



# **Positive Parenting Training: A Brief Evaluation**

**Completed by Children's Future International**

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## **Introduction**

This small study demonstrates evidence of impact from Positive Parenting (PP) training provided to both families and staff members at Children's Future International (CFI). One social worker (Pheun Sonthea) from CFI attended the PP training provided by Improving Cambodia's Society through Skillful Parenting (ICS-SP), and was responsible for delivering this training.

This short paper makes no connections to literature, it assumes these connections have been established in the development of the training content, rather it focuses solely on data gathered from families and staff completing PP training and is limited to the families supported by CFI.

## **Training Delivered:**

CFI delivered two training sessions to parents. The first was the full PP course delivered to a group of fifteen parents; followed by a single course delivered to a further fourteen parents (which included five parents from the initial group). CFI also delivered a single course to a group of fourteen staff.

The full course of the PP training, delivered to parents, covered: child protection, parent wellbeing, communication in the family, parent and child responsibilities, the way you raise your child, how to treat your child in a positive way, and how to look after yourself as a parent.

In the single course version (and when training was delivered to staff), focused on parent wellbeing and general child care issues. This included managing stress and how to recognise what your child is experiencing and how parents can develop effective relationships with their children.

## **Methodology**

As described above the PP training was provided to three separate groups. For the purposes of this evaluation we have divided the participants into four main groups:

**Control Group:** This group of 17 parents (data was only gathered for 15 participants, reason unknown) received the full PP training experience.

**Experimental Group 1:** This group of five parents received the original full PP input. In addition, they also received one extra session.

**Experimental Group 2:** This group of nine parents only received the single session option.

Staff Group: This group of 14 staff only received the single session option.

Each of the three parent groups were asked the same 12 questions to establish a clear baseline prior to learning. These questions were developed by ICS-SP and were multiple choice. These were completed pre-workshop and post workshop. The scores were then compared and a knowledge learning percentage score devised.

The staff group were asked seven questions. They were a sample of the questions asked of parents, but were adapted to reflect their role as supporters of parents, rather than as parents themselves. This reflected their role as CFI staff, many of whom are not parents.

To establish actual changes in parenting from learning (therefore impact value), a selected number of people from each group were asked a set of behavioural questions in follow up interviews sometime after the training took place. This included a scaling question and a set of narrative questions. The outcomes from the scaling question were compared to the qualitative data gathered from the original test. This indicated whether the knowledge learning achieved had been sustained among the participants. Data from the narrative questions demonstrated what behavioural changes were achieved, in other words how did attending the PP training impact on the participants' parenting. Data was themed and filtered, using the most significant changes approach.

To measure staff learning, pre-workshop narrative questions were asked based on the original multiple choice questions asked of parents. In addition, a scaling question was also asked. Results from the narrative questions were coded in themes, with outliers considered.

We identified the following logic train:

**Input:** ICS-SP developed PP training, and training CFI staff to deliver this to parents.

**Output:** The PP training was delivered to staff and parents.

**Outcomes:** Parents adapted their parenting with new knowledge and skills. Staff adapted their approach to supporting parents with their new knowledge and skill.

**Impact:** Children happier and safer with improved parenting approaches in place. Parents feel more supported by CFI staff.

## Results

Firstly, results are presented from the data gathered from parents within their respective training groups. Secondly this was compared to behavioural questions asked at a later date indicating the impact of the training. Finally, data was gathered and analysed from staff attending the PP training.

## Results from parents:

To provide evidence of knowledge learnt from the PP training we randomly selected 50% of participants to respond to follow-up questions designed to measure the degree and impact of knowledge learning achieved. Of some interest is the overall average quantitative score of learning achieved from the pretest through to the endtest.

