Mayo and a further 12 had delivered the programme in Co. Roscommon. As displayed in Figure Four, a majority were experienced CSP facilitators, with over half (54%) having delivered six or more programmes. Respondents estimated they had delivered CSP to approximately 1,850 parents/guardians.

Figure Four: Number of CSP Programmes Delivered by Survey Respondents



4.5 The Qualitative Research Process

Qualitative data was gathered from several sources: CSP facilitators and management, child and family services practitioners, and participating parents. A convenience sampling strategy was used in selecting interview participants (Becker and Bryman, 2004). CSP staff, management, and child and family services practitioners were sourced through the CSP Steering Committee and invited to attend individual face-to-face or telephone interviews, small group interviews (two to three persons) or focus groups (four to eight persons).

CSP facilitators asked programme participants to become involved in the interviewing, and six focus groups (four in Mayo and three in Roscommon) were conducted post-programme (e.g. at the end of the final CSP workshop). This mix of interviewing strategies provided capacity to gather qualitative research data in a number of settings, including the in-depth and confidential nature of individual interviews and the open discussion format typical of group interviews and focus groups. In total, 67 CSP stakeholders took part in the interviews (see Table Five).

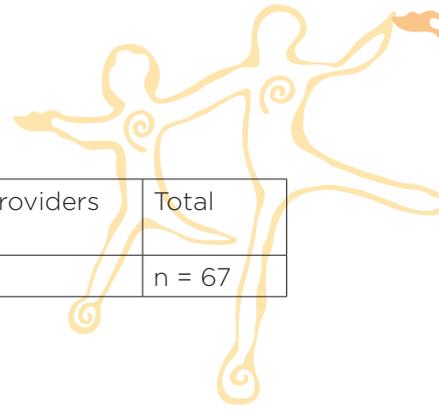


Table Five: Interview, Group and Focus Group Participants

CSP Participants	Services – CSP Facilitators	Services – CSP Management	Independent Service Providers	Total
31	21	10	5	n = 67

4.5.1 Analysis of Qualitative Data

The interviews and focus groups gathered qualitative research data concerning CSP implementation processes and outcomes. Practitioners were questioned on their experiences of and opinions of CSP, including the needs of service users, the CSP Facilitator Training Programme, CSP programme content and delivery, its impact on their roles or organisation, and the perceived impacts of the programme for participants. CSP programme participants were asked to speak about their experience of CSP, including its delivery, methods and content, and what they perceived were the outcomes of CSP for themselves and their families.¹⁷

All interviews were transcribed in full. The data was inputted into NVivo, a computer-assisted qualitative data analysis software package. Content analysis was then carried out on research data based on the aims and objectives of the study. In determining the outcomes of the CSP programme, an interpretivist approach was utilised which sought to provide a plurality of understandings and experiences from a diverse range of stakeholders, including management, practitioner and community arenas (Becker and Bryman, 2004).

4.6 Ethical considerations

The research team were guided in their ethical requirements for this evaluation by the NUI Galway Research Ethics Committee. The study sought and was granted ethical approval by the Committee. Participants in the CSP Monitoring Process provided written consent to the CSP programme that research data gathered could be utilised for research and evaluation purposes. At the first CSP workshop, participants were provided with a Study Information Sheet (included in all Pre-programme CSP Monitoring Packs) and a Study Consent Form, which they signed and which was collected by the researcher at a later point. Participants in the qualitative strand of the study were provided with the same documents before interviews and focus groups began and gave informed consent for their involvement in the research. In particular, participants in the study were informed that all data would be anonymised and that they were free to withdraw at any time.

4.7 Summary

This research assesses the effectiveness of CSP for improving participant parenting, child behaviour and the quality of family relationships. The study evaluated CSP implementation processes and outcomes between January 2015 and June 2016 using a mixed-method, quasi-experimental research design. First, outcome data was gathered from programme participants using a number of standardised research tools administered by CSP programme facilitators at pre-, post-programme and follow-up time points. Second, qualitative research data gathered in individual, group and focus group interviews with a range of CSP stakeholders provided process information and some outcome data. In addition, a CSP Practitioner Survey and a CSP Participant Evaluation Form provided a mix of quantitative and qualitative research data relating to the process of implementing CSP and the perceived outcomes of the programme. The ethical requirements for this evaluation were supervised by the NUI Galway Research Ethics Committee.

¹⁷ See Appendix C for interview and focus group questionnaires.

5

Chapter Five: Research Findings from the CSP Monitoring Process

5.1 Introduction

This chapter presents an analysis of research data collected from programme participants in the CSP monitoring process. The findings show consistent positive changes, and changes maintained over time, in child behaviour and parenting outcomes and no significant negative changes. The chapter is divided into sections presenting:

- A description of the CSP programmes monitored and the demographic characteristics of respondents.
- Child behaviour outcomes reported by CSP participants.
- Parenting and parental stress outcomes reported by CSP participants
- Findings from study respondents who completed both the Pre- and Post-programme CSP Monitoring Packs in comparison to respondents who only completed pre-programme packs.

The chapter concludes by summarising the key research findings to emerge.

5.2 CSP: Programme Implementation and Monitoring

As highlighted earlier, 34 CSP programmes were monitored in Co. Mayo and Co. Roscommon comprising 177 research participants (see Table Six). A majority (27) of programmes were delivered to participants in a group setting over six weekly two-hour workshops by two trained CSP facilitators. Six programmes were delivered individually or in small groups (usually two participants) over seven weeks by a public health nurse to parents of children aged three years or under. One CSP programme was delivered in eight two-hour weekly workshops to parents with addiction problems.

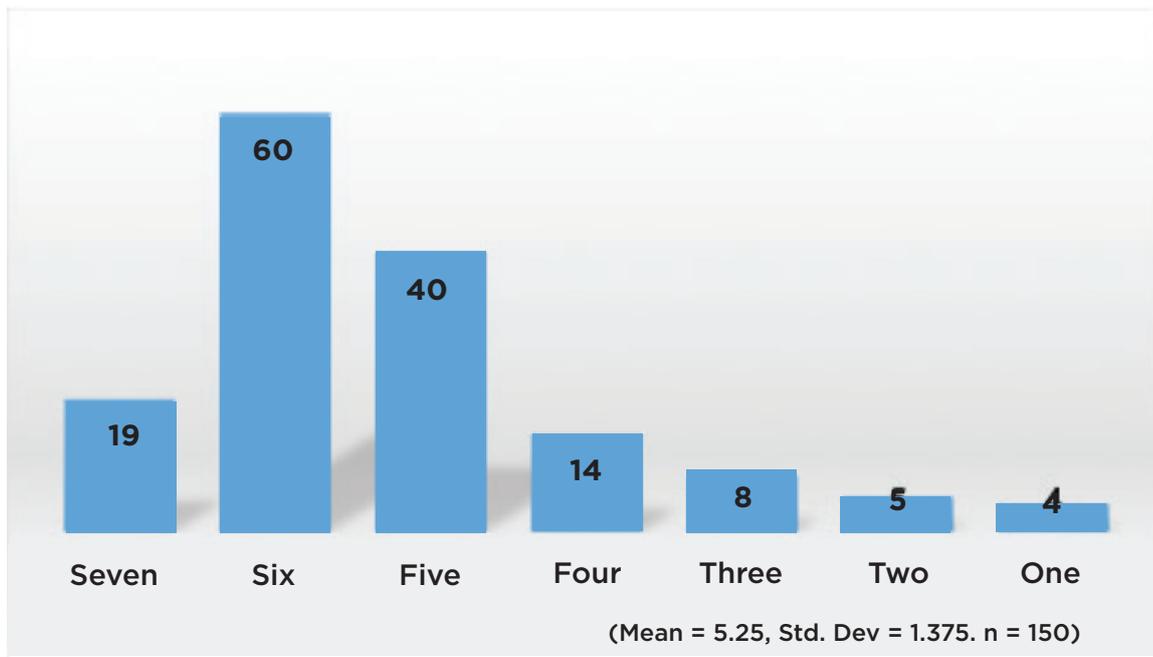
Table Six: The Number of CSP Programmes Monitored in 2015 and 2016

	CSP in Co. Mayo	CSP in Co. Roscommon
Spring 2015	9	3
Autumn 2015	10	3
Spring 2016	3	6
Totals	22	12



CSP workshops were well attended. While averaging five participants, the best-attended CSP group programmes included ten participants (Castlebar and Ballina in Mayo) and the least-attended involved three participants (Castlerea in Roscommon and Ballyhaunis in Mayo). Over three-quarters (119 of 150) of participants attended either five, six or seven workshops (see Figure Five).¹⁸

Figure Five: Attendance at CSP Workshop



The need for parenting support can be considered significant among those attending CSP. Over two-thirds (122 of 174) indicated they had been referred to the programme by a professional, for example, a social worker, psychologist, or public health nurse. All other participants indicated they became aware of CSP through the media (e.g. radio, posters, newspaper, internet).

5.2.1 A Profile of Study Participants

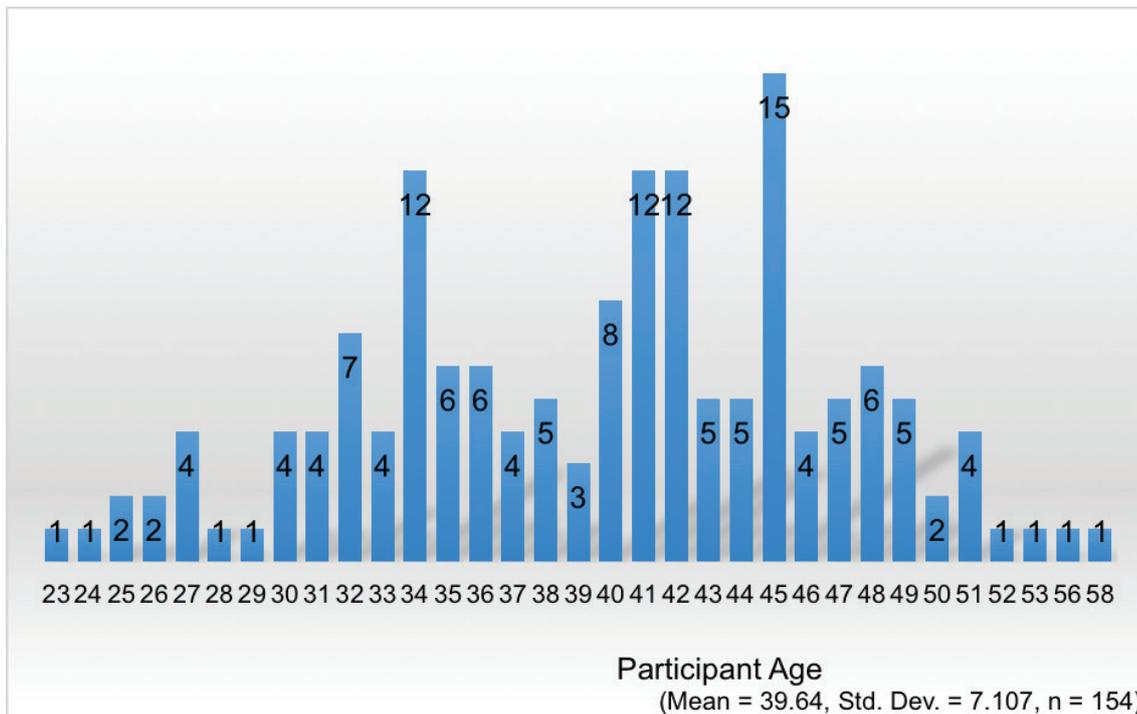
Participants completing Pre-programme CSP Monitoring Packs (n = 177) were predominantly female (80.8%).¹⁹ There was a significant age range among participants; the youngest was aged 23 years and oldest was 58 years, with an average participant age of 40 years. Figure Six displays the age range of CSP participants. Most described themselves as 'Irish' (81.4%) and a small minority as 'Irish Traveller' (4.5%), 17 participants were from other EU countries and five originated from outside the EU (n = 174). There was a mixed educational profile among respondents. Over half (56.6%) had completed third-level education, over one third (39%) had completed primary and secondary education only, and seven (4%) participants had received primary education only (n = 159).

¹⁸ Participant attendance figures were not recorded in 27 Pre-programme CSP Monitoring Packs.

¹⁹ The gender of the CSP participant was not recorded in 17 (9.7%) Pre-programme CSP Monitoring Packs.

Seventy-five (43.6%) respondents worked outside of the home, 48 (28%) were in receipt of social welfare, and 29 (16.9%) indicated they worked full-time at home. In addition, 20 study participants described themselves as being in full-time education, four were participating in community work placement schemes, while others described themselves as 'carers' or in 'part-time' employment (n = 172).

Figure Six: CSP Participant Age Range

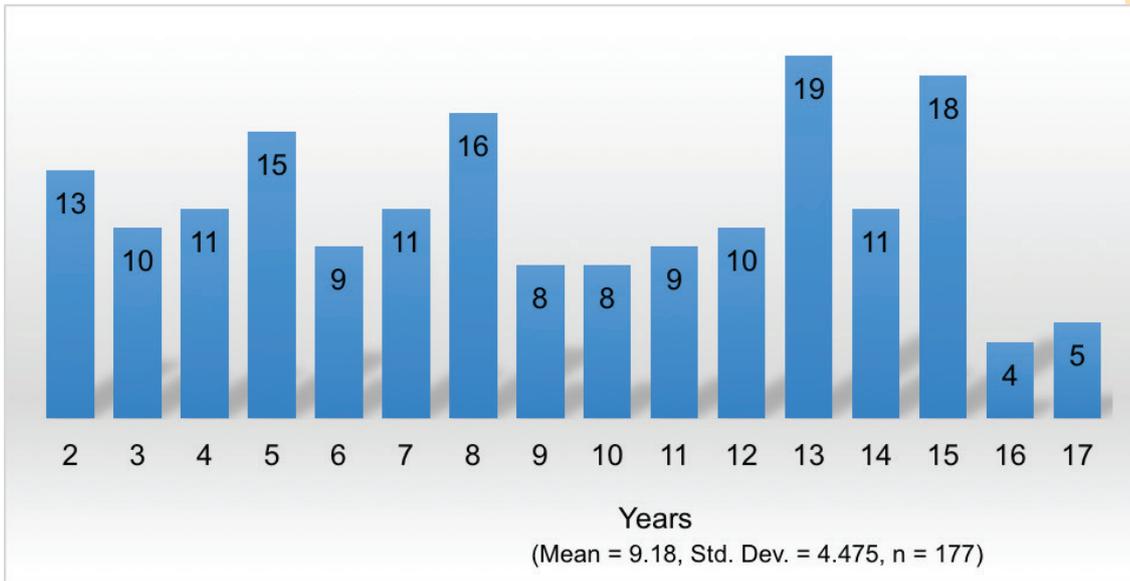


Reference Child and Family Background

Participants were asked to select a single child (if they had more than one child) as the focus of their responses to questionnaire surveys included in CSP Monitoring Packs. In addition, CSP Monitoring Packs separated reference children according to age; those aged 2 to 10 years and those aged 11 to 17 years. Of the 177 reference children identified in pre-programme packs, 101 (57%) were aged 2 to 10 years and 76 were aged 11 to 17 years. Figure Seven provides a breakdown of the ages of reference children included in the study.



Figure Seven: Age Profile of Reference Child



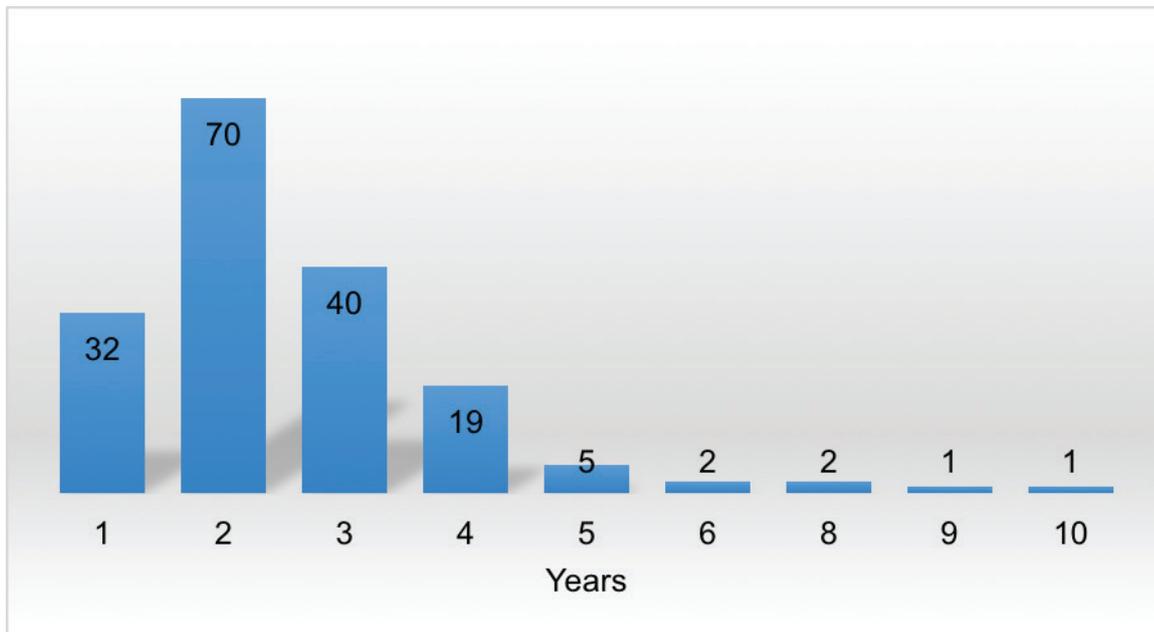
Ninety-eight reference children were male, 79 female, and nearly all (91%) lived with their parent/guardian participating in CSP (n= 172). A majority (114) lived with both their parents, 55 did not, and 5 were in foster care. Almost three quarters (129) of CSP participants described their family either as a two-parent household where both were biologically related to the reference child, or as a two-parent family unit comprising a biological parent and a step-parent. Almost one quarter (40) of reference children live in single-parent families, half (52.5%) of whom are in receipt of social welfare. Table Seven lists CSP participants' family type.

Table Seven: CSP Participant Family Type

Family type		
	Frequency	Percent
Two-parent (both biological parents)	119	67.2
Single-parent (separated, divorced, widowed)	23	13
Single-parent (never married)	17	9.5
Two-parent (biological and step-parent)	10	5.8
Total	169	95.5
Missing	8	4.5

Almost two thirds (62%) of reference children lived in households with either one (70) or two (40) siblings. Figure Eight displays study participant family size.

Figure Eight: Number of Children in Family



Most socio-demographic and economic information reported already was typical of participants who completed Post-programme (n = 144, an 81 percent response rate) and follow-up (n= 62, a 35 percent response rate) CSP Monitoring Packs. For example, rates for participant gender, education level, reference-child age group, family situation, and economic status broadly were similar to pre-programme trends. However, as Table Eight displays, whereas male reference children were in a majority at pre- and post-programme, at the six-month follow-up point more females were recorded.

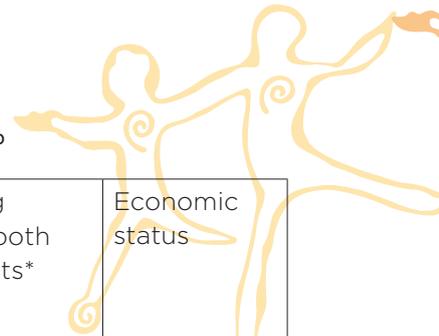


Table Eight: Participant Profile at Pre-, Post-programme and Follow-up Point²⁰

	Gender	Education level	Reference child gender	Reference child age group	Living with both parents*	Economic status
Pre-prog (n=177)	F = 143 (89.4%) M = 17 (10.6%)	Primary = 7 (4.4%) Second = 62 (39%) Third = 90 (56.6%)	Male = 98 (55.4%) Female = 79 (44.6%)	2 to 10 years = 101 (57.1%) 11 to 17 years = 76 (42.9%)	Yes = 114 (67.5%) No = 55 (32.5%)	Emp/outside = 75 (43.6%) Soc Welfare = 48 (27.9%) Works home = 29 (16.9%) In education = 20 (11.6%)
Post-prog (n=144)	F = 121 (89.6%) M = 14 (10.4%)	Primary = 7 (5.2%) Second = 55 (41.4%) Third = 71 (53.4%)	Male = 83 (57.6%) Female = 61 (42.4%)	2 to 10 years = 86 (59.7%) 11 to 17 years = 58 (40.3%)	Yes = 92 (67.1%) No = 45 (32.9%)	Emp/outside = 61 (43.6%) Soc Welfare = 43 (30.7%) Works home = 21 (15%) In education = 15 (10.7%)
Follow-up (n=62)	F = 52 (89.7%) M = 6 (10.3%)	Primary = 3 (5.2%) Second = 22 (38.5%) Third = 32 (56.3%)	Male = 28 (45.1%) Female = 34 (54.8%)	2 to 10 years = 42 (67.7%) 11 to 17 years = 20 (32.3%)	Yes = 45 (73.7%) No = 16 (26.3%)	Emp/outside = 24 (39.4%) Soc Welfare = 17 (27.8%) Works home = 12 (19.6%) In education = 8 (13.2%)

*Five reference children were in foster care

²⁰ Socio-demographic and economic information was unavailable for a small number of study participants who did not complete the Demographic Information Form included in CSP Pre-programme Packs.

Participant attendance rates at CSP workshops also were consistent across the three time points. For example, 87 percent (107 of 123) of post-programme respondents and 83 percent (43 of 51) of follow-up respondents attended either five, six or seven CSP workshops. These rates compare closely with the 79 percent (119 of 150) rate recorded for pre-programme respondents. Professional referral rates also were similar to those recorded at pre-programme. Sixty-six percent (94 of 142) of post-programme respondents and 62 percent (38 of 61) of follow-up respondents had been referred to the programme by a professional, in comparison to a 70 percent rate at the pre-programme point.

5.3 Child Behaviour Outcomes: SDQ Scales

Results from paired-samples t-tests indicate that SDQ scores reduced (i.e. improved) between pre- and post-programme. For example, there were statistically significant improvements in SDQ Total scores and on three of the five subscales measuring child behaviour. As Table Nine displays, reduced ratings for SDQ Total scores, emotional symptoms, conduct problems and hyperactivity were statistically significant post-programme when compared to pre-programme, whereas ratings for peer problems had decreased marginally. In addition, prosocial behaviour ratings increased post-programme when compared to pre-programme, but not to a statistically significant extent.

Table Nine: Pre- and Post-programme SDQ Ratings

	n	Pre-programme	Post-programme	Mean decrease	t	df	Sig. (2-tailed)	Cohen's d
SDQ Total	144	13.92 (6.3)	11.89 (5.8)	2.02	4.06	140	0.000	0.856
Emotional Symptoms	144	3.42 (2.45)	2.79 (2.17)	0.574	3.63	140	0.000	0.615
Conduct Problems	144	3.24 (2.03)	2.65 (1.90)	0.564	4.00	139	0.000	0.679
Hyperactivity	144	5.13 (2.70)	4.45 (2.43)	0.650	3.83	139	0.000	0.651
Peer Problems	144	2.15 (1.65)	2.10 (1.63)	0.021	0.115	139	0.877	0.026
Prosocial Behaviour	144	7.29 (2.13)	7.54 (2.07)	-0.214	-1.46	139	0.146	-0.248

*Statistically significant findings are in bold type.



Statistically significant long-term improvements were observed in five of the six scales employed. A paired-samples t-test was used to measure the maintenance of gains over time for the sub-sample who completed SDQ questionnaires at all three time points. As Table Ten displays, SDQ Total score, emotional symptoms, conduct problems, hyperactivity and peer problems all recorded significant reductions at the follow-up point when compared to pre-programme. Prosocial behaviour ratings also increased during this period, but not to a statistically significant extent.

Table Ten: Pre-programme and Follow-up SDQ Ratings

	n	Pre-programme	Six-month follow-up	Mean decrease	t	df	Sig. (2-tailed)	Cohen's d
SDQ Total	61	14.34 (6.7)	10.91 (6.3)	3.42	4.54	60	0.000	1.174
Emotional Symptoms	61	3.55 (2.72)	2.40 (2.45)	1.147	3.42	60	0.001	0.884
Conduct Problems	61	3.44 (1.99)	2.52 (1.77)	0.918	3.88	60	0.000	1.003
Hyperactivity	61	5.06 (2.96)	4.37 (2.65)	0.688	2.78	60	0.007	0.720
Peer Problems	61	2.27 (1.57)	1.60 (1.51)	0.672	3.28	60	0.002	0.848
Prosocial Behaviour	61	7.67 (1.98)	8.00 (1.83)	-0.327	-1.33	60	0.186	-0.346

*Statistically significant findings are in bold type.

SDQ Total scores, emotional symptoms, conduct problems, peer problems, and prosocial behaviour SDQ subscales all recorded reduced ratings at the follow-up point when compared to post-programme, but not to a statistically significant extent (see Table Eleven). In addition, a statistically significant reduction in ratings for peer problems was observed at the follow-up point when compared to post-programme. Respondents rated hyperactivity marginally above post-programme levels.

Table Eleven: Post-programme and Follow-up SDQ Ratings

	n	Post-programme	Six-month follow-up	Mean decrease	t	df	Sig. (2-tailed)	Cohen's d
SDQ Total	61	11.39 (5.4)	10.81 (6.3)	0.573	0.800	60	0.427	0.207
Emotional Symptoms	62	2.69 (2.09)	2.43 (2.44)	0.258	0.808	61	0.422	0.207
Conduct Problems	61	2.50 (1.76)	2.45 (1.79)	0.049	0.211	60	0.834	0.054
Hyperactivity	61	4.06 (2.52)	4.34 (2.65)	-0.278	-1.07	60	0.285	-0.279
Peer Problems	61	2.18 (1.52)	1.62 (1.50)	0.557	2.41	60	0.019	0.623
Prosocial Behaviour	61	7.83 (1.75)	8.08 (1.81)	-2.45	-0.996	60	0.323	-0.257

*Statistically significant findings are in bold type.

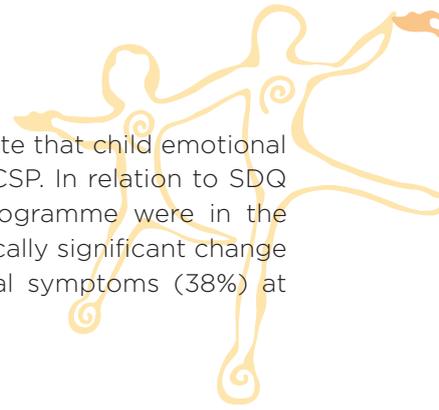
Children's emotional and behavioural characteristics: 'Caseness' Results

At the pre-programme point, a majority of reference children were classified as within the 'normal' range for SDQ Total scores and emotional symptoms, hyperactivity, peer problems, and prosocial behaviour subscales (see Table Twelve). However, over half (55.9%) of CSP participants classified their reference child either in the 'borderline' (14.7%) or 'abnormal' (41.2%) range for 'conduct problems'.

Table Twelve: Pre-programme SDQ Range Ratings for Child Behaviour

n = 177	Normal	Borderline	Abnormal
SDQ Total	91 (51.4%)	24 (13.6%)	62 (35%)
Emotional Symptoms	93 (52.5%)	24 (13.6%)	60 (33.9%)
Conduct Problems	78 (44.1%)	26 (14.7%)	73 (41.2%)
Hyperactivity	107 (60.5%)	17 (9.5%)	53 (30%)
Peer Problems	111 (62.7%)	31 (17.5%)	35 (19.8%)
Prosocial Behaviour	147 (83.1%)	10 (5.6%)	20 (11.3%)

McNemar's non-parametric test was used to examine whether there was a change in the proportion of children who scored above clinical cut-off rates on individual child behaviour measures from pre- to post-programme, pre-programme to follow-up, and post-programme to follow-up. When this test was applied to SDQ scales, there were statistically significant changes in the proportion of children who were classified as borderline or abnormal on a number of scales at both post-programme and at follow-up. Despite normal, borderline and abnormal groupings perhaps being a rudimentary method for



detecting ‘caseness’ (or rates of high level of parenting need), the results indicate that child emotional and behavioural problems have decreased following parental participation in CSP. In relation to SDQ Total scores, 25 (37%) of those classified as borderline/abnormal at pre-programme were in the normal range at post-programme (see Table Thirteen). There was also a statistically significant change in the proportion of children in the borderline/abnormal range for emotional symptoms (38%) at post-programme.

