



# A Brief Evaluation of **Online Parents Plus Programmes**

Delivered via Parentline



## Introduction

This report aims to outline the findings of a brief evaluation of the online delivery of Parents Plus evidence-based group programmes as part of a collaborative project between the Parents Plus and Parentline charities. The report begins by providing some background details, context, and rationale. It then presents the results of the study's qualitative analysis, followed by thematic qualitative feedback from participating parents, and finally discusses the findings. It concludes by highlighting implications for clinical practice in online facilitated parent group delivery and recommendations for further research.

## Context and Rationale

This project began in the Autumn of 2020 as a response to the volume of demand for parenting support during the COVID-19 period. Parentline was experiencing a high volume of parents reaching out for support for themselves and their children struggling with mental health challenges, including anxiety and depression, behavioural challenges, additional needs and a range of other stressful issues affecting them, including separation and divorce.

The programmes are delivered by Accredited Parents Plus facilitators, using a solution-focused practice model, with 12 – 14 parents in each group, over six 2-hour sessions. A pre-programme individual goal-setting session is conducted with each parent before starting to help parents understand the content of the programmes and consider what change they want for themselves and their children. An initial report examining the impact of the programmes in an online setting was conducted in 2021. That early report looked at a total of 135 families who participated in the groups, including the Parents Plus Adolescents (12-16 yrs), Parents Plus Children (6-12 yrs), Parents Plus Early Years (1-6 yrs), and Parenting When Separated programmes. Parents attending reported positively on the programmes, with 97% of parents who engaged in the feedback evaluation expressing a positive experience of attending the groups online. They could connect with and hear from each other, getting and giving advice and support, and they rated this aspect highly. The other highlights in terms of participant feedback were the helpfulness of the strategies they learnt during the programmes, such as parent self-regulation, using the 'pause button', the power of encouragement, the benefits of positive communication techniques when engaging with their children, and parent self-care. In line with international research, these findings confirmed that the delivery of these evidence-based programmes online was a suitable method of support for parents (Floean et al., 2020). With funding from the Community Foundation of Ireland via the RTE Toy Show Appeal, the project was able to scale up delivery of online Parents Plus programmes with further partners including Parentline, ADHD Ireland and Family Carers Ireland, the Limerick Northside Family Resource Centre and the Mid-West Family Resource Centre Network.

With this funding, between June 2022 and June 2024, 69 further programmes have been run across the Parents Plus programme suite, reaching up to 850 parents.

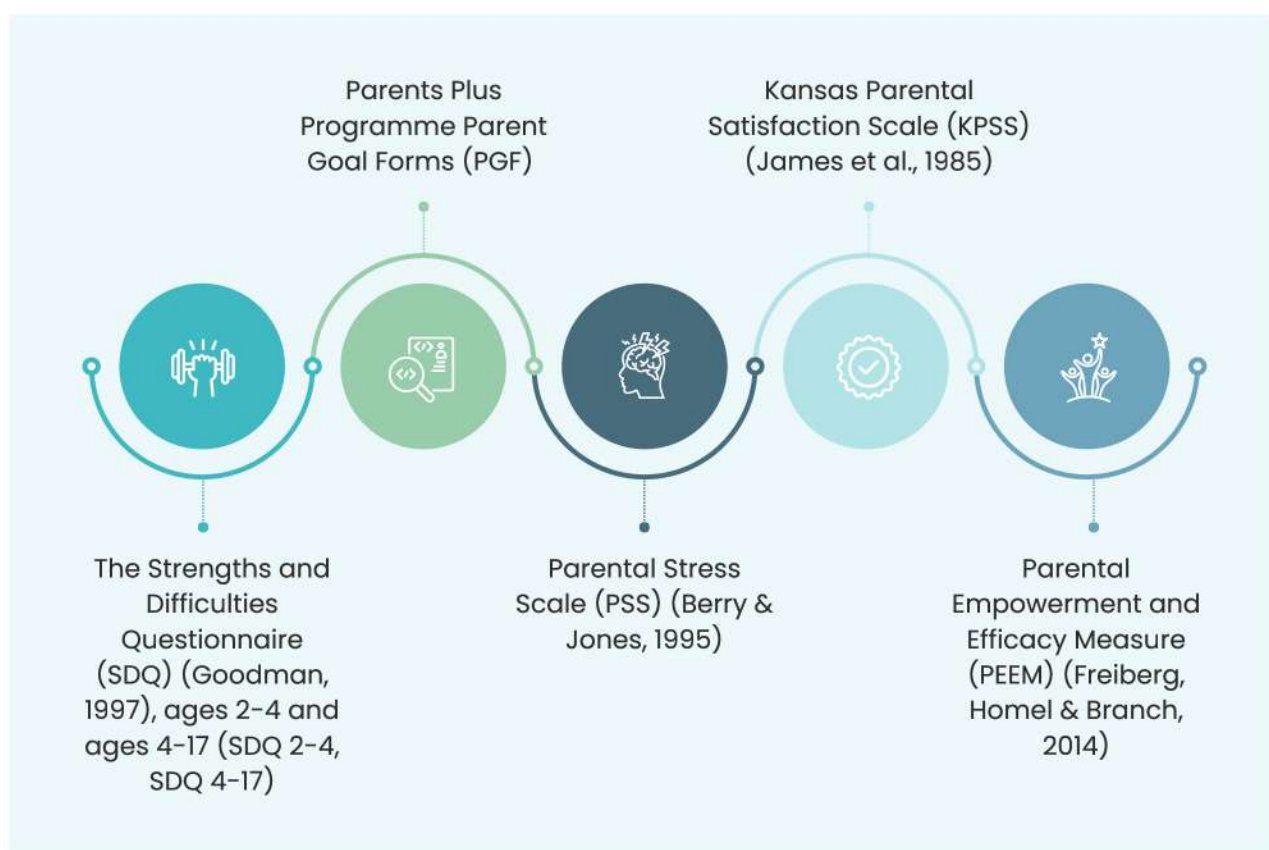
A sample of the parents attending the online Parents Plus programmes via Parentline between January 2022 and December 2023 consented to participate in an evaluation of programme impact. This study is presented below.