Firstly, we analysed the information from the Control group (the group who joined the full PP training). Changes in learning achieved from these participants were: 0%, 2%, -9%, 4%, 8% (See Table One). The average improved score of this group from pretest to endtest is 1%. The result showed that while the majority of the participants increased their knowledge after receiving the training, these increases were statistically insignificant. The average improvement sat at 1%. Some families displayed high prior knowledge (therefore this is hard to improve on) and one family demonstrated a significant reduction in knowledge. At face value this change seems limited, however detailed information was gathered in the narrative responses discussed further on.

**Table One**

Control Group			
No	Pretest	Posttest	% Change after pretest
1	88%	88%	0%
2	88%	90%	2%
3	92%	83%	-9%
4	50%	54%	4%
5	50%	58%	8%
Average:			1%

Employing the same strategy with Experiment groups 1 and 2 achieved interesting outcomes. The results of Experiment group 1 were somewhat different because this group joined both the full PP training and the extra single session, therefore we would expect these participants to have the best outcomes. The results of Experiment Group 1 after the full PP training were: 4%, 0% and 0% with the average being 1.33%. After joining the extra lesson results were: -15%, 25% and -6% meaning the average score remained the same at 1.33%.

The group's average score is consistent between the first and last training sessions. But Table Two below displays the most significant changes for this group. The majority of the results are lower in the last training than the first. It should be noted families in this group also demonstrated a degree of prior knowledge, but when they joined the extra training lesson the majority of the participants scores reduced.

**Table Two**

Experiment Group 1						
No	First training			Last training		
	Pretest	Posttest	% Change after pretest	Pretest	Posttest	% Change after pretest
1	75%	79%	4%	90%	75%	-15%
2	71%	71%	0%	15%	40%	25%
3	67%	67%	0%	48%	42%	-6%
Average:			1.33%	Average:		1.33%
Overall Average:						1.33%

Finally, Experiment group 2. This group only joined the single session, therefore these should be the lowest scores. The results were: 25%, -9%, -23%, 2% and 2%. With an average being -0.6%. The data showed that this training produced a mixed result, with some families significantly increasing their knowledge, and some reducing significantly.

**Table Three**

<b>Experiment Group 2</b>			
<b>No</b>	<b>Pretest</b>	<b>Posttest</b>	<b>% Change after posttest</b>
1	67%	92%	25%
2	42%	33%	-9%
3	48%	25%	-23%
4	46%	48%	2%
5	33%	35%	2%
Average:			-0.6%

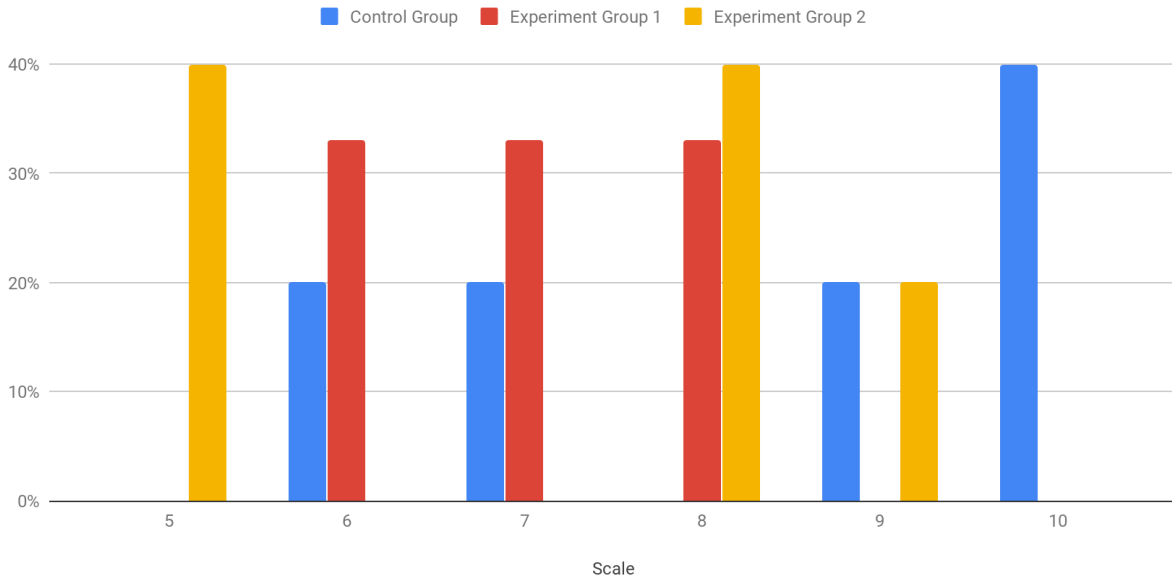
Overall the quantitative data from the original training indicated a mixture of results for participants. With overall average scores demonstrating little evidence of an increase in knowledge.