Table Thirteen: Pre- and Post-programme Gains on Child Behaviour

SDQ	Pre-programme	Post-programme		Total	P
		Normal	Borderline / Abnormal		
Total	Borderline / Abnormal	25 (37%)	43 (63%)	(100%)	0.010
Emotional Symptoms	Borderline / Abnormal	24 (38%)	40 (62%)	(100%)	0.026
Conduct Problems	Borderline / Abnormal	25 (31%)	55 (69%)	(100%)	0.074
Hyperactivity	Borderline / Abnormal	24 (42%)	33 (58%)	(100%)	0.100
Peer Problems	Borderline / Abnormal	19 (37%)	33 (63%)	(100%)	0.607
Prosocial Behaviour	Borderline / Abnormal	10 (43%)	13 (57%)	(100%)	0.629

*In bold type are the percentages of those in the borderline/abnormal range at pre-programme who moved out of that range at post-programme. Statistically significant findings also are in bold type.

There were statistically significant changes in the proportion of children who were classified as borderline or abnormal at the follow-up point (n = 61). As Table Fourteen displays, 55 percent of children categorised as borderline/abnormal for SDQ Total ratings at pre-programme were in the normal range at the follow-up point. There were statistically significant reductions in the borderline/abnormal range for SDQ Total scores (55%) emotional symptoms (52%), conduct problems (41%), and peer problems (44%).

Table Fourteen: Pre-programme and Follow-up Gains on Child Behaviour

SDQ	Pre-programme	Follow-up		Total	P
		Normal	Borderline / Abnormal		
Total	Borderline / Abnormal	16 (55%)	13 (45%)	(100%)	0.027
Emotional Symptoms	Borderline / Abnormal	16 (52%)	15 (48%)	(100%)	0.001
Conduct Problems	Borderline / Abnormal	17 (41%)	24 (59%)	(100%)	0.003
Hyperactivity	Borderline / Abnormal	9 (34%)	17 (66%)	(100%)	0.267
Peer Problems	Borderline / Abnormal	15 (44%)	19 (56%)	(100%)	0.041
Prosocial Behaviour	Borderline / Abnormal	7 (78%)	2 (22%)	(100%)	0.344

*In bold type are the percentages of those in the borderline / abnormal range at pre-programme who moved out of that range at the six-month follow-up point. Statistically significant findings also are in bold type.

The proportion of children in the borderline/abnormal category also reduced at the follow-up point when compared to post-programme. However, the differences recorded were not statistically significant (see Table Fifteen).

Table Fifteen: Post-programme and Follow-up Gains on Child Behaviour

SDQ	Post-programme	Follow-up		Total	P
		Normal	Borderline / Abnormal		
Total	Borderline / Abnormal	7 (35%)	13 (65%)	(100%)	0.549
Emotional Symptoms	Borderline / Abnormal	7 (34%)	14 (66%)	(100%)	0.549
Conduct Problems	Borderline / Abnormal	10 (36%)	18 (64%)	(100%)	0.815
Hyperactivity	Borderline / Abnormal	3 (21%)	11 (79%)	(100%)	0.146
Peer Problems	Borderline / Abnormal	14 (70%)	6 (30%)	(100%)	0.286
Prosocial Behaviour	Borderline / Abnormal	5 (100%)	0	(100%)	1.00

*In bold type are the percentages of those in the borderline/abnormal range at post-programme who moved out of that range at the six-month follow-up point.



5.3.1 Child Behaviour and Participant Sub-groups

A repeated-measures univariate analysis of variance was used to explore whether improvements were made by all groups at the post-programme and follow-up points. A mixed between-within subjects ANOVA was conducted to assess child behaviour ratings by sub-groups at pre- and post-programme and follow-up points (Tabachnick and Fidell, 2007, cited in Pallant, 2007). Specifically, SDQ ratings were analysed for different participant groups: reference-child gender; age; family type; education levels; employment status; and referral status.

There were no statistically significant differences between subgroups. The analysis found reduced child problem behaviour and increased prosocial behaviour across all subgroups, and most subgroups recorded improved child behaviour ratings at each time point. In a minority of instances, marginal increases in some SDQ subscales were evident for some subgroups at the follow-up point when compared to post-programme. Of note, however: older children's prosocial ratings were higher at the follow-up point when compared to pre-programme ratings despite being lower at post-programme in comparison to pre-programme. All child behaviour subgroup analyses and findings are detailed in Appendix A.

5.4 Parenting Outcomes: The Parenting Scale and Parental Stress Scale

Results from paired-samples t-tests indicate that Parenting Scale and Parental Stress Scale total ratings reduced (i.e. improved) between pre- and post-programme. For example, there were statistically significant improvements in Parenting Scale (2-10 years and 11-17 years age categories) and Parental Stress Scale ratings when compared to pre-programme (see Table Sixteen).

Table Sixteen: Pre- and Post-programme Parenting Scale and Parental Stress Scale Ratings

	n	Pre-programme	Post-programme	Mean decrease	t	df	Sig. (2-tailed)	Cohen's d
Parenting Scale Total: 2-10 years	81	3.42 (0.70)	2.66 (0.65)	0.747	9.83	78	0.000	2.227
Parenting Scale Total: 11-17 years	59	3.28 (0.96)	2.70 (0.94)	0.581	3.82	58	0.000	1.003
Parental Stress Scale Total	142	42.5 (8.8)	38.4 (8.4)	3.94	6.91	139	0.000	1.173

*Statistically significant findings are in bold type.

There were statistically significant improvements in laxness (permissive discipline) and over-reactivity (authoritarian discipline, displays of anger) and verbosity (over-reliance on talking or long reprimands) at post-programme when compared to pre-programme. The pre- and post-programme means and standard deviations along with univariate statistics are displayed for each individual subscale in Table Seventeen.

Table Seventeen: Pre- and Post-programme Parenting Subscales Ratings

Parenting Scale	n	Pre-programme	Post-programme	Mean decrease	t	df	Sig. (2-tailed)	Cohen's d
Laxness: 2-10 years	81	3.26 (1.1)	2.33 (0.97)	0.895	9.07	78	0.000	2.056
Laxness: 11-17 years	59	3.31 (1.3)	2.60 (0.99)	0.711	3.92	58	0.000	1.029
Over-reactivity: 2-10 years	81	3.06 (1.2)	2.30 (0.85)	0.767	6.33	78	0.000	1.435
Over-reactivity: 11-17 years	59	3.50 (1.2)	2.82 (1.0)	0.676	3.57	58	0.001	0.938
Verbosity: 2-10 years	81	4.35 (0.95)	3.41 (0.97)	0.926	7.18	78	0.000	1.627

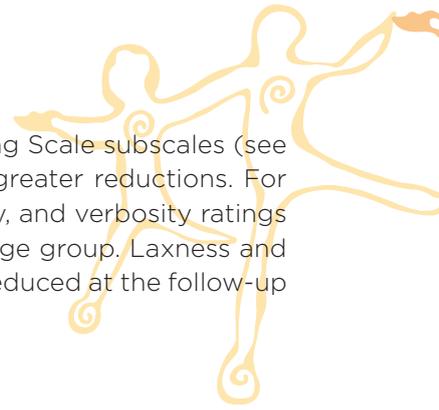
*Statistically significant findings are in bold type. The 'verbosity' scale is only included in the Parenting Scale questionnaire with younger children from two to 10 years.

Reductions in problematic parenting discipline styles and reduced stress were maintained over time. A paired-samples t-test was used to measure the maintenance of gains over time for the sub-sample who completed Parenting Scale and Parental Stress Scale questionnaires at all three time points. As Table Eighteen displays, there were statistically significant improvements in scores on the Parenting Scale (2 to 10 years) and Parental Stress Scale at the follow-up point when compared to pre-programme. Parenting Scale Totals for respondents with older children (11 to 17 years) also reduced in this period, but not to a statistically significant extent. In addition, the effect size was greater than at post-programme for the Parenting Scale 2 to 10 years and the Parental Stress Scale.

Table Eighteen: Pre-programme and Follow-up Parenting and Parental Stress Scale Ratings

Parenting Scale	n	Pre-programme	Six-month follow-up	Mean decrease	t	df	Sig. (2-tailed)	Cohen's d
Parenting Scale Total: 2-10 years	40	3.38 (0.61)	2.63 (0.65)	0.754	8.82	39	0.000	2.827
Parenting Scale Total: 11-17 years	19	3.39 (0.81)	2.95 (0.95)	0.444	1.54	18	0.140	0.728
Parental Stress Scale Total	61	43.2 (8.3)	37 (7.8)	6.18	6.58	60	0.000	1.701

*Statistically significant findings are in bold type.



Respondents reported long-term (e.g. 7- or 8-month) reductions on all Parenting Scale subscales (see Table Nineteen). Again, respondents with a younger reference child reported greater reductions. For example, there were statistically significant reductions in laxness, over-reactivity, and verbosity ratings reported at follow-up by respondents with a reference child in the 2-10 years age group. Laxness and over-reactivity ratings by respondents with an older reference child, while also reduced at the follow-up point, were not, however, of a statistically significant extent.

Table Nineteen: Pre-programme and Follow-up Parenting Subscales Ratings

Parenting Scale	n	Pre-programme	Six-month follow-up	Mean decrease	t	df	Sig. (2-tailed)	Cohen's d
Laxness: 2-10 years	40	3.15 (1.11)	2.26 (0.93)	0.887	6.04	39	0.000	1.934
Laxness: 11-17 years	20	3.63 (1.15)	3.06 (1.25)	0.569	1.62	19	0.120	0.746
Over-reactivity: 2-10 years	40	3.09 (1.24)	2.29 (0.95)	0.802	6.12	39	0.000	1.961
Over-reactivity: 11-17 years	19	3.38 (0.91)	3.03 (1.09)	0.352	1.21	18	0.240	0.573
Verbosity: 2-10 years	40	4.27 (0.86)	3.44 (0.83)	0.835	6.75	39	0.000	2.162

*Statistically significant findings are in bold type.

Parenting Scale and Parental Stress Scale Totals recorded at the follow-up point had reduced when compared to post-programme, but differences were not statistically significant (see Table Twenty).

Table Twenty: Post-programme and Follow-up Parenting and Parental Stress Scale Ratings

Parenting Scale	n	Post-programme	Six-month follow-up	Mean decrease	t	df	Sig. (2-tailed)	Cohen's d
Parenting Scale Total: 2-10 years	40	2.68 (0.60)	2.60 (0.67)	0.074	1.074	39	0.289	0.334
Parenting Scale Total: 11-17 years	19	3.12 (0.98)	2.95 (0.95)	0.173	0.808	18	0.430	0.381
Parental Stress Scale Total	60	37.5 (7.72)	36.9 (6.9)	0.566	0.907	59	0.368	2.36

Likewise, all Parenting Scale subscales recorded reductions at the follow-up point when compared to post-programme (see Table Twenty-one). Laxness, over-reactivity and verbosity ratings decreased in both age categories, but not to a statistically significant extent.

Table Twenty-one: Post-programme and Follow-up Parenting Subscales Ratings

Parenting Scale	n	Post-programme	Six-month follow-up	Mean decrease	t	df	Sig. (2-tailed)	Cohen's d
Laxness: 2-10 years	40	2.30 (0.88)	2.24 (0.94)	0.057	0.530	39	0.599	0.170
Laxness: 11-17 years	19	3.19 (1.19)	2.95 (1.18)	0.246	0.758	18	0.458	0.357
Over-reactivity: 2-10 years	40	2.34 (0.87)	2.29 (0.94)	0.044	0.409	39	0.685	0.131
Over-reactivity: 11-17 years	19	3.19 (1.19)	3.03 (1.09)	0.166	0.572	18	0.575	0.270
Verbosity: 2-10 years	40	3.47 (0.93)	3.39 (0.87)	0.077	0.640	39	0.526	0.205

5.4.1 Parenting Outcomes and Participant Subgroups

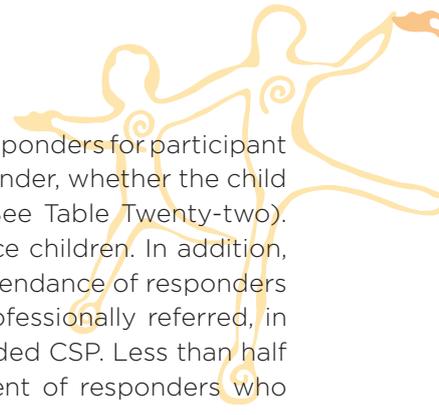
A repeated-measures univariate analysis of variance was used to explore whether improvements were made by all groups at the post-programme and follow-up points.²¹ Specifically, pre-, post-programme and follow-up point ratings were analysed for different participant groups: reference-child gender; age; family type; education levels; employment status; and referral status.

There were statistically significant differences in improvements made on Parenting Scale Totals and also the parenting subscale laxness between participants with second-level education and participants with third level education. Participants with younger children (2 to 10 years) and who had received third-level education reported larger decreases in scores on the total Parenting Scale ($p = 0.022$) and on the score for laxness ($p = 0.005$), across the three time points. Overall, problematic parenting discipline styles and parental stress reduced for all subgroups, and most subgroups recorded improved parenting styles and lower parental stress levels at each time point. However, marginal increases in problematic parenting discipline styles were evident for some subgroups at the follow-up point when compared to pre- and post-programme. All parenting subgroup analyses and findings are detailed in Appendix B.

5.5 Responders and Non-responders

The study explored differences between those categorised as responders (i.e. those completing Pre- and Post-programme CSP Monitoring Packs) and non-responders (those who completed only the pre-programme packs). In total, 144 parents completed both, while 33 (18.6%) completed only the pre-programme pack.

²¹ A mixed between-within subjects ANOVA was conducted to assess Parenting Scale (for reference children in the 2-10 and 11-17 years age categories) and Parental Stress Scale ratings by subgroups at pre-, post-programme and follow-up points (Tabachnick and Fidell, 2007, cited in Pallant, 2007).

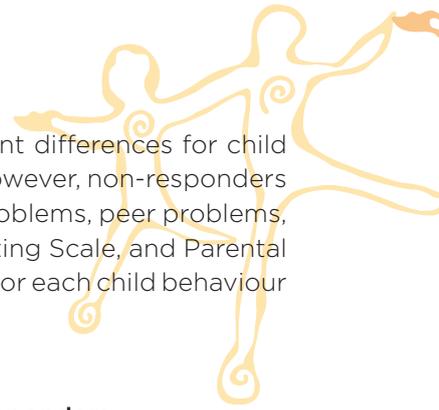


There were no statistically significant differences between responders and non-responders for participant gender, age, level of education, family type, reference-child age group, child's gender, whether the child lived with both parents or not, and the economic status of the participant (See Table Twenty-two). However, more non-responders than responders had older and female reference children. In addition, there was a statistically significant difference between the referral status and attendance of responders and non-responders. For example, 28 non-responders (88% of total) were professionally referred, in comparison to 94 responders (66% of total). Non-responders also poorly attended CSP. Less than half (44.4%) attended more than four CSP workshops, in comparison to 87 percent of responders who attended either five, six, or seven workshops.

Table Twenty-two: Pre-programme Characteristics of Responders and Non-responders

	Characteristics	Responder	Non-responder	Test of significance
Participant gender	Male	14 (10%)	3 (12%)	phi = 0.019, p = 1.0
	Female	121 (90%)	22 (88%)	
Participant age	≤ 36	47 (36%)	8 (33.3%)	phi = 0.457, p = 0.459),
	37+	83 (64%)	16 (66.6%)	
Level of education	Primary	7 (5%)	0	phi = 0.159, p = 0.134
	Secondary	55 (42%)	7 (27%)	
	Third	71 (53%)	19 (73%)	
Family type	Two-parent	103 (75%)	26 (81%)	phi = 0.063, p = 0.882
	Single-parent	34 (25%)	6 (19%)	
Reference-child age group	2 to 10 years	86 (59%)	15 (45%)	phi = -0.112, p = 0.194
	11 to 17 years	58 (41%)	18 (55%)	
Child's gender	Male	83 (58%)	15 (45%)	phi = -0.095, p = 0.282
	Female	61 (42%)	18 (55%)	
Child living with both parents	Yes	92 (67%)	22 (69%)	phi = 0.013, p = 1.0
	No	45 (33%)	10 (31%)	
Economic status	Emp. outside	61 (44%)	14 (43%)	phi = 0.156, p = 0.240
	Works home	21 (15%)	8 (25%)	
	In education	15 (11%)	5 (16%)	
	Soc. welfare	43 (30%)	5 (16%)	
Referral status	Self	48 (34%)	4 (12%)	phi = -0.180, p = 0.030
	Professional	94(66%)	28 (88%)	
Attendance	≤ 4	16 (13%)	15 (56%)	phi = 0.531, p = 0.000
	5, 6, or 7	107 (87%)	12 (44%)	

* phi = phi coefficient effect size calculated using chi-square cross-tabulation. Statistically significant findings are in bold type.



Apart from the SDQ hyperactivity subscale, there were no statistically significant differences for child behaviour and parenting outcomes between responders and non-responders. However, non-responders recorded lower ratings than responders for SDQ Total scores, and for conduct problems, peer problems, hyperactivity (statistically significant) subscales at pre-programme. SDQ, Parenting Scale, and Parental Stress Scale statistics calculated using independent-samples t-test are displayed for each child behaviour subscale in Table Twenty-three.

Table Twenty-three: Pre-programme SDQ Ratings for Responders and Non-responders

SDQ	Responder (n = 144)	Non-responder (n = 33)	t	p	Cohen's d
Total Difficulties	13.92 (6.3)	12.60 (6.8)	-1.05	0.293	-0.205
Emotional Symptoms	3.42 (2.45)	4.09 (2.81)	1.37	0.172	0.266
Conduct Problems	3.24 (2.03)	2.63 (2.07)	-1.54	0.125	-0.299
Hyperactivity	5.13 (2.70)	4.00 (2.62)	-2.17	0.031	-0.421
Peer Problems	2.15 (1.65)	1.93 (1.83)	-0.677	0.499	-0.131
Prosocial Behaviour	7.29 (2.13)	7.33 (2.24)	0.100	0.920	0.019

t = t statistic calculated using independent-samples t-test. Statistically significant findings are indicated in bold.

Non-responders recorded lower ratings than responders for Parenting Scale totals, and laxness (2 to 10 years), over-reactivity (2 to 10 years), and verbosity (2 to 10 years) subscales at pre-programme (see Table Twenty-four).

Table Twenty-four: Pre-programme Parenting Scale and Parental Stress Scale Ratings for Responders and Non-responders

	Responder	Non-responder	t	p	Cohen's d
Parenting Scale Total: 2-10 years	3.42 (0.70) (n = 81)	3.21 (0.62) (n = 12)	-0.968	0.336	-0.303
Parenting Scale Total: 11-17 years	3.28 (0.96) (n = 59)	3.40 (0.78) (n = 17)	0.440	0.661	0.123
Laxness: 2-10 years	3.26 (1.1) (n = 81)	2.95 (0.96) (n = 12)	-0.878	0.382	-0.275
Laxness: 11-17 years	3.31 (1.3) (n = 59)	3.48 (0.91) (n = 18)	0.515	0.608	0.141
Over-reactivity: 2-10 years	3.06 (1.2) (n = 81)	2.83 (1.0) (n = 12)	-0.635	0.527	-0.199
Over-reactivity: 11-17 years	3.50 (1.2) (n = 59)	3.55 (1.2) (n = 17)	0.167	0.868	0.047
Verbosity: 2-10 years	4.35 (0.95) (n = 81)	3.81 (0.55) (n = 12)	-1.88	0.063	-0.588
Parental Stress Scale	42.5 (8.8) (n = 142)	42.8 (8.6) (n = 33)	0.178	0.859	0.035

t = t statistic calculated using independent-samples t-test.

5.6 CSP Monitoring Process: Key Research Findings

Study participants completed 177 pre-, 144 post-programme and 62 follow-up CSP monitoring packs. Participants were predominantly female (80.8%), aged 23 to 58 years (mean = 40 years), and relatively well educated (56% had completed third-level education). Seventy-three worked outside of the home, 48 were in receipt of social welfare, and 29 indicated they worked full-time at home. The remaining 16 percent either were in 'full-time education', were 'carers', in a Community Employment Programme, or in part-time employment (n = 20).

Of the 177 reference children identified, 97 were male, 79 female and nearly all (91%) lived with their parent or guardian participating in CSP. Participants were divided by reference-child age; 101 (57%) completed pre-programme CSP monitoring packs for the 2 to 10 years age group, and the remainder completed packs for children aged 11 to 17 years. Almost three-quarters (129) described their family as a two-parent household, and 40 reference children lived in single-parent families. Seventy percent of respondents had been referred to the programme by a professional, the remainder indicating they had become aware of CSP through the media. In addition, socio-demographic and economic information collected from study participants at pre-programme was representative of those completing post-programme and follow-up monitoring packs.

Changes in Child Behaviour

- There were statistically significant reductions (i.e. improvements) in SDQ Total, emotional symptoms, conduct problems and hyperactivity ratings post-programme when compared to pre-programme, whereas ratings for peer problems had decreased marginally.



- Child-behaviour measures recorded statistically significant improvements over time. SDQ Total scores, emotional symptoms, conduct problems, hyperactivity, and peer problems all recorded statistically significant reductions at the follow-up point when compared to pre-programme.
- There was a statistically significant improvement for peer problems at follow-up when compared to post-programme. Emotional symptoms, conduct problems, hyperactivity, and prosocial behaviour recorded reduced ratings at follow-up when compared to post-programme, but not to a statistically significant extent. Respondents reported hyperactivity at follow-up marginally above post-programme levels.

Caseness findings:

- Significant change in the proportion of children who were classified as borderline or abnormal in SDQ Scales was recorded at the post-programme and follow-up points when compared to pre-programme. At post programme, statistically significant reductions were recorded for SDQ total scores (37%) and emotional symptoms (38%). At follow-up, significant reductions were recorded for SDQ total scores (55%), emotional symptoms (52%), conduct problems (41%), and peer problems (44%).

Participant subgroups findings:

- There were no statistically significant differences between subgroups. The research found reduced child problem behaviour and increased prosocial behaviour across all subgroups, and most subgroups recorded improved child behaviour ratings at each time point.
- Older children's prosocial ratings were higher at the follow-up point when compared to pre-programme ratings despite being lower at post-programme than pre-programme.
- In a minority of instances, marginal increases in some SDQ subscales were evident for some subgroups at the follow-up point when compared to post-programme.

Changes in Parenting Styles and Reductions in Parental Stress

- There were statistically significant improvements in Parenting Scale and Parental Stress Scale totals at the post-programme and follow-up points when compared to pre-programme.
- Parenting Scale subscales for laxness (permissive discipline), over-reactivity (authoritarian discipline, displays of anger) and verbosity (over-reliance on talking or long reprimands) recorded statistically significantly reductions at post-programme.
- At follow-up, respondents with a reference child in the 2 to 10 years age group reported statistically significant differences for laxness, over-reactivity, and verbosity when compared to pre-programme.
- Parenting Scale Totals and subscales and Parental Stress Scale ratings recorded at the follow-up point reduced when compared to post-programme, but these differences were not statistically significant.

Participant subgroups: Parenting Styles and Reductions in Parental Stress Findings

- There were statistically significant differences in improvements made on Parenting Scale Totals and on the subscale for laxness between participants with second-level education and those with third-level education.
- Participants with younger children (2 to 10 years) and who had received third-level education reported larger decreases in scores on the total Parenting Scale ($p = 0.022$) and on the score for laxness ($p = 0.005$), across the three time points.
- Most subgroups recorded improved parenting styles and lower parental stress levels at each time point.
- Marginal increases in problematic parenting discipline styles were evident for some subgroups at the follow-up point when compared to pre- and post-programme.

Differences between Responders and Non-responders

- More non-responders than responders had older and female reference children.
- There was a statistically significant difference between the referral status and attendance of responders and non-responders.
- Apart from the SDQ hyperactivity subscale, there were no statistically significant differences in child behaviour and parenting outcomes scores between responders and non-responders.

6



Chapter Six: Research Findings from Service Providers

6.1 Introduction

This chapter presents service providers' views and experiences of the CSP programme. Research findings were gathered in interviews and focus groups with service providers managing and implementing CSP in Co. Mayo and Co. Roscommon (n = 31), a survey of CSP facilitators (n = 42),²² and in interviews with (independent) child and family services practitioners in both counties (n = 5).²³ The chapter is divided into sections that present research findings relating to:

- The need for CSP
- The implementation of the CSP programme, including:
 - Service providers and community engagement
 - Training and support
 - Engaging service users
- Programme content, materials and fidelity to the CSP model
- Perceived impacts for service users.

The chapter concludes by summarising the key research findings to emerge.

6.2 The Need for a Parent-training Programme

Service providers were asked in interviews and focus groups why they supported or were involved in implementing CSP. Most regarded the programme as a valued family support programme. Several identified CSP as a much-needed '*structured*' and '*consistent*' way of providing parent-training support in Mayo and Roscommon. Practitioners felt that CSP provided a framework in which they could implement a common approach when delivering parenting support to families. For example:

²² Socio-demographic and economic information was unavailable for a small number of study participants who did not complete the Demographic Information Form included in CSP Pre-programme Packs.

²³ All research processes utilised in this study are detailed in Chapter Four.

I was very motivated because at the time a lot of practitioners were using their own tool kit in terms of supporting families, so this [CSP] gave a better framework, in terms of that we were all using the same approach, it kind of gave a bit more consistency to the families we were working with. (Practitioner 1)

For me what is important is that it [CSP] is a structured way of giving parents support and also the tools and guidance in re-looking and revisiting their own parenting. And the hope would be that the skills they get through the service improves their capacity to parent in a better way, which has a knock-on effect in reducing the risk in terms of child protection for those families. (Independent Service Provider 1)

In relation to the family law cases that we have currently, and she [a judge] actually mentioned in a very positive way the fact that families that were coming through the court system had access to a consistent parenting programme in Mayo, which would be different to a lot of the other areas. (Independent Service Provider 2)

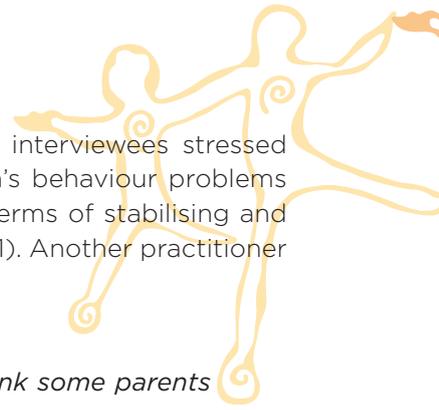
As the previous quote emphasises, a more focused response to parenting support was highlighted as an important part of efforts to provide preventive and early intervention supports to children and families. Several practitioners identified parenting as a key factor influencing the welfare and development of children. Poor parenting, as highlighted previously, is harmful to child well-being and a predictor of children's and adolescents' involvement in problem behaviours. Several felt, as the following comments indicate, that participation in parent-training programmes can, in a variety of ways, improve parenting and help parents or guardians overcome problems and positively impact children's behaviour.

