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Abstract

Evidence based parenting programmes have been shown to improve parenting competence and reduce child behaviour problems. More rigorous evaluations of such programmes are needed in community contexts. This study provides such an evaluation of The Parenting Children Course, a voluntary sector programme that is being run both live and on DVD within a church context.

Two hundred and twenty-five parents participated in the study. Standardised questionnaires were used to measure key parenting variables before and after the course, and at follow up three months later.

Taking the course improved parents' confidence and reduced parental negativity, but did not improve positive parenting skills. Parents reported that child behaviour and family functioning also improved by the end of the course. There were no signs of decay at 3 month follow up. Strengths and limitations of the study, implications for clinical practice and directions for future research, are discussed.

Introduction

Disruptive behaviour is the most common reason for referral to child mental health services particularly in inner city areas and impacts considerably on child and parental well being (Day, Michelson, Thomson, Penney & Draper, 2012). Academic failure, crime and unemployment are some of the sequelae to conduct problems in childhood with considerable economic and social costs to society (Fergusson, Horwood & Ridder, 2005). It is possible to prevent and treat behavioural problems in children, using interventions that target parenting skills because the parent-child relationship is strongly associated with children's well being (Asmussen, Matthews, Weizel, Bebiroglu & Scott, 2012).

Theoretical Bases of Parenting Interventions

Many theories have linked parenting to child outcomes including *parenting styles theory* and especially *social learning theory*. The latter has led to interventions mainly for children over three years old and has evolved from various roots in general learning theory and behaviourism based on the work of Bandura (1977), (Scott & Yule, 2008). Social learning theory posits that 'children's real life experiences and exposures directly or indirectly shape behaviour' (Scott, 2008; p.107).

Parenting Styles theory, associated with the work of Baumrind, (1991) has been influential in underpinning many parenting programmes, but has not led to specific interventions (Scott, 2008). In observations of interactions between parents and young children, Baumrind found four parenting typologies of warmth, conflict and control: *Authoritative* (high warmth, positive/assertive control; *Authoritarian* (low warmth, punitive control); *Permissive* (high warmth with low control attempts) and *Neglectful/disengaged* (low warmth, low control).

Children and adolescents of authoritative parents are consistently found to be more pro-social, academically and socially competent and less symptomatic.

Parenting in the Community

Parenting programmes have been shown to improve parental self-efficacy and the quality of parent-child interactions; bringing about a reduction in negative parenting; improvements in child behaviour and family function, as well as reduced parental anxiety and depression (Barlow, Smailagic, Huband, Roloff & Bennett, 2014; Barlow, Coren & Stewart-Brown, 2003; Barlow, Smailagic, Bennett, Huband, Jones, & Coren, 2011; Furlong, McGilloy, Bywater, Hutchings, Donnelly, Smith, 2012; DeGarmo, Patterson & Forgatch, 2004). They can be delivered in a variety of formats, including universally or targeted to reach particular groups such as teenage mothers or children with specific conduct disorders (e.g. Olds, 2006).

Whilst much of what we know regarding the impact of parenting interventions on children and families has been studied under research conditions, studies have also shown that parent management training programmes can have a positive impact on parents and children when such treatment is delivered in a variety of real world practice conditions such as mental health, (Scott, Spender, Doolan, Jacobs & Apsland, 2001b), primary care (Turner & Sanders, 2006), schools (Dishion, Nelson & Kavanagh, 2003) welfare (Gardner, Shaw, Dishion, Burton & Supplee, 2007), the non-profit sector (Gardner, Burton & Klimes, 2006) and community settings for disadvantaged preschools (Hutchings, Bywater, Daley, Gardner, Whitaker, Jones..& Edwards, 2007). Furthermore, Patrick, Rhoades, Small & Coatworth (2008), suggest that the delivery of empirically validated programmes through churches may yield significant benefits thus far overlooked, including a familiar time and location for meetings, available childcare and

youth programmes, the endorsement of respected leaders and the comfort and security of established social networks.

