

CENTRE OF EXCELLENCE FOR CHILD WELFARE

FINAL REPORT:

Evaluating the Effectiveness of *BEYOND THE BASICS Parenting Groups* for Parents/Caregivers of Young Children Involved with Child Welfare

PRINCIPAL INVESTIGATORS

Deborah Goodman & Sharron Richards

Children's Aid Society of Toronto

RESEARCH TEAM

Kerrin Churchill & Heather MacDonald
Patti Rose-Vellucci
Cindy Himelstein & Ronalee Kunz,
Nesta Blake
Heather Shimkovitz
Debbie Bridge & Brian Russell
Shirley Gillis-Kendall & Isaac Mandamin
Katherine Hodgson-McMahon

Aisling Discoveries Child and Family Centre
Catholic Children's Aid Society
Children's Aid Society of Toronto
Jane Finch Community and Family Centre
Jewish Family and Child Service
Lakeshore Area Multiservice Project
Native Child and Family Services of Toronto
Toronto First Duty- ACTT-Secord/Dawes
Project

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The BBPG study exemplifies how community agencies, workers, supervisors, centre's of excellence, academics, and service recipients can cooperate and collaborate to evaluate child welfare intervention knowledge, develop evidence-based practice and enhance research capacity in the field. It is hoped that this effective partnership model for practice-based research can be replicated with many interventions. As Thomas Edison so aptly put it, "Sticking to it, is the genius."

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EXECUTIVE SUMMARY

The Child Welfare Parenting Education Workgroup (the Workgroup) championed this BEYOND THE BASIC Parenting Group (BBPG) study. From the late 1990's onward, the Workgroup evolved from an ongoing partnership with many community agencies whose work identified two key needs. The first need was for a supportive and effective parenting education course designed for parents with young children, who are involved with a child welfare agency. The second need was to advance evidence-based practice of parenting education/support groups for parents involved in child welfare where the parent may not have their child in their care. Knowing BBPG was an established group intervention for parents with young children involved with child welfare and that it had a standardized resource manual and training program developed by *Aisling Discoveries Child and Family Centre*, the Workgroup applied for, and was awarded \$25,000 in research funding through the Centre of Excellence for Child Welfare in 2003/04. The goal of this study was to evaluate the effectiveness, impact, and parent's satisfaction with the BBPG intervention.

The study involved 95 parents who were involved with one of the four Toronto child welfare agencies, had a child aged six or under, and either wanted/required a parenting course. A BBPG group has eight to twelve parents per group, is held over a 10 week period, each session is 90 minutes in length, and is co-facilitated by one male and one female facilitator either from a CAS and/or a community agency, who have received standardized BBPG training. All parents volunteered for the study, signed study consents and completed three tools: Parent Questionnaire, Parent Self-Report Study, and the Adult-Adolescent Parenting Inventory-2 (a standardized tool that assesses the range of harmful and nurturing parental attitudes and beliefs, at three time points: beginning of BBPG (pre-test), at the end of the group (post-test), and three months after the group ended (follow up)).

The study intent was to evaluate BBPG for its impact, effectiveness and participant satisfaction. The goal was to compare BBPG parents' results to a comparative sample of parents who had not taken BBPG. However, there were not enough "Wait List" parents to generate a comparison/control sample. Notwithstanding the lack of a comparison group, study findings supported BBPG's effectiveness in advancing parent's knowledge about children, its potential to change harmful attitudes and parenting practices, coupled with high recipient satisfaction. Preliminary findings from the AAPI-2 of High Risk parents suggest BBPG can positively impact parents who believe in corporal discipline and non-nurturing parenting behaviours. See Table A for a summary of the study's findings.

Table A - Summary of Study Findings

AREAS	STUDY QUESTION	OUTCOME	EVIDENCE (Significance = p <.05)	SOURCE
Satisfaction	Are BBPG parents satisfied with the service?	YES	89% rated it "Excellent" (62%) or "Good" (27%)	Self-Report
	Would BBPG parents recommend the group?	YES	94% would recommend BBPG to another parent	Self-Report
Knowledge Changes	Did BBPG parents learn more about child development (CD)?	YES	p = .04 =difference from pre-test: post test scores Parents said they "learned more" about CD	Self-Report
	Did BBPG parents learn more non-physical child discipline (NPD) methods?	YES	p = .00 =difference from pre-test:post-test scores Parents said they "learned more" about NPD	Self-Report
	Did BBPG parents learn more about how to use community supports (CS)?	YES	p = .05 =difference from pre-test:post-test scores Parents said they "learned more" about CS use	Self-Report
Attitude Changes	Did BBPG change how parents view their parenting role?	YES	p=.000 from pre-test: post-test= positive change p=.000 from post-test:follow up =positive change	AAPI-2
	Did BBPG change High Risk Parents views on use of corporal punishment / physical discipline	SUGGESTED	Pre-test 3.4% (% High-risk parents) dropped to post-test 2.3% (% High-risk parents)	AAPI-2
Behaviour Changes	Did BBPG change parent's use of physical discipline (PD)?	YES	p=.001 Pre-test (65% say "never use PD") to Post-test (93% say "never use PD")	Self-Report

Much more research on BBPG is needed to better understand how, why, what, for whom, and for how long BBPG works. Practice knowledge needs to be informed by empirical evidence in order to better guide more effective differential response. For example, would the highest risk parents benefit from a more intense and longer BBPG service? Reporting, investigation and substantiation of child maltreatment across Canada jumped from 9.64 per thousand in 1998 to 21.71 in 2003 (Trocme et al., 2005). Thus, there is a compelling need to fund BBPG intervention and to continue to evaluate its ability to reduce child risk and increase child safety over time through improved parenting. While much remains to be known about the effectiveness and impact of BBPG, this study marks a successful and important first step in that journey.

BACKGROUND

BEYOND THE BASICS Parenting Groups (BBPG) evolved during the late-1990's in response to a recognized need by several social service agencies: *Agincourt Community Services Association (ACSA)*, *Aisling Discoveries Child and Family Centre (Aisling Discoveries)*, *Children's Aid Society of Toronto (CAST)* and *Not Your Average Day Care (NYAD)*.

The identified need was for a parenting group for parents who were required or wanted to attend an education/support group, and who were involved with a Toronto child welfare agency. Anecdotally, parents and the various agencies' staff noted that the child welfare parents in community parenting groups often felt stigmatized when non-child welfare group participants either learned their children were in-care and/or were involved with child welfare. Furthermore, some community parenting groups required the parent have the child with them in order to attend the program, which was not possible for many child welfare involved parents. The outcome for the child welfare parents ranged from low group participation to infrequent attendance to early dropout. Other adverse consequences were: compromised group experiences and learning, longer in-care stays for the children, and delay of case closure by the child welfare authorities.

In 1998, ACSA received funding from the *United Way of Greater Toronto's (UWGT)* "Success by Six" initiative to provide parenting groups for Scarborough parents involved with child welfare whose children were aged six years or under. The partnering agencies collaborated in the following way: ACSA dispersed funds and provided the reports to UWGT; CAST promoted the groups and took responsibility for intake and referrals; Aisling Discoveries developed the group curriculum and provided the experienced group leaders; and NYAD ensured childcare was provided while parents were in the group. Initially named "Success by Six Parenting Groups" from 1998 to 2001, it was changed to "BEYOND THE BASICS Parenting Group" (BBPG) in late 2001 to reflect a curriculum that was "beyond the basics".

In 2002, the "Child Welfare Parenting Education Workgroup was formed. It was led by Sharron Richards from CAST, and it was composed of representatives from fourteen organizations across Toronto. The Workgroup came together to address the unique educational needs of parents involved with one of the four Toronto child welfare agencies. See Appendix A. The Workgroup met regularly, discussed parenting education issues, planned program advancement such as expanded project capacity, additional geographic locations, provision of standardized BBPG training to all new group facilitators, as well as explored research possibilities. From 1998 to 2002, Aisling Discoveries Child and Family Centre (Aisling Discoveries) staff person, Marian Crockford, developed the curriculum for BBPG groups. In 2003, Aisling Discoveries published a step-by-step BBPG manual titled: *BEYOND THE BASICS Parenting Group: A Resource Manual for Group Facilitators*. As well, in 2003, the Workgroup applied for *Centre of Excellence for Child Welfare* funding of \$25,000 to evaluate the effectiveness of the BBPG group intervention. The grant was awarded for 2003/04 and this report summarizes the study's findings.

LITERATURE REVIEW

It is well documented that parenting plays a key role in children's healthy physical development, as well as their emotional, social and behavioural development. The corollary is that certain conditions in children's lives have a strong negative effect on their development. Adverse risk factors may be associated with the *parent* (e.g. alcohol/substance abuse, depression), *family situation* (e.g. low income, single parent), *parent-child relations* (e.g. ineffective parenting, family dysfunction), *the child* (e.g. disability, health problems,

difficult temperament), or *the community* (e.g. high-risk, under resourced, disproportionate criminal activity). For example, a primary parent's lack of sensitivity, responsiveness and connection coupled with negative affect to the baby, can lead to insecure attachment, which is a well established risk factor for social and emotional difficulties in youth and adults (ARB-HRDC, 1998; Landy & Tam ,1998).

With respect to what happens when infants and young children are exposed to multiple risk factors, Landy and Tam (1998) found in their study, it is a predictor of problems. In particular, factors that are closest to the child (e.g. parent/child interactions) were found to be most critical. Moreover, the authors' found that "across all ages and all child problems, family dysfunction and maternal deprivation were found to be the most important determinants of negative outcomes"(3). As noted in the table below, as the number of risk factors increase, so does the percentage of children with problems (ARB-HRDC, 1998, 97):

Number of Risk Factors	Percentage of Children	Percentage of Those Children With Problems
0	60.0%	20%
1	20.0%	25%
2	10.0%	35%
3	5.0%	40%
4	2.0%	40%
5	0.4%	50%
6	0.1%	80%

Specific to the parental factor, it is interpreted as positive parent interaction when there is praise, support, warm engagement and affection from the parent to the child. The converse holds, when the parent is consistently harsh or has expectations that exceed the child's ability or provides lax or punitive discipline or maltreats the child or omits to care for the child, the child is seen as vulnerable and at risk for negative outcomes. Exposure to multiple risks, with no protective factors that compensate, can result in high individual and public costs (ARB-HRDC, 1998; Barlow & Stewart-Brown, 2000; McLeod & Nelson, 2000). Clearly, the focus on children under age 6 is strategic, as the earlier the identification and intervention – the better – for the child and the family.

As a framework that accounts for the etiology of child abuse and neglect, the ecological model suggests child maltreatment should be viewed as an interactional occurrence where different factors (child, parent, family, community, societal and cultural) intersect to result in either positive or negative outcomes for the child (Belsky, 1980; Bronfenbrenner, 1977). Viewing child maltreatment as an interactional disorder, where a large segment of harm is associated with disordered parent-child transactions, then in order to prevent/reduce risk of further harm to the child it becomes essential to change the adverse patterns of family interactions and to enlist the parent in that change process. A common call from child maltreatment professionals around the world is the need for parent education/ training programs (Zigler & Hall, 1989).

Within the expanding universe of the parent education and training field there are at least eight classes or types of programs: *education, health care, multiple and complex needs, normative, work, special needs, and research and advocacy* (Carter, 1996). Child abuse and neglect parenting education falls within the "*multiple and complex needs*" category. Within that segment there can be further delineation, such as by focus (e.g. on the parent, the child, the youth, the siblings, the professional, and the caregiver) or by age (e.g. aimed at toddlers, focus on children under 6; older adopting parents). Since BBPG is a parenting education program for child welfare involved parents with children ages six and under, literature that falls under that domain will be the focus of the rest of the review.

