

LEARNING PARTNERSHIP REPORT LUTON 2017-18

OVERVIEW OF GROUPS

Fifteen 10-week Nurturing Programme groups were held across seven Children's Centres in Luton over the annual period of September 2017 and August 2018. Table 1 shows the dates and number of parents attending each group.

Children's Centre	Dates of Group	Number Starting Group	Number attending at least 7 sessions	% attending at least 7 sessions
CCI	September - December 2017	12	9	75%
CC2	January - March 2018		5	45%
CC3	October - January 2018	15	9	60%
CC4	January - March 2018	8	5	63%
CC5	January - March 2018	12	7	58%
CC6	May - July 2018	12	7	58%
CC7	September - December 2017	7	5	71%
CC8	May - July 2018	8	5	63%
CC9	October - December 2017	11	7	64%
CC10	January - April 2018	7	4	57%
CCII	April - July 2018	10	5	50%
CC12	July - December 2017	9	6	67%
CC13	January - April 2018	6	3	50%
CC14	May – July 2018	6	4	67%
CC15	September - December 2017	7	6	86%
	9.4	5.8	62%	

Table 1: Dates, locations and attendance figures for 10-week Nurturing Programme parent groups

METHOD

Evaluation Design

The evaluation adopted a pre/post design, with parents completing questionnaires at the start of the 10-week programme and at the end of the final session. This allows assessment of the changes in parent and child outcomes between the start and the end of the programme.

Measures

Three validated tools were used to assess the following outcomes. A detailed description of each of the measurement tools is overleaf:

Outcome	Parent/Child Outcome?	Questionnaire
Parental Mental Wellbeing	Parent	WEMWBS (Warwick and Edinburgh Mental Wellbeing Scale)
Parental Self Efficacy	Parent	TOPSE (Tool to measure Parenting Self Efficacy)
Children's Behavioural and Emotional Difficulties	Child	SDQ (Strengths and Difficulties Questionnaire)
Children's Prosocial Behaviour	Child	SDQ (Strengths and Difficulties Questionnaire)

Table 2: Parent and Child Outcomes assessed by pre/post questionnaires

Parental Mental Wellbeing

Parental mental wellbeing was assessed using the WEMWBS (Warwick and Edinburgh Mental Wellbeing Scale) WEMWBS scores can range from 14 to 70, with higher scores indicating more positive mental wellbeing. Research suggests that the British norm WEMWBS score is 51.6 (Health Survey for England, 2011), although this varies slightly across demographic and social groups. The WEMWBS is designed to assess mental wellbeing and not to identify mental health problems; therefore, there are no clinical cut off points categorising "poor" mental health. An increase in the WEMWBS score between pre and post group measures indicates that the parent's mental wellbeing has improved. Guidance about using the WEMWBS to measure impact by Putz et al. (2012) suggests that an increase of between 3 and 8 points demonstrates a meaningful improvement in mental wellbeing.

Parenting Self-Efficacy

Self-efficacy, derived from Bandura's social learning theory, is the belief in one's ability, and is considered to be an important determinant of behaviour change (Bandura, 1977). Improved parental self-efficacy is one of the expected outcomes articulated in the 10-week programme Theory of Change, which is based around the idea that parents act as the mediators of change

for improving both child and family outcomes. Parental self-efficacy was assessed using TOPSE (Tool to Measure Parent Self-efficacy; Kendall & Bloomfield, 2005). This is a validated questionnaire specifically developed to analyse the effectiveness of parenting programmes on improving parenting confidence. TOPSE consists of 48 statements across eight areas of parenting:

- Emotion and affection
- Play and enjoyment
- Empathy and understanding
- Control
- Discipline and boundary setting
- Coping with pressures of parenting
- Self-acceptance
- Learning and knowledge

There are six statements for each of the eight areas and parents indicate how much they agree with each statement by selecting a response on an 11-point Likert scale, from 0 (completely disagree) to 10 (completely agree). The maximum score for each area is 60, and the maximum total score (calculated by adding together the 8 area scores) is 480. Higher scores indicate greater parenting confidence and an increase in the TOPSE score between pre and post group measures indicates that the parent's self-efficacy has improved.

Children's Behavioural and Emotional Difficulties

The Strengths and Difficulties Questionnaire consists of five subscales, four of which combine to form a difficulties score (emotional symptoms, conduct problems, hyperactivity, and peer relationship problems). Scores on the SDQ Difficulties Scale range from 0 to 40, with a higher score indicating a higher level of emotional and behavioural difficulties. A decrease in the SDQ difficulties score between pre and post measures indicates that parents are reporting less reported emotional and behavioural difficulties. The SDQ has established norms for normal, borderline and clinical scores for 4 - 17 year olds, shown in the table below. This information is not available for 2 - 4 year olds.