## Design and Method

A longitudinal repeated measures model was adopted in which N=134 parents taking part in one of the PP programmes – Parents Plus Early Years (PPEY), Parents Plus Children's Programme (PPCP), ParentsPlus Adolescent Programme (PPAP), and ParentsPlus Parenting When Separated (PP-PWS), consented to data collection before beginning the programme (Pre-PP), on completion of the programme (Post-PP) and six months after completion of the programme (Follow-up).

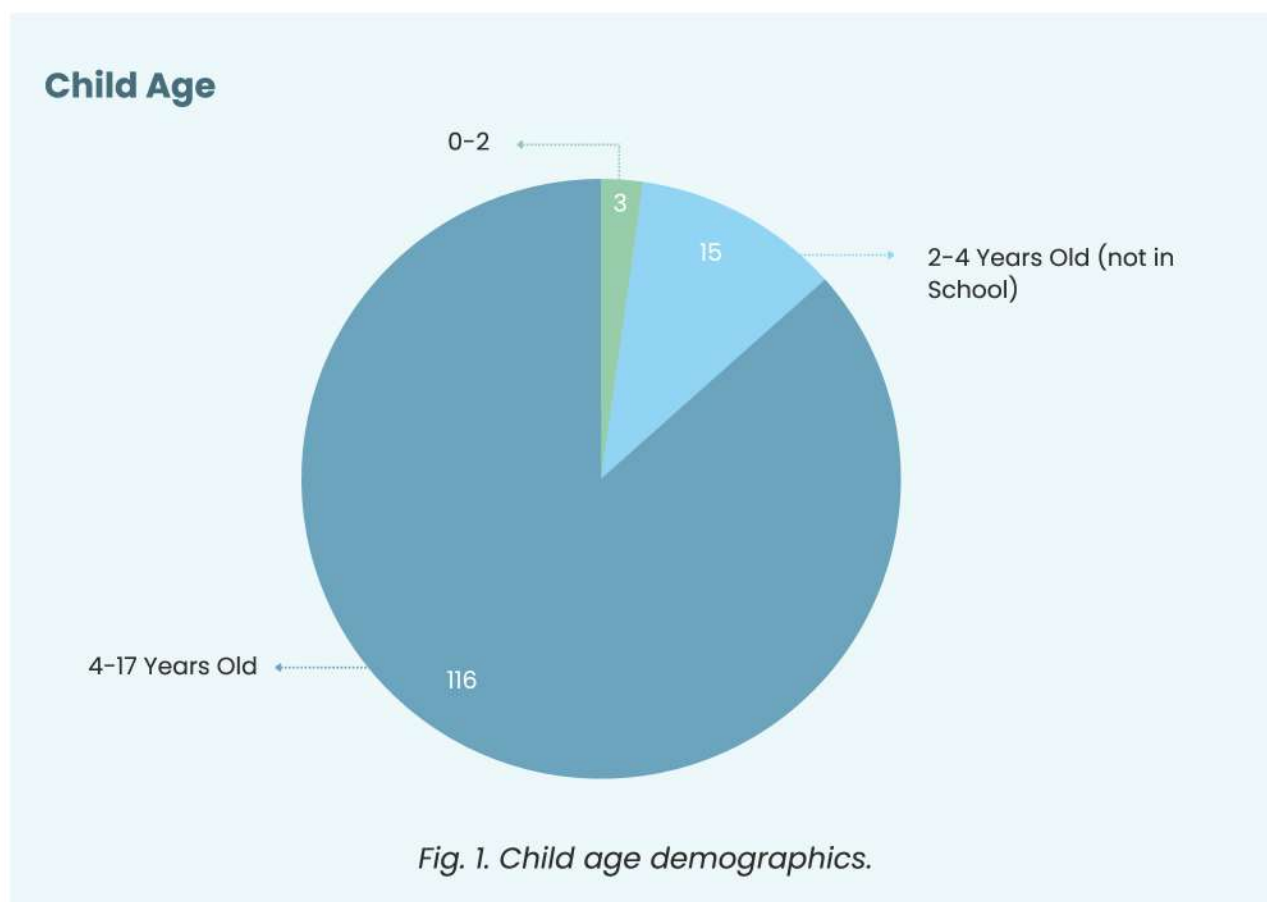
A set of standardised measures was used, including:



The collected data was subsequently analysed using multilevel modelling, which provided insight into the estimated adjustment of parent-reported measure scores over time. Qualitative data was gathered using an 'End of Course Review' completed by parents.

## Demographics

Parents provided insights into 134 children aged between 0 and 17. See Fig. 1 below for a breakdown of children's age demographics.



## Quantitative Findings

### KPSS

Analysis of the parenting satisfaction, KPSS revealed a significant positive trajectory in scores over time  $\beta = 1.15$ ,  $p < .001$ , 95% CI [0.80, 1.50]. Higher scores in the KPSS are associated with greater levels of parental satisfaction, suggesting that parents experienced greater satisfaction after completing their chosen Parents Plus programme and these effects held at 6 months follow-up. This effect exhibited a small effect size .06 (Cohen's  $f^2$ ) (Cohen, 2013). See Fig. 2 and Table 1 for details.

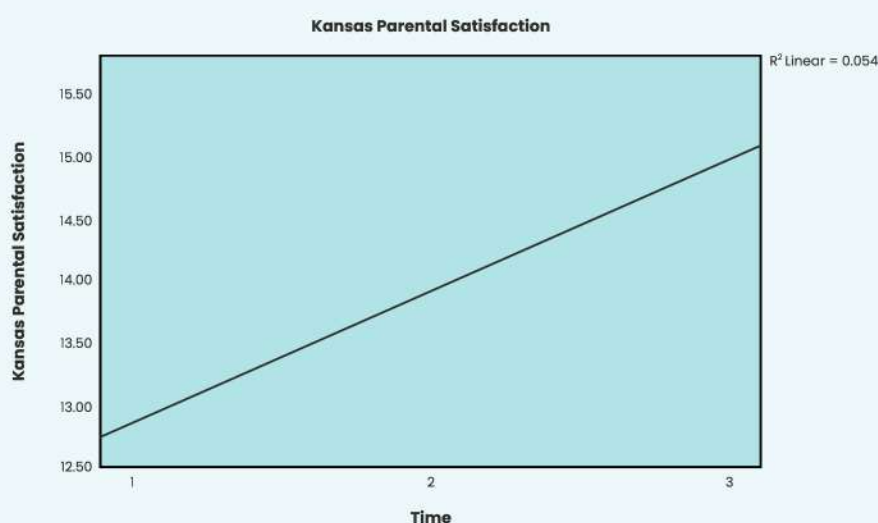


Fig. 2. Trajectory of Kansas Parental Satisfaction Scores across 1 (Pre-programme), 2 (Post-programme), 3 (Follow-up).

### PEEM

Analysis of parental empowerment and efficacy, PEEM revealed a significant positive trajectory in scores over time  $\beta = 5.39$ ,  $p < .001$ , 95% CI [2.89, 7.89]. Higher scores in the PEEM are associated with greater levels of parental empowerment and efficacy, suggesting that parents experienced a greater sense of empowerment and efficacy after completing their chosen Parents Plus programme. The positive trajectory continued after the programmes ended and into the follow-up phase. This effect exhibited a small effect size .03 (Cohen's  $f^2$ ) (Cohen, 2013). See Fig. 3 and Table 1 for details.