This has important implications for reaching more parents earlier and in particular for reaching more isolated, vulnerable parents, because sometimes families, often those with complex needs, may not engage at all with traditional parenting services (Stevens, Harris, Ellis, Day & Beecham, 2013). Retention rates for programmes that are based in the community are higher when run by facilitators known to the parents and are available to all, i.e. universal rather than targeted to parents of children with conduct disorder (Simkiss, Snooks, Stallard, Kimani, Sewell, Fitzsimmons, Anthony, Winstanley, Wilson, Phillips & Stewart-Brown, 2013). Indeed, the National Institute for Health and Care Excellence (NICE) in the UK now recommends that programmes should have a degree of flexibility that allows practitioners to tailor their services to the needs of their community (Barrett, 2009).

However, the evaluation of such interventions has been lacking for community based programmes delivered by the voluntary/community sector and faith based sector. There is now growing recognition of the need to provide rigorously evaluated programmes in such community settings to reach more families (Moran, Ghate & van Der Merwe, 2004). Therefore this study focused on the evaluation of The Parenting Children Course; as one such community, faith based course.

The Parenting Children Course

The course, for parents of 1-10 year olds, is offered regularly in a large London church for parents both within and outside the church. It is a five-session programme based on Parenting Style and Social Learning Theories. The developers of the course are pastors of a large, vibrant church, who without specific therapeutic training, have extensive experience of

writing and running programmes relating to family life. They deliver the programme themselves and train experienced facilitators to run it using their script. Since 2010, the course has also been released on DVD and is available for any church leader to purchase from the website. The DVD format follows the same script and activities as the Live Course. Typically, 35-40 parents attend the Live course twice a year and groups of between 6-30 participants attend the DVD courses run in churches and other community settings across the country. Parents are recruited from both within and from outside the church from local community centres and schools.

Aim of the Study

This study aimed to evaluate the effectiveness of the Parenting Children Course by measuring change pre (Time1) and post (Time 2) the intervention as well as at a medium term follow up point of three months (Time 3) in both the Live version and the DVD version.

Parenting programmes are designed to help improve conduct disorder in children, but they have also been shown to improve a range of behaviours such as the variables measured in this study: a) Parental self-efficacy : In their review of studies examining parents' experiences of parenting programmes, Kane, Wood, & Barlow, (2007) found that parents view an increase in their sense of competence as one of the most valuable components of the programme; b) Parental disciplinary methods: Beauchaine, Webster-Stratton, & Reid, (2005) showed that decreases in harsh, negative parenting both predicted and mediated child behaviour change. These findings were similar to those found by Gershoff, Lansford, Sexton, Davids-Kean, & Sameroff (2012). Change in observed positive parenting skills may also be an important predictor of change in child outcome rather than just a change in negative parenting (Gardner et al., 2007); c) Reported child behavioural problems: Utting & Pugh, (2004) propose that seeing a change in reported child behaviour outcomes is key to evaluating the success of any parenting outcomes, alongside

parental changes; d) General family functioning: DeGarmo, Patterson & Forgatch, (2004) showed that good family communication and problem solving are important outcomes following a successful parenting intervention.

The study focused on answering the following questions:

1. Do changes in self efficacy, parenting skills, child behaviour and general family functioning differ between parents who received the course Live and those who received it via the DVD at Time 2 and Time 3?
2. Do parents who participate in the Live course report improvements following attendance at the courses at Time 2 and then at Time 3?
3. If parents participate in the DVD version of the same programme, do they show improvements in the above areas at Time 2 and at Time 3?

Method

Participants

Table 1. reports the demographics for the Live course and the DVD course samples. There were 84 parents in the Live course and 141 in the DVD courses. The average age of the target child in both formats was under five. There was a slightly higher percentage of mothers doing the DVD course than the Live (74% compared to 61%) and 86 of participants in the DVD course described themselves as White compared to 72% of the Live course participants.

At the request of the church leaders, who wished to create an informal learning environment, it was agreed to not collect data on the socioeconomic status of the participants, levels of education or employment.