Despite the fact that parenting classes are very important to the child welfare system, there is neither regulatory policy nor practice in delivering parenting education classes nor is there secure, long-term funding. Some communities have many parenting programs offered by different agencies (e.g. hospitals, United Ways, CAS's, YWCA's) with varying approaches and philosophies (e.g. cognitive, behavioural, peer-led). Some communities, especially rural areas, have very few options for child welfare parents. Dr. DeBord, an expert in developing effective parenting classes for mandated clients, suggests success is predicated on having good instructors and building the course around what parents want and need (North Carolina Department of Social Services, 2004)

Further examination of the extant literature on "successful" prevention and early intervention parenting classes that target families that are high risk and/or mandated child welfare families with young children, finds that intervention in the form of supportive, non-judgemental parental training and supports in their homes and communities can offer the best solution and effective impact (Bowes, 2000; Cedar & Levant, 1990; Dore & Lee, 1999). Wolfe and Wekerle's (1993) review of the clinical and empirical findings on maltreating parents' characteristics suggest that interventions must meet five types of needs:

1. *Symptoms of emotional distress, learning impairments &/or personality problems that limit adult adjustment/coping*
2. *Emotional arousal and reactivity to child provocation, and poor control of anger and hostility*
3. *Inadequate and inappropriate methods of teaching, discipline and child stimulation*
4. *Perceptions and expectations of children, reflected in rigid and limited beliefs about child-rearing*
5. *Negative lifestyle and habits related to the use of alcohol or drugs, prostitution and subculture peer-groups, which interfere with parent-child relationship* (478, cited in Dufour & Chamberland, 2003, 12).

Overall, there is an impressive body of evidence regarding the efficacy of parent training programs (Bowes, 2000; Carter, 1996; Taylor & Biglan, 1998). Knowledge limitations to date lie with methodological concerns, study rigour, replication issues, and the general danger in reducing complex programs to a few scores (Carter, 1996; Mash, 1989; Tomison, 2000). Plus, many of the evaluations are of American interventions where the breadth and depth of poverty may not reflect other countries' experiences. In other words, study findings may not hold across other contexts, such as Canada. Further relevant knowledge limitations are that too few studies evaluate the effectiveness of parent programs for high-risk families when the parent does not have their child in their care at the time of taking the program.

That said, the following are examples of well-researched, evidence-based parenting programs:

- ❖ *Healthy Start* (to prevent child abuse through home-visits, parent support groups and case management aimed at pregnant women or mothers in Hawaii)
- ❖ *Parents As Teachers (PAT)* (throughout USA, Canada, New Zealand parents of young children are provided with home visits and peer support)
- ❖ *Home Instruction for Parents of Preschool Youngsters (HIPPY)* (an 18 month program targeted at high-school dropouts and their children)
- ❖ *Incredible Years for Parents (IYP)* (a USA, Canada-based parenting groups of 3 programs that target parents of high-risk children and/or those displaying behaviour problems)

Critical questions for the child welfare field are:

- *Which parenting education group interventions are most effective with high-risk, maltreating parents of young children that increase knowledge and positive parenting behaviours, decrease child maltreatment, and gains are maintained through time?*
- *Which parenting education programs provide high risk parents with sufficiently relevant information and assist in changing negative parenting attitudes and behaviour?*

In other words - what works best for whom, when, for how long, and why is it effective? This multi-site, interagency, collaborative study attempts to answer those questions. It offers an important opportunity to advance understanding of the effectiveness of a parent education/support intervention aimed at parents involved with Canadian child welfare.

BEYOND THE BASICS PARENTING GROUP (BBPG)

With a population of 2.5 million, Toronto is the most ethnically cultural, diverse city in the world. In 2005, visible minorities now account for 43% of the populous and 49% of Torontonians are now born outside of Canada. There are four Children's Aid Societies in Toronto: Children's Aid Society of Toronto (CAST), Catholic Children's Aid Society (CCAS), Jewish Family & Child Services (JFCS) and Native Child and Family Services of Toronto (NCFST). Across these four Toronto agencies there are an estimated 4000 children in-care each month, and over half of these children eventually return to the care of their parent. For children-in-care less than two years, over 70% have court ordered access and another 10% have access by agreement (MCFCS, 2003). Children under six years of age, make up about 20% of the children in care (CAST, 2002).

BBPG's focus on young children is due to two reasons. First, initial 1998 United Way service funding criteria stipulated it was only for "under six". Second, and most importantly, it is well established in the literature that young children are very vulnerable to the deleterious effects of abusive and/or neglectful parenting (Azar, 1989; Landy & Tam, 1998; Mash, 1989). For the preponderance of these child welfare involved parents with young children, it has been either recommended or required that they attend a parenting course, often as a condition for assessing the return of their child/ren, for case planning or in consideration of case closure. Yet, as noted previously, general community parenting courses have traditionally not worked well for this family subtype. Child welfare parents are often stigmatized and scapegoated in community groups, which adversely impacts their participation, learning, satisfaction and completion rates. This in turn, may delay or deny the likelihood their child will be returned to their care and/or child welfare services will be withdrawn. In short, BBPG's were created to address the need and want of child welfare involved parents of child/ren six and under, where the parent is requesting or it has been required/recommended by the Court or a child welfare agency that they attend a parenting course.

Operating from a strengths-empowerment perspective, BBPG provides a standardized, ten-week, play-based, learning group model where twelve to fifteen parents and a female and male facilitator, experts in group work, share information, review and plan strategies, and identify challenges and changes parents need to make in order to increase their parenting knowledge and improve parenting attitudes and behaviours. The play-based curriculum engages parents/caregivers who are concrete learners and /or who may have low literacy skills. Where possible, BBPG facilitators try to accommodate the cultural (e.g. Native BBPG) or linguistic (e.g. Spanish BBPG) backgrounds of the participants. Interpreters are used for parents whose first language is not English but where the group is conducted in English. Other barriers to

participation are reduced through distributing public transit tickets, providing free childcare during group sessions, ensuring both child and parent have healthy snacks, and by having a non-stigmatizing, community-based, easily accessible location. Also, to infuse the empowerment belief into practice, a parent who has successfully completed the program may apply to become a Parent Advisor co-facilitator in a future group.

BBPG THEORECTICAL UNDERPINNINGS

Key theories underpin BBPG intervention and inform evidence-based practice. They are:

Child Development theory - A core foundation of almost every parenting program, child development theory has a mix of primary approaches: *biological* (inherited influences, temperament), *learning* (environmental, external causes), *cognitive-development* (organizing processes of the mind shape adaptation), and *psychoanalytic* (instincts and need to satisfy those instincts).

Social-learning based theory – It posits that the acquisition of skills requires more than discussion or insight alone. To learn requires modelling it, practising it, observing it and modifying performance enhances results compared to relationship skill groups (Bandura, 1977; Cedar & Levant, 1990).

Adult learning theory – Recognizes and values the experience adults bring to educational opportunities and sees parents/adults as a resource to the process (Carter, 1996). Theory application means a shift in power balance and a more equitable relationship between learner and educator.

Small-group theory – Meta-analysis of the effectiveness of parent training for child management problems found group-based programmes generally produced superior outcomes to individual programmes (Barlow, 1997; Todres & Bunston, 1993). Additionally, the literature on the effectiveness of good group work supports group intervention (Shulman, 1992).

Regarding evidence-based practice, the preferred practice to date, favours a cognitive-behavioural group approach for best effectiveness (National Research Council, 1993; Thyer, 1989). Additionally, there is growing evidence and support for the use of an empowerment, strengths-based approach (MacLeod & Nelson, 2000) that is employed in BBPG. The central paradigms for BBPG are: promotion of knowledge acquisition, behaviour change and learning, empowerment and self-efficacy of the parent, a strengths-based not a deficit-based approach, resource provision, and family-centered.

The five primary “family support” premises (Dunst, 1995) that inform BBPG best practice are:

<i>Ecological Orientation</i>	<i>Community Context</i>	<i>Value of Social Support</i>	<i>Developmental Perspective of Parenting</i>	<i>Affirming Cultural Diversity & Promoting Cultural Competency</i>
➤ Focus is on the community, family, parent and child as direct and indirect influences on the child's growth and development	➤ Focus is on provision of family support within the parent's home community in a non-stigmatizing manner	➤ Focus is on valuing the support provided and received within the group setting and beyond	➤ Focus is on the capacity of parents growth and development	➤ Focus is on inclusion, valuing differences and ensuring the parent feels respected, heard and their cultural beliefs recognized

MULTI-METHOD TEACHING APPROACH

A multi-method teaching approach is taken with BBPG. There are ten sessions that cover specific aspects of parenting:

- Week 1 – “Getting Started” addresses the challenges of parenting
- Week 2 – “Learning Through Play” addresses child development
- Week 3 – “Appropriate Discipline” addresses discipline without hitting, spanking or shaking
- Week 4 – “Inappropriate Discipline” addresses ways that are not appropriate to discipline a child
- Week 5 – “Time Out !” addresses ways to guide and re-direct children’s behaviour
- Week 6 – “The Importance of Routines” addresses ways to help add structure and routines to benefit children
- Week 7 – “Munching without Misery” addresses ways to improve feeding and mealtimes
- Week 8 – “Quality family activities” addresses ways to help increase family outings and activities
- Week 9 – “Building Self Esteem” addresses ways to boost parents’ and children’s self-esteem
- Week 10 – “Review, Feedback and Celebration” is the opportunity to recognize goal achievement

SHORT-TERM BBPG OBJECTIVES

The short-term intervention objectives of BBPG are:

- ❖ Increase child welfare parents/caregivers (parents’) knowledge of appropriate parenting skills
- ❖ Increase child welfare parents’ knowledge of alternatives to physical discipline
- ❖ Increase child welfare parents’ knowledge on the developmental stages of children ages 0 to 6
- ❖ Increase child welfare parents’ positive parenting skills
- ❖ Improve the quality of child-parent interactions
- ❖ Decrease child welfare parents’ use of physical/negative discipline
- ❖ Provide knowledge acquisition in a supportive milieu

LONG-TERM BBPG OBJECTIVES

The long-term intervention objectives of BBPG are:

- ◆ Maintain knowledge learned
- ◆ Increase parents’ positive parenting skills
- ◆ Reduce child maltreatment & reoccurrence
- ◆ Increase parents’ use of community/social supports

BBPG ACHIEVEMENTS PRIOR TO STUDY

Prior to study commencement, BBPG had been providing parenting education groups to child welfare families since 1998 at the Scarborough site and from 2002 onward at Native Child and Family Services. The following is a list of BBPG accomplishments prior to the start of the research study.