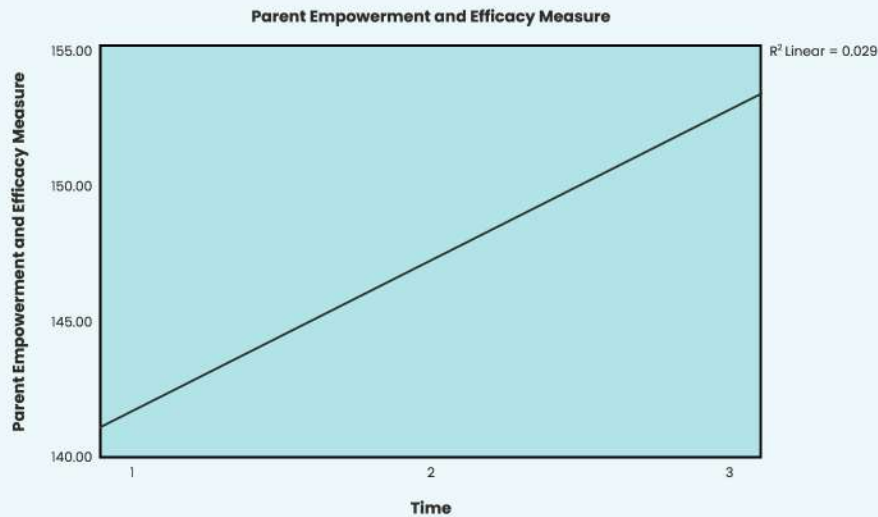


Fig. 3. The trajectory of Parent Empowerment and Efficacy (PEEM) across 1 (Pre-programme), 2 (Post-programme), and 3 (Follow-up).

### PSS

PSS analysis of parent stress revealed a non-significant drop in scores over time  $\beta = -0.70$ ,  $p = .14$ , 95% CI  $[-1.64, 0.24]$ . Higher PSS scores are associated with greater levels of parental stress. Although found to be non-significant, a drop in scores implies a reduction in stress levels was observed, specific to this cohort of parents. See Fig. 4 and Table 1 for details.

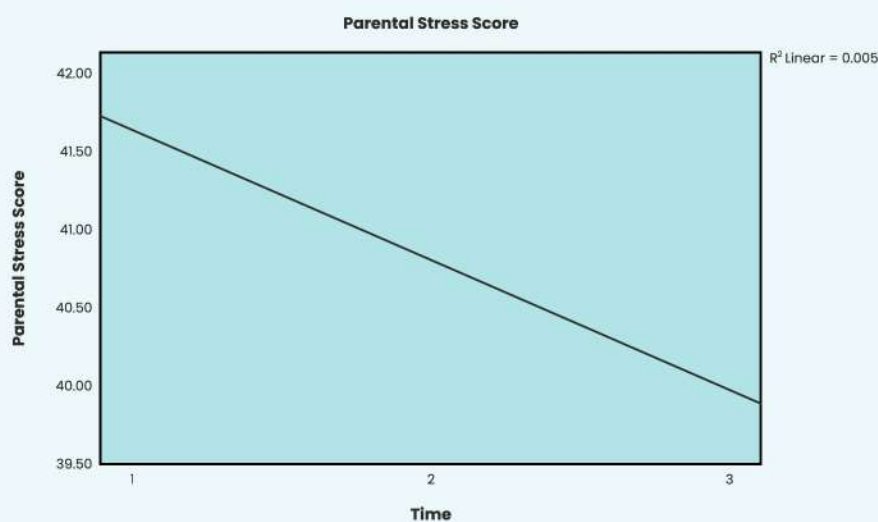
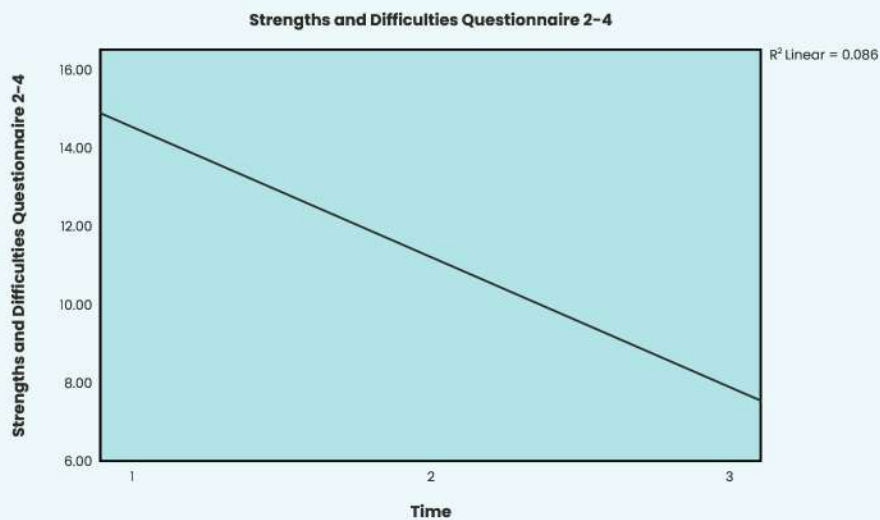