Following the positive parenting training we asked a series of narrative questions to identify the most significant changes and impact on parenting behaviour with the same selected parents from each of the groups. We asked the same five questions to all participants. We asked one scaling question and four narrative questions, designed to gain a sense of how successfully the training had been implemented and how it impacted on parenting skills. The outcomes of these questions are displayed below.

The scaling question scores, displayed in Chart One, are all above 5 (50%). This demonstrates good evidence of knowledge learning being implemented into parenting skills. This somewhat contradicts the quantitative evidence presented above regarding the small percentage shift in knowledge. Experimental Group 1 has relatively consistent scores, while the other two groups are widely spread, suggesting some degree of inconsistency of implementation.

## Chart One

1. On a scale of 0 to 10 where 10 is what you learnt in the positive parenting training really improved your parenting and where 0 is the workshop was not useful when you tried to improve your parenting. Where would you rate the training?

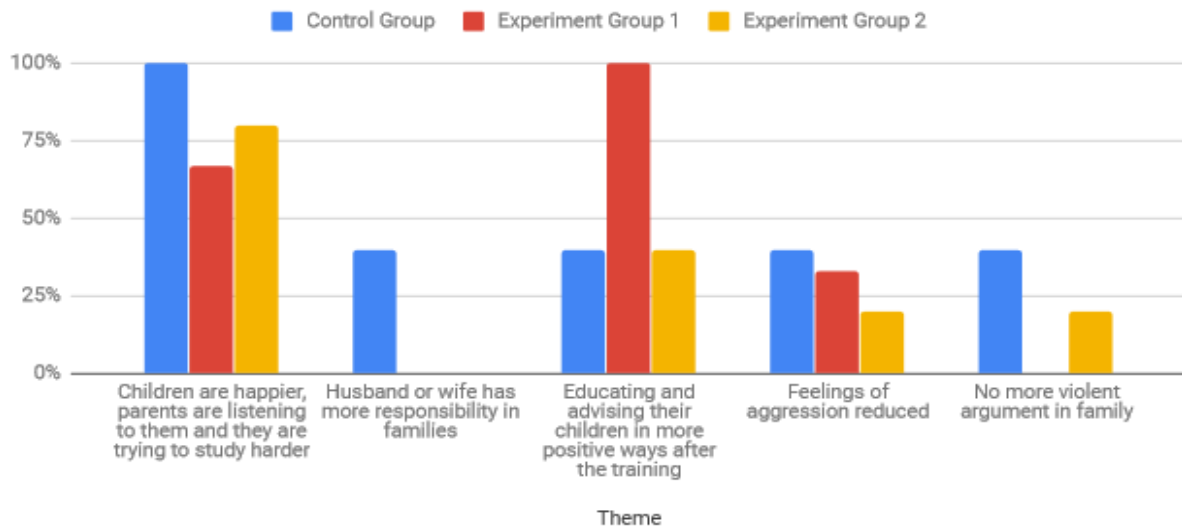


Four narrative questions were also asked to gather data about how participants implemented their knowledge learning into their parenting. The data from these questions are displayed below, with evidence displayed in themes. So frequently used terms were placed together from different participants.