- ✓ Beyond the Basics Manual completed in 2002 and published in 2003
- ✓ Scarborough site offering BBPG services since 1998
- ✓ Native Child & Family Services began offering BBPG in February 2002
- ✓ Increasing number of adults and children served (8 groups of parents in 2002 = 110 parents and 77 children at the two sites: Scarborough and NCFST); parent self-report on satisfaction very positive
- ✓ Fall 2002 onwards- a Parent Advisor component added at the Scarborough BBPG site
- ✓ October 2002 - Aisling Discoveries staff present BBPG model presented at Family Resource Program, Canada's Biennial Conference
- ✓ April 2003 – awarded \$25,000 research grant from Centre of Excellence in Child Welfare
- ✓ June 2003 –standardized training for all new BBPG group facilitators provided by Aisling Discoveries
- ✓ September 2003 - planned expansion of BBPG to new sites: North York, Etobicoke and East York
- ✓ September 2003 – new partner agencies: Lakeshore Area Multiservice Project (LAMP); Jane Finch Community & Family Centre; and East Toronto-East York Toronto First Duty- ACTT – Secord/Dawes Project
- ✓ Fall 2003 - Sales of the manual to agencies in Ottawa, Belleville and Toronto

METHODOLOGY

STUDY DESIGN

The plan was to employ a quasi-experimental, non-randomized design that used a Treatment Group (n= 96 to 120) and a Wait List Comparison Group (n= 96 to 120). Although this design type does not have the preferred rigour of random selection, the benefit of a comparison group is that it typically has a common profile to the treatment group on a number of key variables. Identified examples for this study included: family type (involved with CAS), age of children (0 to 6), nature of issue (child maltreatment/ risk of maltreatment). However, early on in the study it became evident that obtaining the Wait List group participants was going to be very problematic. At study completion, only three Wait List respondents completed the tools, not enough of a sample size to conduct analysis. Although a number of efforts were made throughout the study to engage and secure Wait List respondents, their absence limits the study design and the results. The Research Team posited a number of possible reasons for why there was an inability to secure Wait List participants. Rationale included: addition of three extra BBPG meant no waiting lists, wait list parents went to other non-BBPG due to more stringent parental requirement of only one year to plan for children under six return, meaning parents have to get to a parenting group fast; general Wait List issues (not enough incentive to participate); and general, common challenges in working with child welfare families (early termination/ drop out, difficulty in engagement).

STUDY SITES

There were a total of six study sites. At the initial planning stage, BBPG research groups were to be offered at four different Toronto sites:

1. Scarborough (Aisling Discoveries)
2. Central (NCFST)
3. North York (Jane Finch Community & Family Centre [JFCFC])
4. Etobicoke (LAMP)

Two other sites were added:

5. East York (Secord /Dawes Toronto First Duty Project [TFD])
6. Central (Centre for Spanish-Speaking Peoples [CSSP]).

Two venues, NCFST and CSSP, provide a culturally specific service (Native and Spanish), while the other four sites are geographically based. Although the Spanish BBPG group participated in the research, their study data was not received, could not be located, and sadly, could not be included in the final analysis. Scarborough, Etobicoke, North York and East York conducted the research over two time periods: (October to December 2003 and January to March 2004. While NCFST (Fall 03) and CSSP (Spring 04) each did one session. See Table 1.

The Treatment Group (BBPG) had a total of 95 parents.

Table 1	TIME 1 Fall 2003 N= 53 parents	TIME 2 Winter 2004 N = 42 parents	TOTAL 95 Parents
Scarborough	9	14	23
Etobicoke	9	7	16
North York	13	11	24
Central (NCFST)	12	-	12
East York	10	10	20
TOTAL	53	42	95

RECRUITMENT

Recruitment of parents for Fall 03 and Spring 04 BBPG involved posting flyers that described group requirements and the attached research component. Flyers for parents were put up at all the CAS and community agency sites (see Appendix B). Additionally, all referring CAS Intake and Front-line workers were emailed a flyer to advise them in detail about the BBPG and the evaluation (see Appendix C). Also, a BBPG flyer was sent to all CAS Managers/Supervisors (see Appendix D). Ninety-five parents participated in the study.

PARENT PROFILE

Inclusion criteria to refer a parent(s) to BBPG:

- ❖ Parent is actively involved with one of the four Toronto child welfare agencies
- ❖ Parent has a child (ren) ages six or under
- ❖ Parent self-referred
- ❖ Community agency or lawyer referred parent with parents knowledge permission
- ❖ Child welfare or Court recommended/required the parent attend a parenting course

REFERRAL PROCESS

For the purpose of this study, the referrals to BBPG were through the child welfare worker, who referred a parent who met the above criteria to BBPG Intake. Parents are advised by their child welfare worker and BBPG facilitator that completion of the BBPG program does not ensure, that if their child is in care, that the child will be returned to the parents' care.

Acceptance to a BBPG group is based on a "first come – first serve basis" to a maximum of 15 participants. All other referred parents remain on the Wait List. However, BBPG remain open to receiving participants from the Wait List until the 4th week. The Wait List members have the choice to obtain a parenting course elsewhere in the community or remain on the BBPG Wait List for the next group or go to one of the other BBPG sites if spots are available.

BBPG INTERVENTION

Operating from a strengths-empowerment perspective and based on child development, social learning theory, adult learning theory and small group theory, BBPG provides a standardized, ten-week, play-based, learning group model where 12-15 parents and two facilitators, one female and one male, share information, review and plan strategies, and identify challenges in order to increase parents' parenting knowledge and improve parenting attitudes and behaviours.

BBPG are ninety minutes in length. Childcare is provided if needed, as are healthy snacks for adults and children. Public transit tickets for adults and children are provided. BBPG focuses on advancing parent's knowledge about normal child development, age-appropriate discipline methods and building on parents' knowledge, strengths and perspectives.

Parent participation in the research was voluntary. Informed, signed consent was a study requirement (see Appendix F). BBPG research participants could withdraw from the study at any time and could refuse to answer any questions and it would not affect their receipt of BBPG services or adversely impact their child welfare intervention. Parent participation was very good, with most parents choosing to join the study. Completion of study tasks (e.g. standardized parenting test, parent self-report) was very high.

PARENT MEASURES

The following parent measures were used in the study:

- ◆ *Parent Questionnaire (see Appendix G)*
- ◆ *Parent Self-Report on Outcomes and Satisfaction (see Appendix H)*
- ◆ *Adult-Adolescent Parenting Inventory (AAPI-2) (see Appendix I)*

I - Parent Questionnaire

Parents voluntarily completed a 7 question, one-page, non-identifying, brief demographic questionnaire at the start of the study. Developed for the research, the data variables included: education level, work/employment status, disability status, health status, previous attendance at BBPG, source of knowledge of BBPG and use of community programs.

II- Parent Self-Report

This study-developed tool asked parents to complete a 15 question Self-Report on their perceived outcomes and satisfaction with BBPG. The Self-Report tool uses a five-point Likert-type scale and is administered at two-time points: pretest (prior to BBPG intervention) and posttest (at completion of BBPG).

III- Adult Adolescent Parenting Inventory-2

This validated and reliable standardized tool assesses parenting and child rearing attitudes of adults and adolescent populations. Developed by Drs. Stephen Bavolek and Richard Keene, and backed by 20 years of research, the AAPI-2 is a 40 item instrument, written in simple language that was developed from known parenting and child-rearing practices of abusive and neglecting parents. The tool uses a five-point Likert scale from "strongly agree" to "strongly disagree". The AAPI-2 has five sub-scales: *Inappropriate expectations of children; Parental lack of empathy towards children's needs; Strong belief in the use of corporal punishment as a means of discipline; Reversing parent-child role responsibilities; and Oppressing children's power and independence*. The AAPI-2 was given at three study points: pretest (prior to BBPG intervention), posttest (at completion of BBPG), and follow-up (3 months after BBPG).

Note, other outcome measures were considered for study inclusion but compliance with study confidentiality and anonymity agreements meant the study researchers did not have access to family names, files, or other identifying information, data such as: child admit /readmit rate, length of time child is in care, family re-opening rate, or the Emergency After Hours Reports.

FACILITATOR MEASURES

The following facilitator measure was used to assess group functioning.

◆ *Group facilitator report (see Appendix J)*

The group facilitator report is a standardized group assessment tool. Each facilitator from each group assessed their group functioning on six domains: *Unity of group; Group climate; Group stability; Basic needs met; Depth of activities and Mutual aid*. Analysis involved summing the scores which allowed the researchers a more objective overview of overall group functioning and development. The data will not be spoken to in this report as it was used just for research purposes to examine inter-rater reliability

◆ *Data Collection Flow Chart (see Appendix K)*

The facilitators employed a data flow chart to help them keep track of when study tools were to be administered and collected.

DATA ANALYSIS

The AAPI-2 requires the use of scoring stencils for each test form. Study goals were to have each parent (n=95) complete three test forms (pretest, posttest and follow up) for a total of 285 scored tests. Analysis includes taking the raw scores and converting them into standard sten scores (a score from 1 to 10) for males and females, using the tables in the handbook. It is the sten scores from the five sub-scales (1) *Inappropriate expectations of children; 2) Parental lack of empathy towards children's needs; 3) Strong belief in the use of corporal punishment as a means of discipline; 4) Reversing parent-child role responsibilities; and 5) Oppressing children's power and independence*, that the information on the parenting practices and changes are derived.

Descriptive and bivariate analysis was carried out on the Parent Self Report and the Parent Questionnaire using SPSS 12.0. Additional analysis involved examining the parents' qualitative comments they provided on the Self-Report. To ensure parent anonymity, all respondents were assigned non-identifying individual numbers.

As is standard in most social science research, the alpha level of significance was p:

$$\leq 0.05$$

In other words, if the parametric test result was less/equal to .05 it was determined that a significant difference between the two groups did exist, assuming 5/100 times the result would be by chance alone (a 95% confidence level).

RESULTS

I - PARENT QUESTIONNAIRE- Descriptive Participant Data

Parents' Age and Gender Breakdown

A total of 95 parents participated in BBPG research. The gender breakdown was 65 women (68%) and 30 men (32%). The age range was from age 16 to age 68, with the preponderance of respondents (54%) between 20 to 29 years of age. In other words, these are not teenage parents, which accounted for only 4% of the parents, but mature adults (90% were between 20 and 40 years of age). Participants' mean age was 29.6 years and the median age was 28.0 years. When examined by gender, the men were slightly older on average of 33.4 years compared to 27.9 years; the difference is statistically significant ($p=.003$).

Individual vs. Couple Attendance

Regarding family structure, 59 participants attended the BBPG as individuals (they were not assumed to be single parents) (62%); 36 individuals or 18 couples attended as a couple (38%). When compared to coupled females, individual females were two and half times more likely to attend by themselves. Men, on the other hand, were slightly more likely to attend as a couple, than as an individual. See Table 2.

Table 2 gender by attendance type	Male	Female	Total	%
Individual	12	47	59	62%
Couple	18	18	36	38%
TOTAL	30	65	95	100%

Parents' Race/Cultural Breakdown

Race was self-identified by the parent participants'. Overall, there was good representation across the various racial/cultural groups (64% white vs. 36% non-white). Although some groups, NCFST and North York, had higher levels of diversity by visible minority groups. See Table 3.

Table 3 race	Group Location					Total	%
	Scarborough	Etobicoke	North York	Central - NCFST	East York		
White	16	14	7	4	17	58	64%
Black	3	0	7	0	1	11	12%
Asian	1	0	1	0	0	2	2%
Native	2	1	1	4	2	10	11%
Hispanic	0	0	6	1	0	7	8%
Mixed	1	0	1	0	0	2	2%
Other	1	0	0	0	0	1	1%
TOTAL	24	15	23	9	20	91	100%
<i>Missing</i>						<i>4</i>	

Number of Children

The parents were asked how many children they had. Controlling for double counts due to 18 couple responses (36 parents), these 95 parents constituted 77 families, who had a combined total of 143 children.