Although the course is universal, it is of note that 33% of participants scored above the clinical cut off of 132 on the ECBI at T1: this is higher than the expected percentage of approximately 10% within the general population.

To determine the sample size, power calculations were conducted in GPower 3.0, using an alpha of .050 and a power of 80%. The hypothesis tested was that the effect size, i.e. the difference between pre-and post-intervention, would be 0.35, using a paired samples t-test. UK trials of social learning theory based parenting interventions (e.g. Scott, O'Connor and Futh, 2005; Bywater and Hutchings, 2005; Lindsay & Strand, 2013 and Eisner, 2009) quote effect sizes between 0.14 and 0.45 for change in child behaviour outcome scores. Following the literature, with a power of 80%, a sample size of 51 in each group at each time point was predicted to be adequate to test for differences between the Live and DVD groups.

Ethics

This study was conducted as part of a Doctoral Thesis at City University, London. The Psychology department Research and Ethics Committee at the university approved the project as a service evaluation using pre-and post measures.

Measures

1. Tool Of Parental Self Efficacy (Bloomfield & Kendall, 2007)

The TOPSE is a multi-dimensional instrument of 48 statements within 8 scales, each representing a distinct dimension of parenting. It was developed as a tool to evaluate parenting courses and the total score has been used in several studies looking at changes in parental self-efficacy following a parenting intervention (e.g. Enebrink, Danneman, Benvestito, Mattsson, Ulfsdotter, Jalling, Lindberg, 2014). TOPSE is

theoretically underpinned by Bandura's social learning theory (Bandura 1982; 1986; 1989) and shown to be psychometrically sound (Bloomfield & Kendall, 2007). In the current study, this measure showed very high internal consistency (Cronbach's alpha: .90)

2. The Short Alabama Parenting Questionnaire (Scott, Briskman & Dadds, 2011)

This questionnaire was developed from the Alabama Parenting Questionnaire (APQ; Frick, 1991), a widely used assessment of parenting practices with good psychometric properties including criterion validity in differentiating clinical and non-clinical groups (Dadds, Maujean & Fraser, 2003). The short version APQ generates a Positive and Negative scale, comprised of 15 items around its three factors: positive parenting, inconsistent discipline and poor supervision. No norms were available for the short form. The internal consistency for the Short APQ was adequate in the current study: Cronbach's Alpha reliability .67 (APQ negative) and .63 (APQ Positive). This range of alphas is consistent with other studies (e.g. Hawes & Dadds, 2006).

3. The Eyberg Child Behaviour Inventory (Eyberg, 1999)

This 36 item parent report scale measures children's behaviour and is suitable for children aged 2 to 16 years old. The inventory enumerates the number (*problem scale*) and frequency (*intensity scale*) of the problem behaviours. This scale is widely used in the research in this area (Burns & Patterson, 2000; Eyberg & Pincus, 1999) and has been shown to have high internal consistency and content validity (Cronbach's alpha avg: .94 (I), .93 (P) Funderburk, Eyberg, Rich & Behar, (2003) and .90 for the current data (I). A key strength is that it supplies substantial information in the five minutes required to administer it. Given the high rates of missing data for

Problems, only the Intensity scale is reported here: (32% missing at Time1, 71% missing at Time 2 and 45% missing at Time 3).

4. The General Functioning Scale of the McMaster Family Assessment Device (FAD) (Epstein, Baldwin & Bishop, 1983)

Family functioning was conceptualised using the McMaster model (Epstein, Bishop & Levin, 1978), which emphasises a functional approach to understanding how and whether families accomplish basic tasks of daily life. (Sawin, Harrigan & Woog, 1995; Nabors, Seacat & Rosenthal, 2002). The 12 items comprising the General Functioning Scale have been used alone as a brief measure of overall family functioning (e.g. Alderfer, Fiese, Gold, Cutuli, Holmbeck, Goldbeck, & ... Patterson, 2008; Sawin, Harrigan & Woog, 1995; Nabors, Seacat & Rosenthal, 2002).

The FAD has been widely used in research settings and has been shown to be valid and very reliable whilst remaining manageable in terms of size and effort for parents.