The whole point of parent-training is actually about the role of the parent within the home, modelling good behaviour, being a good advocate for your child, seeing the strengths in your child, and it's about that whole change in that mind-set and not being focused on the problem issue. (CSP Management 2)

They [adolescents] can actually problem-solve themselves with the relationship that they have with their parents; if they can go home and say, This is a problem I'm having, how do I deal with it, as opposed to getting maybe further into trouble by taking that on themselves or deciding to lash out in a different way. (CSP Management FG CB Participant 1)

A lot of parents would have high expectations and unreasonable expectations for a child, so the Common Sense Parenting helps them understand what stage of development their child is at. (Independent Service Provider 3)

Growing up in nurturing environments is important, as outlined in Chapter Three, as it is associated with positive child well-being and the development of prosocial behaviours as well as minimising exposure to harmful problem activity. However, as one practitioner commented, most attending CSP have a child (or children) experiencing 'a wide range of problems from emotional and behavioural difficulties to social



difficulties to antisocial behaviour' (Independent Service Provider 2). Several interviewees stressed that many also have great difficulty in responding effectively to their children's behaviour problems or emotional difficulties. Programme participants are *'very much at a loss'* in terms of stabilising and repairing relationships with their children, according to one practitioner (FG CB 1). Another practitioner commented:

Just building relationships and spending time with their child, I don't think some parents know how to. (Practitioner 2)

Children's behaviour or emotional problems may be influenced by parents' own difficulties or other problems in the home. One service provider pointed out that *'if there is conflict in the home or if parents are struggling in some particular way, that is a block to helping the child'* (Independent Service Provider 4). Family difficulties often accompany times of transition in children's lives, according to another:

Presenting problems can be a wide range, e.g. falling in with the wrong crowd, and perhaps parents' own issues coming to the fore in trying to manage their children, particularly in the teenage years. (Independent Service Provider 2)

Practitioners particularly emphasised the importance of parents/guardians having the skills that may help prevent children's behaviour or emotional problems from escalating. Practitioners felt that parents ideally should possess the capacity to resolve family difficulties that do arise. In their view, parent-training programmes should help strengthen these capacities. Several commented that programmes should impart practical advice and teach skills that help parents/guardians address child problem behaviour and emotional difficulties. For example:

Support should be targeted at the people that are in the best position to effect change, i.e. parents. And that would mean teaching them a set of skills and coping skills, i.e. helping them to build up a toolbox of skills that they can use at home, with both the young person who is their main concern but also with other siblings that the parents may have in the house as well. (CSP Management FG CB Participant 3)

There's a problem in the hierarchy in the family, and very often the hierarchy is reversed or at least the young person and parents seem to be on an equal footing. My aspiration for the CSP is that parents would find more confidence and be more assertive and just reassert themselves in a hierarchical position. (Independent Service Provider 5)

Parents are the teachers of their children. And sometimes parents might feel they're a friend or they're whatever, but they don't see that they have to teach their children a different way of acting, of behaving, so it's about trying to motivate them to be that person. (Practitioner FG RN Participant 1)

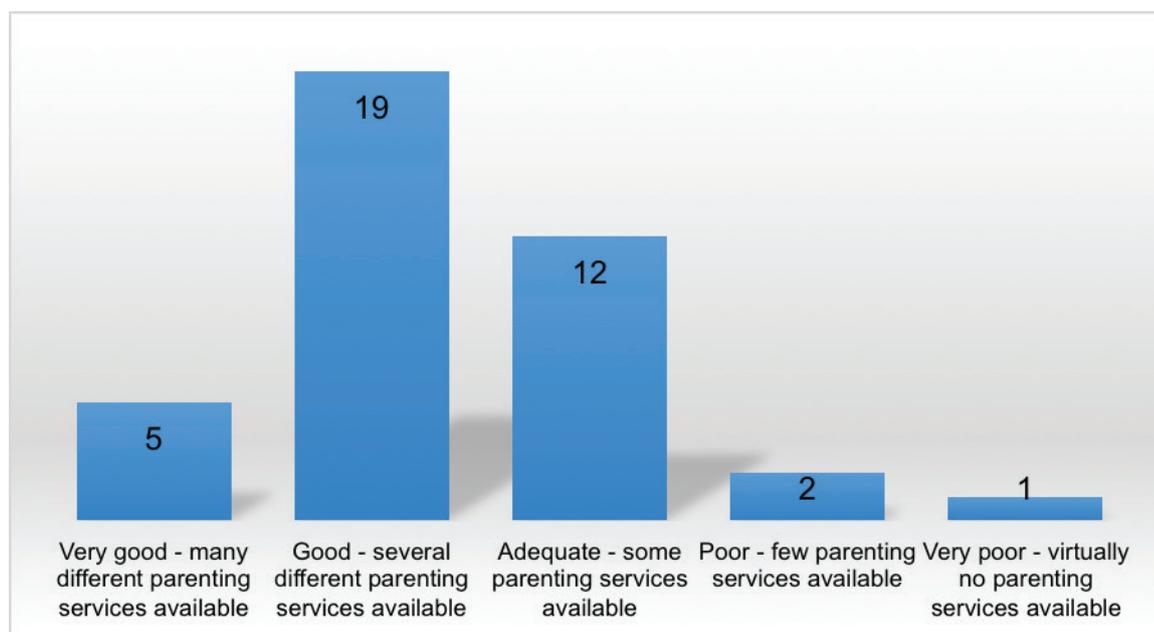
6.3 Implementing Parenting and Family Support

CSP's universal nature was identified as an important factor sustaining its popularity among service organisations and practitioners. Several of those managing the implementation of the programme described CSP as helping to extend family support services in their area. One spoke of the programme as 'part of our strategic approach to supporting parents' and as helping service providers meet Tusla's objective of 'proactively supporting parenting' (CSP Management 4). Others emphasised CSP's 'availability' and 'accessibility' as a preventive intervention for families that strengthens service provision in local communities.

Common-sense parenting that is readily available and universally available, and I think it fits in with our strategy, our national service delivery framework, which is prevention and early intervention. (CSP Management 2)

Survey respondents also identified CSP as a significant family support intervention in both counties.²⁴ As Figure Nine displays, a majority (61.5%) indicated that parenting supports in their area either were 'very good' or 'good'.

Figure Nine: Perceived Availability of Parenting Supports by Survey Respondents



CSP's preventive and early intervention focus was broadly welcomed by service providers. In addition to providing parenting support, CSP provides opportunities for practitioners to engage with parents of children already identified as requiring support. This was highlighted as particularly relevant for services working in communities and with families who may require lower-level supports. For example:

²⁴ In order to ensure that research findings were reliable and valid (i.e. triangulated), the views and experiences of practitioners were sourced through interviews, focus groups and in an online survey. Where survey findings are included, participants are referred to as 'survey respondents' or 'respondents'. Participants in interviews, small group interviews, and focus group are identified as 'interviewees', 'service providers', 'practitioners' or 'CSP management' or 'service agency representatives'.

I do think that there's a role for the social work service in identifying at an early stage referrals that come in to ourselves that maybe don't meet the threshold for social work but who are in need of support, and I think the Common Sense Parenting is likely to be one of the drop-downs, so to speak, on the menu of support that those families might avail of. (Independent Service Provider 1)



It fits in very well because we wouldn't have the capacity to do lots of family support and some parents would see that their kid is engaging in group work and they'd be happy to come along and get some parenting support. (Practitioner 2)

We would offer a community-based family support drop-in service, so a family may present that they mightn't meet the criteria for family support in the home but will be offered a Common Sense Parenting programme, so that helps them. (Practitioner FG CB Participant 4)

It meets the need of so many families that would present to these services where there would be a moderate level of difficulty or behaviour; it just fits the need within a lot of the community-based types of services. (CSP Management 3)

CSP management representatives identified CSP's practicality and problem-solving focus as key features of the programme underpinning decisions to implement and promote CSP in both counties. For example, to deliver CSP, practitioners first must complete a three-day CSP Facilitator Training Programme. They then learn facilitation skills and are up-skilled in a range of parent-training techniques and strategies that also can be useful in other group and individual family support work. Both management representatives and practitioners highlighted in interviews or focus groups that the skills and practices required to implement CSP frequently extend into other parts of their work to support children and families. For example:

It [CSP] gives practitioners very clear skills and a skillset to use. It was very focused on addressing specific issues. So practitioners have a toolkit of interventions to use. It was very focused and very structured and it was really aimed at specific objectives that were clear-cut and measurable. (CSP Management 2)

Practitioners might use it, pieces of it or sections of it to support pieces of work that they're doing with families themselves. (Practitioner FG RN Participant 1)

I think with your own family support that you're doing in the home and that, you're pulling from the skills, you mightn't be directly doing Common Sense Parenting, but you're pulling from the skills all the time and using them with families on a daily basis, really. (Practitioner FG RN Participant 3)

I probably roll out two CSPs a year in the community, which is great. However, I would use it quite often in every second family I engage with; there's often a need for upskilling in parenting. So it's a big part, it's a huge part of my work. (Practitioner 1)

CSP's simplicity of implementation and its compatibility with other family support work were identified by practitioners as important. Interviewees noted that CSP was easily incorporated into existing work and their collaborations with other services. In many instances, as several recalled, parents attending CSP (or their children) already were involved with their organisation in some way. Also of particular importance (in two rural counties), according to several practitioners, was that CSP is easily transportable and amenable to a variety of audiences. Practitioners commented:

You can literally run it anywhere. You need a flip chart, a TV and the facilitators. But you can literally bring it anywhere, which I think is so important that it can be rolled out anywhere and it can be rolled out really to any group of parents. (Practitioner FG RN Participant 6)

They're seen very much as a set piece of our work. We try and run two a year minimum; it's easily facilitated. Like, it's not building a caseload waiting list, it's part of the work. Plus a lot of the parents are on our caseloads that are coming to us. (Practitioner GI RN Participant 1)

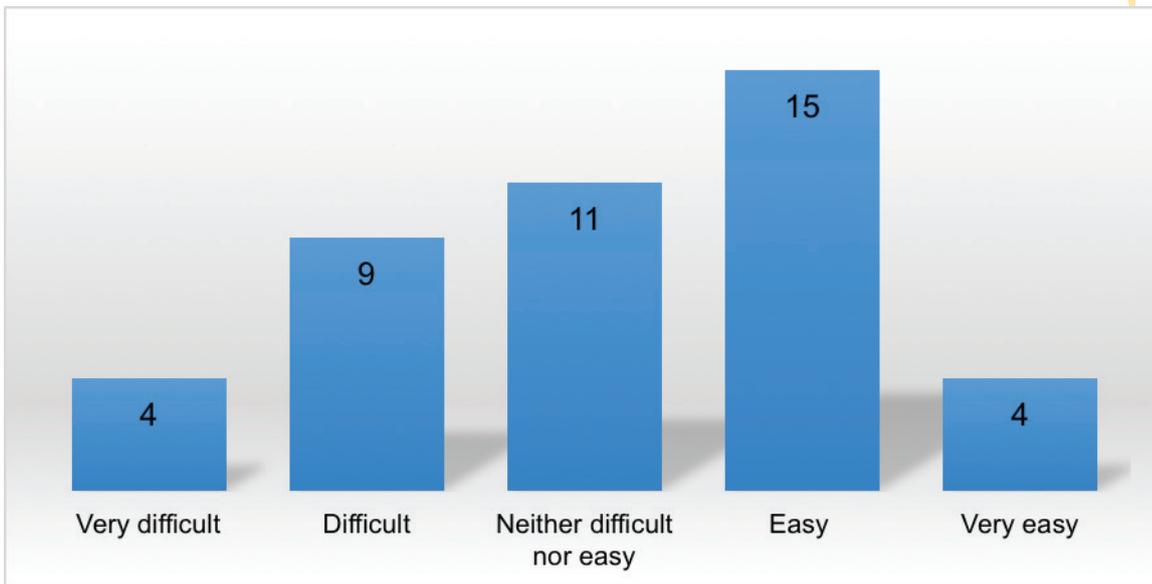
Common Sense Parenting then was identified as the one locally that we could work with other organisations and that we could run with other organisations, and it fitted with our work as well. (Practitioner FG RN Participant 6)

I think it [CSP] is something that's really easy to incorporate into your project as well. It's a very easy programme to incorporate into any community-based type of project. (Practitioner FG RN Participant 5)

Survey respondents also identified CSP as a relevant and practical parent-training intervention. Four out of five indicated that CSP fitted 'very well' with the priorities of their role. Almost half (47.5%) indicated the programme was either 'easy' (37.5%) or 'very easy' (10%) to incorporate into regular work (Figure Ten). However, 13 practitioners indicated that CSP was either 'difficult' or 'very difficult' to incorporate into their regular work.



Figure Ten: Incorporating CSP into Regular Work by Survey Respondents



Like interviewees, survey respondents identified CSP as a welcome addition to service provision for children and families in their area. One commented, ‘CSP is a great tool to add into the body of supports that are available for families who are in need of support’ (Respondent 4). Several felt CSP was ‘a key component’, as one put it, of their organisation’s strategy to support families. A family support worker, for example, commented that ‘parental work is vital in our services. CSP fits in well for this’ (Respondent 24). CSP also was identified as a gateway intervention for at-risk families. Respondents (3) commented that the programme helps them engage with parents of children they may consider at risk and link these families with other support services if required.

Parents often attend where there are difficulties with the child, as the NYP [the Youth and Family Support Project] is a place that they are used to availing of and they may not feel threatened. We can offer CSP to a wide range and profile of participants and target certain families where the child may be of concern in a group work setting. We can build the confidence of a parent through providing CSP, and therefore it is easier for the parent to access more intensive or specialised support if needs be. (Respondent 34)

Survey respondents identified CSP as having advanced their capacity to fulfil their own role. Almost all (95%) nominated CSP as a valuable resource in their work, and three out of four respondents indicated that a workshop-style parent support programme of this nature was required in their area. Respondents, similarly to interviewees, highlighted that they incorporated the skills and support strategies learned in CSP into other group and individual work. For example, one commented that ‘the core skills of the CSP are those that I use in the homes when working with families’ (Respondent 32). Another indicated that she often used CSP as an ‘exit plan when working with a family’ (Respondent 9). Other practitioners commented:

I have been able to use the CSP skills when using the Mol an Óige model and during group activities with young people, in particular when teaching social skills. (Respondent 23)

You can use the skills with parents you are working with at any time – either in an informal setting talking about skills in conversation and using them as tips, or in formal setting actually teaching skills on a one-to-one basis. (Respondent 33)

Interviewees felt that parents or guardians attending CSP become aware of services and supports that are available in their communities. One practitioner, for example, commented that CSP allows you ‘to get to know a parent and in turn they learn about your service and then you can steer them to another intervention if needs be’ (Practitioner FG RN Participant 4). Others spoke of how participating in a general parent-training programme like CSP may help to destigmatise service use for parents/guardians and help promote engagement in community activities. Several commented:

So families that would come across Common Sense Parenting in the pre-school, then realise ‘OK, I need a bit more support’, and we can signpost them and they can get the family preservation so they’ll hear the same language, the same assessment and the same viewpoints, values, all the way through as well. (CSP Management 4)

The parents seem to get the support within the group, but then they’ve gone on to develop a network and even further than that. They’ve developed their own social group but under, in our case under a school; they come in and they do other activities. (CSP Management FG CB Participant 4)

It would break down the barriers then for them actually accessing a place, because, well, I actually know the two or the three that work in there now, so it mightn’t be as bad to go in and show my face and ask for help if they needed it. (CSP Management FG CB Participant 6)

Service providers were asked about facilitating CSP and how the programme fits with other family support work. Practitioners spoke about the ‘prep time’ that accompanies CSP (see comments below) and highlighted what they felt was the considerable time and energy required to source (and remind) potential participants. Several did indicate, however, that in their experience initial pressures connected to implementing CSP subsided after a period of sustained delivery. Practitioners also spoke about accommodating CSP within their work schedule and needing to ensure that commitments to other service users are fulfilled. For example:

I suppose it came with I suppose your first experience, you’re able to go back to your supervisor or your line manager and say, ‘Well actually, preparation time here is not the two hours that you rock up and do your workshop, it’s the preparation before’, and at the beginning there was a lot of advertising, so you’re drawing up flyers, you’re going around the town, you’re trying to promote it that way, newsletters, whatever way you can, radio advertising as well. (Practitioner 1)

There is a lot of work and I accept that, and that's what I take as part of running the Common Sense Parenting, and there's the phone calls, the follow-ups, checking in to make sure that who you need to be coming to that programme will arrive on the door. (Practitioner 2)

You have to allow that it is six weeks and it is half of your day, but it also is a good four weeks before that of getting the right participants in and working on it. So ... but I think you have to free up other work when you're running Common Sense Parenting. (Practitioner FG CB Participant 5)



Survey respondents also identified CSP as compatible with practice; however, implementing the programme, according to several, does require considerable practitioner commitment. Thirteen practitioners (from 23 commenting about incorporating CSP into their work) highlighted the significant time and effort expended organising and then delivering the programme. For some, the advance preparation necessary was considered difficult to balance with other duties. For example, one practitioner pointed out that arranging programmes that suit both participants and facilitators sometimes is difficult. Several (4) also felt that practitioner commitment and effort spent implementing CSP should be acknowledged and recognised in some form:

Emphasis is on the facilitator to advertise, book, collect money, collate plans, get books, etc., and this is before group starts, so [it] is a huge amount of time and energy. (Respondent 19)

It would be important for some kind of recognition to be afforded to those practitioners who consistently put their hands up to do these programmes. (Respondent 14)

When time is allowed, CSP has great benefits to our relationship with the child's family. Time definitely must be given to get the CSP set up, with an emphasis on recruitment and follow-up. (Respondent 34)

6.3.1 Service Providers and Community Engagement

Practitioners working with specifically targeted groups identified parent-training as an important resource. As well as being 'a mainstream programme for all parents', as one commented (FG RN Participant 3), CSP was described as a good way of engaging with or providing services to specific or hard-to-reach groups. Target groups highlighted in interviews included parents from the Travelling community, foster carers, mothers with babies, parents affected by addiction, physical/sexual abuse survivors, and parents of young people at risk of being involved in crime or antisocial activity. For example:

As a public health nurse you meet a lot of mothers and babies, and so they present sometimes with the typical problems, you know, tantrums and difficulties with discipline and learning to say no, so they're perfectly suited for Common Sense Parenting. So it's just great to be able to offer them a course that I know they're going to benefit from. (Practitioner FG CB Participant 7)

We would have a lot of Traveller kids coming to the project, and I suppose we would know what was going on locally for travellers and issues with them as a parent, so we feel this [CSP] is a good angle. (Practitioner 2)

We identified that wouldn't it make sense to train all foster parents up together in Common Sense Parenting than us going out supporting foster parents, do you know what I mean? Let's identify what they feel they need: Is it work on attachment? Is it work on boundaries? The Common Sense Parenting is one strand of the training that's being offered to foster parents. (Practitioner 1)

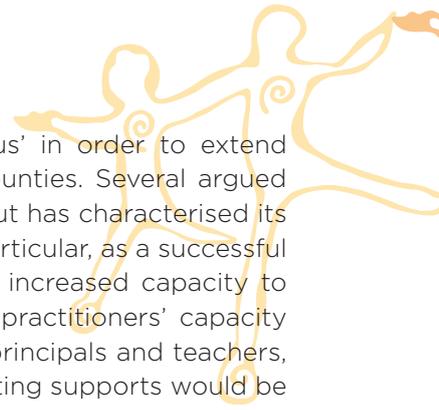
For us [Rape Crisis Network] it was the unknown aspect of educating people around the impact of being abused in childhood, how that turns up when you become a parent, because again we would reckon there were so many people; it would be the experience of becoming a parent that might trigger the kind of unresolved traumas from their own childhood that they experience. (CSP Management FG CB Participant 2)

Representatives from several participating organisations indicated that CSP was an opportunity for service providers to address the needs of children and families in a more holistic and integrated manner. CSP management representatives, for example, identified the provision of parent-training programmes as important in efforts to divert children and adolescents from criminal or antisocial activity. As referred to above, and as many interviewees highlighted, CSP is considered a helpful addition in achieving their organisations' goals in this regard.

Projects have changed in a way that we're not now looking at just what young people, the crimes they've committed. We're actually looking at the behaviours that are leading them to commit crime, and one of our areas that we look at now is family circumstances and parenting. So we're looking to Common Sense Parenting to address issues in the home around boundary setting, consistent parenting between mum and dad; are they both setting the same boundaries and giving out the same amount of praise and consequences. (CSP Management FG CB Participant 5)

Feedback from agencies is that the families they are involved with is that if that's [parenting] not working or if there's a need in the long-term upbringing of a young person, they could end up being involved in criminal and antisocial behaviour. So that's why we think Common Sense Parenting. If we see that as a need that parents can then avail of those programmes, and maybe look at different issues that they're having in the home, that they might be addressed. (CSP Management FG CB Participant 6)

There was a real gap in the services that we were providing; we weren't really meeting the needs of the young people who were attending. Even if it was for individual work or group work, we weren't really meeting the needs of the families, we hadn't been delivering family support work models really in the project, and for us Common Sense Parenting just seemed like the right thing at the right time. (CSP Management 3)



Service providers suggested further development of CSP's 'community focus' in order to extend coverage and to meet the varied needs of potential service users in both counties. Several argued that the programme needs to build upon the flexibility which several pointed out has characterised its implementation. Management representatives identified targeting schools, in particular, as a successful CSP development strategy that needs to be expanded. Several spoke of the increased capacity to access a broad spectrum of parents/guardians through schools. In addition, practitioners' capacity to engage (in terms of referral) with other services and professionals (school principals and teachers, Home School Community Liaison Coordinators and others) on delivering parenting supports would be expanded, in their view:

If you're able to target it at in the sense ready-made populations, for example in schools where there's a ready-made population, but also it takes the stigma, as it were, out of going for specialist parenting intervention. (CSP Management FG CB Participant 3)

The following year then we actually looked specifically at targeting parents that the home school liaison personnel was working with, and that worked a lot better. So then I suppose you had a group of people who needed it [CSP] for whatever reason, and that seemed to work, but there was parents who didn't get it and we really wanted to get them. (CSP Management FG CB Participant 1)

We do a lot of CSPs in schools and that, and you might get to meet with the principal or the coordinator of transition year or whoever's organising the venue and you make links. They might not know what service you deliver, and they might say, 'Do you know what now, I have a few kids for you', and then you could end up getting a few referrals. (Practitioner FG CB Participant 1)

A service provider recommended expanding co-facilitation of CSP among service providers as a means of accessing service users. In addition to aligning with ongoing CSP training policy (see section 2.4.1), local partnerships with 'on-the-ground community workers or a resource teacher or a pastoral care person in a school' would, in his view, provide CSP with greater visibility in communities (Independent Service Provider 2). He felt local involvement in organising and delivering CSP would result in greater numbers of parents/guardians receiving CSP.

Moreover, practitioner buy-in was acknowledged as important in CSP's development to date in both counties. Several management representatives felt that practitioner confidence in the programme had strengthened the multi-agency aspect of CSP and had, as one commented, generated 'a sense of ownership of the model' among facilitators (CSP Management 2). Also, CSP's compatibility with other Mol an Óige family support interventions (as previously discussed) was identified by practitioners as aiding the promotion of the programme. However, while interagency collaboration was important in implementing CSP within both counties, there was little research evidence of inter-county collaboration on CSP.

We try and reach all four corners of the county, and it's a good buy-in, and I think again practitioners buy into the programme because they get the sense of the benefits from it from the people who they give it to. (CSP Management 2)

It's seen as part of our work, like we have to run at least two CSPs per year if possible and try and target a lot of the parents of the kids that need it, the new referrals into the [Mol an Óige] project of that particular year. So it does support our work very well and we're given the time and space to do it. (Practitioner 2)

The fact that there are case workers on the ground implementing the behavioural ... the Mol an Óige model, they're in a position to sell, as it were, the Common Sense Parenting programme. (Independent Service Provider 2)

6.3.2 Training, Support and Promotion

To date, 143 practitioners from both counties have received the CSP Facilitator Training Programme. In addition to upskilling individual practitioners in order to implement the CSP programme, management representatives felt the parent-training skills learnt would benefit their regular family support work. A CSP trainer commented that *'usually it's something that they've identified in usually it's something they need to do or would like to be able to do'* (Practitioner GI RN 2). CSP management and practitioners also identified CSP training as a successful means of promoting the programme across child and family services in both counties:

We targeted certain services because we've worked with them before or we know they'll have the client group that would benefit from this particular training and being facilitators. (CSP Management 4)

Ideally you would hope that they would use the parenting programme, that they would be able to run it at some stage, but you could also see where they might, those participants might use it, pieces of it or sections of it to support pieces of work that they're doing with families themselves. (Practitioner GI RN Participant 2)

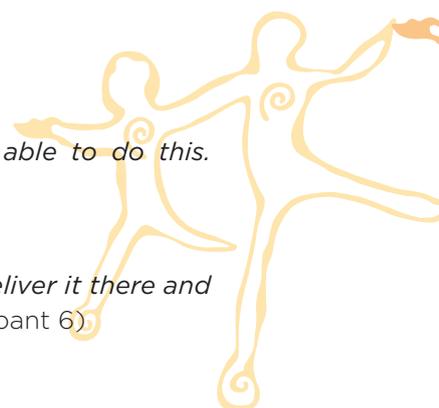
In each of those locations we have a social care leader who is trained in delivering Common Sense Parenting, so families who for whatever reason aren't able to or aren't willing to participate in a group session, the Common Sense Parenting programme can be delivered to them in their homes by a social care leader. (Independent Service Provider 1)

Overall, practitioners welcomed the opportunity to train in CSP facilitation, and most felt fully equipped to deliver the programme once they had completed the three-day course. An important feature of the training course, according to some interviewees, was its *'hands-on'* format, as one described (Practitioner FG RN Participant 2), and, in particular, that participants facilitated sections of CSP in the presence of others:

It's very clear and you come out of it thinking, Yeah, I'll actually be able to do this. (Practitioner FG RN Participant 7)

Very clear and practical. I think the bit that you are made to go up and deliver it there and then in front of your peers is really important. (Practitioner FG RN Participant 6)

It gives you what the programme is, a feel of what the programme is about, what these skills really are and then it gives you an opportunity to deliver it. (Practitioner FG CB Participant 2)



Survey respondents rated the CSP Facilitator Training Programme either as 'excellent' (53%) or 'good' (47%). Almost all (37) indicated that the course had afforded them 'a full understanding of all aspects of the CSP programme', as one put it (Respondent 13). Another stated the training programme 'was detailed and comprehensive', while several identified the experience of facilitating segments of CSP before their peers as particularly helpful (Respondent 41). One respondent felt the role-play element was important because:

You are taught the programme as a parent receives it, so that you can understand the programme from their viewpoint, and also you then train as a facilitator as part of the trainer so that you are fully equipped with the skills you need, while also having empathy from parents' perspective. (Respondent 4)

Practitioners identified being paired with a more experienced practitioner as important for new CSP facilitators. In addition to benefiting from the support of a more experienced colleague, facilitators (who often work within different disciplines) tend to build good working relationships that often extend into other areas of their work. According to a management representative, having a more experienced facilitator also quality-assures the facilitation of a recently trained CSP practitioner.

We also factor in that somebody, one of the trainers, will go out at some point during the initial stages of a new facilitator delivering the programme and they'll sit and observe, watching it. We wouldn't send somebody out, or two people out together, who have just been trained. (CSP Management 2)

When you're paired with somebody who has done a few of them, you know, they're there to support you if you get stage-fright or whatever; they can pick it up. Or if a parent asks a question that you realise, you know, that you can turn to your more experienced partner and say, 'You might be in a better position to answer this question.' So that kind of ... you felt held and contained and supported. (Practitioner 1)

That's great, even that as a support itself is brilliant, you know, because you have somebody else there supporting you and there's also two people for the parents as well. (Practitioner 3)

Several practitioners did feel, however, that the skills required to successfully deliver CSP could only be acquired through experience of delivering the programme. One commented that *'even though you know the information, you may not have the additional skills yet'* (Practitioner FG CB Participant 2). Another was of the view that in addition to completing the training course, a family support background was necessary in order to deliver CSP:

I'm not sure would it be enough then, if you get me, to actually run it. In terms of facilitation, that if you were literally just going to do Common Sense Parenting having not worked with families or having not done any of the community work and so on. (Practitioner 6)

Another felt the training programme was *'very prescriptive'* owing to its step-by-step guide to delivering CSP (Practitioner GI Participant 1). She suggested the course should further explore issues that may underpin parenting or family problems and child behaviour:

I suppose seeing that we're all adults and professionals, and it's kind of spoon-feeding to systematically just run through a book, you know, chapter by chapter. Personally I feel it would be much more beneficial if we covered the theory, the principles that underline each element of it. (Practitioner 3)

Eight survey respondents highlighted a need for training updates and refresher courses. Several felt that in addition to informing facilitators of new developments in CSP (and parent-training generally), update courses would be an opportunity to assess their delivery and quality-assure CSP on an ongoing basis. Practitioners also felt that facilitators may benefit from sharing experiences of delivering CSP (with other facilitators) and the peer support available at training refresher courses.