When number of children were examined by attendance type (see Table 4), the data suggest that nearly half (48%) of these BBPG families have one child, 29% of the families have two children, and nearly one-quarter (23%) have three or more children.

The 143 children across the 77 families in the BBPG represents an average of 1.8 children per family, higher then the current Canadian average of 1.2 in 1996. In fact, the last time Canada had a 1.8 average was in 1971 (Housing, Family, Social Statistics Division, Statistics Canada, 2001). This suggests that the BBPG families have on average, more children per family than the typical Canadian family, and therefore may face more challenges and experience more stress due to the greater care and cost burden.

Table 4 # children by attendance type	1 child 1 family	2 children 1 family	3 children 1 family	4 children 1 family	Total # families	% children by attendance type
Individual attending	30	18	6	5	59	77%
Couples attending	7	4	4	3	18	23%
# Families	37	22	10	8	77	100%
Family type/All families	48%	29%	13%	10%	100%	
Total # children	37	44	30	32	143	

Gender and Age of Children

When gender breakdown of the children was examined (Table 5) there were more boys (74 or 53%) compared to girls (65 or 47%). When just boys age 6 and under (65 or 52%) were examined they also had a slightly heavier weighting of representation compared to girls age 6 and under (61 or 48%). In other words, there is a slightly greater likelihood that these BBPG parents have a male child or children. The preponderance of the female children of these BBPG parents are very young (43% are under 1.11 years of age) compared to most male children are toddlers to pre-school age (35% are ages 2 to 4.11 years of age).

Additionally, this analysis shows that of the 139 children (2 are missing gender data) of these parents, 91% are aged 6 and under (126 out of the 139). As is evident from the data, while a child under 6 may be the identified child referred to BBPG, there may be other siblings who are over and under the age of six.

Table 5 child gender by child age	Male Child	% Male	Female Child	% Female	Total	% All
Child Age						
Age 1.11 or less	21	28%	28	43%	49	35%
Ages 2 to 4.11	26	35%	21	32%	47	34%
<u>Ages 5 to 6.11</u>	<u>18</u>	<u>24%</u>	<u>12</u>	<u>19%</u>	<u>30</u>	<u>22%</u>
<i>Sub total</i>	<i>65</i>		<i>61</i>		<i>126</i>	
Ages 7 to 10.11	7	10%	4	6%	11	8%
Ages 11 +	2	3%	0	0%	2	1%
TOTAL	74	100%	65	100%	139	100%
<i>Missing gender data</i>					<i>4</i>	

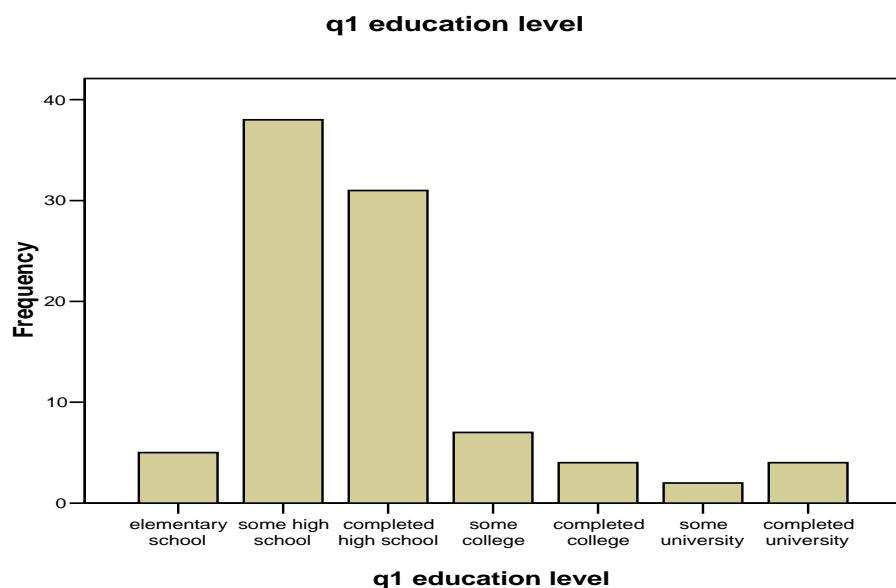
Child In Care or With Parent

The Referral data form attempted to capture whether the child was with the parents throughout BBPG, in care of a child welfare agency, or returned to the parents care during the BBPG group. Table 5 indicates that for two-thirds of the 74 families where there was data, 50 (68%) indicated their child or children were with them; 21 families (28%) indicated their child was in care, and 3 families (4%) had their child returned to their care during the BBPG. These results do not accurately reflect BBPG facilitators' experiences of nearly three-quarters of BBPG parents not having their children in their care during the group. The under-representation of this data may be due to children living with kin/ kith and therefore, not technically in care of a child welfare agency or they are at home under a Court Supervision Order. This data does underscore the need for this type of parenting group that specializes in serving parents involved with child welfare.

Table 5 child placement status	Child with parent during BBPG	Child in CAS care during BBPG	Child returned to parent during BBPG	Total	Missing family data
Individual attending	42	13	2	57	2
Couples attending	8	8	1	17	1
# Families	50	21	3	74	3

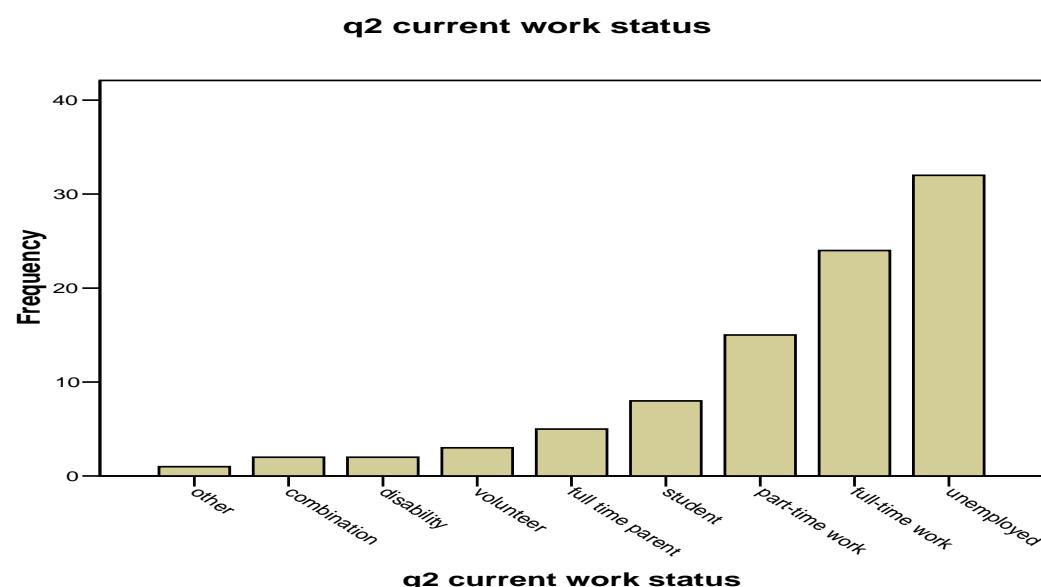
Parents Education Level

Respondents were asked through the Parent Questionnaire form about their level of education, current work status as well as their health and disability status. 91 of the 95 parents provided data. Nearly half, or 43 of the 91 parents (47%) indicated they had less than high school education and only 3 of these were due to the parent still being in high school. Analysis by gender did not find significance (48% of women compared to 44% of men had not completed high school).



Employment Status

Over one-third (35%) of the 91 BPG parents who reported on their employment status stated they were unemployed. Just one-in-five (26%) indicated they had full-time employment, of which only 16% of the women had full-time employment versus 48% of the men.

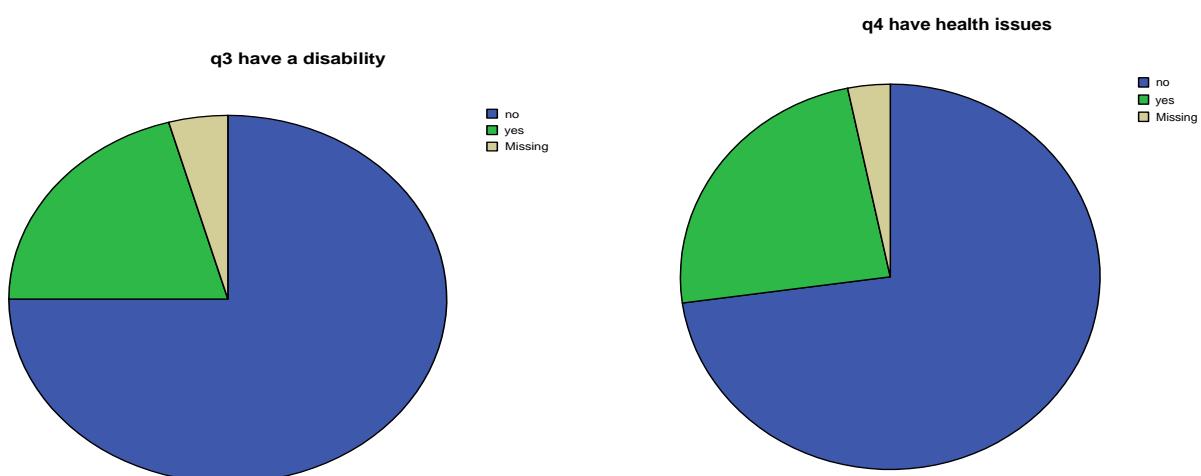


Health, Mental Health & Disability Status

A total of 22 of the 91 parents (25%) indicated they experienced health and mental health issues. Analysis did not find significant differences by gender (24% of male vs. 25% of female). Examples of health issues include: anxiety, asthma and depression, which combined accounted for two-thirds of health/mental health concerns. Again this data, when compared to the field experience of the BBPG facilitators, seems to under-report the level of mental health issues with these parents. It may be stigma attached to identification that impacts reporting of mental health issues.

Regarding disability, 19 or 22% stated they had some sort of disability, such as physical (47%); learning (43%), developmental (5%) or some combination (5%).

Cross-tab analysis found 11 of the 22 parents indicated they had both health issue and a disability. When examined by gender, 7 of the 11 (64%) were women and 4 (36%) were men. Six of 11 parents with both a health and disability issue indicated they were unemployed (55%), one works part-time (9%), one full-time (9%), one is a full time parent (9%), two are on disability pension (18%). This data suggest that for some parents, especially when caring for young children, that health and disability factors may adversely impact their ability to provide adequate and appropriate care



Experience with Beyond the Basics

Most of the parents, 85 of the 91 parents (93%) had never taken BBPG before; six (4 from North York) had taken the course previously. The five most common methods of hearing about BBPG accounted for 99% of all responses. They were:

1. Child welfare worker (63%)
2. "Other" (12%)
3. Friend (11%)
4. Family Resource Program (10%)
5. Public Health (3%)

Use of Community Services

Over three-quarters of the parents told us what other community services they used in addition to BBPG and the child welfare agencies. Six response types accounted for 83% of all noted. By far, the most prevalent – "no other service used". Given the young age of most of these children and the economic, financial and health disadvantages that many of these families face, ensuring other types of services are involved is an important service provision.