Its internal consistency for the current study was excellent: Cronbach's Alpha: .90.

Procedure for Data Collection

All parents who registered on the Parenting Children Course, either for the Live course or for the DVD courses held at the different locations, were invited to participate in the study regardless of race, gender, church attendance or the severity of child behaviour problems. The only exclusion criteria applied was to parents of children under the age of one as the programme was not designed for parents of infants. Parents were invited to attend both the Live and DVD courses through the distribution of leaflets and video promotions both within the church and through local community services. The courses were run as a community programme open to all parents.

The researcher introduced the study at the start of the evening, explaining how to complete the questionnaires at the start and end of the course, and then at home three months later. Written consent was obtained and information sheets were provided. Participants who did not return their questionnaires after each collection time, were followed up once with an email, letter or phone call reminding them to do so.

For the DVD course, approximately 20 churches across the country that had registered on the Parenting Children Course website were approached to run the course for the study. A total of 15 churches agreed to participate, with most courses taking place in South East England. Churches that declined to participate cited difficulties with running a course within the prescribed time frame.

Data Analyses

Before analysing the data, independent *t*-tests were conducted to compare the characteristics of the participants who completed the questionnaires at T1 but not at T2, and at T1 and T2 but not T3 (see Table 3), to check for bias regarding attrition across the time points; hereafter referred to as “Questionnaire completers and Non-completers”. The dropout rate for completing the questionnaires for the overall sample between T1 and T2 was 31% and 21% between T2 and T3, with an overall dropout rate of completing the questionnaires between T1–T3 of 45%. In addition, differences between parents at Time 1 on any of the outcome variables depending on which format they were participating in was also checked. No systematic biases were uncovered in terms of attrition or format from the follow up data.

Changes in mean scores across all three time points for the four outcome variables were first examined for the whole sample and then for the Live course and the DVD course. A repeated-measures MANOVA was conducted in SPSS v21, with the three time points as the

within-subjects factor and Live vs DVD as the between groups factor. There were four dependent variables tested simultaneously: TOPSE to measure parental self-efficacy; APQ positive and negative scales to measure parenting skills; ECBI intensity scale to measure reported child behaviour and FAD general family functioning scale to measure family functioning. The only exception was for the Live course where the T3 sample was too small, so additional analyses also examined pre-post measures (T1-T2).

Missing values were prorated using mean substitution for items where there was at least 66% of the data available for that measure (e.g. six out of eight sub-scales completed).

Results

Differences between Questionnaire Completers and Non Completers

No differences were found for people who completed the questionnaires versus non-completers at either T2 or T3 and none of the key outcome variables differed across the time points. There was a small effect for the gender of the parent and of the child, with more mothers than fathers (75%, $p < 0.05$) and more female than male children (56%, $p < 0.05$) retained at T3. However, with a Bonferroni correction, these differences were non-significant. Consistent with previous studies (e.g. Lindsay et al., 2013 and Gardner, Hutchings, Bywater, Whitaker, 2010), respondent drop out was relatively unbiased.

Differences Between Participants at Time 1

Independent sample *t*-tests were also carried out between the means of the scores on the four outcome measures for the Live and DVD groups and there were no significant differences between participants on any of the outcome measures at Time 1 for either format of the course.

Analyses of Findings

Q1: Changes Between T1, T2 and T3 for all Course Participants (N=84)

Table 2 shows the outcome measure descriptive statistics for both formats over time.

The programme was found to be effective across the whole sample. A significant effect of Time between T1 and T3 was found for the whole sample, Wilk's $\Lambda = .6$, $F(10,73) = 5.6$, $p < .001$, $\eta_p^2 = .4$. There was no difference in effectiveness per programme format: Wilk's $\Lambda = .9$, $F(10,73) = 1.0$, $p = .45$, $\eta_p^2 = .1$. Live and DVD programme findings by outcomes are presented below in more detail:

Q2: The Live Course

Changes Between T1, T2 and T3 for Live Course Participants (N=26)