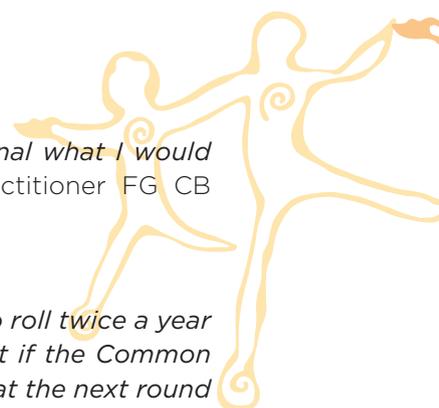
I definitely think that ongoing top-up refresher-type training would be useful. As time goes by and facilitators become more experienced, it would be useful for this experience to be shared. There should be a way of continuously learning from doing. (Respondent 14)

Promoting CSP locally was identified by practitioners as requiring further support. Several felt that as the programme expands, particular focus should be paid to advertising, organisation, and creating an online presence for CSP (in order to make CSP more visible and accessible to potential participants). Having the capacity to confirm starting dates and venues for planned programmes well in advance was highlighted by some practitioners. This would, in their view, help promote CSP in local communities and with service providers and community organisations:

Delivering it is actually not that big a deal. It's the getting bums on seats in relation to the promotion, I think there could be a lot more done around that, and I think even the basic essentials around seed money and venues and things like that could be a hell of a lot better correlated, because as a facilitator you have to find a place, put the bums on seats, pay for the biscuits in front of them and make it happen. (Practitioner FG RN Participant 7)

There certainly needs to be a rethink in relation to putting that additional what I would call administrator role on people that are already facilitating it. (Practitioner FG CB Participant 1)

If they picked even five key towns in the county and said, OK, it's going to roll twice a year regardless, hail, rain or snow, we're going to put the staff into it. So that if the Common Sense Parenting ... on the last day they [CSP Participants] would know that the next round is definitely going to happen on such a date, so when they're highly motivated and talking to their friends, you can give the date. Whereas the other way, people lose interest and you don't get them again. (Practitioner FG CB Participant 5)



Overall, practitioners spoke of being well supported (by service managers) in implementing CSP. Several welcomed that CSP was 'not an add-on' and that 'managers are flexible in terms of working around your caseload' (Practitioner 1). However, two practitioners highlighted that while a number of child and family practitioners had received CSP training, programmes are, in general, facilitated by a minority of those facilitators. They argue that if regular implementation of CSP (i.e. two programmes a year) was incentivised in some way, it may help expand CSP delivery among organisations and in communities.

There's a certain number of staff in the county who have been trained up to implement Common Sense Parenting, but I'd say by and large it's the same people rolling it out a lot of the time. (Practitioner FG CB Participant 2)

It boils down to it why should I be running two a year and somebody else doing nothing, for whatever reason. If there's a positive consequence for running, for your organisation, for staff, whatever it is, I imagine you will get better uptake. (Practitioner FG CB Participant 3)

Survey respondents also indicated they were well supported in implementing CSP. A large majority (84%) indicated they were either 'very satisfied' (35%) or 'satisfied' (49%) with the support they received. Nonetheless, almost half (49%) indicated they would welcome further support implementing CSP. Several felt that a designated CSP coordinator was necessary to maintain and help expand CSP in both counties. One commented:

There needs to be a worker assigned as coordinator to oversee planned delivery of the programme across the county, take over the bookings, advertising, etc., and have all materials needed ready for facilitators to collect and run courses. (Respondent 19)

6.3.3 Engaging Service Users

There was a mixed response from service providers when asked about the profile of CSP participants and about who, in their view, benefited most from the programme. Practitioners mostly identified CSP as an intervention targeting parents or guardians with lower-level parenting or child behaviour problems. Practitioners indicated that typically programme participants are a mix of parents/guardians who are referred by other community services (e.g. family support practitioners, the social work department, psychology services, schools) and others who 'walk in' or self-refer. Other specific groups and populations are targeted separately.

Most service providers welcomed a mix of participants (i.e. referred and walk-in). While acknowledging that CSP is a lower-level-needs family intervention, practitioners did feel participants with particularly problematic parenting problems could benefit from participating in the programme. Several felt that having a mix of needs or 'a variety of experiences', as one put it, can help participants commit to addressing parenting problems:

I think what you have then is a variety of strengths. You're less likely to have parents who know each other. And on that basis there's a bit more freedom for parents to express their own opinion and share what their experiences are. (Independent Service Provider 1)

The people who we feel are targeted are really struggling, you know, we keep on top of it and if they're willing to share, a lot of the examples will be based on that and they get a lot out of it and will finish it. (Practitioner 2)

I've seen even parents who would have very high needs give absolutely fantastic examples of consequence that they would give to their teenager, and other parents think, 'God, I never thought I could do that!' You know, so you can learn so much from each other. (CSP Management 3)

Having for example the alternative is to have all the, what might be considered really difficult parents in one group and the not so difficult in another, I don't think that works. I think having a mix probably works better. It hasn't thrown up any issues that I'm aware of in the last seven years. (CSP Management 2)

Service providers particularly identified peer support as an important element of CSP. For example, listening to and sharing parenting and family experiences was described by practitioners as positive for participants and an important factor motivating parents/guardians to seek to change and learn new parenting techniques. According to one practitioner: 'parents are listening to other parents as peers and learning from them, and situations that they thought were really, really difficult and complex become less so' (CSP Management 2). Understanding that family difficulties are not uncommon and that other parents (in the group) experience similar parenting and child behaviour problems can have motivating and therapeutic effects for participants. Several commented:

They don't even have to have the exact same issue, but even someone saying, 'God I know how you feel because I get like that when the child does this or that' just normalises stuff for people. (CSP Management FG CB Participant 5)

The very fact of people being together in the same room, with the same goal in mind, is of itself a source of support and helps parents to see that they're not the only one who's having problems. (Independent Service Provider 2)

They're always seeing the negative of their children, but I suppose when they're in the group they can see other families are struggling with different things as well; it kind of motivates them. (Practitioner FG RN Participant 1)

Sharing, understanding that they're not alone; that other parents have the same or even worse difficulties to handle. But also then sharing with them and sharing methods that might have worked and approaches that might have worked. (Independent Service Provider 4)

I worked with a particular group to train foster parents, and it was great for the foster parents to feel like they're not alone – the kids, the needs of the children they have, they're caring for, 'Oh, another foster parent has experienced the same', so it can be really beneficial. (Practitioner 1)

Survey respondents (95%) also felt that parents/guardians benefit from participating in CSP. Providing opportunities to meet and speak with others with similar parenting and child behaviour problems was identified as a CSP strength. One respondent commented, for example, that CSP *'gives parents a chance to think about how they parent and to share with others'* (Respondent 26). Another felt that *'bringing a group of parents together is supportive in itself'* (Respondent 14). Several reflected on CSP's interactive features, indicating that role-playing and the use of different media and IT helps to engage participants: *'It's a very easy approach for parents,'* according to one (Respondent 13).

In addition, several respondents felt that parents/guardians need to be helped to feel at ease if they are to have the confidence required to share personal parenting and family experiences. For a number of practitioners, CSP workshops achieve this goal. One commented, for instance, that CSP *'gives parents an opportunity to reflect on their parenting and learn new strategies in a relaxed environment'* (Respondent 18). For another it was helpful that:

Parents come together to talk, learn and express their concerns, while drawing on the support of the programme and experience of others within the group. (Respondent 30)

Service providers acknowledged that CSP participants presenting with higher-level parenting needs (as previously highlighted) can access other services and supports through participation in CSP, if deemed appropriate. Onward referral was identified by most as an important avenue of support for families in need. Similarly, parents/guardians referred to CSP and who may have relatively high parenting needs may receive additional support from CSP facilitators:

We might ask them to come for an extra half hour beforehand, or they might be met during the week by a worker to support them. So we wouldn't eliminate them but we might just put that extra piece in for them. (CSP Management 4)

But I also just try to make sure that the group dynamic isn't too top-heavy with people with high need. But in general usually there's two or three that would need extra support for risky situations. (Practitioner 2)

There's a general option after the six weeks that if I need a little bit more, because I've a very specific problem with my son or daughter, that they have the option to refer themselves in. (Practitioner FG CB Participant 4)

The relationship was developed and it was good and it was positive; that you were able then to offer other supports. You had a link and you were able to offer other supports which are still ongoing for parents. (Independent Service Provider 4)

They're better for kind of a general parenting techniques, and not ... I wouldn't see it as for specific techniques for children with high-level need. This is where the trainers would be good at spotting that and suggesting the parents for an onward referral. (Independent Service Provider 2)

Several practitioners did, however, feel that parents/guardians need to be motivated to improve their parenting skills if CSP is to impact positively on family life. One commented that CSP *'worked better with people that walk in the door than the referred clientele, definitely'* (Practitioner GI RN Participant 1). Another suggested that referred participants can be less motivated to change. In her view, if a parent or guardian is not motivated to change, or feels no change is necessary, little in terms of positive parenting change is likely to occur for that participant. She commented that if participants hold the opinion that *"I'm only here because the social worker told me to do so" and they don't really want to be here [at CSP]*, then they may not fully engage with the programme (Practitioner FG RN Participant 2). Practitioners commented:

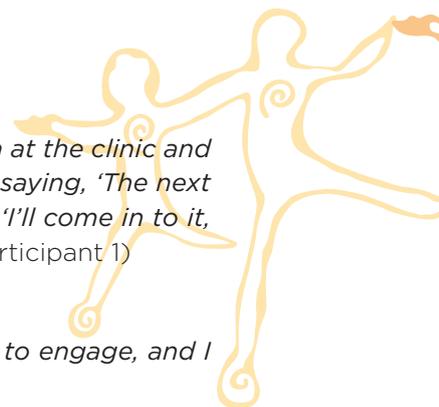
But definitely we're [CSP] more suitable for people who kind of more chose to do it and look for a parenting programme and do it rather than people who are referred. (Practitioner GI RN Participant 2)

I think that's key as well: where parents are motivated, you can bring about changes in the family; they're the catalysts for change in their families. If they're not motivated, it doesn't matter whether you're using Common Sense Parenting or whatever you're using, you know, it's not going to do anything. (Practitioner 1)

Several practitioners also identified difficulties in targeting parents/guardians who they felt were in greatest need of CSP:

You're not getting the people that really need it, and you're meeting them at the clinic and they're telling you about Tommy and the way he's carrying on and you're saying, 'The next class is starting now in January, is there any chance you'd come in to it?' 'I'll come in to it, I'll come in to it, I'll come in to it' – and they don't. (Practitioner FG CB Participant 1)

Sometimes you've got hard-to-reach parents, or parents who don't want to engage, and I think that's a difficulty. (CSP Management 2)



Low literacy levels were identified by several service providers as a factor excluding certain parents/guardians and groups from CSP. According to a management representative, *'the families that you really want to target and parents of some young people, the literacy issues, reading, writing could be a barrier'* (Management FG CB Participant 3). CSP demands a *'certain level of literacy'*, according to another (CSP Management 4). Another commented:

I would say there's an extremely low uptake because Travellers wouldn't feel comfortable in a settled group. And I think anybody with low literacy, if you can't read and write, you're not going to sit into a group with people and where there's words used you don't even understand them. (Practitioner 2)

However, service providers indicated that alternative arrangements (including individual interventions) are made to accommodate participants with literacy or other learning issues. In addition, as one service provider pointed out, a group setting may not always be appropriate for parents referred from child protection services. In such instances, CSP is delivered individually:

If I felt that the parent needs extra support and would benefit from the one-to-one, I would refer for one-to-one. In some cases there may be literacy issues for the parents so that they wouldn't succeed in the group, so then it would need to be done using the tapes. Or if maybe there was a mild learning disability or something like that, I would feel they would benefit from the one-to-one Common Sense Parenting rather than a group setting. (Independent Service Provider 3)

So there is a provision for that [individual CSP sessions] and the referrals for that tend to come from the child protection service where families have been identified as being in need of parenting but are maybe not able to engage in a group-type setting. (Practitioner 3)

In one of the groups one of the parents was dyslexic, and again one of our staff made himself available before and after each session to support that woman with the issues in terms of the dyslexia, helping her understand. (CSP Management FG CB Participant 2)

Overall, most managing and implementing CSP indicated that a mix of participants generally has been helpful, particularly in terms of greater community access to and awareness of other local supports, accessing practitioner expertise, and positive group dynamics and peer support.

6.4 Programme Content, Material and Fidelity

Practitioner interviewees identified CSP's 'preventive teaching', 'staying calm' and 'effective praise' parenting techniques as underpinning the programme's effectiveness. One practitioner felt it was particularly useful that CSP reminds participants that '*we as parents are responsible to teach our children different ways of behaving*' (FG RN Participant 1). Practitioners also noted that programme modules encourage parents to actively consider (and discuss) child behaviour problems and their management of family situations.

That [Parents Are Teachers] really allows parents to explore and look at their own awareness of how they are as a parent and their own control on their stress and how they deal with pressure and how that impacts on their family life. (Practitioner 2)

The whole piece around Parent Are Teachers is about describing behaviours, and when parents learn to do that they can, they learn to stay calm, which is really crucial, and they learn to use more appropriate language when they're speaking to their child rather than labelling and naming and shaming. (Practitioner GI Participant 1)

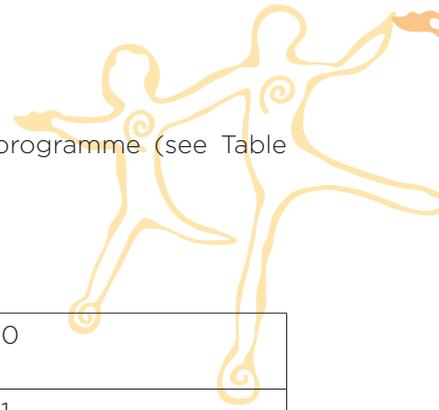
The common-sense bits like using the effective praise, remaining calm, using the preventive thing to stop things going from bad to worse at an earlier stage I think would result in happier families and promote better parental relationships. (CSP Management 2)

As the previous quotation emphasises, interviewees welcomed CSP's focus on re-establishing and maintaining positive parent-child relationships. The programme's core message of the need for parents/guardians to communicate with and 'effectively praise' (Encouraging Good Behaviour) their children was highlighted by several practitioners as '*really important*' and '*a teaching tool*'. Praising their child, according to one, gives CSP participants '*a sense of positivity with their child that they might not have had for a while*' (Practitioner GI Participant 2). Several recalled instances where participants had spoken of how praising (as opposed to criticising) their child had altered the negative relationship with their child that had brought them to CSP. Several practitioners felt CSP provided the 'space' to address problem behaviours in a positive manner. For example:

The power of praise cannot be underestimated at all, and it works for teenagers, and I have noticed parents will have that insightful moment when they go, 'I only see when they're doing something wrong and check them then'. (Practitioner 1)

I think the praise, the effective praise and it defines discipline as positive interaction. You know, discipline ... a lot of parents would see punishment as a negative thing, you know, a negative consequence, you know, and the positive can be a teaching tool. (Independent Service Provider 3)

Let's look at the positives of your child; it's changing the mind-set. Let's not just look at this child in terms of bad behaviour: let's look at him in terms of what's good first and engaging the parent around that. (Practitioner FG RN Participant 5)



Survey respondents also rated highly the six modules comprising the CSP programme (see Table Twenty-five).

Table Twenty-five: Ratings of CSP Core modules by Survey Respondents

Parents Are Teachers	27 (67.5%)	12 (30%)	0	0
Encouraging Good Behaviour	32 (80%)	6 (15%)	0	1
Preventing Problems	28 (70%)	9 (22.5%)	1	1
Correcting Problem Behaviour	23 (57.5%)	13 (32.5%)	2	2
Teaching Self-Control	21 (52.5%)	14 (35%)	2	2
Putting It All Together	18 (45%)	14 (35%)	7 (17.5%)	0

Practitioners also highlighted that in addition to the six CSP modules, programme participants use a CSP course book that, as one put it, ‘covers a broader context of understanding and ideas’ of parenting and child behaviour issues (Practitioner FG CB Participant 1). Several felt that the combination of completing workshop modules (which includes participants watching a DVD containing CSP parenting vignettes and partaking in role-play exercises) and homework helps to engage participants in CSP and provides practical examples of parenting skills in use in everyday family life. For example, one commented, ‘you’re giving the support there and then to a live example that can be applied in other situations’ (Practitioner 1). When questioned on of value of CSP class/home exercises (e.g. DVD, role play and homework) several commented:

The combination of the videos and the reading and the homework, I think that works well because there’s less monotony and because they have to do a small bit of homework, and when they do it there’s a bit of buy-in from them as well. (Practitioner FG CB Participant 7)

This [video examples of using parenting skills] is an opportunity for them to sit with other parents and to explore common problems and to learn how to deal with them collectively as well and come up with new ideas and new skills to deal with those. (CSP Management FG CB Participant 1)

I know that the role-play that took place as well, it kind of, well, it took the parents out of their comfort zone. I know that they found it very, very good because I suppose it was challenging them; it was putting them in the situation and giving them very real situations, and the role-plays were very powerful. (Independent Service Provider 4)

Practitioners identified the Boys Town-produced CSP DVD as a useful programme aid. However, several felt it did not fit culturally with many of CSP's participants in Mayo or Roscommon. While a majority of participants enjoyed the DVD and related well with the issues being portrayed, some considered it *'too American'* and frequently found it difficult (and annoying) to understand the accents of those portrayed. A number of survey respondents (16) also identified the CSP DVD as *'dated'* and in many instances, mainly because of its *'Americanised'* production, off-putting for Irish audiences²⁵:

Sometimes it's hard to understand the accents. Say if there's a Hispanic family and they speak so fast, and you know, they're 'What, we didn't catch that', there are real issues there too in it. (Practitioner 1)

The videos are the only problem that parents have complained about; the videos are very Americanised and unrealistic as well. (Independent Service Provider 3)

The videos they use in it are all very American, and some parents can suffer on with it and watch it and some parents just, it really throws them. It really annoys them to see this American thing on the video, so that's I suppose a bit of a challenge. (Practitioner FG RN Participant 6)

Some practitioners highlighted several topics and themes they felt were briefly or not addressed in CSP and should be incorporated, in their view. One felt that parents or guardians of older children may benefit from more information concerning the social and emotional development of children and adolescents. Similarly, another spoke about how a deeper understanding of parent-child relationships may help participants responding to what frequently are entrenched family problems:

Children are forced to grow up so quickly, and I think parents need to be reminded that they're maybe only six-year-olds or eight-year-olds or twelve-year-olds and they mightn't have the emotional maturity for some of the things they're being asked about or talked to about. (Independent Service Provider 3)

I would feel that there's very little emphasis on the knowledge and feelings around when children are being asked to calm down. Both from the module with the parent calming-down kit and the child. The opportunity to explore where the feelings are coming from in the first place is not – well, in my opinion, is limited. (Practitioner FG CB Participant 5)

Two practitioners questioned the programme's suitability for the two- to five-years age group. They argued that CSP fails to explain to participants the development needs of very young children, and one challenged what she felt was an authoritarian, adult-centric focus characterising CSP. Others felt it was beyond the scope of CSP to more extensively explore parenting and child behaviour issues. They felt that more in-depth explorations of this nature were impractical in a six-week parent-training

²⁵ It should be noted that in 2016, CSP in Co. Mayo and Co. Roscommon received updated versions of the CSP parent book, Training DVD and Training Manual from Boys Town USA. Therefore, as almost all focus groups and interviews with CSP management and facilitators were conducted in 2015, the study did not assess participants' views concerning the updated CSP instructional tools.

programme that is universally available to parents/guardians who may present a mix of parenting and child behaviour problems. For others this issue underlined the importance of having experienced practitioners delivering the programme.



I mean some of the parents did question, 'What's this about time out?', and there's nothing in it around problem-solving, there's nothing in it around conflict resolution, there's nothing in the Common Sense Parenting around building resilience in children. (Practitioner 3)

None of us are that naïve, not one model fits all, but it's a great framework to work from, and it's being aware of that, that there might be other therapeutic elements that needed to be added to bring about better outcomes for children and families that you're working with. (Practitioner 1)

I suppose there's a limit to the model, but I think as professionals we can bring what's not on the page to the experience for the people going to the course. (Practitioner FG CB Participant 1)

Perceived limitations of the CSP programme also were highlighted by some survey respondents. Several identified CSP as an intervention targeting parents with low to moderate parenting difficulties. Hence, as several (3) facilitators commented, CSP's incorporation of participants with a mix of needs and a variety of levels of difficulty can result in challenges for facilitators in terms of delivery and meeting the needs of all parents/guardians. For example, in relation to participants presenting with high levels of parenting difficulty, one commented, 'CSP does not go far enough for parents/guardians dealing with extreme or challenging behaviour' (Respondent 8). Some survey respondents (5) felt that CSP should provide participants with more in-depth understandings of behaviour and child-parent attachment/relationship issues. For several, a relatively high level of commitment, literacy and intellect is required if participants are to benefit from CSP modules:

The programme itself needs parents to want to do it. The referrals I receive can be for parents who were advised to complete the programme. The programme also I believe expects that parents have a good level of intellect. I find that in some cases the programme is too difficult for them to grasp, which leads to them not completing the programme. (Respondent 7)

Too many high-need cases in a parent programme. We have learned that a mix of levels of need is important; trying to filter this in advance takes a bit of planning. (Respondent 4)

Some practitioners spoke of being 'creative' and of using their experience when implementing CSP. In order to effectively respond to participants with different capacities to engage and different levels of need, they felt practitioners should be flexible and adaptable in how they deliver CSP.

I suppose it is a cognitive behaviour-based model, with the framework there I think as a practitioner you have to be creative as well. Your talk isn't necessarily going to work with every family. (Practitioner 1)

I would have added in my own bits and pieces, so parents understood the importance of playing with their young child. Because if they don't have that understanding and that understanding that they need to spend time with their children to have that relationship to be able to implement the parenting techniques. (Practitioner FG RN Participant 2)

Each group then have their way of delivering that particular workshop. You stay true to the manual, but in terms of your facilitation skills you bring in your own experience and your background. (Practitioner FG RN Participant 4)

Other practitioners were cautious of changing or 'personalising' CSP. Several felt that additions or variations could alter the structure and content of workshops and perhaps weaken the delivery of core CSP messages. For example:

We've found over the years that trying to put things in your words, you lose yourself. You're better off to just stick to the programme. (Practitioner GI Participant 1)

It actually just runs in sync, and I think if you jump ahead too much you could lose its core messages and it just wouldn't fit right. (CSP Management 3)

Most survey respondents indicated they delivered CSP as set out in its service manual (see Figure Eleven). However, respondents highlighted that CSP is adapted to meet the needs of specific groups, for example, parents from the Travelling community, parents with addiction problems, survivors of sexual violence, and foster carers. According to commentators, in several programmes (e.g. those provided to parents with addiction problems, survivors of sexual abuse and violence, and foster carers), two extra modules have been added to the original six CSP modules to accommodate such needs. In addition, some practitioners have modified their delivery of CSP to ensure the programme is relevant and appropriate to participants. Mostly this occurs when practitioners engage with participants with low literacy levels and those with young children (concerns the 2-5 age cohort). Two commented:

While I like the CSP programme, I believe it can be very technical and hard to understand for parents with poor literacy skills and learning difficulties. I add in material around playing with your child and following the child's lead in play. (Respondent 40)

The Traveller-specific programme was totally adapted. Also, dealing with teenagers with anger issues, we added more topic-specific info into this programme. The advantage of the programme is it can be adapted to suit the service user by including additional modules with relevant information needed. (Respondent 29)

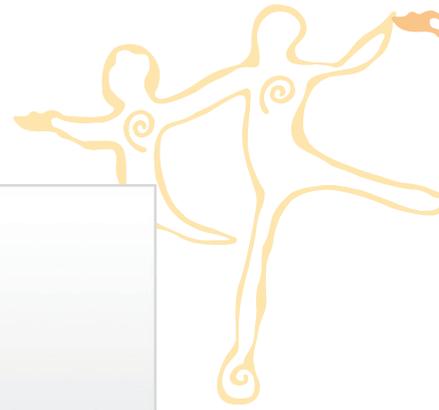
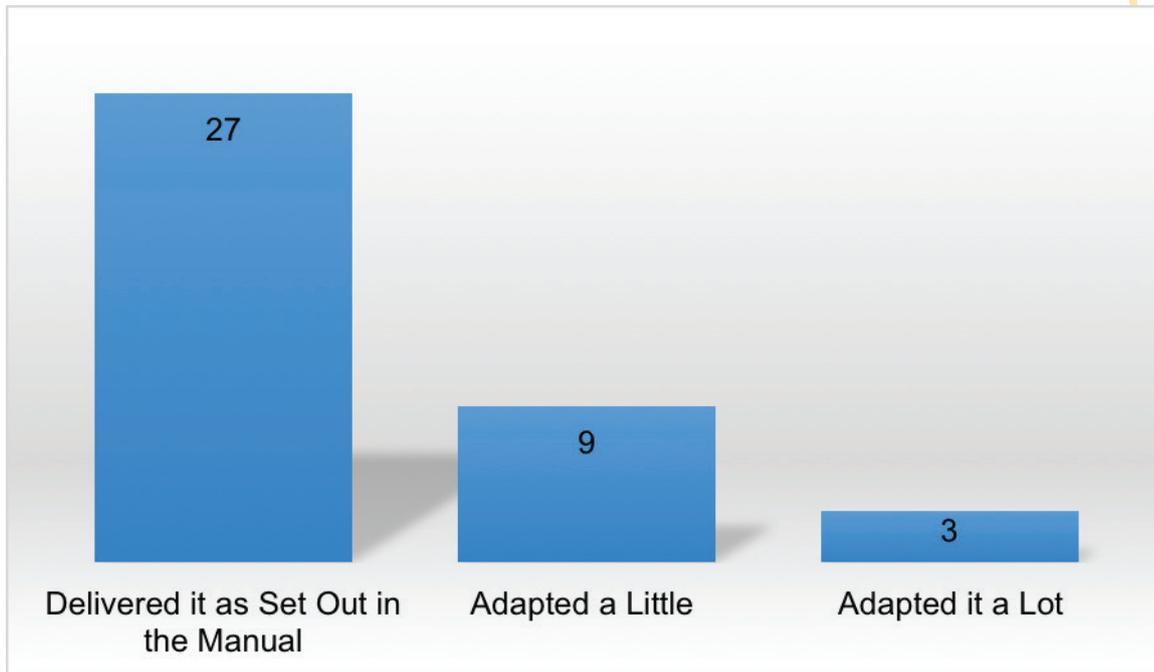


Figure Eleven: Fidelity to CSP Service Manual by Survey Respondents



6.5 Perceived Impacts for CSP Participants

Parent-training programmes, as highlighted in Chapter One, are aimed at developing and reinforcing the attitudes, skills and information needed to bring up children, improve family relations, and fulfil parental responsibilities to children and society. Most service providers identified CSP's relatively straightforward, easy-to-follow, step-by-step features when questioned as to its effectiveness. The programme's structure was important to many: *'The units are practically based and it gives parents common-sense advice'*, as one remarked (CSP Management 2). Others commented:

The fact that it's easy to hear, it's easy to take on board, because of the way the Boys Town people have broken things down into very small steps, I think that's an element in the success as well. (CSP Management FG CB Participant 3)

The model itself is very structured; it is very much a teaching approach. The steps for skills teaching are very well broken down and very well documented and the manuals are easy to use. (Independent Service Provider 2)

In addition, many interviewees felt that CSP works because it helps participants to become aware of how parenting impacts family relationships. The programme is structured to help parents identify and understand common parenting and child behaviour issues and problems. Subsequently, CSP teaches strategies to help participants appropriately address child behaviour problems and strengthen positive parent-child relationships:

We're trying to give parents skills to use in a cognitive way to change negative behaviours into more positive behaviours. (CSP Management 2)

Everything complements each other, and the reason it was done this way is because you're building skills all the time, and by the time you get to probably the most difficult thing in there, they're well equipped to deal with it. (Practitioner FG RN Participant 7)

Similarly, survey respondents (20) identified the CSP's practicality as the programme's main strength and an important outcome for participants. Several highlighted that CSP teaches participants parenting skills and strategies that are easy for most to follow and understand. The programme equips parents/guardians with practical, easily taught, and effective skills which they can improve their parenting and family relationships. One commented, for example, 'What's good about it is parents leave with a specific skill each week' (Respondent 15). CSP 'puts structure on aspects of parenting and provides a parenting plan', according to another (Respondent 19). Others commented:

The programme provides parents with actual skills and strategies to support their parenting role and to deal with some of the challenges of parenting. (Respondent 41)

It [CSP] gives parents definite skills they can follow with their children and a better understanding of why their children behave as they do, and how to get the best out of their children by putting the best of themselves into their children. (Respondent 32)

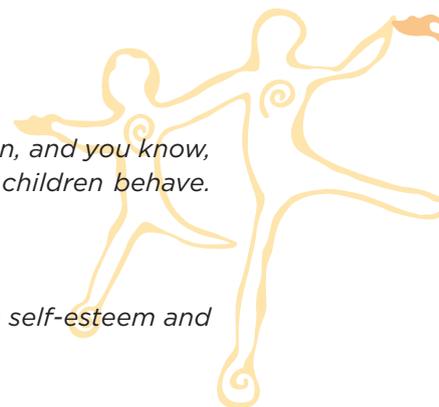
Improving the quality of communication between parents and children was identified as a core goal pervading CSP's six programme modules (the Parents Are Teachers and Encouraging Good Behaviour workshops were particularly identified in this regard). According to several practitioners, parents/guardians initially perceive their 'difficulties' as fixed on their children's (problem) behaviour. CSP informs participants of their own role in how their children behave and the important part they have in resolving problems and building positive family relationships. One practitioner remarked, 'the biggest realisation for the parents actually is that it's about them' (FG RN Participant 2). Others commented:

They realise that it's actually them, that they need to kind of work on themselves as well as the bits to do with the kids, because sometimes they realise ... We would have had two lots of parents and they would have been completely unaware of the high tone of their voice during the day. (Practitioner FG CB Participant 7)

That's the thing with the common-sense parenting: it's very much open to communication, how you communicate with your child, the various steps that you take and, as you said, the consequences and you're following through; there has to be consistency. (CSP Management)

It's about them as parents, and what they say has an effect on the children, and you know, changing a word or changing a sentence can actually impact how their children behave.
(Practitioner FG RN Participant 3)

The other knock-on effect that it also has is that it improves parents' own self-esteem and self-confidence. (Independent Service Provider 4)



Survey respondents 'strongly agreed' (51%) or 'agreed' (44%) that CSP was an effective parent-training programme. Like interviewees, respondents highlighted that CSP creates awareness among participants of their own role in parenting and child behaviour problems. It provides strategies designed to help parents/guardians consider how they parent and how they may improve interaction with their children. One commented, *'I think it brings parenting back to basics and equips parents primarily with looking inward at their own styles, their behaviour'* (Respondent 30). Others commented likewise:

[CSP] puts parents in the driving seat: they are the teachers of their children. Parents learn about themselves and get to reflect on their own contribution to their child's problem behaviours. (Respondent 34)

It is a positive programme which shows parents much of what they have been doing right while highlighting things they can do to make things even better. (Respondent 24)

6.6 Key Research Findings from Service Providers

Service providers described the CSP programme as a valued and focused parenting intervention. CSP is an important part of their efforts to provide preventive and early intervention supports to children and families in Co. Mayo and Co. Roscommon. The programme provides a framework in which practitioners can implement a proactive, common approach when delivering parenting support to families. CSP was identified by practitioners as affording opportunities for service agencies to engage with the parent(s) of children already identified as requiring support. In addition, CSP helps, in their view, to destigmatise service use and increase participant awareness of local services and supports.