Chart Two demonstrates the narrative responses grouped into five most significant changes. All of the families in the Control Group mentioned that children were happier, parents listened to them more, and children tried harder at school. However, of note, no families from Experimental Group 1 mentioned a reduction in violent arguments, this may have been because there were no violent arguments before the training, without a clear baseline this is hard to measure.

## Chart Two

2. Tell me of the positive things you and your family changed after applying the positive parenting training?



Data in Chart Three informs us of the four most significant changes for families. This chart contains significant information for how the PP training was implemented into parenting practice.

## Chart Three

3. Tell me 5 things you have done with your family after the training that you think are helpful?

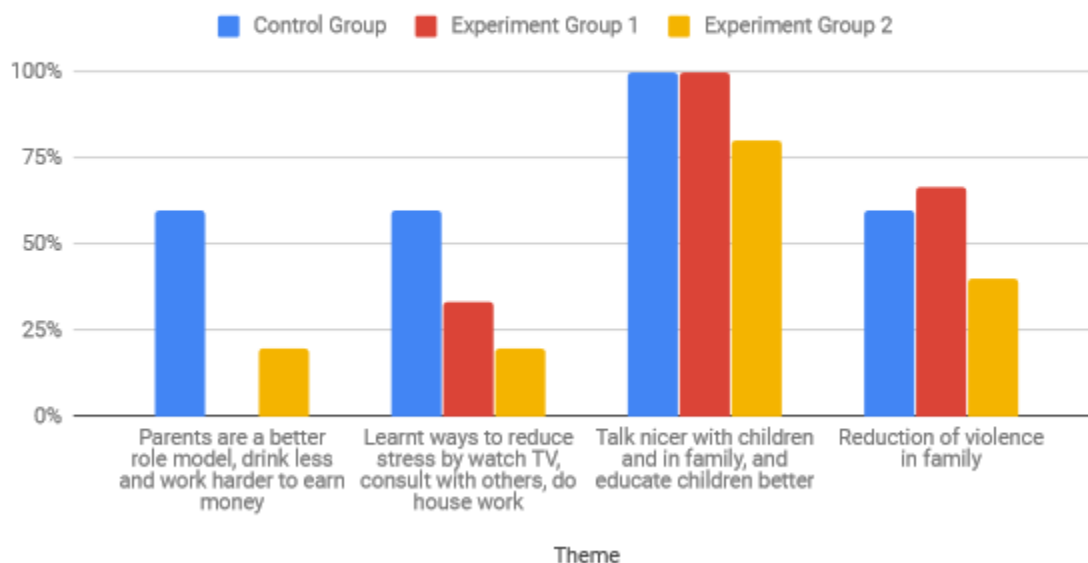




Chart Four provides data demonstrating the changes families found difficult to make.