See Table 2 for descriptive statistics for Live course participants between Time 1, Time 2 and Time 3. Although the effect of time on the outcome measures fell just short of significance, most likely due to the small sample size (Wilk's $\Lambda = .4$, $F(10,16) = 2.4$, $p = .057$, $\eta_p^2 = .6$), inspection of the univariate ANOVAs showed there were significant changes for Live course participants for the TOPSE scores over time, $F(2,50) = 6.6$, $p < 0.01$, $\eta_p^2 = 0.2$ as seen in Fig. 1a, as well as in APQ Negative scores, $F(2,50) = 3.1$, $p < 0.05$, $\eta_p^2 = 0.1$ as seen in Fig. 1b. Significant changes were also reported for the ECBI scores: $F(2,50) = 4.7$, $p < 0.01$, $\eta_p^2 = 0.2$ as seen in Fig. 1c. There were no significant changes found for the APQ Positive scale for Live course participants at the follow up point: $F(2,50) = 12.3$, $p = 0.8$, $\eta_p^2 = 0.0$, nor for FAD scores at the follow up point: $F(2,50) = 1.5$, $p = 0.2$, $\eta_p^2 = 0.1$.

Given the likely impact of the small sample size at Time 3, a pre-post analysis was also conducted to test the effectiveness of the course by T2 presented below.

Changes Between T1 and T2 for Live Course Participants (N=49)

Descriptive Statistics

See Table 2 for descriptive statistics for Live course participants between Time 1 and Time 2.

A significant effect of Time was found between T1 and T2: Wilk's $\Lambda = .6$, $F(5,44) = 6.9$, $p < .001$, $\eta_p^2 = .4$, indicating an improvement across the outcome measures over the duration of the course. Further inspection revealed a significant change for Live course participants in TOPSE scores over time, $F(1,48) = 23.2$, $p < 0.01$, $\eta_p^2 = 0.3$ as well as in APQ Negative scores, $F(1,48) = 12.2$, $p < 0.01$, $\eta_p^2 = 0.2$. Significant changes were also found in FAD scores: $F(1,48) = 17.3$, $p < 0.01$, $\eta_p^2 = 0.3$ and in ECBI scores: $F(1,48) = 10.4$, $p < 0.01$, $\eta_p^2 = 0.2$. However, there were no significant changes found for the APQ Positive scale: $F(1,48) = 0.0$, $p = 1.0$, $\eta_p^2 = 0.0$.

Q3: The DVD Course

Changes Between T1, T2 and T3 for DVD Course Participants N= 58

See Table 2 for descriptive statistics for DVD course participants between Time 1, Time 2 and Time 3. Improvements were found overall across T1 and T3 (Wilk's $\Lambda = .4$, $F(10,48) = 6.0$, $p < .001$, $\eta_p^2 = .6$).

Univariate analyses revealed a significant change for DVD course participants in TOPSE scores over time, $F(2,114) = 28.8$, $p < 0.01$, $\eta_p^2 = 0.3$ as seen in Fig. 1d as well as changes in APQ negative scores, $F(2,114) = 19.0$, $p < 0.01$, $\eta_p^2 = 0.3$ as seen in Fig. 1e. Significant changes were also found for the ECBI scores: $F(2,114) = 9.5$, $p < 0.01$, $\eta_p^2 = 0.1$ (see Fig. 1f). However, there were no significant changes found for the APQ Positive scale for DVD course participants at the follow up point: $F(2,114) = 1.8$, $p = 0.2$, $\eta_p^2 = 0.0$, nor for the FAD scores: $F(2,114) = 2.9$, $p = 0.1$, $\eta_p^2 = 0.0$.

Discussion

This study set out to evaluate The Parenting Children Course in its Live as well as in its DVD format and to examine any differences in outcomes for parents who attended one version over the other.

For the group as a whole, all outcomes except for positive parenting, showed improvement by the end of the programme. Moreover, there was no evidence that delivering the course via DVD was any less effective than delivering it Live.

With the exception of the Live course in which the sample was too small at Time 3, results at the three month follow up showed that improvements seen by the end of the courses were at least maintained at follow up with neither significant ongoing improvement nor decay.