In rank order:

1 st	No other community services used	25%
2 nd	Other ones then listed	18%
3 rd	Family Resource Program	14%
4 th	Nobody's Perfect	13%
5 th	Day care	7%
6 th	Public library programs	6%

I - PARENT QUESTIONNAIRE- Summary

BBPG Parents' Portrait

The picture the data paint are BBPG parents as older parents, in their mid 20's to mid 30's. Generally, BBPG are not teenage parents who need to learn basic parenting skills – these are mature adults who typically have more than one child (52%).

A significant proportion of these parents are unemployed with poor education status, making future job prospects poor. While income was not asked directly, the other demographic data suggest these families likely fall into the working poor, low income or poverty levels - this means their children do too. One-in-five parents face health and disability issues. While the reason they were referred to a child welfare is not known, clearly these parents are struggling with many issues and challenges - parenting is simply one of them.

II - PARENT SELF REPORT – Satisfaction and Outcomes

The parents were asked to complete a pretest survey (at the start of BBOG) and a posttest survey (at the end of BBPG) using the Parent Self Report tool. Outcome questions (see Q 1 to Q3) were derived from the BBPG objectives. As well, parents were asked whether they were satisfied with the BBPG service (Q4 to Q15). Each question in the form of a five point Likert-scale: score of 5 = Strongly Agree; score of 4 = Agree; score of 3 = Neutral; score of 2 = Disagree; and a score of 1 = Strongly Disagree. The pre-test was administered at the first group meeting and the post-test was given at the end of BBPG.

Listed below is the summary of the responses with associated significance values of $p < .05$ using Matched Pairs T-Test analysis for Q1 to Q13; * indicates significance was established.

Please circle your response From taking BEYOND THE BASICS...	Pre Test Mean score n=92	Post Test Mean score n=92	Significance $P < .05$
1. I learned more about how children develop than I previously knew	3.71	3.92	$p=.04$ *
2. I learned more about how to discipline my child using non-physical ways than I previously knew	3.53	4.06	$P=.00$ *
3. I learned more about how to use community supports (e.g. friends, extended family, neighbours, self help groups) than I previously knew	3.77	4.00	$p=.05$ *
4. This group was well organized.	4.39	4.44	$p=.54$
5. Group members were encouraged to express different opinions & share parenting experiences	4.55	4.61	$p=.45$
6. The handout materials were helpful	4.30	4.42	$p=.18$
7. The meeting space was adequate & comfortable	4.52	4.49	$p=.66$
8. The group facilitators were well prepared	4.51	4.56	$p=.55$
9. The group facilitators challenged me to think	4.13	4.27	$P=.13$
10. The group facilitators maintained my interest	4.32	4.43	$P=.18$

COMMENT:

*Q1, Q2, Q3 * = $p < .05$ and each show positive significant differences between the pre-test and post test scores
Q4 to Q10 – no significant differences found but means score responses all were "Agree" to "Strongly Agree"*

Q11 – Before BBPG I used physical discipline... vs. Q12. After BBPG I use physical discipline...

	Never	Hardly Ever	Now and Then	Quite Often	All the Time	$p < .05$
Pre-test	65%	18%	11%	4%	2%	
Posttest	93%	5%	0%	2%	0%	$p=.001$ *

COMMENT

*Q11 * = $p < .05$ show significant differences between the pre-test and post test scores. This suggests parents learned they should not use physical discipline with their child. This could be interpreted as learning to provide a safer environment with less risk for future maltreatment for the child.*

Q13. Overall I rate BBPG

	Poor	Fair	Average	Good	Excellent	<i>p < .05</i>
Pre-test	0%	2%	14%	33%	51%	4.39
Posttest	1%	1%	9%	27%	62%	4.47

COMMENT:

Q13 – Although no significant differences were found, when combining the “good” and “excellent” pre-test rating (81%) to the same post-test rating (89%), the BBPG parents gave BBPG an overall strong positive rating

Q14 Would you recommend BBPG to another parent?

	No	Yes	Undecided	
Pretest	3%	90%	7%	
Posttest	1%	94%	5%	4% increase

COMMENT:

Q14 – Again, BBPG parents strongly endorse the BBPG experience and learning. Q14b – provides some of the parents’ commentary around why they would recommend it to another parent.

Q14b – Why?

Parents provided a number of reasons why they would recommend BBPG. Listed below are illustrations of some of the parents' comments. Non-identifying numbers (P3, P39, P57) were assigned to each parent.

P3 - "Allowed me to see things in proper perspective"

P5 "They encourage a learning environment that is open and comfortable"

P8 "Great program for parents to learn more about how to be a better parent"

P28 "Simple, common sense is taught, very easy-going, relaxed environment"

P39 "Nobody is the perfect parent; we are constantly learning & this program helps make you the best way to parent your child"

P55 "Because it reminds a parent of their responsibility to their child"

P56 "Because I have learned how to discipline"

P57 "Learned more about raising children & how easy it can be using good parenting skills"

P76 "Because it really makes you think about how you should discipline your children"

P77 "Because it gives parents ideas about different kinds of disciplining and that discipline should be what parenting is all about"

II - PARENT SELF REPORT – Summary

Parents were clearly satisfied with the BBPG, felt they learned a lot about how to improve their parenting, they felt safe to participate in the group, they benefited from others' experiences, and they would recommend the program to other parents. Most importantly, these parents rated significant achievement on key learning outcomes:

- ❖ Learned about child development
- ❖ Learned how to discipline their child appropriately without using physical discipline
- ❖ Learned how to use community supports

III - AAPI-2 – Standardized Test

The Adult-Adolescent Parenting Inventory 2 (AAPI-2) was administered at three time points:

- ❖ Pre-test (Time 1 = just as BBPG started)
- ❖ Post-test (Time 2 = at the completion of BBPG)
- ❖ Follow-up (Time 3 = 3 months after BBPG ended).

The AAPI-2 was for the most part easy for parents to do. While the strength of the tool lies in its established psychometric properties and ability to distinguish maltreating parents from non-maltreating parents, the tool is not without its limitations. For example, it is an American tool and has some culture-bound issues (e.g. uses terms like "Pacific Islander" and "Native American"). Also, given the diversity of languages and cultures in Toronto, the tool only came in English and Spanish, resulting in some challenges in parents reading and comprehension abilities. Additionally, it is an extremely time-consuming process to score this tool. Finally, the tools fifth assessment construct, *Power and Independence*, was not completely appropriate for the age group under study: six and under.

Notwithstanding the issues noted above, compliance with tool completion was excellent, with most parents completing the tool for all three-time points.

- ◆ Time 1 (n=89) completion rate = 94%
- ◆ Time 2 (n=86) completion rate = 90%
- ◆ Time 3 (n=75) completion rate = 79%.

Sten Scores

The tool is first calculated for a raw score and then re-scored for the sten score (which is a special case of standard ten score. Ergo, the name *s*(tandard)*t*en or sten. The raw scores can range from 1 to 50 and are transformed to a sten score, which have been normalized and to a range from 1 (low parenting capabilities) to 10 (exceptional parenting capabilities). The advantage of the sten score is that it includes the range of scores within the general population. For example, a sten of 5 is received by 19.1% of the general population. A sten score of 8 represents 9.2% of the general population and indicates a score higher than 84.1% of the general population. The AAPI-2 allows for an analysis of the sample score to be compared to the percentage of the people in the general population who would receive the same score.

Low sten scores range from 1 to 4 and indicate "a high risk for practicing known abusive parenting practices" and about a third (31%) of the general population holds these views. The mid-range scores are 4 to 7 and represent the parenting attitudes of the over half of the general population (53%). High sten scores range from 7 to 10 and reflect a nurturing, non-abusive parenting philosophy, which about 16% of the general population holds (Bavolek & Keene, 2001, 22).

STEN SCORES BY GENERAL POPULATION (GPop) %

Sten	1	2	3	4	5	6	7	8	9	10
GPop	2.3%	4.4%	9.2%	15.0%	19.1%	19.1%	15.0%	9.2%	4.4%	2.3%

CUMMULATIVE (Cum) % OF STEN SCORE
2.3% 6.7% 15.9% 30.9% 50.0% 69.1% 84.1% 93.3% 97.7% 100%

How AAPI-2 data can reflect learning gains made by BBPG parents, is illustrated below. For example, BBPG parents' pre-test sten scores on "Family Roles" are compared to their follow-up "Family Roles" sten scores.

The pre-test sten scores show one-in-four BBPG parents (24.7%) had a sten score of 3 or less, indicating little understanding and acceptance by the parent of the needs of the child. The general population scores find that just one-in-six (15.9%) parents hold these more negative parenting views. Clearly, before BBPG training, a large proportion of parents held the view that the needs of the parent take precedence over the needs of the child and that the child exists to meet the needs of their caregivers.

By BBPG three-month follow-up mark, those inappropriate parental attitudes and role expectations had dropped to only about one-in-eight BBPG parents (13.3%). This is even lower than is found in the general population. This learning acquisition is important to note and understand as "appropriate role clarification is an essential ingredient to effective parent-child nurturing" (Bavolek et al., 2001, 24).

BBPG STEN PRETEST SCORE FOR "FAMILY ROLES" (prior to BBPG)

Sten	1	2	3	4	5	6	7	8	9	10
BPPG	4.5%	9.0%	11.2%	16.9%	23.6%	14.6%	14.6%	5.6%	0%	0%
Cum %	4.5%	13.5%	24.7%	41.6%	65.2%	79.8%	94.4%	100%		
GPop %	2.3%	6.7%	15.9%	30.9%	50.0%	69.1%	84.1%	93.3%	97.7%	100%

BBPG STEN FOLLOW-UP SCORE FOR "FAMILY ROLES" (3 months after BBPG)

Sten	1	2	3	4	5	6	7	8	9	10
BPPG	2.7%	6.7%	4.0%	6.7%	10.7%	24.0%	25.3%	4.0%	5.3%	10.7%
Cum %	2.7%	9.3%	13.3%	20.0%	30.7%	54.7%	80.0%	84.0%	89.3%	100%
GPop %	2.3%	6.7%	15.9%	30.9%	50.0%	69.1%	84.1%	93.3%	97.7%	100%

Clinical Interpretation of AAPI-2 Constructs (Bavolek et al, 2001, 23)

Construct A: Inappropriate Expectations of Children

Hi Sten Scores – indicate a realistic understanding of the developmental capabilities of children, as well as a general acceptance of developmental limitations. Caregivers who have appropriate expectations of children's capabilities tend to encourage self-growth and environmental exploration in children. These parents tend to have a higher self-concept as an individual and a more positive attitude about their abilities as a caregiver.

Low Sten Scores -- indicate a general lack of understanding of the developmental capabilities of children. Individuals who expect children to achieve at a higher level than they are capable often display a sense of self-inadequacy and perceived inadequacy as a caregiver. Children become a vehicle by which competence as a caregiver is measured.

When children fail to meet the expectations, rejection and abuse may result. The failure on the part of the child is perceived by the caregiver as an affirmation of their own parenting and self inadequacies

Construct B: Inability to be Empathetically Aware of Children's Needs

Hi Sten Scores – the foundation of a nurturing parenting is the ability of the caregiver to demonstrate empathy toward the needs of children. Children and their needs are not looked down upon but rather are valued. Children are listened to, comforted when hurt, supported when feeling inadequate, and accepted for who they are, rather than for what or how they can help make the caregiver's life easier. Empathetic caregivers are capable of utilizing alternatives to corporal punishment and believe hitting a child is not a healthy type of parent-child interaction.