Survey respondents identified CSP as a relevant and effective parent-training intervention and a welcome addition to service provision for children and families in both counties. CSP programme aims and objectives were considered compatible with participating organisations' family support goals, and the programme was identified as helping to strengthen practitioners' capacity to support families. In addition to providing a parent-training intervention for parents/guardians, CSP upskills practitioners (e.g. the CSP Facilitator Training Programme) and provides additional support or onward referral to other services for at-risk participants.

CSP equips participants with practical and effective skills which they can use to improve their parenting and family relationships. Service providers described the programme as providing strategies designed to help parents/guardians consider how they parent and how they may improve interaction with their

children. Workshops teach participants parenting skills and strategies that are easy for most to follow and understand. Practitioners particularly emphasised the importance of teaching skills and strategies to parents/guardians that may help them prevent child behavioural or emotional problems from occurring. CSP's practicality and problem-solving focus were noted as helping in this regard. A core strength of the programme was identified as the provision of opportunities for parents/guardians to meet and speak with others with similar parenting and child behaviour problems.

Service providers felt that the combination of completing workshop modules and homework helps to engage participants in CSP and provides practical examples of parenting skills in use in everyday family life. Practitioners indicated that most participants enjoyed the videos and related well with the issues being portrayed, though in their view, many parents considered the CSP DVD as *'too American'* and some found it difficult (and annoying) to understand the accents of those portrayed. In addition, low literacy levels were identified by several service providers as a factor excluding certain parents/guardians and groups from CSP.

CSP is largely delivered as set out in its service manual. However, the flexibility of the programme was highlighted as important in meeting the needs of specific groups. Some survey respondents spoke of having modified their delivery of CSP to ensure the programme is relevant and appropriate to participants with low literacy levels and those with young children. Some practitioners felt the social and emotional development of children and a deeper understanding of parent-child relationships should be more extensively explored in CSP. Others felt that the six-week workshop format limited the capacity for a more in-depth exploration of parenting and child behaviour issues.

Further development of CSPs 'community focus' (e.g. by targeting community venues, schools, at-risk children and adolescents) in order to extend coverage and to meet the varied needs of potential service users was highlighted. Service providers (management and practitioners) identified a number of supports they felt were required to maintain and expand CSP in both counties. These included greater coordination between facilitators and management regarding the planning and implementation of CSP (according to some, this may require a CSP coordinator responsible for both counties), an online CSP database, expansion of interagency partnership on CSP, a public CSP information and advertising campaign, closer supervision of CSP delivery, and further funding for implementation costs.

7



Chapter Seven: Research Findings from CSP Programme Participants

7.1 Introduction

This chapter presents the views and experiences of CSP of parents/guardians who completed the programme. It presents research findings gathered in focus group interviews with CSP participants (n = 31) in Co. Mayo and Co. Roscommon and in CSP End of Programme Evaluation Forms completed by CSP participants (n = 149). The chapter is divided into three sections:

- Participating in CSP programme.
- Programme delivery and the methods used to teach parenting skills.
- CSP content and the perceived outcomes for participants.

The chapter concludes by summarising the key research findings to emerge.

7.2 Participating in CSP

Participants were asked about their initial experiences of CSP and attending the programme. Most considered CSP workshops as *'relaxed'* and *'inviting'*. Participants identified a friendly approach adopted by facilitators as important in creating a welcoming atmosphere that characterised CSP workshops. For some, this was important in helping to ease the apprehension they indicated they experienced due to their decision to seek parenting support and attend CSP. Participants commented:

It's hard to come into somewhere; like having kids and thinking that your kids are a problem, and it's hard to kind of admit that you need some help. But they were very good, the two ladies were excellent. (FG CB Participant 1)

They [CSP facilitators] were very welcoming, they were very relaxed, I suppose they had a structure and they were following that. They have their programme, we were following it but they made it so relaxed. (FG BR Participant 1)

Participants appreciated how facilitators interacted with participants. Several valued their approachable nature and how they responded to issues that had led to participants attending CSP. One commented, for example, *'they never talked down, saying like, "Oh, I know all the answers and this is it"'* (FG RN Participant 3).

A number of parents indicated that the way facilitators delivered CSP 'normalised' parenting and family problems. Interviewees highlighted as positive that facilitators included personal experiences when responding to participants' parenting and family issues:

I think they matched what they were talking to us each time; definitely because they went through it, they went through their own personal experience and then each of us talked about the situation. They connected very well, I thought. (FG BR Participant 1)

They both had different scenarios that they went through as well, so they were teaching us but they were always also part of it. They weren't saying, 'Well, you're bad parents because you're here'; they'd be saying, 'Well, we had such a thing and God, this is how we dealt with it', or, 'I mightn't have dealt with it well but I went back and I said I am sorry, I didn't deal with that well', or whatever. They were good; I thought it was very good that they were parents. (FG CB Participant 2)

CSP End of Programme Evaluation Forms also indicate a high level of satisfaction with CSP facilitators among parents/guardians. In total, 130 strongly agreed and a further 16 agreed they were satisfied with workshop leaders. In addition, participants strongly agreed (84%) or agreed (16%) that CSP facilitators respected their cultural background (race, ethnicity, language, and sexual orientation) (n = 146).

Parents identified the commitment and willingness of facilitators to provide support to individual participants as a key feature of CSP. One commented that it was '*reassuring to hear that these concerns [parenting problems] that we were having, even at day one, would be addressed*' (FG CB Participant 6). Moreover, participants valued facilitators' expertise and their understanding of the parenting and family problems they may be experiencing. For example, one felt that facilitators knew '*exactly what you're, what obstacles you're facing at home*' (FG BY Participant 2). Others commented:

They obviously believed in what they were saying to you and were passionate about what they're doing and extremely knowledgeable. (FG CL Participant 1)

They were very open to discussing personal scenarios rather than just general ones that might have been used in the course itself. Made it more personal to ourselves and ways that we could handle certain situations. (FG RN Participant 3)

Although the programme is fairly universal, if you were to bring in a problem of your own, they were very good at listening to that problem and showing you how to use the skills they've taught you for that individual problem. (FG BY Participant 1)

The opportunity to meet with and listen to others with similar parenting issues was identified by participants as particularly positive. Several felt that listening to others and realising that *'it's not just your house there's a problem'*, as one remarked, built cohesion among CSP participants (FG BY Participant 4). *'Oh yes. You feel you're not alone. I think when you come through the same'*, as a participant described it (FG CB 1). Participants also indicated that interacting with others with similar parenting issues provided reassurance and a level of confidence required to share family issues in a group setting:



Meeting other mums in similar circumstances and realising that you haven't got two heads. Facing very similar challenges and situations and problems and having the same outcomes and the same behaviours - whether you do the right steps, don't do the right steps; whether you've already implemented half of that, you know, however you've been parenting. That you all face the same challenges and we're all pretty normal. (FG CL Participant 2)

I thought that [meeting other CSP participants] was great too. Not to feel you're the only one. Sometimes I used to feel, God, I'm useless, whereas now like I feel, Well, everyone is in the same boat. (FG BR Participant 1)

Actually when we started off nobody had problems; at the beginning of this, the first week everyone, 'My household is fine.' By week six everyone had their own stories and how we were going to change it. (FG CB2 Participant 5)

I enjoyed listening to what everybody had to offer. I did get a lot out of sharing with everybody. (FG CB Participant 2)

7.3 Programme Delivery and Methods

Participants were asked for their views on the approaches and instructional tools used in CSP. In general, participants were positive as to practical and instructional methods used to inform and teach parents. Participants identified sharing personal examples of parenting and child behaviour issues, role-play exercises, the CSP Parent Book, and the CSP Training DVD as helpful and useful aspects of the programme.

Role-playing exercises, for example, were identified by a number of participants as an important learning tool. While several spoke about initially feeling nervous, most of those commenting indicated that the exercises had given them a broader understanding of common parenting and child behaviour issues. CSP End of Programme Evaluation Forms also indicate that participants either strongly agreed (68%) or agreed (30%) that they were satisfied with CSP's skill practice and role-play exercises (n = 149). Several interviewees highlighted how their own experiences (e.g. how they communicate with their child and respond to bad behaviour) frequently mirrored the examples used. For some, the exercises and other elements of CSP where they shared personal family experiences provided opportunities to probe (and put into perspective) child behaviour problems. In addition, several commented that participating in role play put them at ease within the group and helped build confidence that allowed them to share family experiences with others:

I liked the idea that we got the practical bit, actually break it down in class and give examples of what was happening in each of our homes. Sometimes you feel like you are the only one that this is what's going on in your house and are you managing it well. Some of the stuff you are doing fine, and then it's other little things, if you could put that into practice it does make a big difference. (FG RN Participant 2)

I think they got a very good balance because they allowed us to give our own experiences rather than them just lecturing at us with 'This is what you should do.' They are under time pressures to get through the stuff, but I think their experience probably allowed us to get our own stuff in there as well, which I think made it, really. (FG CB Participant 6)

Participants described the CSP Parent Book as a useful resource. Several said they used the book to complement what they learned in CSP workshops, and felt the book would act as a 'go-to' resource when parenting issues arose in the future. For example:

There's a lot in it, but I think you kind of used it as a reference I think for when you leave here, like in a month's time, six months' time, a year's time, going: OK, that seems relevant now (FG CL Participant 1)

I found the book very good, very well laid out, and it's a great tool to have, to go back to in the future if you need to refresh yourself. (FG RN Participant 3)

That kind of helped you focus on it during the week, because you pick up the book and you'd read a few pages and you'd begin to understand things going on. (FG BR Participant 2)

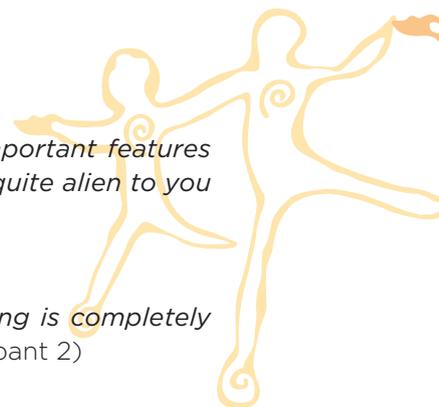
Participants' assessment of the utility of the CSP Training DVD was mixed.²⁶ Most felt the scenarios portrayed were informative and the messages conveyed were relevant to the positive parenting focus of the programme. However, many parents felt that the DVD's 'Americanised' production meant 'messages' were sometimes difficult for an Irish audience to understand (in terms of the actors' accents) or relate to in a cultural sense. While highlighting the low quality of the American production, some participants did nonetheless indicate they valued the DVD as a teaching tool. One commented, for example, that the DVD scenes '*were good really ... but I suppose they are a bit Americanised but they still got the point across*' (FG BR Participant 5). For several, however, as the quotations below illustrate, the DVD was identified as not culturally representative of parenting and family life in Ireland:

They [the DVD scenes] seemed not natural to how our life would be. Yet it got the point across that it was trying to make but you couldn't imagine that happening in your terminology and stuff, the same thing going on in our place. (FG BY Participant 3)

²⁶ The CSP Training DVD is produced by Boys Town USA. It should be noted that CSP in Mayo and Roscommon received updated versions of the CSP Parent Book and the CSP Training DVD from Boys Town USA during 2016. As all focus groups with programme participants were conducted in 2015, the study did not assess participants' views concerning the updated CSP instructional tools.

I don't think it's right to actually have to sit down and try and learn important features about how to relate to your family when it's given from a culture that is quite alien to you and is very different. (FG CB Participant 1)

You see there were American people on it as well, and their way of living is completely different to the Irish, never mind the Travellers in Ireland. (FG CB2 Participant 2)



Some participants also identified CSP's structured format as challenging. Again views were mixed as to the merits of combining instructional course work and experiential learning. Whereas some welcomed the balance of course type instruction with group discussion and sharing, a minority favoured a more experimental learning process and the opportunity 'to learn from each other', as one remarked (FG CB Participant 1). The following two quotations provide a flavour of participants' views on CSP's instructional component:

We were talking about this this morning, that it was a bit overwhelming sometimes having a lot of this together, even though every single bit of it was very important. (FG RN Participant 3)

It is quite a lot of information, but I didn't feel we were rushing through it. I think we had plenty of time every week to get through the material that was down for that week. (FG BY Participant 2)

Several participants believed there was a need if possible for both parents to complete CSP. They believed it is important for mothers and fathers to commit to the changes in parenting and family life inspired by CSP. However, several factors were identified as restricting parent involvement, including the timing of workshops, unwillingness of parents/guardians to admit they need support, and perceptions by some of parenting as an innate capacity and consequent difficulties in accepting support. For example, parents commented:

It would be really very good to have both parents, because when only mam comes here and there is such a change that she wants to introduce at home, the other parent will oppose, will counteract, so it would be really good to have both parents here. (FG BY Participant 2)

I'd love for my husband to come and do it, but it's only on during the day. I'd love if this was on at the weekend or the evening; that he could come. (FG BR Participant 3)

I'd say in the Travelling community it's going to be hard getting people to do it, because people will say, 'I know how to rear my children. Rearing my children is common sense; I know how to do it.' But actually you don't, like. I probably came here with the same opinion myself. But actually when you do come in and listen to the girls, there is an awful lot you can learn out of it. (FG CB2 Participant 3)

7.4 CSP Content and Outcomes

Participants were asked if (and how) participating in CSP impacted their parenting. Most identified having a structured way of responding to their children's difficult behaviour as an important outcome. Participants felt that CSP had strengthened their capacity to parent, as it identified useful strategies to employ when responding to their children's problem behaviour. Several spoke of feeling empowered because now they had *'skills, steps or ideas you can put into practice in difficult situations or with challenging behaviours'*, as one remarked (FG CL Participant 1). Others commented:

I suppose we kind of knew and did the stuff already, but this gives you a more organised approach to it as opposed to kind of just trying to put out fires here and there and everywhere. (FG RN Participant 3)

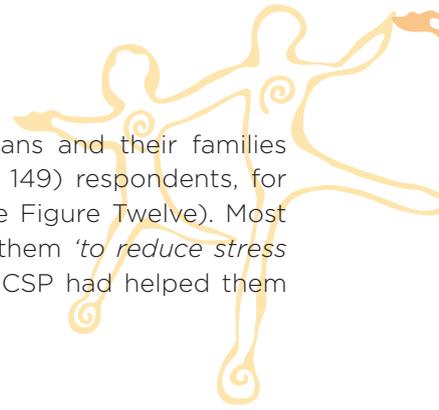
At least now you have a way to deal with things rather than shouting and getting nowhere, that at least now you have a plan. (FG BR Participant 5)

It's more like, kind of trigger, a process that you can work on things instead of losing your temper or shouting or feeling helpless; it is more like that you can work on your parenting skills or your ways or have some plan, like. You work to change something and then you take steps towards it. (FG BY Participant 2)

As the preceding quotations suggest, for many participants, in addition to providing specific parenting skills and strategies, CSP improved their self-confidence and therefore their capacity to respond to family problems. Several commented that attending CSP had helped them to 'reboot' and rebalance parent-child relationships. For example, a parent spoke of now being able to use what she had learned at CSP to positively change how she interacted with her children. Another said that attending CSP and knowing support was available and that something *'now could be done'* had increased her capacity to address her parenting and family problems.

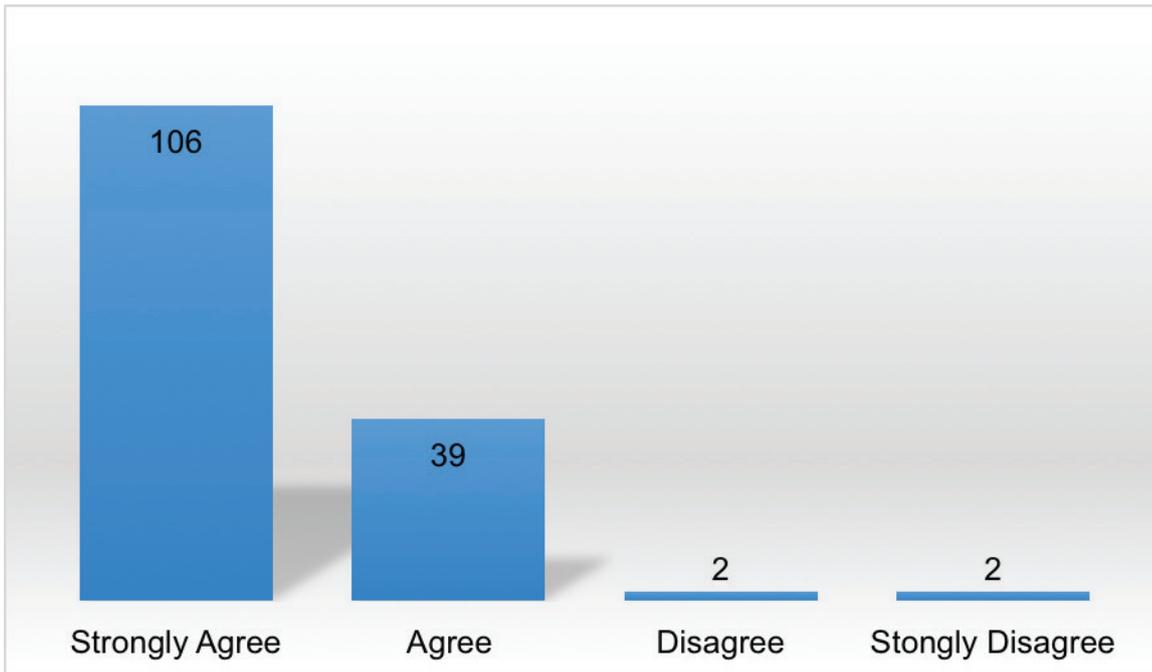
You have these tools now, you see, whereas before you would be afraid nearly to say, to knock off the television on them or something like that or take away the Playstation. Like you're being horrible or something, whereas now actually no, these are my tools. These are easy things. Rather than saying, thinking you have to go out and buy rewards, if you do really well I'll give you this, but you know, it's giving them stuff that they have already and then making it valuable to them. (FG BR Participant 2)

I think the important thing, just this environment that we have some support and it is not that we just do the same things with children and struggle so much sometimes but then we come here and we can think that they have some solutions; that there are some skills that we can learn and that there is help, there is something we can do about it. (FG BY Participant 2)



CSP End of Programme Evaluation Forms also indicate that parents/guardians and their families believed they had benefitted from participating in CSP. Almost all (145 from 149) respondents, for example, indicated that CSP had helped to improve their parenting skills (See Figure Twelve). Most participants either strongly agreed (90) or agreed (51) that CSP had helped them 'to reduce stress related to parenting' (n = 147) and strongly agreed (70) or agreed (72) that CSP had helped them 'improve their child(ren's) behaviour' (n = 149).

Figure Twelve: CSP Helped Me Improve My Parenting Skills



Participants were asked about what aspects of the programme they felt most impacted their parenting. For many, understanding how their own behaviour influenced their children's behaviour and their important role in teaching their children positive behaviours were key learning points. Several spoke of becoming aware (through CSP) of their responsibility to teach positive behaviours to their children and make apparent to children the consequences of their actions. One commented that 'it (CSP) brought it home more to me that everything you do is an example' (FG CL Participant 6). Others remarked:

I suppose I wouldn't have realised how much impact my own behaviour was having on my children. (FG CB2 Participant 6)

If they do something out of the way that this is the consequence because you did this; this is why this is happening now. That the kids could relate to it then as well, like, and they understood why things were happening rather than just giving out for the sake of giving out. (FG BR Participant 1)

It's more of a process of being a parent and realising it's just not a free-for-all. You actually have to think about all these different things, and I think one of the biggest things I learned is that actually you are the adult and you have to be able to teach your children how to behave; you're modelling behaviours to them. (FG RN Participant 3)

A number of participants indicated that communication with their children had improved because of CSP. Parents spoke about learning that children do not always fully understand messages their parents seek to communicate, and that an important part of communicating with their children was listening to them. According to several, parent-child conversations about behaviour need to be two-way, understandable and age-appropriate, and to clearly articulate the desired outcome. One remarked how CSP had taught her, when seeking to address her child's behaviour problems, to *'speak it through in advance what you expect and what you expect to be the norm in your family'* (FG CL Participant 5). Others speaking about CSP and how it has impacted how they communicate with their children commented:

You can just talk to them better or something. Instead of yelling at them, that you sit down and say, 'Look, we have to talk this over. You have to listen to me and I have to listen to you; none of us can yell at one another. (FG CB2 Participant 7)

Communication now is clearer; we've learned to speak so it's relevant to the children, not just to us, and not assume that they know what we're talking about just because we've made a bold statement, you know. So clarity of communication now, I think. (FG BY Participant 1)

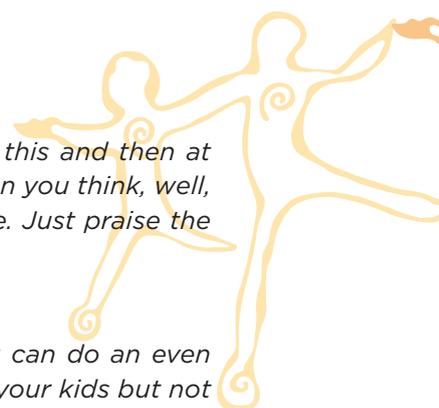
Telling them you want them to behave, they don't know what it means. Using kid-friendly words that they can understand and they can go, 'OK, well, I have to do this; I know Mammy wants me to stay beside her now. (FG BR Participant 5)

Participants indicated that CSP had equipped them with several techniques to help prevent problem behaviour and encourage positive behaviour. Praising their children, highlighting the consequences of their behaviour, and staying calm (when seeking to resolve child behaviour problems) were identified by parents/guardians as parenting skills learnt in CSP. Most participants identified praising children for good behaviour, in particular, as a simple and effective way to maintain positive relationships with their children. They welcomed that CSP (e.g. effective praise) helped them focus on encouraging their children and on providing positive feedback (as opposed to negative reactions). CSP brought to their attention the negativity that had previously dominated their view of their children's behaviour. Parents spoke of now being in control of their interactions with their children and having the capacity to refocus and positively influence family relationships:

It has helped; like I praised her more and she was glowing and that really helped her, which I wasn't aware of myself to do it. I didn't do it automatically; you focus on the negative behaviour but you forget about the rest of; so that has really had a big emphasis on her. (FG BR Participant 1)

That was beneficial actually, because you focus on the negative before this and then at least now you kind of forget yourself for a while and you carry on, but then you think, well, a bit of praise, you make a more conscious decision to praise them more. Just praise the good behaviour; grab the opportunities. (FG BR Participant 5)

You realise as well that you haven't been doing such a bad job but you can do an even better one. A lot of the stuff you've been doing anyway but, like praising your kids but not specifically telling them why you're praising them; catching them doing more good stuff than negative stuff. (FG BY Participant 4)



Participants were asked if attending the programme had impacted their family life. Several identified CSP as helping them respond to child behaviour and family issues in a more measured and composed manner. They spoke of now understanding that getting angry or losing control when behaviour or family difficulties occur tends to exacerbate problems and make resolutions harder to achieve. One parent felt that because of the support she received by attending CSP, she was now more *'prepared and calmer'* when difficulties arose: *'You'd have more time to explain things to them; you explain things to them, why it's wrong, whereas before you wouldn't think of it because you were angry'* (FG BR Participant 1).

It's definitely improved. If my son was getting angry or whatever, he'd be shouting and then I'd be shouting. No point in telling him to stop shouting if I'm shouting, so we've learned from that and giving him time to calm down. And it has worked; he has gone off and he has come back calmer, definitely. It's shortened the arguments. I think he's happier in himself. (FG BR Participant 2)

I feel like it [CSP] has kept the house calm. When there's a problem, I always find I'm shouting, and now I'm trying to be calm and I take time for myself; I think it's made the house run smooth. (FG CB Participant 2)

Several participants indicated that their decision to seek parenting support and attend CSP was an acknowledgement of the need to improve family life. Attending the six-week programme was a beginning in that process, according to one. In her view, improvements in her home life will not be instantaneous but will happen over time. Commenting on perceived impacts on family life, she felt *'that it's not that it's changed from day to day, the change so much over those six weeks, but it's the trigger of some journey'* (FG BY Participant 2). Others noted that while the reasons that brought them to CSP may continue to exist, they did feel they had begun to address issues underlying their children's problem behaviour and improve relationships.

I don't know whether if even my little girl would have noticed it particularly, but I certainly have because it's made me feel calmer and more relaxed: that has a huge impact because there's only me and her in the house. So that has a huge impact on how the house runs, because if I don't feel fraught and anxious and uptight and nervous then I'll see that reflected in the household. (FG CL Participant 2)

In my case the relationship with my son, with my children is the biggest part of my life, so if that part improves, everything improves, because if he's bad, it's just really very difficult.
(FG BY Participant 1).

Lastly, of the 146 participants who completed CSP End of Programme Evaluation Forms, 121 strongly agreed and 19 agreed they were satisfied with CSP. When asked what they liked most about CSP, respondents identified:

- Facilitators' expertise and their understanding of parenting and child behaviour issues.
- The practical and relevant information included in workshops.
- The group aspect of CSP and meeting other parents experiencing similar (and different) child behaviour and parenting problems, and sharing with and listening to other parents with similar problems.
- The open, welcoming forum that characterised CSP workshops.