**Chart Four**

#### 4. What were the things that you found hard to change in your parenting?

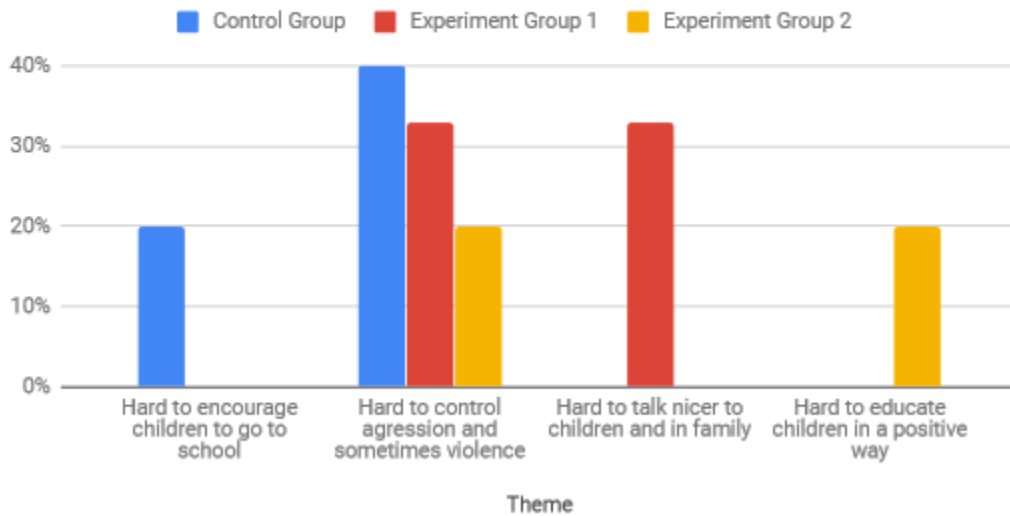
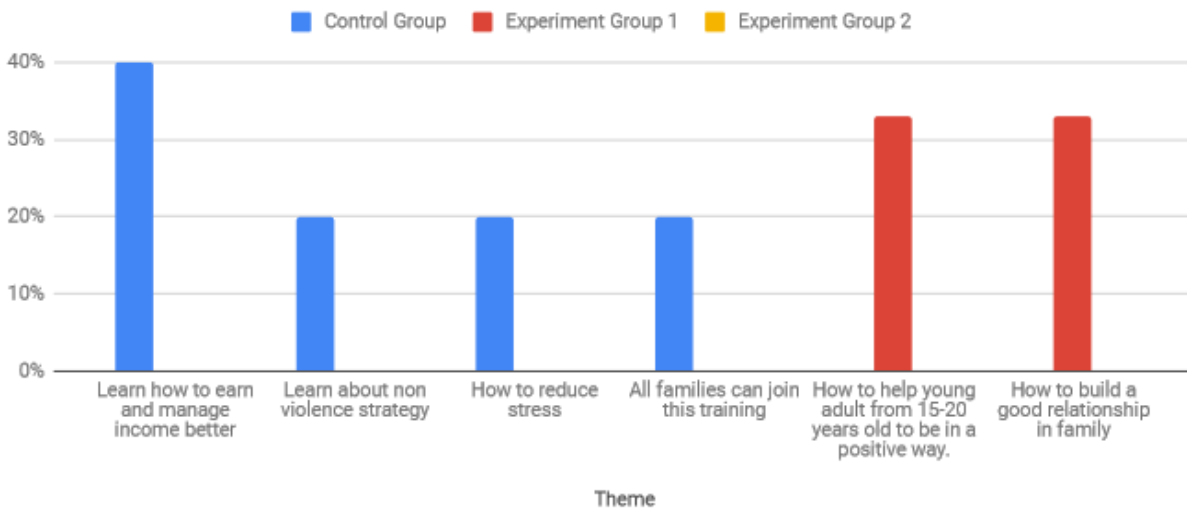


Chart Five provides information on the areas families would like to have been included in the training.

**Chart Five**

#### 5. What would have helped?



## Results from Staff:

On 31 November, 2018 a CFI senior social worker presented a positive parenting session to participating CFI staff. To enable reliable evaluation, we asked the same seven questions on pre-test and post-test. There were 14 staff members who joined this training for the full session (2 joined in later, and only one of these completed post-test). Below are the themed data gathered from this training. Please note some participants have provided more than one suggestion for each question.

In question number 1 “**How does parents well-being relate with being a good parent?**”, in the pretest 64% said that parents will take better care of and be warm to their children if they are healthy. In post-test it increased to 100%. In the pretest 64% said they can advise and educate their children better if they are well. Only 14% talked about this in posttest. In the pretest only 7% said parents will be a good model for children but in the posttest it increased to 36%. In post-test, 7% said parents need to have enough time to spend with their children and this was not mentioned in the post-test.

Question 1 outcome: Based on the pre and post-test data, we can see that the number of people who thought well parents will take good care of children has increased from 64% to 100%. In the pretest only 7% stated parents would be a good model for children if healthy but in the post-test it increased to 36%. In the pre-test, 64% felt well parents will educate their children better but in post-test this reduced to 14%. No one talked about parents spending enough time with children in the post-test.