Improvements were found in parents' confidence over the course of the programme (as measured by the TOPSE), for both Live and DVD courses as well as fewer reported child behaviour problems (as measured by the ECBI) and a decreased use of negative parenting skills (as measured by the APQ negative) for both formats.

These main findings are in keeping with the growing literature evaluating parenting courses; finding them to be effective in the prevention and treatment of child behaviour problems (e.g. Amussen, Matthews, Weizel, Bebiroglu & Scott, 2012) and in improving short term and long term parenting. The effect sizes for the TOPSE, ECBI and APQ negative for both courses, were medium to large. There were no effects for the APQ positive or for the FAD for Time 1-3. These effect sizes are excellent for an evaluation of a universal programme which often yield unremarkable results given that normal populations may show little change on clinically validated outcome measures (Stewart- Brown, Anthony, Wilson, Winstanley, Stallard, Snooks & Simkiss, 2011). They are also comparable to many other studies carried out with targeted

populations; (Scott, Spender, Doolan, Jacobs & Aspland, 2001b; Taylor, Schmidt, Pepler & Hodgins, 1998; Webster-Stratton & Hammond, 1997 and Gardner, Burton & Klimes, 2006).

The specific effects for negative parenting skills found in this study have been found previously, (e.g. Dishion & Patterson, 1992; Forgatch & DeGarmo, 1999; Dishion, Shaw, Connell, Gardner, Weaver & Wilson, 2008; Gardner et al., 2007). Beauchaine et al., (2005) found that changes in harsh and ineffective parenting both predicted and mediated child behaviour change. In terms of the lack of effect for positive parenting, a recent Cochrane Review (Furlong et al., 2012) found the self-report measures used in some studies showed non-significant effects for change in positive parenting; therefore, the limitation of only using self-report might be a reason for the lack of change. Alternatively, the curriculum may not have had sufficient focus on how to praise or encourage children: parents were not learning specific skills that they could practice and by which they could measure improvement.

In common with the current data, several studies have shown that parenting programmes have positive effects on parental sense of competence (Landy & Menna 2006; Leung, Sanders, Leung, Mak & Lau, 2003; Thompson, Ruma, Schuchmann & Burke, 1996); as have studies looking at good family communication and problem solving which can drive programme effects on youth outcomes (Brody, Kogan, Chen & Murry, 2008); Nomura, Wickramaratne, Warner, Mufson & Weissman 2002). Morse, Rojahn and Smith (2014) also found a significant interaction between child behaviour outcome variables and general family functioning and concluded that parental stress due to behaviour problems was reduced in families that functioned well as a unit.

Finally, the improvements seen in the current study on child behaviour outcome has been the common denominator for studies evaluating the effectiveness of parenting courses (e.g. Gardner, Hutchings, Bywater & Whitaker, 2010; Michelson, Davenport, Dretzke, Barlow and Day, 2013) and these findings contribute to the existing literature that shows parenting

interventions can have a positive impact on child problem behaviour.

Strengths and Limitations of the Study

To the researchers' knowledge there had been no evaluation of a faith based intervention carried out using standardised measures in the UK at the time of conducting this study. Faith based programmes are potentially important in that they provide a community based, trusted location to hold a parenting intervention accessible to all (Patrick, Rhoades, Small & Coatworth, 2008). More people do unpaid work for church organisations than any other (Church of England, 2014) and the church is a huge resource for children and families which as yet has been relatively untapped.

One potential limitation of this study was the lack of a control group or randomisation. However, control groups may experience contamination as in such community settings; existing parenting support may already be available and thus could 'contaminate' control group outcomes (Stewart- Brown, et al., 2011). These authors also argue that conducting RCT's, especially in a real world context, is problematic as families benefit in many ways from parenting interventions that are not easily picked up by the study's design.

However, in the absence of such a control group it is not possible to attribute the positive outcomes wholly to the intervention. It can be said that this study provides proof of concept for the viability of this programme and future studies can consider its potential for being evaluated in a case-control design; e.g. a wait-list control, which will likely be better tolerated by a community based service than a formal RCT.