Almost all (98%) of those who completed Evaluation Forms would recommend CSP to a friend. Respondents also identified a number of issues they felt may improve the programme. These included a need for a greater focus on children with special needs; more information on young people and social media and technology; an updated and locally produced CSP DVD; and evening and weekend CSP programmes to facilitate working parents/guardians. Respondents commented:

While American-based model is tried and tested, I would welcome a more recent model based on challenges of modern world, i.e. dealing with more topical parenting issues like social media approach. (Programme Evaluation Participant 17)

Maybe update their DVD examples; some were a bit unrealistic and too basic for today's issues. (Programme Evaluation Participant 54)

I would like more information on how to handle a child of his age on behaviour with very little speech and understanding. (Programme Evaluation Participant 16)



7.5 Key Research Findings from CSP Participants

CSP participants identified the programme's 'welcoming atmosphere', facilitators' expertise, and opportunities to interact with other parents/guardians experiencing parenting problems as factors underlying their positive experiences of CSP. Many identified facilitators' understanding of child behaviour and family problems and willingness to support parents individually as important features of the programme. CSP provided participants with a broader understanding of parenting and child behaviour issues, and highlighted and explained their role in resolving these difficulties. Understanding how their own behaviour influenced their children's behaviour, and their important role in teaching their children positive behaviours, were identified as key learning points.

Parents/guardians spoke of now being more confident, being in control of their interactions with their children, and having the capacity to refocus and positively influence family relationships. Some did feel that both parents if possible should be involved in this process, and urged CSP to be more flexible in its delivery in order to facilitate working parents. In addition, many participants identified the programme's interactive features - role playing and the use of different media and IT - as helping to engage participants, but many felt the 'messages' would be better conveyed through a locally produced DVD.

8

Chapter Eight: Discussion of Research Findings

8.1 Introduction

This chapter discusses the findings of the evaluation of the Common Sense Parenting programme in Co. Mayo and Co. Roscommon. Drawing together findings from the multi-method, sourced, and staged research process, it explores the contextual factors, implementation processes, and child behaviour and parenting outcomes associated with the implementation of the CSP programme. The next section discusses the need for parenting support and CSP. The subsequent sections discuss child behaviour and parenting outcomes associated with participation in CSP, the processes of implementing the programme, and CSP content and delivery. Next, the strengths and limitations of the study are outlined, before final evaluative conclusions and recommendations are provided.

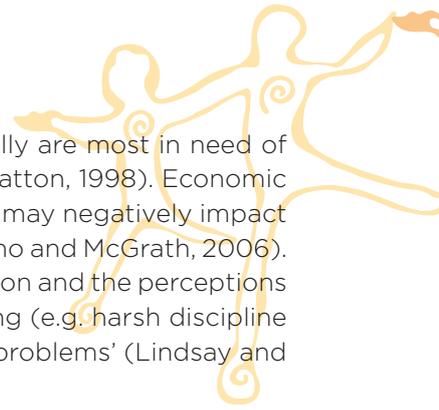
8.2 The Need for Parenting and Family Support

The study sought to explore CSP in relation to the levels of parental need. Research findings suggest that significant need for parenting support exists among those attending CSP. CSP is a universal programme and, therefore, open to all parents and guardians. However, the programme has a preventive focus targeting parents with children and adolescents who have been identified as having behaviour problems, and other 'at-risk' groups and individuals.²⁷

An analysis of demographic data gathered from study participants, for example, found over two-thirds (70%) had been referred to CSP (i.e. recommended to attend) by a child and family services professional (e.g. social worker, psychologist, public health nurse). Nearly half (44%) of study participants were not in full-time employment, and either in receipt of social welfare (28%), in full-time education (11.6%), were carers or were participating in community work placement schemes (4.4%). Likewise, almost one quarter (40) of reference children included in the study lived in single-parent families, half (52.5%) of whom are in receipt of social welfare.

These personal characteristics and high levels of engagement with child and family services also suggest the presence of other underlying risk factors increasing the need for parenting and other family supports. The literature suggests that child problem behaviour frequently is influenced by a number of factors affecting at-risk groups. These risks can include drug and alcohol misuse, single parenthood, marital breakdown, low income and education, mental ill-health, and adverse parenting practices (Griffith, 2008; Reyno and McGrath, 2006; Webster-Stratton, 1998).

²⁷ Targeted groups identified in the research include parents from the Travelling community, foster carers and mothers of infants/toddlers, parents affected by addiction, physical/sexual abuse survivors, and parents of young people at risk of being involved in crime or antisocial activity.



Research also argues that economic and socially disadvantaged parents typically are most in need of parenting support (Reyno and McGrath, 2006; Conger et al., 2002; Webster-Stratton, 1998). Economic disadvantage can cause parental psychological distress (e.g. depression), which may negatively impact parenting and cause family dysfunction (Arkan et al., 2013; Golombok, 2008; Reyno and McGrath, 2006). For example, maternal depression can impact the quality of parent-child interaction and the perceptions of acceptable child behaviour, and is an important predictor of adverse parenting (e.g. harsh discipline practices), which in turn are a 'strong predictor of externalising child behaviour problems' (Lindsay and Strand, 2013; Ammerman et al., 2012; Reyno and McGrath, 2006: 107).

Findings from the CSP Monitoring Process also indicate significant levels of need for parenting and family support among participants. For example, half (51%) of reference children were classified as within the 'normal' range for child behaviour (i.e. SDQ Total score for emotional, conduct, hyperactivity and peer problems) at pre-programme. The remaining 14 percent were classified in the 'borderline' category and 35 percent as 'abnormal'. More than half (55.9%) of children in the study were classified either in the 'borderline' (14.7%) or 'abnormal' (41.2%) range for 'conduct problems' at the first test point. Research suggests that 7-8 percent of children in Ireland (and 5-10 percent internationally) aged 5-15 years exhibit 'clinically significant conduct problems' (Furlong, 2013: 1; Lindsay et al., 2011). In addition, 5 to 13 percent of pre-school children present with moderate or severe conduct problems (Reyno and McGrath, 2006). Moreover, studies conducted in several countries, including Ireland, found that incidence of child problem behaviour can increase to 35 percent of children living in socially disadvantaged communities (Furlong, 2013; Reyno and McGrath, 2006).

While most practitioners welcomed a mix of self-referred and professionally referred service users, they also identified what they felt were the high levels of need for parenting support among those participating in CSP. Practitioners indicated that many parents, on arrival at CSP, were unable to respond effectively to their children's social, emotional and behavioural difficulties. In their view, typically CSP participants lacked the parenting capacity required to stabilise and repair relationships with their children or the ability to address other personal and family difficulties. The research findings show that practitioners believed parents presenting had significant need for support that teaches them skills and strategies that may enable them to resolve family difficulties and, particularly, support that may help them prevent child behavioural and emotional problems from escalating. Support provided in CSP was targeted at those in the best position to effect change.

Research findings suggest the CSP programme is responding to a specific need for parenting and family support in Co. Mayo and Co. Roscommon: a need that if not effectively addressed could result in negative outcomes for affected children, families and communities. For example, disruptive conduct and poor parenting practices, if left untreated, can adversely affect a child's/adolescent's life chances (Mason et al., 2016; Reyno and McGrath, 2006). This may include an increased risk of involvement in crime and antisocial activity, early school leaving, low educational attainment, poor job prospects, mental ill-health and social difficulties. Child problem behaviour and poor parenting practices may result in disrupted family relationships and place significant psychological, social and economic burdens on affected families and communities (Mason et al., 2016; Furlong, 2013; Reyno and McGrath, 2006).

Much research, as highlighted in Chapter Three, associates the child problem behaviour with inappropriate parenting styles (e.g. Cottam and Espie, 2014; Arkan et al., 2013; Furlong, 2013). Parent-training programmes also are identified in literature as effective in treating child/adolescent conduct and behaviour disorders by modifying and improving parenting and parental behaviours (Shapiro et al., 2015; Leijten et al., 2013; Lindsay and Strand, 2013; Baruch et al., 2011).

8.3 Child Behaviour and Parenting Outcomes: The CSP Monitoring Process

The research sought to assess outcomes for participating parents/guardians and families in relation to improved parenting, family relationships and child behaviour. CSP seeks to teach parents practical and effective ways to enhance their parenting skills, increase their children's positive behaviours and reduce negative behaviours. Improvements in child and parent outcomes associated with participation in CSP were evaluated by measuring short-term and long-term gains for participating parents.

Evidence from the CSP Monitoring Process indicates that the implementation of the CSP programme over the period of evaluation (January 2015 to June 2016) was effective in enhancing parenting skills, increasing positive child behaviours and reducing problem behaviours. This applied across all the standardised measures of child problem conduct; total level of children's behavioural, emotional and social difficulties; parenting skills; and parental stress levels.

The principal research findings show statistically significant improvements in child behaviour SDQ Total scores, emotional symptoms, conduct problems and hyperactivity post-programme when compared to pre-programme. Child behaviour measures also recorded statistically significant improvements over time. SDQ Total scores, emotional symptoms, conduct problems, hyperactivity, and peer problems recorded statistically significant reductions at the follow-up point when compared to pre-programme. In addition, there were statistically significant reductions in children categorised as borderline or abnormal for child emotional and behavioural problems. This provides further evidence of the success of a universal programme in targeting those with higher levels of need.

Parenting Scale Totals and subscales (laxness, over-reactivity and verbosity) and Parental Stress Scale totals recorded statistically significant reductions at post-programme when compared to pre-programme. Reductions in problematic parent discipline styles and parental stress also were recorded over the long term. There were statistically significant improvements in SDQ Total Scales, Parenting Scale (2 to 10 years) and Parental Stress Scale total ratings at the follow-up point when compared to pre-programme. The findings provide evidence of long-term improvements experienced by study participants.



The effect sizes²⁸ recorded in this study were primarily 'large' in scale, suggesting that significant child behaviour and parenting outcomes were achieved in a universal parent-training programme across all participants.²⁹ Moreover, the findings from the monitoring process indicate that participating in CSP is likely to have influenced improvements in parenting, family relationships and child behaviour.

Similarly, positive child behaviour and parenting outcomes can be observed in research of other parent-training interventions. An important aim of this research was to benchmark the implementation of CSP in Mayo and Roscommon with other parenting support interventions. The evaluation of the Triple P parenting programme in Longford/Westmeath (Fives et al., 2014), for example, also employed the Strengths and Difficulties Questionnaire and the Parenting Scale questionnaire in a within-group pre-test-post-test design.³⁰ While the Longford/Westmeath parenting study was of greater dimensions in terms of research participants and length of time between pre-programme and follow-up time points (12 months in the Triple P study), similar effects with similar measures are observed in both evaluations.³¹ In the two studies, participation in a parenting support programme was associated with statistically significant improvements in parent and child outcomes. In addition, the overall effect sizes observed in the Longford/Westmeath study and in the current study are both large (see Table Twenty-six).³²

Table Twenty-six: Effect Size: CSP Mayo/Roscommon and Triple P Longford/Westmeath

	CSP Pre-/Post-programme Cohen's d	Triple-P Pre-/Post-programme Cohen's d	CSP Pre-programme / Follow-up (6 mths.) Cohen's d	Triple-P* Pre-programme / Follow-up (12 mths.) Cohen's d
SDQ Total	0.848	1.510	1.174	-
Emotional sym.	0.615	0.611	0.884	-
Conduct	0.679	1.347	1.003	-
Hyperactivity	0.651	1.164	0.720	-
Peer problems	0.026	0.466	0.848	-
Prosocial Behav	0.248	0.991	0.346	-
Parenting Scale	2.227	1.992	2.827	2.17
Laxness	2.056	1.507	1.934	1.31
O / reactivity	1.435	1.741	1.961	1.64
Verbosity	1.627	1.436	2.162	1.82

*SDQ child behaviour scales were not used at the follow-up time point in the Triple-P Longford/Westmeath study.

²⁸ The effect size represents the difference in mean scores on the dependent variable between one group at two time points (see Chapter Four, Section 4.3.1 for an explanation of how effect size was calculated in this study).

²⁹ The only 'small' effect sizes recorded were for peer problems at the Pre-/Post-programme (Cohen's d = 0.026) time point and prosocial behaviour at Pre-/Post-programme (Cohen's d = 0.248) and Pre-programme / Follow-up (Cohen's d = 0.346) time points.

³⁰ The Triple P - Positive Parenting Programme is a multi-level public health approach to parenting (Fives et al., 2014).

³¹ At post-programme approximately 390 participants completed child behaviour and parenting measures in the Triple P study, in comparison with approximately 140 respondents in the CSP study.

³² The Triple P Longford/Westmeath study compared effect sizes with the Evaluation of Group Triple P in Brisbane (Sanders et al., 2005), with both reporting statistically significant improvements on both parent and child outcomes; however, larger improvements in both child outcomes and parent outcomes were recorded in the Longford/Westmeath study (Fives et al., 2014).

8.4 Implementing Parent and Family Support

The study investigated CSP processes in order to assess its implementation in relation to fidelity, utilisation and organisation. Research suggests that a range of organisational factors influence the implementation of evidence-based parenting support, including service motivation and openness to change, interagency collaboration, practitioner training, accessible settings for programme delivery, and a supportive context (Shapiro et al., 2015, 2012; Lindsay and Strand, 2013).

Strengthening service provision

The study found that CSP was an important part of participating service agencies' efforts to provide preventive and early intervention supports to children and families. Research findings from several sources (interviews and focus groups with practitioners, CSP Practitioner Survey) indicate that CSP has a proactive, preventive and evidence-informed focus, and is based on inter-agency and inter-disciplinary collaboration. Independent service agency representatives and CSP management and practitioners identified CSP as providing a framework in which a common approach is used to deliver parenting support to families. Moreover, practitioners felt that CSP's popularity among participating service agencies was because the programme helps service providers to address the needs of children and families in a more holistic and integrated manner.

CSP is identified by service providers as helping service agencies achieve their family support goals, strengthening practitioners' capacity to support families, and extend service capacity in both counties. Service providers considered CSP as compatible with their own family support goals and as helping to strengthen their ability to support families. In their view, the programme provides opportunities for practitioners to engage with parents of children already identified as requiring support. This was emphasised by practitioners as particularly relevant for agencies working in communities and with families who may require lower-level supports.

In keeping with the parenting and family support policy of combining universal support with more targeted and specialist services (DCYA, 2014), CSP provides parenting support to self-referring parents, through to support of referred parents and targeted groups. In total, 34 CSP programmes were implemented in a variety of locations in Mayo and Roscommon suggesting wide accessibility for potential participants.³³ In addition, CSP was described by practitioners as a good way of engaging with and providing parenting support to specific or 'hard to reach' groups. Programme participants with high parenting needs are supported and also may receive individual and additional support (i.e. onward referral to other services) from practitioners if required. Practitioners felt CSP's 'accessibility' and 'practicality' for participants also helps to destigmatise service use and increase participant awareness of local services and supports.

Interagency collaboration, training and support

Literature suggests that the provision of accessible parenting support requires the collaboration of a range of service agencies and a large pool of trained multidisciplinary practitioners (Shapiro et al., 2015, 2012; Lindsay and Strand, 2013). The level and quality of partnership working is closely associated with the success of a universal approach (Fives et al., 2014). Indeed, research has found that the sustainability of evidence-based parenting interventions depends heavily on the capacity of participating service providers to forge strong interagency partnerships (including service agency commitment and

³³ Over the period of the Evaluation, CSP programmes comprising 177 participants were monitored in Mayo and Roscommon.



leadership in programme implementation and the maintenance of funding and referral streams) required to sustain implementation of programmes over the long term (Fives et al., 2014; Fixsen et al., 2005, cited in Furlong, 2013).

The study found that CSP benefits from interagency collaboration among child and family services in Mayo and Roscommon. For example, the implementation of the programme in both counties involved the use of multiple settings, service agencies and disciplines. Research findings indicate that partnership working increased the programme's reach and acceptance, ensured wide coverage, and improved collaboration between participating agencies. Participation in CSP is described by most involved in its implementation as enhancing the value of individual practitioners' and service agencies' work.

Practitioners welcomed that CSP was easily incorporated into existing work and further promoted collaborations with other services and organisations. Also, and of particular importance to practitioners (working in two rural counties), was that CSP was described as easily transportable and amenable to a variety of audiences. However, while interagency collaboration was important in implementing CSP in both counties, there was little evidence of inter-county collaboration on CSP.

The research found several advantages in training staff for the delivery of CSP, which promotes practitioner collaboration in implementing the programme. For example, the CSP Facilitator Training Programme was identified (by CSP management) as having upskilled service providers in parent-training techniques and thereby increased their capacity to support children and families (143 practitioners from both counties were recorded as having received CSP facilitation training). The training programme also was identified as being integral to CSP's expansion, bringing together practitioners working in many areas of child and family services.³⁴ CSP facilitators described the training programme as clear and practical and as helping to build good working relationships among practitioners and between support organisations, particularly in relation to the provision of parenting and family support.

A supportive context is an important factor in the implementation of effective evidence-based parenting support (Shapiro et al., 2015; Lindsay and Strand, 2013). Child welfare systems need to 'buy into the need' for parent-training interventions and 'undertake necessary developments to implement it successfully' (Lindsay and Strand, 2013: 972). There was considerable evidence that the CSP programme was well organised and supported. For example, CSP in Co. Mayo is coordinated and operates under the guidance of a multidisciplinary, multi-agency steering committee, and in Co. Roscommon by management representatives from Tusla and the Foróige Youth Development Organisation. Management representatives identified CSP as representing a strategic approach to supporting parents by child and family services in both counties, and as enabling their service to achieve statutory objectives of proactively supporting parenting. For example, and as highlighted earlier, over two thirds (70%) of programme participants had been referred to CSP by child and family practitioners or other professionals.

As a significant family support intervention in both counties (as identified by service providers), with a strong multi-agency aspect and a high level of practitioner confidence, CSP has benefited significantly from the consistent commitment and support of the service agencies supporting its implementation. However, a more in-depth analysis of the financial cost of implementing CSP may have allowed the study to more effectively assess CSP in terms of value for money as a way of providing parenting

³⁴ The CSP Facilitator Training Programme included practitioners from family support, social care, early years, youth work, public health (nursing), child welfare and foster care, addiction, intercultural support, and physical and sexual violence support services.

support in both counties (see Section 2.4.2). Nonetheless, it is reasonable to conclude, based on the cost information provided by the programme's steering committee, that CSP is a low-cost parenting support intervention.

Practitioners also felt they were well supported in their work to implement CSP. However, it was generally felt by CSP facilitators that implementing the programme (i.e. sourcing participants and delivering the programme) required considerable practitioner commitment. The study found that many of those managing and delivering CSP felt a need for greater coordination, promotion and supervision of the implementation of the programme. Some highlighted that in general, CSP is implemented in Mayo and Roscommon by a minority of those practitioners who have completed the CSP Facilitator Training Programme. They argued that if regular implementation of CSP (i.e. two programmes a year) was recognised (e.g. verbal acknowledgement) and incentivised (e.g. financial/time value) in some way, it may help in expanding CSP delivery among service organisations and in communities.

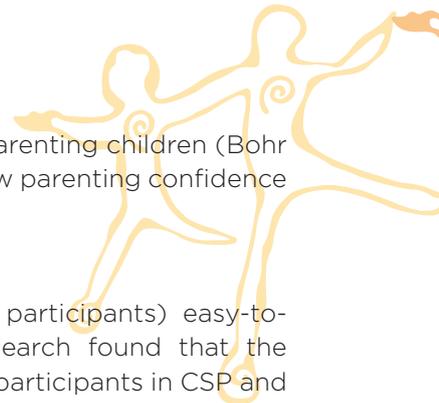
8.5 Content and Delivery Outcomes

As highlighted in Chapter Two, at the core of parent-training interventions, and key to reducing problematic child behaviour and improving well-being, is the need to alter the social environment (i.e. modifying parent behaviours and improving parenting) (Griffith, 2008; Wyatt-Kaminski et al., 2008). The study found that CSP equips participants with practical and effective skills which they can use to improve their parenting and family relationships. According to service providers, CSP works because it creates awareness of how parenting impacts family relationships. The programme informs participants of their own role and responsibilities in how their children behave and the central part they have in resolving problems and building positive family relationships. CSP was described as providing strategies designed to help parents actively consider how they parent and how they may improve interaction with their children. Practitioners particularly emphasised the importance of teaching skills and strategies to parents that may help them prevent child behavioural or emotional problems from occurring.

Practitioners also identified CSP's flexibility and easy delivery as important in supporting their work with specific at-risk groups, including parents from the Travelling community, parents with addiction problems, survivors of sexual violence, and foster carers. The flexibility and adaptability of the programme were credited by practitioners with helping agencies to effectively respond to participants with different capacities to engage and different levels of need. While a majority of practitioners welcomed the content and structure of workshops, several did feel that a deeper understanding of the social and emotional development of children and parent-child relationships should be more extensively explored in CSP.

The study found that peer support was an important element of CSP, as it enables parents to actively consider and discuss with others their child behaviour problems and management of family situations. According to practitioners, understanding that family difficulties are not uncommon and that other parents experience similar or other parenting-related problems can have motivating and therapeutic effects for participants. Research findings show that CSP's group format was particularly positive for parents in providing motivation and a level of confidence to discuss and actively work to address their child behaviour and parenting difficulties.

Research suggests that positive group dynamics apparent in parent-training programmes increase parental competence by exposing participants to greater levels of social support (Lindsay et al., 2011; Niccols, 2008, cited in Bohr et al., 2010). Increased parenting confidence also may positively influence



the time expended and the levels of energy devoted to playing, teaching and parenting children (Bohr et al., 2010), whereas aggressive, punitive parenting styles have been linked to low parenting confidence (Bondy and Mash, 1997, cited in Bohr et al., 2010).

Research findings indicate CSP's practical, step-by-step structure and (for participants) easy-to-understand features were important strengths of the programme. The research found that the combination of completing workshop modules and homework helps to engage participants in CSP and provides practical examples of parenting skills in use in everyday family life. Participants also welcomed the balance of course-type instruction with group discussion and experience sharing. Parents identified the programme's 'welcoming atmosphere' and opportunities to interact with other parents experiencing parenting problems as factors underlying their positive experiences of CSP. In addition, in focus groups and CSP Programme Evaluation Forms, parents highlighted practitioners' expertise and support and, in particular, their in-depth understanding of child behaviour and family problems, as important factors underlying perceived improvements in their parenting and family relationships.

Participants felt CSP had strengthened their parenting skills, as they felt they now have the capacity to respond to their children's difficult behaviour in a structured way. Several spoke of now being more confident in how they parent and of having a greater understanding of their role as a parent and how they can positively and, indeed, negatively influence their child's behaviour and family relationships in general. For example, many felt that becoming aware through CSP that getting angry or losing control when behavioural or family difficulties occur tends to exacerbate problems and make resolutions harder to achieve. Findings indicate that parents feel a greater awareness of their responsibility to teach positive behaviours to their children and make apparent to children the consequences of their actions, and that this has emerged because of their participation in CSP. Moreover, improved parent-child communication, praising their children effectively, highlighting to children the consequences of behaviour, and staying calm when seeking to resolve child behaviour problems were identified as important parenting skills learned.

8.6 Evaluation Strengths and Limitations

Strengths of this study include the quasi-experimental design. However, as this study did not include a control group and random allocation of participants, conclusions cannot be inferred with confidence about causality and programme effectiveness (Society for Prevention Research, 2004). In addition, the findings may be treated with some caution, as follow-up research data was not obtained for 65 percent of participants who completed Pre-programme CSP Monitoring Packs. Nonetheless, because of the short interval between pre-test and post-test (seven to eight weeks), the relatively large sample size, and in-depth qualitative aspect, it is reasonable to infer that the child behaviour and parenting outcomes reported by study participants were associated with their participation in the programme.

8.7 Conclusions and Recommendations

This study provides empirical evidence for the success of the CSP programme in an Irish context. Both qualitative and quantitative findings suggest that core components of the programme involve both the teaching of effective parenting skills and the enhancement of participants' confidence through the group process. Research findings from the CSP Monitoring Process found consistent positive changes, and changes maintained over time, in child behaviour and parenting outcomes, and no significant negative

changes. Statistically significant pre- and post-programme improvements in total scores were recorded in all four standardised research tools used in the study to assess child behaviour and parenting styles and well-being.

The CSP programme is responding to a specific need for parenting and family support in Mayo and Roscommon. The study found that CSP equips participants with practical and effective skills which they can use to improve their parenting and family relationships. In addition, the evidence suggests that a partnership approach can be successful in the implementation of a programme that mixes universal and targeted parenting support, as significant success was enjoyed in engaging practitioners, recruiting parents, and improving outcomes for children and families.

The evaluation has identified a number of recommendations for the development and expansion of CSP:

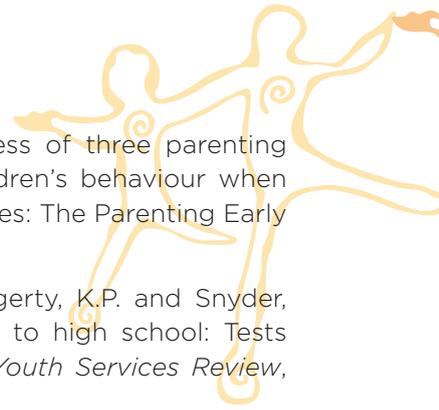
- Further development of CSP's 'community focus' (e.g. by targeting community venues, schools, at-risk children and adolescents) in order to extend coverage and to meet the varied needs of potential service users.
- Expansion of interagency partnership on implementing CSP.
- Increased coordination between practitioners and management regarding the planning and delivery of CSP programmes. This may include assessing the need and feasibility of appointing a coordinator with responsibility for streamlining the implementation of CSP in both counties.
- The creation of an online database of interested parents/guardians (and other relevant information).
- A public CSP information and advertising campaign in order to attract broad public participation.
- Closer supervision of CSP facilitators and the implementation of the programme, including the monitoring of the numbers of participants attending CSP programmes.
- The development of a common financial framework for implementing CSP in order to streamline further programme expansion.
- A locally produced DVD to deliver CSP's interactive features and messages.
- Further funding for implementation costs.

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Appendices

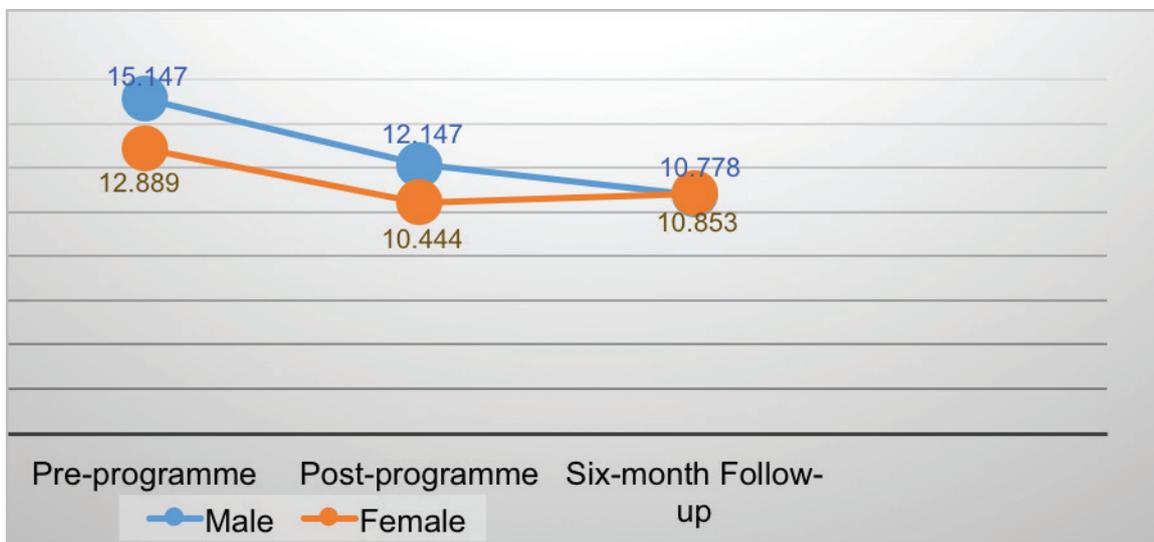
Appendix A: Child Behaviour and Participant Subgroups



Gender of reference child

Problem behaviour ratings (SDQ Totals) reduced for both genders over time (see Figure Thirteen). While both genders recorded reductions at post-programme, ratings for boys reduced further at the follow-up point (when compared to post-programme), whereas problem behaviours marginally increased for girls at the follow-up point when compared to post-programme.