In question number 2 “**When parents feel unhappy or depressed, what can they do?**”, in the pre-test 71% said parents will find someone or an expert to consult or find a solution and only 64% post-test. In the pretest another 57% said they can entertain themselves by singing, listening to music, relaxing and playing with their children. Only 43% talked about this in the post-test. The other 36% said they can hang out with friends or family in pre-test, but only 28% in post-test. In the pre-test another 28% gave a range of ideas such as exercise, dance and yoga and this increased to 50% in post-test. In the pre-test 71% of the participants said they can be angry, fight children and act out bad feelings and only 21% talked about this in post-test. A further 7% said they can go to a fortune teller in post-test.

Overall, responses to this question indicated positive shift in the post-test.

Question number 3: “**What kind of activities demonstrate parents’ abilities to give warmth to a child?**”. In the pretest 64% stated taking good care of their children demonstrates ability to provide warmth to a child. In the post-test only 28% mentioned this. In the pre-test 64% stated parents educating and advising their children demonstrated ability to give warmth, while only

43% mentioned this in the post-test. There were 64% of the participants who suggested in both the pre and post-test that parents spending time with their children, demonstrated this ability. A further 14% talked about giving love and warmth to children by hugging and kissing them. This increased to 50% in the post-test. This question was harder to clearly spot a trend, however the suggestion to use hugs and kisses was higher in the posttest, which is a positive sign.

Question number 4 **“Why is giving warmth important?”**, In both the pre and post-tests 21% of the participants talked about children having increased well-being and growing well. In a similar way 28% suggested, both pre and post, about children being confident and having mental strength. A further 28% talked about children and families being happy in the pretest. In the post-test, this increased up to 57%.

Question number 5 **“When children feel unhappy or depressed, what kind of behaviours would come up?”**. In both pre and post-tests 57% stated they will be silent or shut down. Similarly, in both tests 50% of participants stated children will not want to eat or go to school. In the pre-test 71% suggested children will cry or feel sad, in post-test this rose to 78%. In pre-test 28% said they will be angry or violent, this rose to 43% in post-test. Another 50% identified throwing or damaging things in the pre-test and in the post-test this reduced to 43%. The numbers of participants identifying different kinds of damaging behaviour increased as a result of this training, indicating a positive change.

Question number 6 **“What makes parents unhappy or depressed?”**. In the pre-test 57% said this was caused by children not listening and bad behaviour and 78% made the same point in the post-test. In both pre and post-test 50% of participants felt this was the result of financial problems. In the pre-test 43% highlighted family problems, conflict or someone sick in the family, this rose to 71% in post-test. Work pressure or problems were identified by 28% in pre-test and 21% in post-test.

Question 7 **“How do you notice that a child is unhappy or depressed?”**. In the pretest 71% said they would be sad or cry, 85% identified these behaviours in the post-test. A further 35% stated in the pre-test that children might be angry or violent and 78% identified this in the in post-test. In the pre-test 57% of the participants suggested children might be silent or shut down and not want to meet others and 78% stated this in the post-test. A further 21% suggested they might not want to listen in the pretest and only 14% in posttest. This was a useful question, the data trend indicated an increase in knowledge from the pre to post-test.

Following this training we also asked a scaling question to the 12 staff participants. The question was “On a scale of 0 to 10 where 10 is that you learnt more from the positive parenting training than from any other training you have attended and this will help your practice, and where 0 is where you learnt nothing to help your practice. What would your rating be?”. Of the

participants 8% rated it 10, 25% rated 9 and 25% rated 8. Meaning 58% of the participants scored the value of this training between 8-10, indicating the participants felt this training was really useful for their practice. The other 42% were: 33% rated 6, and 8% rated 5.

Overall, the qualitative data indicates useful learning for the staff group, with significant progress in some areas being noted between pre and post-tests. The quantitative data indicates a huge amount of learning and benefit from attending, while the rating figures indicate the training session was well received and beneficial.