	2 – 4 year olds	4 – 17 year olds
British Mean	7.3	8.4
Normal Range	N/A	0 – 3
Borderline Range	N/A	14 – 16
Clinical Range	N/A	Above 17

Table 3: British Norms for SDQ Difficulties Score

Children's Prosocial Behaviour

The fifth scale on the SDQ measures prosocial behaviour. Scores on the prosocial subscale of the SDQ range from 0 to 10, with a higher indicating a higher level of positive social behaviour. An increase in the prosocial score between pre and post measures indicates that the child is showing more prosocial behaviour. The prosocial scale has established norms for normal, borderline and clinical scores, for 4 - 17 year olds, shown in the table below. This information is not available for 2 - 4 year olds.

	2 – 4 year olds	4 – 17 year olds	
British Mean	8.1	8.6	
Normal Range	N/A	6 – 10	
Borderline Range	N/A	5	
Clinical Range	N/A	4 or under	

Table 4: British Norms for SDQ Prosocial Score

End of Programme Feedback

In addition to the pre/post measures outlined above, parents also completed an End of Programme Feedback questionnaire at the end of the group. This consisted of 10 key strategies covered during the programme. Parents indicated how helpful each of these strategies was, and how confident they felt using the strategies by selecting a response on a 5-point Likert scale, from 5 (very high) to 1 (very low).

Data Analysis

A Shapiro-Wilk test was conducted for all four measures to test whether the data were normally distributed. Results of the Shapiro-Wilk tests and the corresponding statistical analysis conducted for each measure are shown in Table 5. For all analyses, a 95% confidence interval was used to determine statistical significance.

Table 5: Results of Shapiro-Wilk Test and Corresponding Statistical Analysis	Conducted
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Maagura	Number of Shapiro-Wilk Test 1easure completed datasets P value ¹			
Medsure			Statistical test conducted	
WEMWBS ²	304	p=0.56	Yes	Paired t-test
TOPSE	86	p<0.01	No	Paired Wilcoxon signed- rank test
SDQ Difficulties	53	p=0.11	Yes	Paired t-test
SDQ Prosocial	53	p=0.04	No	Paired Wilcoxon signed- rank test

 ¹ All figures are rounded to 2 decimal places
² Not every group completed the WEMWBS or SDQ

RESULTS

Changes in Parents' Mental Wellbeing (WEMWBS)

There was a statistically significant increase in scores between pre and post questionnaires, (t=4.02, p<0.01, n=30), showing that parents were reporting a significant improvement in their mental wellbeing following the groups.

The average pre and post scores are shown in Table 6, both for all parents and for parents who attended at least 7 out of the 10 Nurturing Programme sessions. 70% of parents who completed the programme showed an improvement in their mental wellbeing.

	Average Pre Score	Average post score	Average change	% Increase	% of parents showing a score increase
All parents ³	46.5	53.0	6.5	4%	70%
Parents attending at least 7 sessions	47.2	52.6	5.4	11%	74%

Table 6: WEMWBS Results

Changes in Parental Self Efficacy (TOPSE)

Results from a paired Wilcoxon signed-rank test showed that there was a statistically significant increase in TOPSE score after the group, (z=-7.21, p<0.01, n=86), indicating that parents were reporting significantly higher levels of parenting confidence.

The average pre and post scores are shown in Table 7, for all parents and specifically for parents who attended at least 7 out of the 10 Nurturing Programme sessions. 91% of parents who participated in the programme showed an increase in parenting confidence.

Table 7: TOPSE Results

	Average Pre Score	Average post score	Average change	% Increase	% of parents showing a score increase
All parents ⁴	330	382	52	16%	91%
Parents attending at least 7 sessions	332	379	47	4%	94%

³ 'All parents' includes parents whose attendance is unknown

⁴ Not every group completed the WEMWBS or SDQ.

Parents' confidence showed an average increase across all 8 TOPSE subscales (Table 8). The largest increases were in the discipline and control subscales, which showed an increase of 25% and 23% respectively.