Figure Thirteen: SDQ Total Difficulties Ratings by Gender of Reference Child



Ratings for boys' SDQ Total scores on each SDQ subscale decreased and prosocial behaviour scores improved at the post-programme and follow-up points (see Table Twenty-seven). For girls, SDQ Total scores, emotional symptoms, and peer problem ratings reduced and prosocial behaviour improved at post-programme and follow-up. However, conduct problems and hyperactivity ratings for girls increased at the follow-up point when compared to post-programme.

Table Twenty-seven: Gender of Reference Child and SDQ Child Behaviour Ratings

SDQ	Gender	N	Pre-	Post-	Follow-up	A-F	p	η^2_p
Total Difficulties	Male	34	15.14 (7.3)	12.14 (5.3)	10.85 (6.8)	0.916	0.342	0.015
	Female	27	13.51 (6.1)	10.51 (5.5)	10.07 (5.3)			
Emotional Symptoms	Male	34	3.35 (2.5)	2.44 (1.8)	2.38 (2.6)	0.488	0.487	0.008
	Female	27	3.75 (2.9)	3.00 (2.3)	2.50 (2.2)			
Conduct Problems	Male	34	3.64 (2.0)	2.85 (1.6)	2.41 (1.7)	0.950	0.334	0.002
	Female	27	3.11 (1.9)	2.07 (2.0)	2.51 (1.8)			
Hyperactivity	Male	34	5.76 (3.0)	4.61 (2.4)	4.47 (2.6)	2.887	0.095	0.047
	Female	27	4.29 (2.6)	3.40 (2.4)	3.96 (2.6)			
Peer Problems	Male	34	2.38 (1.7)	2.23 (1.2)	1.58 (1.5)	0.116	0.734	0.002
	Female	27	2.11 (1.2)	2.11 (1.5)	1.66 (1.4)			
Prosocial Behaviour	Male	34	7.44 (2.1)	7.55 (1.6)	8.05 (1.5)	0.694	0.408	0.012
	Female	27	7.74 (2.0)	8.15 (1.7)	8.16 (2.0)			

* η^2_p = partial eta squared. A-F = ANOVA F.

Age group of reference child

Child behaviour ratings improved for both reference child age categories at the post-programme and follow-up points when compared to pre-programme (see Table Twenty-eight). Respondents with older children (11 to 17 years), for example, recorded reduced child behaviour problems at post-programme and follow-up time points for each SDQ sub-scale apart for a marginal increase in hyperactivity at follow-up when compared to post-programme. In addition, respondents with younger children recorded increases in total difficulties, emotional, conduct, and hyperactivity scales at follow-up when compared to post-programme ratings. Prosocial ratings for younger children were greater at follow-up point when compared to pre-programme. Interestingly, older children's prosocial ratings also were higher at follow-up point when compared to pre-programme despite having recorded a lower rating at post-programme when compared to pre-programme.

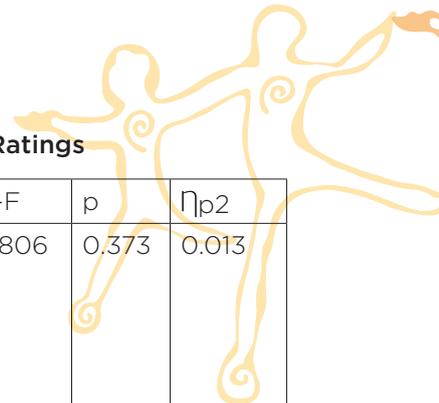


Table Twenty-eight: Age Group of Reference Child and SDQ Child Behaviour Ratings

SDQ	Age	N	Pre-	Post-	Follow-up	A-F	p	η^2_p
Total Difficulties	2 to 10	42	13.30 (6.3)	10.75 (5.1)	11.21 (6.8)	0.806	0.373	0.013
	11 to 17	19	16.00 (7.5)	13.21 (5.9)	9.94 (5.1)			
Emotional Symptoms	2 to 10	42	3.07 (2.5)	2.33 (1.7)	2.47 (2.5)	2.252	0.139	0.036
	11 to 17	19	4.50 (2.8)	3.45 (2.5)	2.35 (2.2)			
Conduct Problems	2 to 10	42	3.33 (1.8)	2.19 (1.5)	2.54 (1.7)	0.541	0.465	0.009
	11 to 17	19	3.57 (2.3)	3.21 (2.2)	2.26 (1.8)			
Hyperactivity	2 to 10	42	5.19 (3.1)	4.19 (2.7)	4.40 (2.8)	0.287	0.594	0.005
	11 to 17	19	4.94 (2.5)	3.84 (1.8)	3.89 (2.1)			
Peer Problems	2 to 10	42	1.95 (1.5)	1.90 (1.4)	1.57 (1.4)	1.508	0.222	0.075
	11 to 17	19	3.10 (1.5)	2.78 (1.5)	1.57 (1.3)			
Prosocial Behaviour	2 to 10	42	7.80 (1.9)	8.26 (1.5)	8.14 (1.7)	3.553	0.064	0.057
	11 to 17	19	7.05 (2.2)	6.89 (1.8)	7.94 (1.9)			

* η^2_p = partial eta squared. A-F = ANOVA F.

Children living with both parents recorded improved child behaviour ratings at post-programme and follow-up points when compared to pre-programme (see Table Twenty-nine). Gains across family types in most instances improved further at the follow-up point when compared to post-programme. Ratings did, however, increase marginally for conduct problems for children not living with both parents and hyperactivity for children living with both parents at the follow-up point when compared to post-programme.

Table Twenty-nine: Family Type and SDQ Child Behaviour Ratings

SDQ	Living with both parents	N	Pre-	Post-	Follow-up	A-F	p	η^2_p
Total Difficulties	Yes	44	14.15 (7.2)	11.15 (5.4)	10.61 (5.9)	0.096	0.757	0.002
	No	16	15.00 (5.9)	11.75 (6.0)	10.68 (6.7)			
Emotional Symptoms	Yes	45	3.44 (2.8)	2.44 (2.1)	2.26 (2.3)	1.526	0.222	0.025
	No	16	4.31 (2.2)	3.37 (1.7)	2.62 (2.5)			
Conduct Problems	Yes	44	3.47 (2.0)	2.65 (1.7)	2.50 (1.5)	0.644	0.425	0.011
	No	16	3.25 (2.1)	2.00 (1.9)	2.25 (2.2)			
Hyperactivity	Yes	44	5.02 (3.2)	3.84 (2.5)	4.36 (2.6)	0.168	0.683	0.003
	No	16	5.37 (2.2)	4.62 (2.3)	4.12 (2.6)			
Peer Problems	Yes	44	2.29 (1.6)	2.29 (1.5)	1.54 (1.5)	0.238	0.628	0.004
	No	16	2.18 (1.5)	1.75 (1.4)	1.68 (1.3)			
Prosocial Behaviour	Yes	44	7.68 (2.0)	7.88 (1.7)	8.00 (1.7)	0.021	0.887	0.000
	No	16	7.43 (2.0)	7.68 (1.6)	8.25 (1.9)			

* η^2_p = partial eta squared. A-F = ANOVA F.

Respondents with second- or third-level education recorded improved child behaviour ratings at post-programme and follow-up points when compared to pre-programme (see Table Thirty). In most instances, second- or third-level-educated respondents recorded reduced SDQ subscales ratings at the follow-up point when compared to post-programme. However, hyperactivity marginally increased for these groups at the final time point. Three CSP participants with primary education only recorded reduced ratings for their child's problem behaviour at post-programme (when compared to pre-programme); however, ratings increased to above pre-programme levels six months after they had completed the CSP programme.

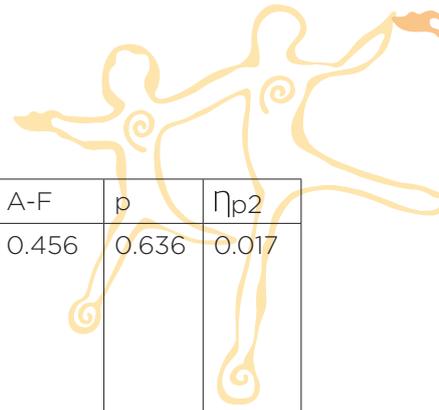


Table Thirty: Participant Education Level and SDQ Child Behaviour Ratings

SDQ	Education	N	Pre-	Post-	Follow-up	A-F	p	η^2_p
Total Difficulties	Primary	3	9.33 (2.5)	8.33 (0.5)	9.66 (5.6)	0.456	0.636	0.017
	Second	22	14.59 (7.5)	11.90 (6.8)	9.90 (6.2)			
	Third-level	32	14.53 (6.2)	11.09 (4.6)	10.81 (6.3)			
Emotional Symptoms	Primary	3	1.33 (1.1)	1.33 (1.5)	1.33 (1.1)	1.429	0.248	0.050
	Second	22	3.95 (2.8)	3.18 (2.5)	2.31 (2.2)			
	Third-level	32	3.34 (2.4)	2.31 (1.6)	2.12 (2.4)			
Conduct Problems	Primary	3	3.00 (1.0)	2.00 (2.0)	3.00 (2.0)	0.049	0.952	0.002
	Second	22	3.50 (1.7)	2.63 (1.8)	2.31 (1.7)			
	Third-level	32	3.31 (2.2)	2.37 (1.6)	2.35 (1.7)			
Hyperactivity	Primary	3	3.66 (2.0)	3.00 (1.0)	4.33 (2.5)	0.777	0.465	0.028
	Second	22	4.72 (3.0)	3.86 (2.8)	3.95 (2.9)			
	Third-level	32	5.65 (2.7)	4.40 (2.4)	4.65 (2.4)			
Peer Problems	Primary	3	1.33 (1.1)	2.33 (2.3)	1.00 (1.0)	0.198	0.821	0.007
	Second	22	2.40 (1.6)	2.22 (1.6)	1.31 (1.0)			
	Third-level	32	2.28 (1.5)	2.00 (1.3)	1.65 (1.5)			
Prosocial Behaviour	Primary	3	10.00 (0.0)	9.66 (0.6)	8.33 (0.5)	0.841	0.437	0.030
	Second	22	7.90 (1.8)	7.72 (1.3)	8.31 (2.1)			
	Third-level	32	7.28 (2.0)	7.65 (1.8)	7.96 (1.7)			

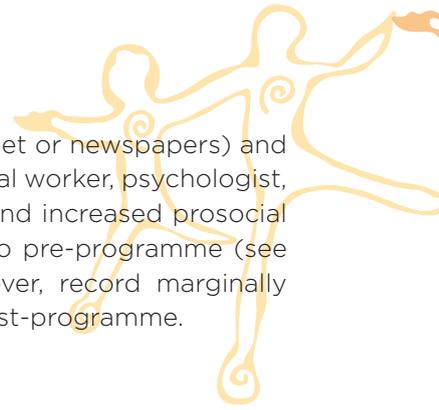
* η^2_p = partial eta squared. A-F = ANOVA F.

Participants working outside of the home, working full-time at home, in full-time education or in receipt of social welfare all reported reduced problem child behaviours ratings at post-programme and follow-up points when compared to pre-programme. Several groups did not, however, sustain improvements over the long term. Respondents in receipt of social welfare or in full-time education, for example, reported marginally increased ratings for conduct problems at the follow-up point when compared to post-programme. In addition, each group recorded in Table Thirty-one rated hyperactivity as having marginally increased at the follow-up point when compared to post-programme.

Table Thirty-one: Participant Employment Status and SDQ Child Behaviour Ratings

SDQ	Employ. Status	N	Pre-	Post-	Follow-up	A-F	p	η^2_p
Total Difficulties	Emp. outside	23	14.5 (8.0)	12.1 (6.2)	11.6 (7.1)	0.689	0.563	0.036
	Works home	12	17.0 (6.2)	12.5 (4.5)	10.2 (5.9)			
	In education	8	13.3 (4.7)	8.87 (4.1)	9.75 (5.0)			
	Soc. welfare	17	13.1 (6.6)	10.4 (5.3)	9.52 (5.8)			
Emotional Symptoms	Emp. outside	24	3.62 (2.7)	2.66 (2.4)	3.04 (2.8)	0.308	0.820	0.016
	Works home	12	4.08 (3.4)	2.66 (1.8)	2.25 (2.5)			
	In education	8	3.50 (1.0)	2.37 (1.3)	1.62 (1.4)			
	Soc. welfare	17	3.41 (2.8)	2.76 (2.0)	1.64 (1.7)			
Conduct Problems	Emp. outside	23	3.69 (2.2)	2.81 (2.0)	2.73 (1.9)	0.827	0.485	0.042
	Works home	12	3.91 (1.5)	3.25 (1.4)	1.83 (1.1)			
	In education	8	3.25 (2.9)	2.25 (2.1)	2.50 (2.1)			
	Soc. welfare	17	2.88 (1.5)	1.64 (1.8)	2.41 (1.8)			
Hyperactivity	Emp. outside	23	5.04 (3.0)	4.30 (2.6)	4.34 (2.5)	0.190	0.903	0.010
	Works home	12	6.00 (3.6)	4.25 (2.9)	4.41 (3.2)			
	In education	8	4.87 (2.1)	3.37 (2.1)	4.25 (1.8)			
	Soc. welfare	17	4.88 (2.7)	3.94 (2.3)	4.00 (2.9)			
Peer Problems	Emp. outside	23	2.43 (1.7)	2.47 (1.6)	1.60 (1.6)	1.508	0.222	0.075
	Works home	12	3.00 (1.7)	2.41 (1.1)	1.75 (1.7)			
	In education	8	1.75 (0.8)	0.87 (0.8)	1.37 (1.4)			
	Soc. welfare	17	2.00 (1.6)	2.11 (1.5)	1.47 (1.1)			
Prosocial Behaviour	Emp. outside	23	7.13 (1.9)	7.65 (1.7)	7.69 (2.0)	1.906	0.139	0.093
	Works home	12	6.75 (2.9)	7.16 (1.8)	8.33 (1.9)			
	In education	8	7.87 (1.4)	7.75 (2.2)	8.37 (1.6)			
	Soc. welfare	17	8.64 (1.3)	8.41 (1.2)	8.47 (1.6)			

* η^2_p = partial eta squared. A-F = ANOVA F.



Respondents who self-referred (e.g. heard about CSP through the media, internet or newspapers) and others who had been referred to the CSP programme by a professional (e.g. social worker, psychologist, public health nurse) reported reduced problem child behaviour (SDQ Totals) and increased prosocial behaviour ratings at post-programme and follow-up points when compared to pre-programme (see Table Thirty-two). Respondents who were professionally referred did, however, record marginally increased ratings for hyperactivity at the follow-up point when compared to post-programme.

Table Thirty-two: Participant Referral Status and SDQ Child Behaviour Ratings

SDQ	Referral	N	Pre-	Post-	Follow-up	A-F	p	η^2_p
Total Difficulties	Self	23	14.13 (5.8)	10.78 (4.3)	9.52 (5.1)	.491	.486	.008
	Professional	37	14.72 (7.5)	11.64 (6.0)	11.13 (6.7)			
Emotional Symptoms	Self	23	3.78 (2.1)	2.65 (1.6)	2.21 (2.1)	.002	.964	.000
	Professional	38	3.55 (3.0)	2.65 (2.3)	2.36 (2.5)			
Conduct Problems	Self	23	3.65 (1.8)	2.65 (1.5)	2.43 (1.6)	.198	.658	.003
	Professional	37	3.32 (2.1)	2.42 (2.0)	2.40 (1.8)			
Hyperactivity	Self	23	4.39 (2.8)	3.82 (2.5)	3.65 (2.4)	1.776	.188	.030
	Professional	37	5.64 (2.9)	4.21 (2.5)	4.62 (2.8)			
Peer Problems	Self	23	2.39 (1.6)	1.65 (1.2)	1.21 (1.2)	1.812	.184	.030
	Professional	37	2.29 (1.5)	2.45 (1.6)	1.78 (1.5)			
Prosocial Behaviour	Self	23	7.30 (2.3)	7.78 (1.5)	8.60 (1.4)	.067	.797	.001
	Professional	37	7.75 (1.8)	7.78 (1.8)	7.83 (1.9)			

* η^2_p = partial eta squared. A-F = ANOVA F.

Summary

There were no statistically significant differences between subgroups. The analysis found reduced child problem behaviour and increased prosocial behaviour across all subgroups, and most subgroups recorded improved child behaviour ratings at each time point. In a minority of instances, marginal increases in some SDQ subscales were evident for some subgroups at the follow-up point when compared to post-programme. Notably, however, older children's prosocial ratings were higher at the follow-up point when compared to pre-programme ratings despite being lower at post-programme than pre-programme.

Appendix B: Parenting and Participant Subgroups

Gender of reference child

Respondents with a younger reference child (both genders) recorded reductions in problematic parenting discipline styles at post-programme and follow-up points when compared to pre-programme (see Table Thirty-three). There were mixed results when ratings of respondents with an older reference child were considered. Those with a male reference child (11 to 17 years), for example, recorded reductions at post-programme and follow-up points when compared to pre-programme (n = 11). Respondents with an older female reference child, while recording a marginal reduction in total Parenting Scale ratings post-programme, did, however, rate problematic parenting discipline styles above pre-programme levels at the follow-up point (n = 8).

Table Thirty-three: Gender of Reference Child and Parenting Scale Totals

Parenting Scale	Gender	n	Pre-	Post-	Follow-up	A-F	p	η^2_p
Total	Male	22	3.46 (0.66)	2.79 (0.64)	2.73 (0.68)	1.328	0.257	0.035
2 to 10 years	Female	17	3.33 (0.54)	2.55 (0.55)	2.49 (0.62)			
Total	Male	11	3.45 (0.85)	3.03 (0.98)	2.50 (0.77)	1.601	0.223	0.086
11 to 17 years	Female	8	3.31 (0.79)	3.25 (1.0)	3.57 (0.85)			

* η^2_p = partial eta squared. A-F = ANOVA F.

The data shows laxness, over-reactivity and verbosity for both genders reduced post-programme when compared to pre-programme (see Table Thirty-four). At the follow-up point, however, ratings for laxness for respondents with a younger male reference child and those with an older female reference child increased when compared to post-programme. Marginal increases in follow-up ratings when compared to post-programme also were recorded for over-reactivity for respondents with a female reference child (both age categories) and for verbosity for those with an older female reference child.

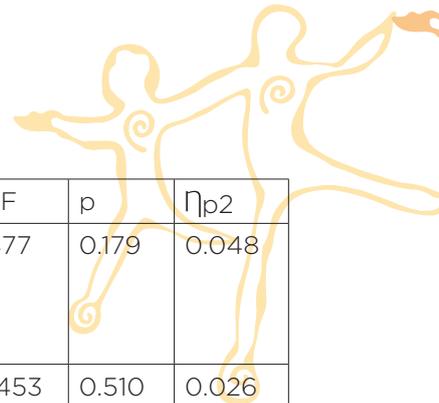


Table Thirty-four: Gender of Reference Child and Parenting Subscale Ratings

Parenting Scale	Gender	N	Pre-	Post-	Follow-up	A-F	p	η^2_p
Laxness 2 to 10 years	Male	22	3.28 (0.93)	2.38 (0.86)	2.53 (1.0)	1.877	0.179	0.048
	Female	17	3.00 (1.3)	2.14 (0.90)	1.91 (0.76)			
Laxness 11 to 17 years	Male	11	3.77 (1.1)	2.96 (0.96)	2.57 (1.1)	0.453	0.510	0.026
	Female	8	3.35 (1.2)	3.28 (1.1)	3.47 (1.0)			
Over-reactivity 2 to 10 years	Male	22	3.15 (1.1)	2.44 (0.72)	2.29(0.83)	0.025	0.874	0.001
	Female	17	3.13 (1.3)	2.27 (1.0)	2.35 (1.1)			
Over-reactivity 11 to 17 years	Male	11	3.37 (1.0)	3.13 (1.2)	2.5 (0.93)	1.692	0.211	0.091
	Female	8	3.39 (0.71)	3.29 (1.2)	3.7 (0.92)			
Verbosity 2 to 10 years	Male	22	4.32 (0.89)	3.58 (0.97)	3.44 (0.88)	0.282	0.598	0.008
	Female	17	4.20(0.86)	3.33 (0.91)	3.42 (0.85)			

* η^2_p = partial eta squared. A-F = ANOVA F.

Respondents with younger children (living with both parents and those not living with both parents) and those with older children living with both parents reported reduced Parenting Scale Total scores at the follow-up point when compared to pre-programme (see Table Thirty-five). However, respondents with an older reference child not living with both parents rated problem parenting styles at the follow-up point above pre-programme levels (n = 6). Similarly, laxness, over-reactivity and verbosity ratings for respondents with a younger reference child (both categories) and those with an older reference child living with both parents recorded reduced problematic parenting discipline styles at the follow-up point when compared to pre-programme. In addition, respondents with an older reference child not living both parents rated laxness as unchanged at follow-up in comparison to pre-programme, and over-reactivity at follow-up as above pre-programme levels (n = 6).

Table Thirty-five: Family Type and Parenting Scale Ratings

Parenting Scale	Living with both parents	N	Pre-	Post-	Follow-up	A-F	p	η^2_p
Total	Yes	29	3.43 (0.66)	2.63 (0.66)	2.62 (0.73)	0.056	0.814	0.002
2 to 10 years	No	10	3.34 (0.42)	2.85 (0.41)	2.65 (0.40)			
Total	Yes	12	3.33 (0.67)	2.90 (0.93)	2.91 (0.85)	1.189	0.292	0.069
11 to 17 years	No	6	3.28 (0.93)	3.61 (1.0)	3.35 (0.86)			
Laxness	Yes	29	3.14 (1.0)	2.25 (0.93)	2.25 (1.0)	0.019	0.891	0.001
2 to 10 years	No	10	3.20 (1.4)	2.34 (0.72)	2.24 (0.59)			
Laxness	Yes	12	3.65 (0.92)	2.90 (0.93)	3.02 (1.1)	0.007	0.933	0.000
11 to 17 years	No	6	3.13 (1.3)	3.42 (1.2)	3.13 (1.2)			
Over-reactivity	Yes	29	3.22 (1.2)	2.27 (0.96)	2.36 (1.0)	0.009	0.926	0.000
2 to 10 years	No	10	2.94 (1.1)	2.62 (0.42)	2.20 (0.63)			
Over-reactivity	Yes	12	3.34 (0.97)	3.02 (1.1)	2.92 (1.0)	1.364	0.260	0.079
11 to 17 years	No	6	3.33 (0.88)	3.74 (1.1)	3.55 (0.76)			
Verbosity	Yes	29	4.27 (0.90)	3.32 (0.94)	3.34 (0.86)	1.398	0.245	0.036
2 to 10 years	No	10	4.28 (0.81)	3.91 (0.84)	3.43 (0.85)			

* η^2_p = partial eta squared. A-F = ANOVA F.

There were statistically significant differences in improvements made on the total parenting scale and also the measure of parental laxness between parents with second-level education and parents with third-level education (see Table Thirty-six). This difference was observed among parents of younger children (2 to 10 years). Parents with third-level education reported larger decreases in scores on the total Parenting Scale ($p = 0.022$) and on the score for laxness ($p = 0.005$) across the three time points.

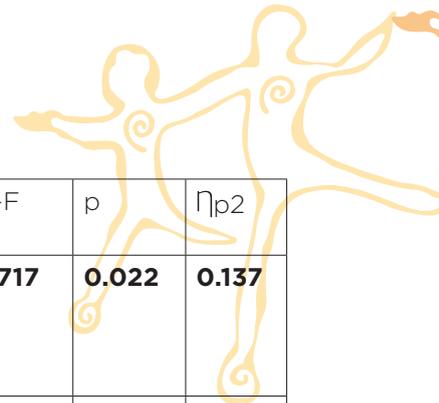


Table Thirty-six: Participant Education Level and Parenting Scale Ratings

Parenting Scale	Education	N	Pre-	Post-	Follow-up	A-F	p	η^2_p
Total 2 to 10 years	Second-level	13	3.57 (0.81)	3.05 (0.63)	2.96 (0.79)	5.717	0.022	0.137
	Third-level	25	3.31 (0.48)	2.50 (0.52)	2.46 (0.54)			
Total 11 to 17 years	Second-level	10	3.38 (0.98)	3.45 (1.0)	3.17 (1.1)	3.239	0.093	0.188
	Third-level	6	3.31 (0.52)	2.44 (0.52)	2.50 (0.52)			
Laxness 2 to 10 years	Second-level	13	3.80 (1.3)	2.71 (0.87)	2.83 (1.1)	8.969	0.005	0.199
	Third-level	25	2.87 (0.86)	2.07 (0.81)	2.01 (0.68)			
Laxness 11 to 17 years	Second-level	10	3.68 (1.4)	3.51 (1.0)	3.36 (1.3)	4.019	0.065	0.223
	Third-level	6	3.58 (0.86)	2.28 (0.77)	2.16 (0.50)			
Over-reactivity 2 to 10 years	Second-level	13	2.91 (1.6)	2.67 (1.0)	2.50 (1.2)	0.232	0.633	0.006
	Third-level	25	3.20 (0.90)	2.22 (0.74)	2.22 (0.79)			
Over-reactivity 11 to 17 years	Second-level	10	3.26 (1.1)	3.43 (1.4)	3.08 (1.3)	0.426	0.525	0.030
	Third-level	6	3.30 (0.55)	2.74 (0.72)	2.91 (0.83)			
Verbosity 2 to 10 years	Second-level	13	4.31 (1.0)	3.85 (1.0)	3.60 (0.86)	1.457	0.235	0.039
	Third-level	25	4.23 (0.79)	3.26 (0.84)	3.33 (0.85)			

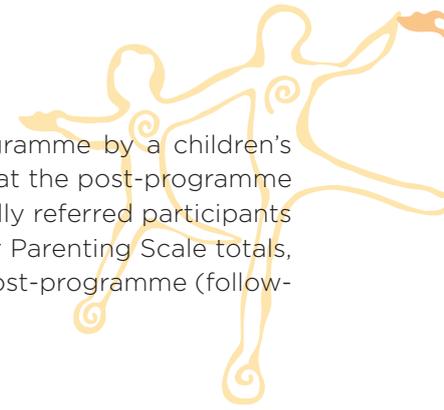
* η^2_p = partial eta squared. A-F = ANOVA F. Statistically significant findings are in bold type.

Participants working outside of the home, full-time at home, in full-time education or in receipt of social welfare reported reduced problematic parenting discipline styles at post-programme and follow-up points when compared to pre-programme. However, in several categories encompassing both child age groups, reduced ratings reported at post-programme had marginally increased at the follow-up point (follow-up point reversals are in bold type in Table Thirty-seven).

Table Thirty-seven: Respondents' Economic Status and Parenting Scale Ratings

Parenting Scale	Employ. Status	N	Pre-	Post-	Follow-up	A-F	p	η^2_p
Total 2 to 10 years	Emp. outside	13	3.42 (0.72)	2.74 (0.67)	2.68 (0.86)	0.221	0.881	.019
	Works home	7	3.49 (0.40)	2.37 (0.67)	2.42 (0.57)			
	In education	8	3.48 (0.58)	2.55 (0.67)	2.62 (0.69)			
	Soc. welfare	10	3.34 (0.64)	2.88 (0.47)	2.73 (0.45)			
Total 11 to 17 years	Emp. outside	8	3.55 (0.55)	3.03 (1.0)	3.22 (1.1)	0.231	0.796	.028
	Works home	5	3.79 (1.0)	3.18 (1.1)	2.47 (1.0)			
	Soc. welfare	6	2.85 (0.67)	3.20 (0.89)	2.99 (0.51)			
Laxness 2 to 10 years	Emp. outside	13	3.22 (1.0)	2.61 (0.95)	2.57 (1.2)	2.338	0.091	.171
	Works home	7	2.57 (0.52)	1.52 (0.40)	1.54 (0.48)			
	In education	8	3.17 (1.2)	2.08 (0.89)	2.09 (0.72)			
	Soc. welfare	10	3.55 (1.4)	2.47 (0.77)	2.48 (0.72)			
Laxness 11 to 17 years	Emp. outside	8	3.49 (0.75)	2.90 (1.2)	2.95 (1.2)	0.096	0.909	.012
	Works home	5	4.16 (1.4)	3.32 (0.76)	2.53 (1.2)			
	Soc. welfare	6	3.24 (1.4)	3.16 (0.97)	3.30 (1.2)			
Over-reactivity 2 to 10 years	Emp. outside	13	3.23 (1.0)	2.28 (0.82)	2.25 (0.96)	0.453	0.717	.038
	Works home	7	3.87 (0.99)	2.24 (1.2)	2.44 (1.3)			
	In education	8	3.28 (1.0)	2.40 (0.76)	2.56 (0.94)			
	Soc. welfare	10	2.53 (1.4)	2.42 (0.77)	2.15 (0.72)			
Over-reactivity 11 to 17 years	Emp. outside	8	3.77 (0.54)	3.07 (0.93)	3.41 (1.1)	0.654	0.533	.076
	Works home	5	3.80 (0.97)	3.16 (1.6)	2.59 (1.0)			
	Soc. welfare	6	2.52 (0.74)	3.38 (1.3)	2.88 (1.0)			
Verbosity 2 to 10 years	Emp. outside	13	4.06 (0.88)	3.34 (1.0)	3.49 (0.94)	0.289	0.833	.025
	Works home	7	4.44 (0.64)	3.17 (0.67)	3.24 (0.51)			
	In education	8	4.54 (0.81)	3.44 (1.2)	3.45 (1.0)			
	Soc. welfare	10	4.28 (1.0)	3.81 (0.68)	3.59 (0.81)			

* η^2_p = partial eta squared. A-F = ANOVA F.