Low Sten Scores – a low empathic awareness of their children's needs often have difficulty helping children find ways to meet their needs. Non-empathic caregivers find hitting a child much easier than listening to or talking to a child. The normal developmental demands that children have are viewed as bothersome and annoying. Low empathy caregivers fear spoiling their children by attending to their needs, often have children for a variety of reasons, like companionship, someone to care about, someone to look after their needs.

Construct C: Belief in the Value of Corporal Punishment

Hi Sten Scores – indicate the use of alternative strategies to corporal punishment, a general dislike for spanking children and a positive attitude toward non-violent ways of providing discipline. Often support positive empathic attitudes of children's needs (Construct B)

Low Sten Scores – hitting is the only way children learn to obey rules and stay out of trouble. Many believe fear, pain, or belittlement teach appropriate healthy behaviours to children. Where hitting is common practice, families, communication is usually limited, family rules are not established or are established by the parents and are strictly for children only, and recognition of children's feelings and needs is usually limited.

Construct D: Parent-Child Role Reversal

Hi Sten Scores – often indicate an understanding and acceptance of the needs of self and children. The needs of caregivers are important but meeting the needs at the cost of the children's needs is not acceptable. Caregivers find their peers more appropriate for helping them meet their social, physical, emotional and sexual needs. A clear understanding of the role of "parent" and "child" is apparent. Children are permitted to "be children" rather than pseudo-caregivers.

Low Sten Scores – where parent-child role reversal occurs, children are perceived as objects for adult gratification. In essence, children exist to meet needs of their caregivers. These needs may be social, emotional, physical or sexual, where companionship, love, affection and a sense of being wanted and needed are sought by the caregiver. Individuals who reverse parent-child roles are usually very needy and often feel insecure and inadequate. Needs of the child are secondary to the needs of the caregiver.

Construct E: Oppressing Children's Power and Independence

Hi Sten Scores – generally mean parents place a strong value on children feeling empowered, where they are given choices, have input into planning family activities, are encouraged to problem solve, brainstorm solutions, cooperate, have input into family rules, and are allowed to express their feelings and opinions. Obedience is replaced with cooperation; feelings of powerlessness are replaced with feelings of empowerment.

Low Sten Scores – generally means parents place strong emphasis on obedience: having children do what they are told to do, when they are told to do it. Obedient children do not challenge parental authority, do not express opinions except when asked, learn how to suppress feelings of discomfort, and generally stay out of their parent's way. Differences of opinions are viewed as back talk and disrespect. Parents who demand obedience as the basis for their discipline often use threats and physical punishment to ensure their demands are followed through.

NOTE: CONSTRUCT "E" DATA WERE NOT REPORTED AS NOT APPROPRIATE FOR CHILD COHORT (AGE 6 AND UNDER)

AAPI-2 Results

For an overview of BBPG AAPI test analysis using paired T-tests, see Table 7.

Table 7- AAPI-2 Results	LOW SCORE High Risk Abusive Parenting Practices			MID-RANGE Parenting Attitudes of General Population				HIGH SCORE Nurturing, Non-Abusive Parenting		
STEN SCORE	1	2	3	4	5	6	7	8	9	10

Expectations										
A	Pre						6.19 *			
	Post					5.87 *				
	Follow up					5.84				

Empathy									
B	Pre					5.22			
	Post					5.50			
	Follow up					5.49			

Corporal Punishment										
C	Pre						6.36			
	Post						6.26			
	Follow up						6.19			

Family Roles											
D	Pre				4.76 * / **						
	Post					5.81 *					
	Follow up						6.16 **				

Power & Independence							
E	Pre				Not Reporting – as goals not appropriate for child cohort: (35% < 1; 69% <4yrs)		
	Post						
	Follow up						

* = p < .05 level of significance

"Expectations" Pre scores compared to Post scores

n= 044

"Family Roles" Pre scores compared to Post scores

p=.044
n= 000

"Family Roles" Pre scores compared to Follow-up scores

p = .000

Initial viewing of the data suggests that:

1 - When sten scores are averaged across all 95 BBPG parents, at all time points (pre, post and follow-up), all the parents' scores fall within the norm (sten scores 4 to 7)

2 - Only with "Family Roles" was the preferred direction achieved – from lower sten scores at pre-test to higher sten scores at the post-test and follow-up time points.

In fact, closer examination of the pre-test sten scores (see Table 8) for just the parents who fell into the High Risk Level (sten scores 1 to 3) finds with "Expectations" (Cumulative Pre Test Score 9.0%) and "Corporal Punishment" (Cumulative Pre Test 3.4%), BBPG Hi Risk parents appear to be below the general population norm (Cumulative Population Norm 15.9%). However, with "Empathy" (Cumulative Pre Test 16.9%) and "Family Roles" (Cumulative Pre Test 24.7%), at the pre-test level (prior to BBPG), there are more High Risk BBPG parents than expected in the general population breakdown (Cumulative Population Norm 15.9%). This finding aligns with clinical experience: while not all BBPG parents have maltreated their child, BBPG parents do appear to need help in understanding more about appropriate parenting roles, as well as assistance in learning how to engage with their child in more nurturing ways. At the three month follow-up mark, the test results suggest BBPG had the most impact with High Risk parents in "Empathy" and "Parental Roles". The findings are suggestive that the BBPG intervention can positively impact parents who start with "beyond the norm" high-risk beliefs and parenting attitudes and help them learn more acceptable attitudes and behaviours. This shift is critical in reducing the risk of future harm to the children.

Table 8 AAPI-2 High Risk Level	LOW SCORE High Risk Abusive Parenting Practices			Cumulative Population %
STEN SCORE	1	2	3	
General Population %	2.3%	4.4%	9.2	
Cumulative %	2.3%	6.7%	15.9%	15.9%

Expectations					
A	Pre (n=89)	1.1%	1.1%	6.7%	9.0%
	Post (n=86)	1.2%	1.3%	3.5%	5.8%
	Follow up (n=75)	0%	5.3%	5.3%	10.7%

Empathy					
B	Pre	4.5%	4.5%	7.95	16.9%
	Post	5.8%	7.0%	3.5%	16.3%
	Follow up	2.7%	8.0%	6.7%	17.3%

Corporal Punishment					
C	Pre	1.1%	0%	2.2%	3.4%
	Post	0%	0%	2.3%	2.3%
	Follow up	0%	0%	4.05	4.0%

Family Roles					
D	Pre	4.5%	9.0%	11.2%	24.7%
	Post	5.8%	1.2%	5.8%	12.8%
	Follow up	2.7%	6.75	4.0%	13.3%

CONCLUDING COMMENTS

The Child Welfare Parenting Education Workgroup championed the BBPG study, which evolved from a partnership with many community agencies that identified two key needs. The first need was for a supportive and effective parenting education course for parents with young children, who are involved with a child welfare agency. The second need was to advance evidence-based practice. In April 2003, the Workgroup applied to the Centre of Excellence for Child Welfare to evaluate the effectiveness of BBPG; in June 2003, the Workgroup was notified that they were awarded \$25,000. to conduct this key and relevant research.

The BBPG study involved 95 parents involved with one of the four Toronto child welfare agencies. All study parents had a child aged six or under, who wanted or required a parenting course: BBPG. Ten BBPG group facilitators, from as many agencies, provided the service. Service intent required all BBPG trainers receive standardized training. The study intent was to evaluate BBPG for its impact, effectiveness and participant satisfaction. The goal was to compare the BBPG parents' results to a comparative sample of parents who had not taken BBPG, but there were not enough "Wait List" parents to generate a comparison/control sample. Notwithstanding the lack of a comparison group, study findings support that BBPG is effective in advancing parent's knowledge about children, BBPG assists in changing harmful attitudes and parenting practices, and BBPG has high recipient satisfaction. For a summary of study findings, see Table 9.

Much more research on BBPG is needed to better understand how, why, what, for whom, and for how long BBPG works. Practice knowledge needs to be informed by empirical evidence in order to better guide more effective differential response. For example, would the highest risk parents benefit from a more intense and longer BBPG service? Reporting, investigation and substantiation of child maltreatment across Canada jumped from 9.64 per thousand in 1998 to 21.71 in 2003 (Trocme et al., 2005). Thus, there is a compelling need to fund BBPG intervention and to continue to evaluate its ability to reduce child risk and increase child safety over time through improved parenting. While much remains to be known about the effectiveness and impact of BBPG, this study marks a successful and important first step in that journey.

Table 9 - Summary of Study Findings

AREAS	STUDY QUESTION	OUTCOME	EVIDENCE (Significance = p <.05)	SOURCE
Satisfaction	Are BBPG parents satisfied with the service?	YES	89% rated it "Excellent" (62%) or "Good" (27%)	Self-Report
	Would BBPG parents recommend the group?	YES	94% would recommend BBPG to another parent	Self-Report
Knowledge Changes	Did BBPG parents learn more about child development (CD)?	YES	p = .04 =difference from pre-test: post test scores Parents said they "learned more" about CD	Self-Report
	Did BBPG parents learn more non-physical child discipline (NPD) methods?	YES	p = .00 =difference from pre-test:post-test scores Parents said they "learned more" about NPD	Self-Report
	Did BBPG parents learn more about how to use community supports (CS)?	YES	p=.05 =difference from pre-test:post-test scores Parents said they "learned more" about CS use	Self-Report
Attitude Changes	Did BBPG change how parents view their parenting role?	YES	p=.000 from pre-test: post-test= positive change p=.000 from post-test:follow up =positive change	AAPI-2
	Did BBPG change High Risk Parents views on use of corporal punishment / physical discipline	SUGGESTED	Pre-test 3.4% (% High-risk parents) dropped to post-test 2.3% (% High-risk parents)	AAPI-2
Behaviour Changes	Did BBPG change parent's use of physical discipline (PD)?	YES	p=.001 Pre-test (65% say "never use PD ") to Post-test (93% say "never use PD")	Self-Report

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APPENDIX A

CHILD WELFARE PARENTING EDUCATION (NETWORK) WORKGROUP

Heather MacDonald Kerrin Churchill	<i>Aisling Discoveries Child and Family Centre</i> <i>Aisling Discoveries Child and Family Centre</i>
Patti Rose-Vellucci	<i>Catholic Children's Aid Society</i>
Valerie Enright Deborah Goodman Cindy Himmelstein Christine Katakar Ronalee Kunz, Winnifred Plummer Sharron Richards	<i>Children's Aid Society of Toronto</i> <i>Children's Aid Society of Toronto</i>
Michele Button	<i>Children's Services – City of Toronto</i>
Catherine Moher	<i>Gerrard Resource Centre</i>
Sandra Molina Nesta Blake	<i>Jane Finch Community and Family Centre</i> <i>Jane Finch Community and Family Centre</i>
Heather Shimkovitz	<i>Jewish Family and Child Service</i>
Katherine Hodgson-McMahon	<i>Toronto First Duty – ACTT-Secord/Dawes Project</i>
Debbie Bridge Brian Russell Karen Marshall	<i>Lakeshore Area Multiservice Project</i> <i>Lakeshore Area Multiservice Project</i> <i>Lakeshore Area Multiservice Project</i>
Shirley Gillis-Kendall	<i>Native Child and Family Services of Toronto</i>
Brenda Ponic	<i>St. Joseph's Health Centre</i>
Debbie Zanetti	<i>Toronto Public Health</i>

APPENDIX B **BEYOND THE BASICS Parenting Group**

BEYOND THE BASICS Parenting Group is funded by the United Way through a Success By 6 initiative administered by Agincourt Community Services Association. **BEYOND THE BASICS** is offered in a community setting to parents/caregivers who have a child 6 years of age or under, who are involved with a child welfare agency and who are recommended or required to attend a parenting group. Aisling Discoveries Child and Family Centre, the Children's Aid Society and Not Your Average Daycare are partners with Agincourt Community Services Association to deliver the 10-week program three times per year, to residents of Scarborough. The program is free to participants. Interpreters are provided as needed.