Subscale	Average pre	Average post	Average change	% Increase
Emotion and Affection	47.31	51.59	4.28	9%
Empathy and Understanding	44.95	51.84	6.88	15%
Play and Enjoyment	43.04	50.41	7.37	17%
Control	34.93	43.08	8.15	23%
Discipline	37.07	46.36	9.29	25%
Pressures	33.36	38.20	4.83	4%
Self Acceptance	42.80	48.94	6.13	14%
Learning and Knowledge	46.22	51.50	5.28	11%

Table 8: TOPSE Subscale Results

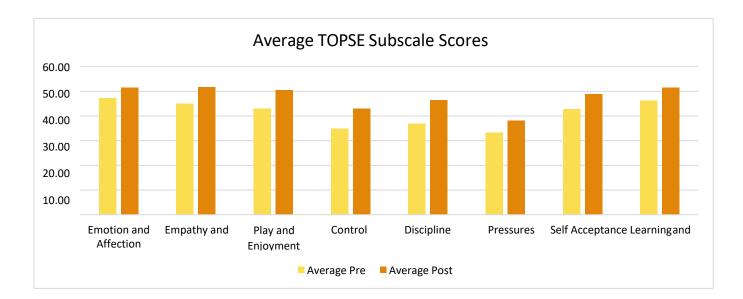


Figure 1: Graph showing TOPSE Subscale Scores

Differences in pre TOPSE scores between parents completing and not completing the programme

Pre TOPSE scores were collected from 21 parents who did not complete the programme. Comparisons of pre TOPSE scores for parents who did and did not complete the programme show that there was no significant differences (t=0.77, p>0.05) (Table 9). This suggests that the parents who completed the programme are representative of all parents starting groups.

PRE GROUP TOTAL PRE Emotion and Empathy and Play and Learning and Self Acceptance Control Discipline Pressures SCORES Understanding TOPSE SCORE Affection Enjoyment Knowledge Parents 47.3 45.0 43.0 34.9 37.1 33.4 42.8 46.2 329.7 completing Parents not 47.0 45.4 44.2 37.9 39.1 33.2 43.0 44.21 334.1 completing

Table 9: Pre Group TOPSE Results for Parents Completing and Not Completing the programme

Changes in Children's Behavioural and Emotional Difficulties (SDQ)

There was a statistically significant reduction in SDQ Difficulties Scores following the groups (t=6.56, p<0.01, n=53), showing that parents were reporting significantly fewer behaviour and emotional difficulties with their children.

The average pre and post scores are shown in Table 10. 79% of parents who completed the programme reported a decrease in their children's behavioural and emotional difficulties.

Table 10: SDQ Difficulties Results

	Average Pre Score	Average Post Score	Average Change	Percentage Decrease	% of parents showing a decrease
All parents	15.43	10.65	-4.78	31%	79%
Parents attending at least 7 sessions	15 39	10.85	-4.55	30%	80%

(Decrease = improvement)

The SDQ has established norms for normal, borderline and clinical scores. The number and percentage of children in each of these categories is shown in Table 11 and Figure 2.

Before the group, 38% of children were scoring within the clinical range for behavioural and emotional difficulties, compared to 13% after the group.

Similarly, 43% of children were scoring in the normal range compared to 75% at the end of the programme.

	Pre C	Group	Post Group		
	Number	%	Number	%	
Clinical	20	38%	7	3%	
Borderline	10	19%	6	%	
Normal	23	43%	40	75%	

Table 11: SDQ Difficulties Categories

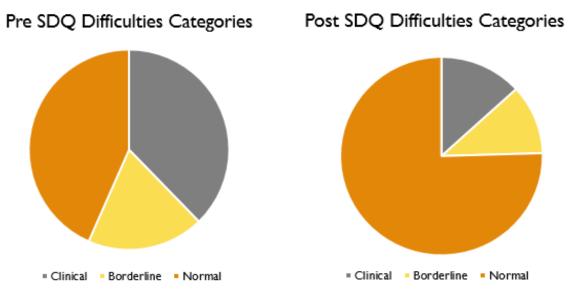


Figure 2: Proportion of SDQ Categories before and after the group

Changes in Children's Prosocial Behaviour (SDQ)

SDQ prosocial scores significantly increased following the programme (z=-3.18, p<0.01, n=53), showing that parents were reporting significantly higher levels of prosocial behaviour in their children.

The average pre and post scores are shown in Table 12. 68% of parents who completed the programme reported a decrease in their children's behavioural and emotional difficulties.

	Average Pre Score	Average Post Score	Average Change	Percentage Increase	% of parents showing an increase
All parents	6.42	7.67	1.24	19%	68%
Parents attending at least 7 sessions	6.76	7.81	1.05	16%	60%

Table 12: SDQ Prosocial Results

The SDQ has established norms for normal, borderline and clinical scores. The number and percentage of children in each of these categories is shown in Table 13 and Figure 3.

Before the group, 13% of children were scoring within the clinical range for prosocial behaviour, compared to 9% after the group.

Similarly, 60% of children were scoring in the normal range compared to 81% at the end of the programme.