Self-referred CSP participants and those who had been referred to the programme by a children's services professional reported reduced problematic parenting discipline styles at the post-programme and follow-up points when compared to pre-programme. Self- and professionally referred participants (in both child age groups) did, however, record marginally increased ratings for Parenting Scale totals, laxness, over-reactivity and verbosity at the follow-up point in comparison to post-programme (follow-up point reversals are in bold type in Table Thirty-eight).

Table Thirty-eight: Participant Referral Status and Parenting Scale Ratings

Parenting Scale	Referral	N	Pre-	Post-	Follow-up	A-F	p	η^2_p
Total 2 to 10 years	Self	15	3.41 (0.43)	2.51 (0.46)	2.64 (0.56)	0.207	0.652	0.006
	Professional	23	3.43 (0.70)	2.77 (0.67)	2.63 (0.74)			
Total 11 to 17 years	Self	6	3.27 (1.2)	3.31 (1.2)	2.43 (1.0)	0.446	0.513	0.026
	Professional	13	3.45 (0.54)	3.04 (0.88)	3.19 (0.85)			
Laxness 2 to 10 years	Self	15	2.91 (0.91)	1.97 (0.62)	2.17 (0.78)	1.526	0.225	0.041
	Professional	23	3.35 (1.2)	2.46 (0.98)	2.32 (0.96)			
Laxness 11 to 17 years	Self	6	3.36 (1.9)	3.22 (1.3)	2.33 (1.2)	0.708	0.412	0.040
	Professional	13	3.70 (0.70)	3.03 (0.91)	3.24 (1.0)			
Over-reactivity 2 to 10 years	Self	15	3.45 (0.99)	2.40 (0.90)	2.52 (0.90)	0.977	0.329	0.26
	Professional	23	3.00 (1.3)	2.29 (0.84)	2.19 (0.99)			
Over-reactivity 11 to 17 years	Self	6	3.27 (1.1)	3.47 (1.4)	2.55 (0.99)	0.157	0.697	0.009
	Professional	13	3.43 (0.85)	3.07 (1.0)	3.25 (1.0)			
Verbosity 2 to 10 years	Self	15	4.30 (0.70)	3.18 (0.79)	3.50 (0.73)	0.230	0.634	0.006
	Professional	23	4.28 (0.98)	3.63 (1.0)	3.43 (0.92)			

* η^2_p = partial eta squared. A-F = ANOVA F.

Parental Stress ratings reduced for all subgroups at post-programme and follow-up when compared to pre-programme, but not to a statistically significant extent (see Table Thirty-nine).

Table Thirty-nine: Parental Stress Scale Totals by Subgroups

Parental Stress Scale	Gender	N	Pre-	Post-	Follow-up	A-F	p	η^2
Gender	Male	33	43.8 (9.6)	37.6 (8.1)	37.0 (7.8)	0.896	0.699	0.003
	Female	26	42.0 (6.5)	37.6 (7.3)	36.7 (5.9)			
Living with both parents	Yes	43	42.6 (9.0)	36.8 (7.4)	36.2 (6.5)	1.275	0.264	0.022
	No	16	44.1 (6.5)	39.6 (8.4)	38.7 (8.2)			
Employment status	Emp. outside	23	41.9 (8.9)	37.6 (8.0)	37.5 (6.6)	0.115	0.951	0.006
	Works home	10	44.4 (9.0)	38.5 (8.0)	36.1 (7.5)			
	In education	8	41.7 (7.4)	37.0 (5.8)	36.3 (7.7)			
	Soc. welfare	17	44.4 (8.4)	38.0 (8.3)	37.4 (7.1)			
Education	Primary	3	39.3 (7.7)	31.3 (6.6)	31.2 (4.0)	2.260	0.114	0.079
	Second	21	45.8 (9.3)	39.2 (7.8)	37.5 (6.7)			
	Third level	32	41.2 (7.0)	36.5 (7.1)	36.0 (6.2)			
Referral Status	Self	21	41.0 (7.1)	37.9 (7.5)	36.5 (6.4)	0.454	0.503	0.008
	Professional	37	44.2 (9.0)	37.7 (7.8)	37.4 (7.2)			

* η^2 = partial eta squared. A-F = ANOVA F.

Summary

There were statistically significant differences in improvements made on Parenting Scale Totals and also the parenting subscale laxness between participants with second-level education and participants with third level-education. Participants with younger children (2 to 10 years) and who had received third-level education reported larger decreases in scores on the total Parenting Scale ($p = 0.022$) and on the score for laxness ($p = 0.005$) across the three time points. Overall, problematic parenting discipline styles and parental stress reduced for all subgroups, and most subgroups recorded improved parenting styles and lower parental stress levels at each time point. In addition, in a minority of instances, marginal increases in problematic parenting discipline styles were evident for some subgroups at the follow-up point when compared to pre- and post-programme.

Appendix C: Schedules for Focus Groups and Interviews with Parents and Facilitators



Schedule for CSP Participant Focus Groups

1. How did you hear about the programme?
2. What motivated you to join the programme?
3. What was your experience of the programme?

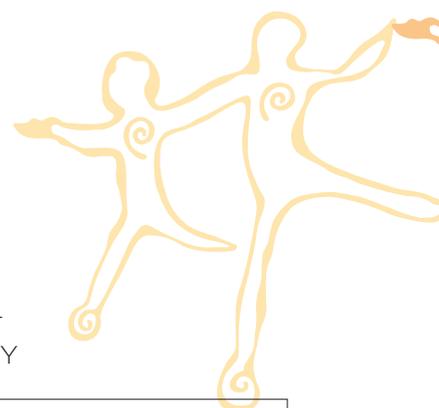
How did you feel about the following – explore clarity, usefulness.

- Presentation?
 - Content?
 - Facilitation?
4. Has participation in the programme led you to change your parenting?
 - Specific strategies
 - General style
 - Level of confidence as a paren
 5. What has worked – and why?
 6. What has not worked – and why?
 7. Have you seen any changes in your child(ren) / your family?
 8. Would you recommend the programme to other parents?
 9. Suggestions for changes in/additions to programme?

Schedule for CSP Practitioner Focus Groups / Individual Interviews

1. Your own motivation: reasons for coming to and using CSP
2. Perspectives on training
3. Adequacy of materials and equipment
4. Supports received and supports given
 - Administrative and clinical
 - Own organisation
5. What worked well and what challenges arose in delivery?
6. The sessions themselves
 - Adaptability to each parent / guardian
7. Explore any effect of CSP on existing work / within own organisation
 - Including proportion of time on CSP
8. Explore perceptions of impact on parents and families
9. Perspectives on the CSP model: theoretical underpinning; evidence-based intervention
10. Public awareness of CSP (and promotion of CSP)
11. Suggestions for improvement.

Appendix D: Strengths and Difficulties Questionnaire: Child 2 to 10 Years



Child's First Name _____ Child date of birth: ____/____/____
DD MM YYYY

Please select only one child, aged 2-10, as the focus of your responses on this questionnaire and write his/her name and date of birth at the top of this form. For each item, please darken the circle for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last month.

1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Rather solitary, prefers to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>			
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix E: Strengths and Difficulties Questionnaire: Youth 11 to 17 years

Youth first name: _____

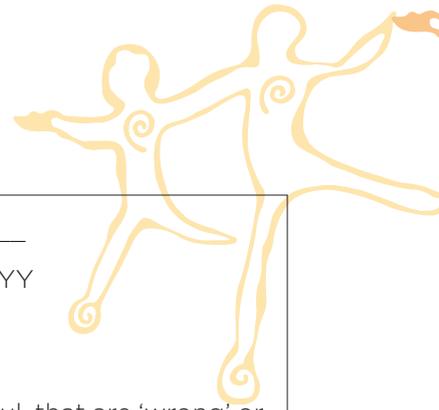
Youth date of birth: ____/____/____
mm dd yyyy

Strengths and Difficulties Questionnaire for Youth 11 – 17 Years Old

Please select only one youth, aged 11 – 17, as the focus of your responses on this questionnaire and write his/her name and date of birth at the top of this form. For each item, please darken the circle for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the youth's behavior over the **last month**.

	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other youth, for example books, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Would rather be alone than with other youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other youth or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often offers to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees work through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix F: Parenting Scale – Child 2 to 10 years



Child's First Name _____ Child date of birth: ____/____/____
 DD MM YYYY

Instructions

At one time or another, all children misbehave or do things that could be harmful, that are 'wrong' or that parents don't like. Examples include: hitting someone, whining, not picking up toys, forgetting homework, throwing food, refusing to go to bed, having a tantrum, lying, wanting a biscuit before dinner, running into the street, arguing back, coming home late.

Parents have many different ways or styles of dealing with these types of problems. Below are items that describe some styles of parenting. For each item, fill in the circle that best describes your style of parenting during the past two months with your reference child.

SAMPLE ITEM:

At meal time...

I let my child decide
how much to eat.

0---0---●---0---0---0---0

I decide how much
my child eats.

1. When my child misbehaves...

I do something
right away.

0---0---0---0---0---0

I do something
about it later.

2. Before I do something about a problem...

I give my child several
reminders or warnings.

0---0---0---0---0---0

I use only one
reminder or warning.

3. When I'm upset or under stress...

I am picky and on my
child's back.

0---0---0---0---0---0

I am no more picky
than usual.

4. When I tell my child not to do something...

I say very little.

0---0---0---0---0---0

I say a lot.

5. When my child pesters me...

I can ignore the pestering. 0---0---0---0---0---0---0

I can't ignore pestering.

6. When my child misbehaves...

I usually get into a long argument with my child. 0---0---0---0---0---0---0

I don't get into an argument.

7. I threaten to do things that...

I am sure I can carry out. 0---0---0---0---0---0---0

I know I won't actually do.

8. I am the kind of parent that...

set limits on what my child is allowed to do. 0---0---0---0---0---0---0

lets my child do whatever he/she wants.

9. When my child misbehaves...

I give my child a long lecture. 0---0---0---0---0---0---0

I keep my talks short and to the point.

10. When my child misbehaves...

I raise my voice or yell. 0---0---0---0---0---0---0

I speak to my child calmly.

11. If saying "No" doesn't work right away...

I take some other kind of action. 0---0---0---0---0---0---0

I keep talking and try to get through to my child.

12. When I want my child to stop doing something...

I firmly tell my child to stop. 0---0---0---0---0---0---0

I coax or beg my child to stop.

13. When my child is out of my sight...

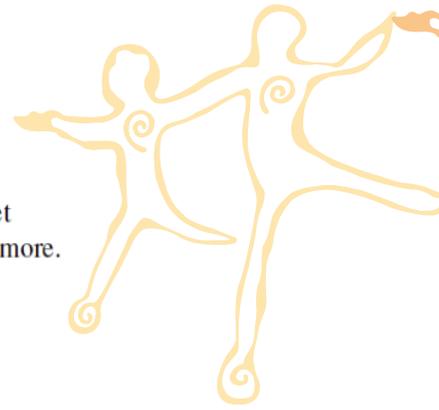
I often don't know what my child is doing. 0---0---0---0---0---0---0

I always have a good idea of what my child is doing.

14. After there's been a problem with my child...

I often hold a grudge. 0---0---0---0---0---0---0

things get back to normal quickly.



15. When we're not at home...

I handle my child the way I do at home. 0---0---0---0---0---0

I let my child get away with a lot more.

16. When my child does something I don't like...

I do something about it every time it happens. 0---0---0---0---0---0

I often let it go.

17. When there is a problem with my child...

things build up and I do things I don't mean to do. 0---0---0---0---0---0

things don't get out of hand.

18. When my child misbehaves, I spank, slap, grab, or hit my child...

never or rarely. 0---0---0---0---0---0

most of the time.

19. When my child doesn't do what I ask...

I often let it go or end up doing it myself. 0---0---0---0---0---0

I take some other action.

20. When I give a fair threat or warning...

I often don't carry it out. 0---0---0---0---0---0

I always do what I said.

21. If saying "No" doesn't work...

I take some other kind of action. 0---0---0---0---0---0

I offer my child something nice so he/she will behave.

22. When my child misbehaves...

I handle it without getting upset. 0---0---0---0---0---0

I get so frustrated or angry that my child can see I'm upset.

23. When my child misbehaves...

I make my child tell me why he/she did it. 0---0---0---0---0---0

I say "No" or take some other action.

24. If my child misbehaves and then acts sorry...

I handle the problem like I usually would. 0---0---0---0---0---0

I let it go that time.

25. When my child misbehaves...

I rarely use bad language or curse.

0---0---0---0---0---0---0

I almost always use bad language.

26. When I say my child can't do something...

I let my child do it anyway.

0---0---0---0---0---0---0

I stick to what I said.

27. When I have to handle a problem...

I tell my child I'm sorry about it.

0---0---0---0---0---0---0

I don't say I'm sorry.

28. When my child does something I don't like, I insult my child, say mean things, or call my child names...

never or rarely.

0---0---0---0---0---0---0

most of the time.

29. If my child talks back or complains when I handle a problem...

I ignore the complaining and stick to what I said.

0---0---0---0---0---0---0

I give my child a talk about not complaining.

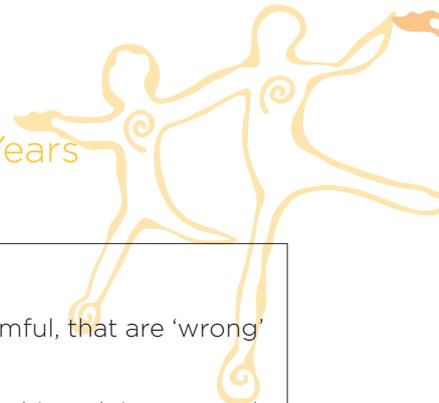
30. If my child gets upset when I say "No"...

I back down and give in to my child.

0---0---0---0---0---0---0

I stick to what I said.

Appendix G: Parenting Scale for Adolescent – 11 to 17 Years



Instructions

At one time or another, all teenagers misbehave or do things that could be harmful, that are ‘wrong’ or that parents don’t like. Examples include:

Hitting someone, whining, not picking up toys, forgetting homework, leaving things lying around, lying, being over-emotional, refusing to follow requests, breaking family rules, swearing, taking other people’s things, staying out late.

Parents have many different ways or styles of dealing with these types of problems. Below are items that describe some styles of parenting.

For each item, fill in the circle that best describes your style of parenting during the past two months with your reference teenager.

Sample Item

At meal time...

I let my teenager
decide what to eat.

1 2 3 4 5 6 7

I decide what my teenager
eats.

1. When I give fair threat or warning...

I often don't carry it out. 1 2 3 4 5 6 7 I always do what I said

2. If my teenager gets upset when I say ‘no’...

I back down and give in to
my teenager 1 2 3 4 5 6 7 I stick to what I said

3. When my teenager doesn't do what I asked...

I often let it go or end up
doing it myself. 1 2 3 4 5 6 7 I take some other action

4. When I say my teenager can't do something...

I let my teenager do it
anyway. 1 2 3 4 5 6 7 I stick to what I said.

5. If saying ‘no’ doesn't work...

I take some other kind of
action. 1 2 3 4 5 6 7 I offer my teenager
something nice so he or
she will behave

6. When my teenager does something I don't like...

I do something about it
every time it happens 1 2 3 4 5 6 7 I often let it go

7. When my teenager misbehaves...

I raise my voice or yell	1	2	3	4	5	6	7	I speak to my teenager calmly
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8. When my teenager misbehaves...

I handle it without getting upset	1	2	3	4	5	6	7	I get so frustrated or angry my teenager can see I'm upset.
-----------------------------------	---	---	---	---	---	---	---	---

9. When there is a problem with my teenager...

Things build up and I do things I don't mean to.	1	2	3	4	5	6	7	Things don't get out of hand.
--	---	---	---	---	---	---	---	-------------------------------

10. When my teenager does something I don't like, I insult my teenager, say mean things, or call my teenager names...

Never or rarely	1	2	3	4	5	6	7	Most of the time
-----------------	---	---	---	---	---	---	---	------------------

11. When my teenager misbehaves...

I usually get into a long argument with my teenager.	1	2	3	4	5	6	7	I don't get into an argument.
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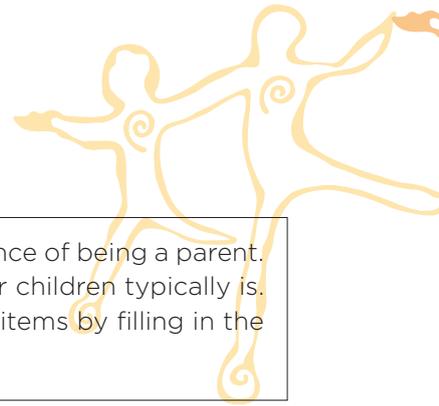
12. When I am upset or under stress...

I am picky and on my teenager's back	1	2	3	4	5	6	7	I am no more picky than usual
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13. When my teenager is out of sight...

I often don't know what my teenager is doing.	1	2	3	4	5	6	7	I always have a good idea of what my teenager is doing
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Appendix H: Parental Stress Scale

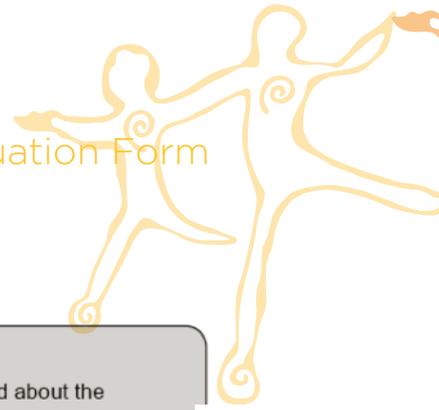


The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by filling in the corresponding circle.

	Strongly Disagree	Disagree	Un- decided	Agree	Strongly Agree
1. I am happy in my role as a parent.	<input type="radio"/>				
2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.	<input type="radio"/>				
3. Caring for my child(ren) sometimes takes more time and energy than I have to give.	<input type="radio"/>				
4. I sometimes worry whether I am doing enough for my child(ren).	<input type="radio"/>				
5. I feel close to my child(ren).	<input type="radio"/>				
6. I enjoy spending time with my child(ren).	<input type="radio"/>				
7. My child(ren) is an important source of affection for me.	<input type="radio"/>				
8. Having child(ren) gives me a more certain and optimistic view for the future.	<input type="radio"/>				
9. The major source of stress in my life is my child(ren).	<input type="radio"/>				
10. Having child(ren) leaves little time and flexibility in my life.	<input type="radio"/>				

	Strongly Disagree	Disagree	Un- decided	Agree	Strongly Agree
11. Having child(ren) has been a financial burden.	<input type="radio"/>				
12. It is difficult to balance different responsibilities because of my child(ren).	<input type="radio"/>				
13. The behaviour of my child(ren) is often embarrassing or stressful to me.	<input type="radio"/>				
14. If I had it to do over again, I might decide not to have child(ren).	<input type="radio"/>				
15. I feel overwhelmed by the responsibility of being a parent.	<input type="radio"/>				
16. Having child(ren) has meant having too few choices and too little control over my life	<input type="radio"/>				
17. I am satisfied as a parent.	<input type="radio"/>				
18. I find my child(ren) enjoyable.	<input type="radio"/>				

Appendix I: Common Sense Parenting Workshop Evaluation Form



Common Sense Parenting Workshop Evaluation

Please complete this workshop evaluation at the last Common Sense Parenting session.
Darken the circle that best describes your agreement with each item and then let us know what you liked about the workshop and what you would like to see improved in the workshop.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. This workshop helped me improve my parenting skills.	①	②	③	④
2. This workshop helped me reduce stress related to parenting my child(ren).	①	②	③	④
3. This workshop helped me improve my child(ren)'s behavior.	①	②	③	④
4. My ideas and opinions were welcomed in the workshop.	①	②	③	④
5. Overall I am satisfied with the <i>skill practice/role plays</i> in the workshop.	①	②	③	④
6. Overall I am satisfied with the <i>workshop leader</i> .	①	②	③	④
7. Overall I am satisfied with the <i>workshop</i> as a whole.	①	②	③	④
8. I would recommend this workshop to a friend.	①	②	③	④
9. The staff respected my cultural background (race, ethnicity, religion, language, age, sexual orientation, etc.).	①	②	③	④

10. What did you like the most about this workshop?

11. What suggestions do you have for workshop improvement?

Appendix J: Demographic Information Form for CSP Participants

1. Name _____ Gender Female Male

2. Age _____

3. Level of education (tick all that may apply)

Primary Secondary Third-Level

4. Which family type best describes your family?

Two-parent (both biological parents) Two-parent (biological + step-parent)

Single parent (never married) Single parent (separated, divorced, widowed)

Other (please describe) _____

5. Age of reference child _____ Gender Female Male

Is your child living with you? Yes No

Living with both parents In foster care

Other children living at home (if there are more than six children, please use the back of this page)

	Age	Female	Male
1			
2			
3			
4			
5			
6			

6. Socio-demographic information:

Which best describes you?

a) Working outside the home

b) Working full-time at home

c) In full-time education

d) In receipt of social welfare

other _____

7. Nationality / ethnic background

Irish Irish Traveller EU National Outside EU National

If not Irish, please specify nationality _____

8. How did you hear about the Common Sense Parenting programme?

Through the media (radio, posters, newspaper, internet, etc.)

From a professional (social worker, psychologist, public health nurse, etc.)



Thank You

Appendix K: Information Form to be completed by CSP Facilitators

1. Participant Number _____

2. Is the parent / guardian willing to complete the CSP monitoring forms?

Yes No

3. Is the parent / guardian willing to become involved in a six month follow up CSP research study

Yes No

4. Venue / Area _____

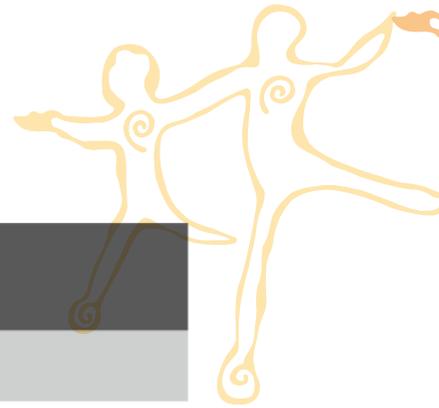
5. CSP Workshop Start Date _____ Finish Date _____

6. Workshops attended (please tick)

Workshop One		Workshop Five	
Workshop Two		Workshop Six	
Workshop Three		Workshop Seven	
Workshop Four			

Thank You

Appendix L: The CSP Practitioners Survey



Common Sense Parenting Programme Evaluation 2015

1. CSP Practitioner Survey

Thank you for agreeing to complete this short survey. It asks about your experience facilitating the Common Sense Parenting Programme. The survey asks you to indicate if you have delivered the programme to date and seeks your view regarding its implementation. It should not take more than 15 minutes to complete.

Please answer the questions as fully as possible. Your answers will be anonymous and no names or services will be linked with answers.

Many thanks for your support with this study.

Best regards,

The CSP Evaluation Team

1. What is your occupation?

2. What is your job title?

3. By what organisation are you employed?

4. How long have you been employed in this role?

- Less than one year
- between one year and five
- years Between six and ten years
- Over ten years

5. Please select the county in which you have delivered the CSP Programme.

- Co. Mayo
- Co. Roscommon
- Both Co. Mayo and Co. Roscommon

6. How would you describe the availability of parenting support services in your community / area?

- Very good - many different parenting service available
- Good - several different parenting services available
- Adequate - some parenting services available
- Poor - few parenting services available
- Very poor - virtually no parenting services available

Common Sense Parenting Programme Evaluation 2015

2. Your Experience of CSP training

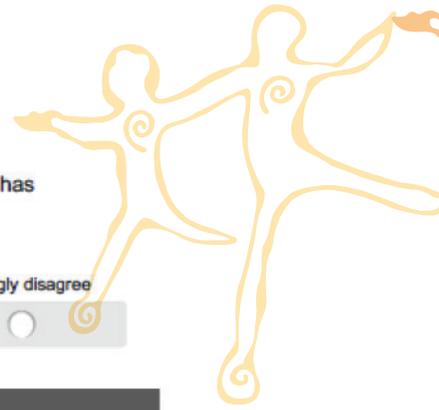
7. In your view, the training you received was.....

Excellent	Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. A primary aim of the training was to equip facilitators with a full understanding of all aspects of the CSP programme. In your view, was this aim achieved?

- Yes
- No
- Don't know

Please comment



9. Please indicate your level of agreement with the following statement. "The training I received has enabled me to adequately deliver all parts of the CSP Programme".

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

Common Sense Parenting Programme Evaluation 2015

3. Your experiences delivering the CSP Programme

10. To date, how many CSP programmes have you delivered?

11. Approximately, how many participants have you delivered the CSP programme to?

12. How does the CSP 'fit' with the priorities of your role?

very well somewhat not very well not at all

Please comment

13. Incorporating the CSP programme into your regular work activities has been...

Very difficult Difficult Neither difficult nor easy Easy Very easy

Please comment

14. How do you rate the resources / materials you have been provided with in order to deliver the CSP Programme?

Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment

15. From your experience of delivering CSP, can you please rate the quality of the CSP core modules.

	Very good	Good	Fair	poor	I have not delivered this module
Parents are teachers	<input type="radio"/>				
Encouraging good behaviour	<input type="radio"/>				
Preventing problems	<input type="radio"/>				
Correcting problem behaviour	<input type="radio"/>				
Teaching self-control	<input type="radio"/>				
Putting it all together	<input type="radio"/>				

16. Have you delivered the CSP programme as set out in the manual or have you adapted it?

- Delivered it as set out in the manual
- Adapted it a little
- Adapted it a lot

If you have adapted it, please explain how and why you have done so

Common Sense Parenting Programme Evaluation 2015

4. The CSP Programme



17. Please indicate your level of agreement in relation to the following statements about the CSP Programme:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
There was a need for a workshop style programme of this nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CSP Programme is a valuable resource to me in my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CSP programme content is good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The structure of the CSP programme is good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that parents / guardians benefit from participating in CSP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consider CSP to be an effective programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. In your view, what are the main strengths of the CSP Programme?

19. In your view, are there any significant weaknesses in the CSP Programme?



20. Overall, how satisfied are you with how the CSP Programme was organised?

Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment

21. Overall, how satisfied are you with the support you have received in implementing the CSP Programme?

Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Is there any other support you would have liked as a CSP Facilitator?

- Yes
- No

If yes, please specify

23. Would you recommend the CSP Programme to colleagues and / or other service providers?

- Yes
- No
- Don't know



UNESCO Child and Family Research centre
Institute for Lifecourse and Society
Upper Newcastle Road
National University of Ireland
Galway, Ireland

T. +353 91 495398

E. cfrc@nuigalway.ie

Twitter: @UNESCO_CFRC

Facebook: [ucfrc.nuig](https://www.facebook.com/ucfrc.nuig)

www.nuigalway.ie/childandfamilyresearch

TÚSLA
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency



Tusla - Child and Family Agency

Floors 2-5

Brunel Building

Heuston South Quarter

Dublin 8

T. +353 1 771 8500

E. info@tusla.ie

www.tusla.ie