Another limitation of this study was the moderately high attrition rate of 45% for the return of questionnaires between T1 and T3 which, whilst not unusual compared to previous literature (e.g. Lindsay & Strand 2013), did compromise the follow up of the Live course as it

had the smallest sample size. It is not known why participants did not complete the follow up questionnaires, but drop out from the study was unbiased. Three months is considered a short-medium term follow up (e.g. Simkiss et al., 2013) and future evaluations should aim for a longer follow up such as 12 months.

Moreover, the study did not collect service user satisfaction data, which could have added a valuable dimension to the findings. Day, Michelson & Hassan (2011) state that user experience and involvement are key points in recent health policy (Department of Health, 2004a,b, 2009).

As with many studies, this study used only parent report measures as an evaluation tool which raises issues of shared method variance. Child or teacher report or video observation would all be excellent supplements to the parent report measures obtained. Researchers (Goodman , Ford, Simmons, Gatwa, Meltzer,2000), practitioners (Norman , Dean, Hansford, & Ford, 2013) and parent/carers (Moran, Kelesidi, Guglani, Davidson & Ford, 2012) have emphasised the advantages of including information from a variety of sources including clinicians and where possible, young people.

Directions for Future Research

Although the programme is faith based, developed in a church setting and based on Christian values, the current evaluation is unable to say to what extent faith components were responsible for the effectiveness of the programme or if the faith components had an impact on the levels of engagement as the explicitly Christian features (e.g. Bible verses) had been removed following early trials of the programme. Future studies could explore the faith aspects more systematically by: a) looking at effects due to setting, such as delivery in a church versus a secular community setting; b) assessing the participants' reports of faith; c) comparing the

impact of reintroducing the explicitly biblical elements.

Conclusion

This study contributes to the field of parenting research in several ways. First, it is a valuable addition to the existing literature on the efficacy of parenting interventions run in community settings; second, it adds to the sparse literature on the evaluation of universal courses; third, it adds credibility to voluntary sector programmes by providing initial evidence that a 'home grown' course can be effective in reaching parents, positively impacting their parenting techniques and their child's behaviour. Finally, it adds to the rather thin body of knowledge regarding faith based parenting interventions and suggests these programmes can be formally evaluated, to show they can be effective as well as accessible.

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Table 1

DVD and LIVE Course participant characteristics at T1, T2 and T3

	DVD			Live		
	T1	T 2	T 3	T 1	T 2	T 3
Sample size	N=141	N=92	N=79	N=84	N=63	N=44
<i>Child gender</i>						
Female	56%	51%	56%	60%	59%	61%
Child's age (years)	4.87(2.85)	4.76(2.60)	5.00(2.83)	4.59(3.01)	4.55(2.86)	4.31(2.85)
<i>Gender of parent</i>						
Mother	74%	76%	77%	61%	60%	68%
<i>Ethnicity</i>						
White	86%	85%	87%	72%	67%	65%

Figures are mean (standard deviation) for Child's age

Table 2.

Descriptive statistics showing means and standard deviations for outcome measure for Live and DVD courses between Time 1, Time 2 and Time 3.

	DVD			LIVE		
	T1	T2	T3	T1	T2	T3
Sample size	N=141	N=92	N=79	N=84	N=63	N=44
APQ (pos)	31.2(2.6)	31.06(2.3)	31.2(2.5)	30.7(2.8)	31.0(2.3)	30.9(2.6)
APQ(neg)	11.0(1.9)	10.0(2.0)	9.6(2.0)	11.6(3.7)	11.0(2.6)	10.7(2.8)
TOPSE	358.3(43.5)	384.8(36.4)	391.6(41.4)	372.5(53)	385.7(38.4)	391.4(40.3)
(Log) FAD	.205(.101)	.196(.107)	.180(.117)	.233(.112)	.191(.109)	.203(.126)
ECBI (Int)	115.4(25.8)	108.7(26.0)	105.5(30.1)	121.8(29.3)	116.3(22.2)	110.8(24.7)

Table 3

Independent samples t-tests drop out analysis of differences regarding all variables between those who completed T2 and those that did not and for those who completed T3 and those that did not.