Table 13: SDQ Prosocial Categories

	Pre Group		Post Group	
	Number	%	Number	%
Clinical	7	13%	5	9%
Borderline	14	26%	5	9%
Normal	32	60%	43	81%

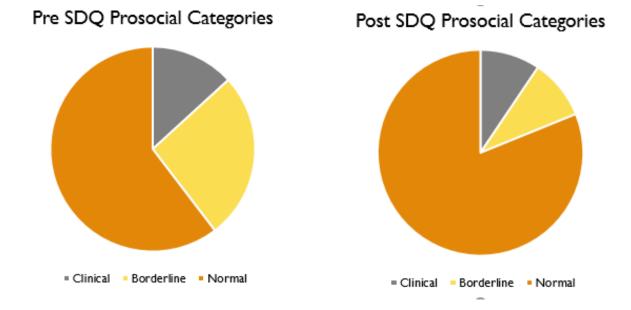


Figure 3: Proportion of SDQ Categories before and after the group

End of Programme Feedback

Parents rated each strategy according to both how helpful they had found it and how confident they were using it within family life. Results are shown in Figures 4 and 5.

The average helpfulness rating (across all strategies) was 4.73 out of 5 (where 5 = very helpful). Parents found praise and listening and talking to be the most helpful strategies, with 100% of parents rating these as 'helpful'' (either a 4 or a 5 out of 5).

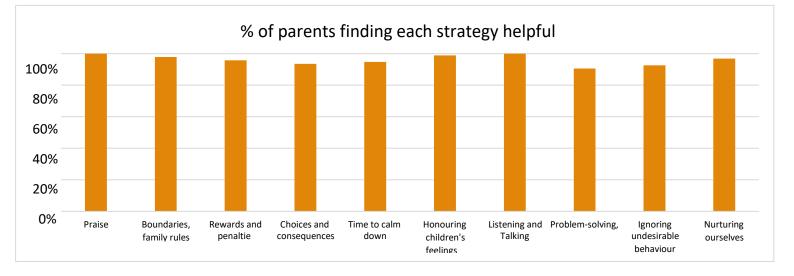
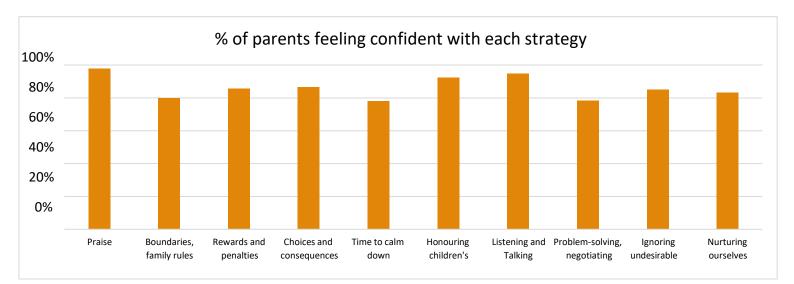


Figure 4: Helpfulness ratings for each strategy

The average helpfulness rating (across all strategies) was 4.33 out of 5 (where 5 = very confident). Parents felt most confident at using praise, with 98% of parents reporting that they were using this confidently (rated as either a 4 or a 5 out of 5). Time out to calm down and problem-solving were the two areas where parents reported the least confidence, with 78% of parents reporting that they were using these strategies confidently.





Parent Comments

Some quotes from parents from their End of Programme Feedback questionnaire are included below:

- "My daughter has changed a lot now, she uses the iPad less, we have more fun. Strategies like behaviour to ignore and choices and consequences have had a huge impact on my family. They really work. My family life is so much nicer. Thank you to the facilitators, their advice has really helped me."
- "I have grown just as much as my children have over the last 11 weeks, 1 now have full days of just happiness with my girls, my confidence is so much higher- it is a great programme with great leaders, everyone should be told about it."
- "I've learned a lot during the programme and I put most of the things into practice in my family. I can see improvement in our relationships. I would definitely recommend this course to other parents."
- "I loved the programme! My husband and I are getting along much better now. And our children are much calmer, they don't fight with each other so often any more. I would like every parent to do it."
- "This is a wonderful parenting programme. It has helped me and also my friends in this group. It gave us confidence in our self and how to deal with kids with different behaviour. I am aware of my weaknesses and strengths that I have and how to bring good change at home."
- "I feel like the programme itself is empathetic towards our issues. The advice and strategies are realistic and reasonable, fair and non-judgmental. It has been an important staple during a difficult time in my life. I think even parents who feel confident about parenting and family life can benefit from this course. It teaches patience and listening to people which I feel everyone should do more of in life."

SUMMARY AND CONCLUSIONS

Results of the statistical analysis carried out show that there was a statistically significant improvement in all four outcomes after the group, showing improvements in parental mental wellbeing, parental self-efficacy, children's behaviour and emotional difficulties and children's prosocial behaviour.

Feedback from parents at the end of the programme suggest that they found the strategies taught during the programme helpful. Qualitative feedback suggests that parents were seeing improvements in their family life, including improved relationships and being able to enjoy calmer time together.