## **Discussion**

### **Staff:**

In discussion it would appear that the experience of staff undertaking the PP training was positive. Staff highlighted development regarding their knowledge of what is required to be a good parent, what parents could do when feeling unhappy, and awareness of the importance of giving warmth to a child via hugs and kisses. Awareness of behaviours displayed by children when upset had increased, as had how to notice if a child was upset.

The quantitative data gathered regarding the benefit of this training was significantly high, indicating participants felt they received significant benefit from attending. However, this must be placed in a Khmer context, where providing negative feedback is not the norm.

What this data does not do is measure impact of whether any of this learning has been integrated into practice and what difference it achieved. To measure impact a further set of data would need to be gathered at a later date.

### **Families:**

The data collected regarding families was rather mixed.

Considering the average overall knowledge learning results of the three groups; the result of the Control group is 1% (so an overall average improvement of 1% in knowledge learnt), Experiment group 1 is 1.33% and Experiment group 2 is -0.6%. Overall the evidence indicates learning regarding knowledge improvement achieved from the training itself was extremely low in all three groups. It should be noted that for Experimental Group 2, knowledge improvement did not increase after the second training.

The Control group had slight knowledge learning achieved at a 1% increase, this improved outcome should support implementation of this knowledge into parenting skills. It should be noted some of the participants had a pretest score of 88%, which is already high, reducing the

opportunity for learning. But worryingly one participant's knowledge decreased from 92% to 83%, possibly the training may have challenged some of their preconceived ideas which in turn caused this reduction. Further discussions with this family maybe useful. In terms of the scaling question regarding how well they were able to implement their learning we see the majority of the group rated themselves highly, indicating they felt they learnt well.

From the range of narrative questions, the most significant behaviour changes noted in this group were: In terms of positive changes (Chart Two), all of the participants in this cohort noted how children were happier, parents were listening to them and they were trying harder with their studies, this as a significant change. Only the control group (40%) indicated that either partner in the family was now taking more responsibility, the Control group were the only cohort to indicate this significant change. Possibly the full training covered this in more detail. If so, why was this also not mentioned by Experimental Group 1? From the Control Group only round 40% of participants mentioned they were now able to educate and advise their children more effectively, this was far lower than Experimental Group 1, possibly the single session covered this information in more detail. If so, why was this also low in Experimental Group 2? Around 40% of participants mentioned a reduction in aggression, this is positive but there was no pre-test of levels of aggression to compare to. Only the Control Group and Experimental Group 2 mention there was no more aggressive arguments in the family, again this is positive but is hard to measure without baseline information.

In Chart 3 the data informs us that over half the participants of the Control group now saw themselves as better role models, drinking less and being able to reduce stress effectively, all positive outcomes. What would be useful, would be to measure the impact of this over a period of time. All participants from the Control Group mentioned they now speak nicer to their children, a significant change. In this section over 50% of participants highlighted a reduction in violence, this is significant as participants were choosing the top five changes themselves. It was surprising this higher score was not reflected in the section before. Also surprising was that all participants in Chart Four highlighted that one of the things they found hardest was to reduce aggression and violence, a rather confusing picture. The Control Group also noted it was hard to encourage children to attend school.

In terms of what extra training would have helped, 40% of the Control Group participants identified learning ways to manage income as useful, as would, learning new approaches to reduce violence (20%), again an interesting comparison to other scores. A further 20% also requested learning ways to reduce stress and that all families should attend this training.

The Control Group presents a somewhat mixed outcome in terms of results. There are certainly areas of great improvement and significant change, some areas that would benefit from greater improvement and some areas of confused results.