The **Beyond The Basics Parenting Group** was developed to create a relaxed, accepting environment where parents share information, techniques and challenges and at the same time, learn new approaches to parenting. Qualified group facilitators use role modeling and group work skills to include everyone in discussion and problem solving about parenting issues. Group facilitators do not assess parenting capacity.

Evaluation research of the program's effectiveness is being conducted with group participants for the Winter 2004 session. Individual participation in the study is voluntary and consent will be needed. A Study Information Sheet explains the why, what, how, who and risks and benefits of the study.

OBJECTIVES	TOPICS
<ul style="list-style-type: none">• Increase in positive parenting interactions.• Decrease in harsh discipline.• Increase in parent involvement with child.• Increase in parent satisfaction.• Improvements in parenting skills.	<ul style="list-style-type: none">• Child development• Discipline without hitting, spanking or shaking.• The importance of routines.• Feeding and mealtimes.• Methods to boost children's self-esteem.• Quality family activities.

FEATURES OF THE BEYOND THE BASICS PARENTING GROUP
<ul style="list-style-type: none">• Play-based learning, which is experiential and spans literacy levels.• A variety of teaching methods to address different learning styles of hearing, seeing and doing.• A male and female facilitator for each group.• Letters verifying attendance and /or completion of the program for participants mandated by child welfare to attend. <p>To help parents attend – the program provides public transit tickets, childcare, and healthy snacks in a community-based setting, accessible by public transit.</p>

Wednesdays, Jan. 21 – Mar. 31, 2004	6:00 p.m. – 7:30 p.m.
Scarborough East Ontario Early Years Centre MORNINGSIDE MALL 255 Morningside Ave. (at Kingston Rd. and Lawrence)	
To register: Call Greg Babcock @ (416) 924-4640 ext. 3278	

Funding to evaluate the effectiveness of
BEYOND THE BASICS Parenting Groups
is provided by the
Centre of Excellence for Child Welfare

APPENDIX C

BEYOND THE BASICS Parenting Group

January 2004

Thank you for referring parents/caregivers to the BEYOND THE BASICS Parenting Group. Here is some information about the group that may be helpful.

BEYOND THE BASICS Parenting Group is offered in community settings to parents/caregivers who have a child 6 years of age or under, who are involved with a child welfare agency and who are recommended or required to attend parenting education. The group was developed to create a relaxed, accepting environment where parent/caregivers share information, techniques and challenges and at the same time, learn new approaches to parenting. The curriculum is based on principles and techniques from both social-learning and cognitive-behavioural theory.

The primary objectives of the Parenting Group include:

- Increased positive parenting interactions
- Decreased harsh discipline
- Increased parent involvement with child
- Increased parent satisfaction
- Improved parenting skills

In order to achieve these aims, the group provides a structured program of parenting skills development over 10 weeks during 90-minute sessions. Facilitators use play-based learning activities to stimulate discussion. Participants are given written material each week to support each topic theme. Topics for weekly sessions include:

- | | |
|----------------|---|
| Week 1 | Getting to know you (this extra session has been added to accommodate the research being conducted) |
| Week 2 | Parenting Bingo (challenges and joys of being a parent) |
| Week 3 | Learning Through Play (learning about child development) |
| Week 4 | Appropriate Discipline (video scenarios depicting behaviour management techniques) |
| Week 5 | Inappropriate discipline (what is child abuse and neglect?) |
| Week 6 | The importance of routines (establishing safety and security) |
| Week 7 | Time out! (establishing clear, consistent rules) |
| Week 8 | Munching Without Misery (making healthy food choices) |
| Week 9 | Quality family activities (spending time together – play and praise) |
| Week 10 | Building self-esteem |
| Week 11 | Review, feedback and celebration |

You are aware that knowledge of parenting skills does not always guarantee effective parenting. Dealing daily with the stresses of poverty, inadequate housing, lack of parenting supports, substance abuse, family violence, immigration and refugee issues etc. can seriously compromise one's ability to parent effectively. Therefore, it is the responsibility of the referring worker to familiarize themselves with the goals set by the parent(s) they've referred, as well as to discuss with them the topic being addressed in each of the weekly group sessions. It is important to know not only what the parent(s) are learning but to also observe, during family and access visits, if and how they are applying what they have learned.

Group facilitators understand that workers who are referring their clients to the group would like to have detailed information about their clients participation in the group, that will help them to make important decisions concerning the wellbeing of children. **However, BEYOND THE BASICS Parenting Group facilitators do not assess parenting capacity.** No notes or records are kept that document any individual's participation or progress. **The only information that is recorded and shared with referring workers, lawyers or the court relates to attendance.**

It is hoped that the research "*Evaluating the effectiveness of BEYOND THE BASICS Parenting Groups for parents/caregivers of young children involved with child welfare*", funded by the Centre of Excellence for Child Welfare, will provide evidence that will inform future groups. A standardized tool (questionnaire) is being used that provides an index of risk in five specific parenting and child rearing behaviours: inappropriate expectations of children; parental lack of empathy towards children's needs; strong belief in the use of corporal punishment as means of discipline; reversing parent-child role responsibilities; and, oppressing children's power and independence. It is expected that research results will be available by the fall of 2004.

APPENDIX D

The Children's Aid Society of Toronto in conjunction with partners
Aisling Discoveries Child & Family Centre, Catholic Children's Aid Society,
East York Toronto First Duty – ACTT Secord/Dawes Sites, Jane Finch
Community Centre, Jewish Family & Child Service, Lakeshore Area
Multiservices Project & Native Child & Family Services of Toronto



are excited to announce parenting groups for parents or caregivers who are involved with a CAS and have a child 6 or under

BEYOND THE BASICS ***Parenting Groups***

BEYOND THE BASICS is aimed at:

Parents or caregivers involved with a CAS, who have a child or children 6 years of age or under, and who are recommended or required to take a parenting course

Objectives:

- Group members learn about how children develop
- Group members learn about non-physical discipline methods
- Group members learn effective parenting strategies
- Group members learn about community and social supports

Method:

- **BEYOND THE BASICS** is a standardized, co-led, 10 week, community-based group intervention that takes a maximum of 15 participants
- Groups are co-led by **BEYOND THE BASICS** trained CAS staff and community facilitators
- Evaluation research is being conducted with all the groups, although individual participation is voluntary. Because a large number of referrals are needed to ensure a "control or wait-list group", supervisors are asked to encourage workers to refer

Sites Offered:

- September 2003 and Winter 2004, **BEYOND THE BASICS** will be offered in:
 - Scarborough call Greg Babcock, CAST 416 – 924-4640 x 3278
 - North York call Ronalee Kunz, CAST 416 – 924-4640 x 3460
 - Etobicoke call Karen Marshall, LAMP 416 – 252 – 6471 x 278
 - Toronto [Native families] call Isaac Mandamin, NCFS 416 – 969-8510 x 6
 - East York/Toronto call Katherine Hodgson-McMahon, TFD 416 – 686 – 3390 x302

Registration/Information:

To register a parent or caregiver for a **BEYOND THE BASICS** group, please contact the appropriate site. For more information about groups please call Sharron Richards or Deborah Goodman at 416-924-4640 (CAST).

Request: Supervisors, please review this with your staff and consider whether you have appropriate referrals. Full groups and a wait list group help us meet our research requirements

APPENDIX E

AISLING DISCOVERIES and the Children's Aid Society of
Child and Family Centre Toronto



presents

TRAINING FOR FACILITATORS of the

BEYOND THE BASICS Parenting Group

BEYOND THE BASICS Parenting Group is a ten-session program for parents / caregivers involved with child welfare who are recommended / required to attend parenting education

Monday, June 2, 2003 9:30 a.m. - 5 p.m.
(lunch on your own)

CAST Training Room, 4th fl., 4211 Yonge St.

Participants will

- Examine the history, philosophy and methodology of the BEYOND THE BASICS Parenting Group model
- Identify the steps to successfully organize, promote, staff and deliver a ten-session BEYOND THE BASICS Parenting Group
- Practice play-based learning activities used in group sessions

Registration:

- Limited to 15 participants: please register by May 26, 2003
- Participants are expected to co-facilitate a BEYOND THE BASICS Parenting Group within 12 months
- Participants are expected to participate in evaluation research
- Participants need the approval of their supervisor

Registration Fee: \$75 payable to Aisling Discoveries Child and Family Centre

To Register: Call Heather MacDonald (416) 321-5464 ext.263

BEYOND THE BASICS Parenting Group: A Resource Manual for Facilitators will be available from Aisling Discoveries Child and Family Centre at the training event for \$50

Group facilitators who are starting their group in September will have a follow -up meeting on Sept. 12, 2003 from 9:30 – 11:30 a.m. at 4211 Yonge St.

APPENDIX F **CONSENT FORM**

Evaluating the Effectiveness of *Beyond the Basics Parenting Group* For Parents/Caregivers of Young Children Involved with Child Welfare

Please Read Carefully

I understand this study is evaluating the effectiveness of the *Beyond the Basics Parenting Group* intervention. The information I provide will be used by the social work researchers, Drs. Nico Trocme and Deborah Goodman, to evaluate the effectiveness of the *BPPG*.

I understand the study involves the Children's Aid Society of Toronto, Catholic Children's Aid Society, Jewish Family & Children's Service and Native Child and Family Services along with Aisling Discoveries Child and Family Centre, Lakeshore Area Multiservices Project, Jane/Finch Community Centre and East York/Toronto First Duty –ACTT Secord/Dawes Sites. Funding of the study is from the Centre of Excellence in Child Welfare.

I have read, received and understand the Study Information Sheet and am aware of the following:

- My participation in this study is voluntary and I may withdraw from this study at any time, for any reason, without penalty or loss of *BPPG* service.
- All questions regarding the study are welcome and I have the right to have the questions answered to my satisfaction by the researcher. I also have the right to refuse to answer questions.
- There is no known risk of physical or psychological harm in participating in the study
- My privacy and anonymity will be protected through the use of non-identifying participant codes. The data I provide for the study will be confidential and results will be reported in aggregate form.
- Upon my request, study results will be made available to me
- There is a compensation payment of \$25.00 that will be provided to me at the end of the study for my participation in this study. If I decide to withdraw from the study, the money is still provided.
- I will receive a copy of this consent form

I have read the above, understand what is requested and I voluntarily consent to participate in the *Beyond the Basics Parenting Group* Study.

Signature _____ Date: _____

If you have any questions please contact
Dr. Deborah Goodman at: (416) 924-4640 ext. 3663

APPENDIX G

BEYOND THE BASICS Parenting Group

Rev. 04/11/03

We would like to find out more about the people who are attending the BEYOND THE BASICS Parenting Group. If you choose to complete this questionnaire, you do not need to put your name on it. The information will only be used by researchers to generally describe parents/caregivers who attend the group.