	Completed T2		Didn't complete T2		<i>t</i>
	Mean	SD	Mean	SD	
TOPSE Time 1	364.47	45.71	359.76	49.67	.69
APQ Positive T1	30.93	2.67	30.53	2.86	.94
APQ Negative T1	11.31	2.77	11.18	2.89	.32
ECBI Intensity T1	120.30	30.82	119.43	30.65	.19
FAD T1	.22	.11	.24	.11	.66
Target child age	4.50	2.70	4.25	3.20	.501
Prorata child age	4.68	2.70	4.99	3.39	.65
	Percent		Percent		χ^2
Target child gender (F)	54%		73%		5.61
Gender of parent (F)	70%		68%		.11
Ethnicity (White)	78%		89%		2.21

	Completed T3		Didn't complete T3		<i>t</i>
	Mean	SD	Mean	SD	
TOPSE T1	364.64	45.31	363.92	47.68	-.08

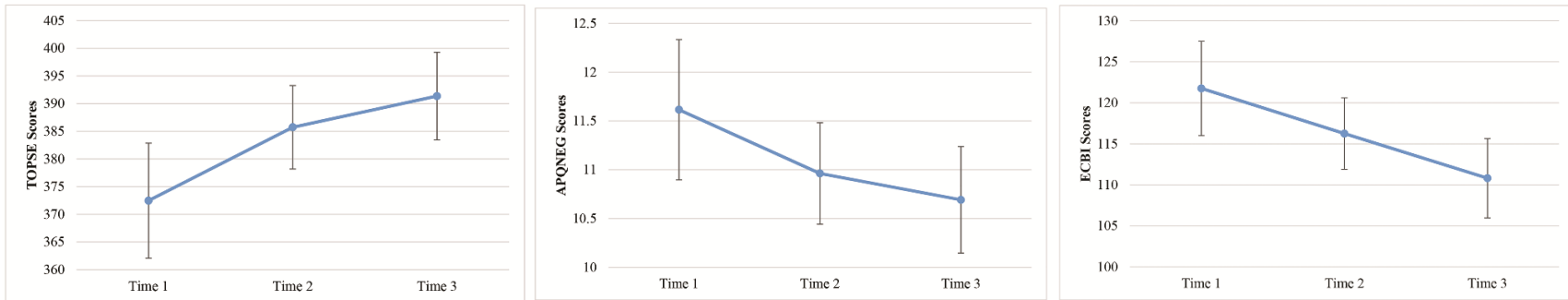
APQ (Pos) - Alabama Parenting Questionnaire (Positive scale); APQ (Neg) - Alabama Parenting Questionnaire (Negative scale); TOPSE – Tool of Parental Self Efficacy; FAD – Family Assessment Device ECBI- Eyberg Child Behaviour Inventory

APQ Positive T1	31.18	2.68	30.14	2.53	-1.94
APQ Negative T1	11.29	2.76	11.38	2.84	.16
ECBI Intensity T1	120.61	31.13	119.33	30.29	-.21
FAD T1	.212	.11	.24	.12	.99
Target Child Age	4.56	2.73	4.25	2.56	-.55
Prorata child age	4.65	2.70	4.77	2.75	.24
	Percent		Percent		χ^2
Target child gender (F)	56%		47%		.947
Gender of parent (F)	75%		53%		6.50*
Ethnicity (White)	79%		76%		.15

* $p < .05$; ** $p < .01$; *** $p < .001$.

Note where Levene's test was significant equal variances not assumed statistics are reported instead. Where dichotomous variables are used chi-squared tests and percentages are reported.

Figures 1a-c: Change in a) TOPSE; b) APQ Negative and c) ECBI scores between Time 1, Time 2 and Time 3 for the Live course.



Figures 1d-f: Change in d) TOPSE; e) APQ Negative and f) ECBI scores between Time 1, Time 2 and Time 3 for the DVD course.