Experiment Group 1 achieved an average score of 1.33%-% knowledge improvement, they joined the PP training twice, their first time result some scores were high but averagely insignificant, on joining the extra training, the average score did not improve, but the scores of some participants were significantly reduced. What is of interest is the reasons for this difference. It is possible the second training confused participant's thinking, possibly due to a reduction in detail? Another explanation is that they simply received too much information. What is of interest is how this group rated their performance in the narrative section; the results from the narrative questions demonstrated good knowledge was applied to parenting and that the training had made a difference. For example, all families in this group felt they could now educate their children in better ways and the significant majority felt children were happier, a significant positive change. A smaller number of this cohort felt there had been reductions in violence within the family, however there was no data available to indicate whether this was an issue pre-training. Only a smaller number felt they had learnt ways to relax and none mentioned they were now able to be better role models. Over a third of this group felt it was hard to control their aggression and to talk in a nicer way to children, this is of significant concern given the level of training provided.

Experimental Group 1 should have produced the results indicating greatest improvement. While this was the case in some areas, in others this cohort displayed less improvement. It seems knowledge reduced after the second training and reasons for this should be considered.

Experiment Group 2 achieved an overall result of -0.6% knowledge improvement, displaying insignificant statistical improvement of knowledge from completing this course. However, they only received one part of the training, focusing on general issues around child care and parental well-being, not the full course. The evaluation scaling and narrative questions were asked to see how they thought differently after the training. The results indicated that they learnt many things from this training and practiced them with their family. For example; over three quarters of them felt children were happier, parents were listening to them and they were trying harder to study, a significant positive change. Just over one quarter of them felt they could now educate and advise their children more effectively. An impact on a reduction of aggression was less significant in this group, however, as above there was no pre-test measure to compare to. Over 75% felt they now talk in a nicer way to their children, again a significant change. Of less significance was parents learning ways to relax and improve well-being, this was surprising given this was a focus of the single session training. Also low was the number of parents who now felt they were a better role model. The areas of difficulty for this cohort were around controlling aggression - a constant theme throughout this study - and educating children in a meaningful way. This group not identifying further areas of difficulty given their minimal input was a surprise. Also of surprise was that this cohort identified no areas that could have helped.

It was reasonable to expect this cohort to achieve outcomes far different to the other two groups, while there were differences in areas, overall results were not significantly different.

Experimental Group 2 received the briefest amount of training out of all three groups. This should have been reflected in their outcomes. While this was true in most areas in some they displayed comparative results to the other two groups. A wider piece of research would establish clear reasons for these outcomes.

## **Limitations**

There are clear limitations of this study. One is that all participants are supported by CFI. This of course means participants received all the same input, making measurement challenging. Further research across a wider NGO base would be of benefit.

Another limitation was the size of the participant group. A wider piece of research would gather an increased amount of data, improving accuracy of results.

## **Conclusion**

In conclusion the data for this small study has demonstrated mixed outcomes from attending the PP training. In terms of knowledge gained, the outcomes were at best minimal, some families gained much knowledge and some displaying a reduction in knowledge. When applying the questions designed to gather data regarding implementation of learning into parenting skills, again there was a mixture of outcomes. Some families demonstrated significant impact on their parenting, while for others this change was minimal. What does need to be noted is that many participants displayed high levels of knowledge before the training, meaning it was hard to show progression.

While there were differences noted between the groups these were not as pronounced as expected. For Experimental Group 1 results appeared to reduce following the second session they attended, this is significant and requires some consideration. Some areas of learning produced mixed results, an example here is violence focused data, this requires some consideration.

For staff the training appeared to be of high benefit. What was not able to be measured however was impact. Therefore, what is not known is to what degree staff took this learning and applied it to their practice and what impact this has had. A larger piece of research would demonstrate impact over a period of time.

As a result of data presented above we would make the following recommendations.

## **Recommendations**

Review quality of training provided for trainers.

Establish an ongoing evaluation process of trainer's quality and ability.

Consider research regarding quality of PP training across a wider group of participants and NGOs.

Ensure that any research considers impact as well as learning achieved.

Take clear baselines collecting both quantitative and qualitative data. This would make measuring impact far easier and improve accuracy. The current baselines and endlines established to measure PP training have only focused on knowledge learning achieved.

Consider researching the effectiveness of violence reduction input as results appear inconsistent.

**Children's Future International**  
**31/12/18.**