Date: _____ Site: _____ ID# _____

1. What level of education have you completed?

- | | | |
|--|--|---|
| <input type="checkbox"/> elementary school | <input type="checkbox"/> some college | <input type="checkbox"/> completed university |
| <input type="checkbox"/> some high school | <input type="checkbox"/> completed college | |
| <input type="checkbox"/> completed high school | <input type="checkbox"/> some university | |

2. What is your current work / employment status?

- | | | |
|---|--|--|
| <input type="checkbox"/> part-time work | <input type="checkbox"/> student at school | <input type="checkbox"/> combination _____ |
| <input type="checkbox"/> full-time work | <input type="checkbox"/> volunteer | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> unemployed | | |

3. Would you describe yourself as having a disability? yes no

If yes, is it

- | | | |
|--|---|--|
| <input type="checkbox"/> physical disability
(example: eyesight assistive devices required) | <input type="checkbox"/> learning disability
(example: attention deficit disorder, dyslexia) | <input type="checkbox"/> developmental delay |
| | | <input type="checkbox"/> other _____ |

4. Would you describe yourself as having a longstanding health problem (for example, seizures, diabetes, anxiety, depression, bipolar disorder)? yes no

If yes, what is it? _____

5. Have you attended a BEYOND THE BASICS Parenting Group before? yes no

6. How did you hear about the BEYOND THE BASICS Parenting Group?

- | | |
|---|--|
| <input type="checkbox"/> child welfare worker | <input type="checkbox"/> lawyer |
| <input type="checkbox"/> friend | <input type="checkbox"/> family resource program |
| <input type="checkbox"/> public health | <input type="checkbox"/> other _____ |

7. Which community services / programs have you used in the last 2 years?

- | | |
|--|--|
| <input type="checkbox"/> Nobody's Perfect | <input type="checkbox"/> Nursery school |
| <input type="checkbox"/> Day care | <input type="checkbox"/> Family Resource Program |
| <input type="checkbox"/> Public Library programs | <input type="checkbox"/> other (please list) _____ |

APPENDIX H

BEYOND THE BASICS Parenting Groups

Self-Report

Participant Code # _____

Your evaluation of this group is very important as it allows us to evaluate the group's effectiveness and improve its quality. Your responses are confidential and anonymous.
Participation is voluntary. Please take a few minutes to complete this questionnaire. Thank you!

Date: _____

Location: Scarborough Etobicoke North York Central East York Spanish

Please circle your response From taking BEYOND THE BASICS...	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Don't Know
1. I learned more about how children develop than I previously knew	5	4	3	2	1	0
2. I learned more about how to discipline my child using non-physical ways than I previously knew	5	4	3	2	1	0
3. I learned more about how to use community supports (e.g. friends, extended family, neighbours, self help groups) than I previously knew	5	4	3	2	1	0
4. This group was well organized.	5	4	3	2	1	0
5. Group members were encouraged to express different opinions & share parenting experiences	5	4	3	2	1	0
6. The handout materials were helpful	5	4	3	2	1	0
7. The meeting space was adequate & comfortable	5	4	3	2	1	0
8. The group facilitators were well prepared	5	4	3	2	1	0
9. The group facilitators challenged me to think	5	4	3	2	1	0
10. The group facilitators maintained my interest	5	4	3	2	1	0

11. Before I attended this group, I used physical discipline with my child

all the time quite often now and then hardly ever never

12. Since I've attended this group, I use physical discipline with my child

all the time quite often now and then hardly ever never

13. Overall, I rate the BEYOND THE BASICS Parenting Group:

Excellent Good Average Fair Poor

14. a) Would you recommend BEYOND THE BASICS Parenting Group to another parent?

Yes No Undecided

14. b) Why?

15. Other Comments:

APPENDIX I
Adult-Adolescent Parenting Inventory
AAPI-2 Form C
Stephen J. Bavolek, Ph.D. and Richard G. Green, Ph.D.

Form B

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.	Children who express their opinions usually make things worse	SA	A	U	D	SD
2.	The problem with kids today is that parents give them too much freedom.	SA	A	U	D	SD
3.	Children should offer comfort when their parents are sad.	SA	A	U	D	SD
4.	Children who learn to recognize feelings in others are more successful in life.	SA	A	U	D	SD
5.	Spanking children when they misbehave teaches them how to behave.	SA	A	U	D	SD
6.	Children who bite others need to be bitten to teach them what it feels like.	SA	A	U	D	SD
7.	Children need to be potty trained as soon as they are two years old.	SA	A	U	D	SD
8.	Parents who are sensitive to their children's feelings and moods often spoil them.	SA	A	U	D	SD
9.	Crying is a sign of weakness in boys.	SA	A	U	D	SD
10.	Children should be obedient to authority figures.	SA	A	U	D	SD
11.	You cannot teach children respect by spanking them.	SA	A	U	D	SD
12.	Children learn violence from their parents.	SA	A	U	D	SD
13.	Parents' needs are more important than children's needs.	SA	A	U	D	SD
14.	Praising children is a good way to build their self-esteem	SA	A	U	D	SD
15.	Children nowadays have it too easy.	SA	A	U	D	SD
16.	Children should be the main source of comfort for their parents	SA	A	U	D	SD
17.	Parents expectations of their children should be high but appropriate	SA	A	U	D	SD
18.	Children who are spanked usually feel resentful towards their parents.	SA	A	U	D	SD
19.	Strong-willed toddlers need to be spanked to get them to behave.	SA	A	U	D	SD
20.	Children should be seen and not heard.	SA	A	U	D	SD

APPENDIX I
Adult-Adolescent Parenting Inventory
AAPI-2 Form C
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Form B

21. Parents who encourage their children to talk to them only end up listening to complaints	SA	A	U	D	SD
22. Give children an inch and they'll take a mile.	SA	A	U	D	SD
23. Parents spoil babies by picking them up when they cry.	SA	A	U	D	SD
24. Children should be considerate of their parents' needs.	SA	A	U	D	SD
25. In father's absence, the son needs to become the man of the house.	SA	A	U	D	SD
26. Consequences are necessary for family rules to have meaning.	SA	A	U	D	SD
27. Children should be taught to obey their parents at all times.	SA	A	U	D	SD
28. Mild spankings can begin between 15 to 18 months of age.	SA	A	U	D	SD
29. If a child is old enough to defy a parent, then he or she is old enough to be spanked.	SA	A	U	D	SD
30. The less children know, the better off they are.	SA	A	U	D	SD
31. Two year old children make a terrible mess of everything	SA	A	U	D	SD
32. If you love your children, you will spank them when they misbehave.	SA	A	U	D	SD
33. Parents should expect more from boys than girls.	SA	A	U	D	SD
34. Older children should be responsible for the care of their younger brothers and sisters.	SA	A	U	D	SD
35. Rewarding children's appropriate behavior is a good form of discipline.	SA	A	U	D	SD
36. Never hit a child.	SA	A	U	D	SD
37. Children who are spanked behave better than children who are not spanked.	SA	A	U	D	SD
38. Children should know when their parents are tired.	SA	A	U	D	SD
39. Good children always obey their parents	SA	A	U	D	SD
40. Children cry just to get attention.	SA	A	U	D	SD

Please feel free to write your comments on this page.

APPENDIX J

BEYOND THE BASICS

Parenting Groups

FACILITATORS GROUP REPORT

The facilitators' evaluation of your group is very important as it allows us to better understand the group's overall functioning in relation to the outcomes. We ask each facilitator to assess their group at completion (Week 10), by the dimensions listed below. No individual data are requested. Participation is voluntary. Please take a few minutes to complete this report. Thank you!

Date: _____

Location: Scarborough Etobicoke North York Central East York Spanish

Group Dimension	Definition	Little 25 points	Some 50 points	Good 75 points	Excellent 100 points	Unable to Assess	Research Use
Unity of Group	Degree of group unity/cohesion – <i>ranges from ongoing collection of individuals to strong, common purpose & “we-ness”</i>						
Group Climate	Level of group openness & expression – <i>ranges from none, closed or free expression at detriment of group development to open or free expression but observes total group welfare</i>						
Group Stability	Level of group stability – <i>ranges from high absenteeism which adversely impacts the group to low absenteeism, stable group</i>						
Basic Needs Met	Extent to which group gives members a sense of security, achievement, approval, recognition and belonging – <i>ranges from group adds little to most members' needs to group contributes substantively to basic needs of all members</i>						
Depth of Activities	Level of members use of activities/interactions – <i>ranges from little depth in activities/ discussions to great depth, challenge and learning</i>						
Mutual Aid	Degree members develop mutual aid skills - <i>ranges from little evidence to strong, consistent demonstration of mutual aid by group members</i>						
Optional Comments please print clearly							
Research Use							

APPENDIX K
BEYOND THE BASICS PARENTING GROUP
Data Collection Flow Chart - Fall 2003

WEEK	BBPG Intervention	Tools BBPG	Tools Wait List
Pre Group Week 1	Getting to Know Each Other ➤ Fill in missing referral info Group Norms Agreement	➤ Study Information Sheet ➤ Consent forms ➤ AAPI-2 pretest [buff]	➤ Study Information Sheet ➤ Consent forms ➤ Parent - AAP1-2
Week 2	Parenting Bingo	➤ Parent – 2 group goals	
Week 3	Learning Through Play ➤ Child development		
Week 4	Discipline without hitting, spanking or shaking		
Week 5	Inappropriate discipline		
Week 6	Time-Out ➤ Guiding children's behaviour	➤ Parent Self Report ➤ Personal Information	➤ Parent Self Report ➤ Personal Information
Week 7	Importance of routines		
Week 8	Feeding and mealtimes		
Week 9	Quality family activities		
Week 10	Boosting self-esteem	➤ Parent - AAPI-2 post [green]	➤ Parent - AAPI-2 post
Week 11	Wrap-up and graduation	➤ Parent Self Report ➤ Parent – 2 group goals ➤ Group Facilitator Report	➤ Parent Self Report
Post 3 months	Follow –Up	➤ Parent AAPI-2 follow-up [white] ➤ Parent - \$25	➤ Parent AAPI-2 follow-up ➤ Parent - \$25
Referral Info.		➤ Non-identifying referral info	➤ Non-identifying referral info

Group 1 – Scarborough

Group 2 – Etobicoke

Group 3 – North York

Group 4 – Native

Group 5 – East York/Toronto

Group 6 – Spanish

APPENDIX L

BEYOND THE BASICS Parenting Group

Cost Estimate 2004

Trained Facilitators	2 @ \$35 hr. x 4 hrs./wk x 10 wks. (planning, preparation, delivery of program, debriefing, food purchase and preparation, purchase of transit tickets, arrangements with community site)	\$ 2,800
Supervision	2 hours @ \$50 per hour	\$ 100
Childcare	Qualified ECE provider \$25 hr. x 2 hr./wk x 10 wks. Other provider \$14 hr. x 2 hr./wk. X 10 wks	\$ 500 \$ 280
Transportation	16 adult fares @ 2/wk. X 10 weeks = 320 @ 2.00 6 child fares @ 2/wk. X 10 weeks = 120 @ .50 mileage for group facilitators 50 km. X 10 weeks x .30 km	\$ 640 \$ 60 \$ 150
Food & Craft Supplies	\$75 wk. X 10 wks.	\$ 750
Administration / Photocopying / Office Supplies		\$ 500
Sub-Total		\$5,780.
One time costs:	<ul style="list-style-type: none"> • Learning Through Play Game • Video: Shaking Hitting and Spanking: What to do instead • Beyond the Basics Parenting Group MANUAL • 7 hours of Training for each Facilitator 	\$ 50 \$ 100 \$ 55 \$100 \$305.
TOTAL PER GROUP		\$6,085.