Fig. 4. Trajectory of Parental Stress Scores across 1 (Pre-programme), 2 (Post-programme), 3 (Follow-up).

### SDQ – 2-4

Analysis of the Strengths and Difficulties for children aged 2-4 (N=15) revealed a non-significant downward trajectory in scores over time  $\beta = -1.97$ ,  $p = .09$ , 95% CI  $[-4.29, 0.36]$ . Higher scores in the SDQ 2-4 are associated with more problems with peers, emotions, conduct, and hyperactivity. Although observed as non-significant, a downward trajectory suggests a reduction in problems with peers, emotions, conduct and hyperactivity specific to this cohort of families. See Fig. 5 and Table 1 for details.



*Fig. 5. Trajectory of Strengths and Difficulties Questionnaire 2-4 Scores across 1 (Pre-programme), 2 (Post-programme), 3 (Follow-up).*

### SDQ – 4-17

Analysis of the Strengths and Difficulties for children aged 4-18 (N=116) revealed a significant downward trajectory in scores over time  $\beta = -1.53$ ,  $p = .004$ , 95% CI  $[-2.56, -0.50]$ . Similar to the SDQ 2-4, higher scores are associated with a more significant number of problems with peers, emotions, conduct, and hyperactivity, suggesting parents observed their child exhibit a reduction in these problems after completing their chosen Parents Plus programme and the effects continued into the post programme follow-up period. This effect exhibited a small effect size .02 (Cohen's  $f^2$ ) (Cohen, 2013). See Fig. 6 and Table 1 for details.

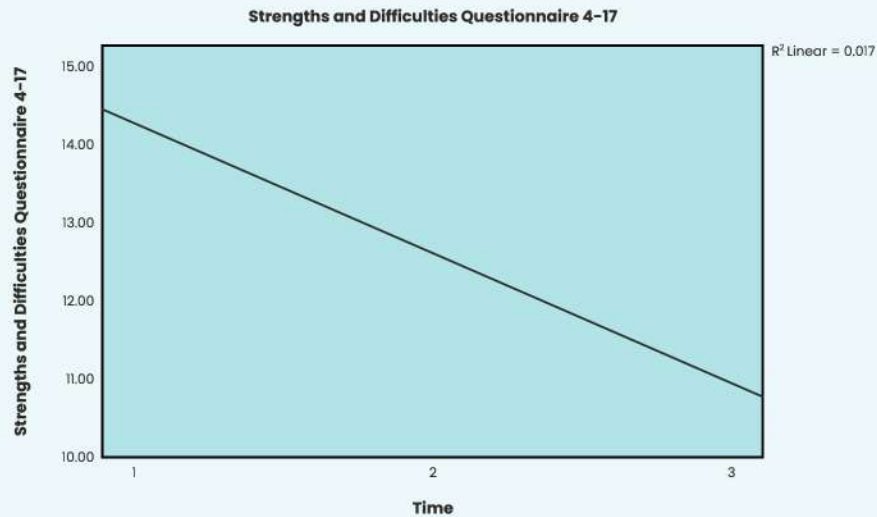


Fig. 6. Strengths and Difficulties Questionnaire Scores 4-17 Scores across 1 (Pre-programme), 2 (Post-programme), 3 (Follow-up).

Table 1. Estimates of Fixed effects for the trajectory of subscale scores over [EBI] time.

Subscale	$\beta$	Std. Error	df	T	p	CI Lower Bnd.*	CI Upper Bnd.*
Kansas Parental Satisfaction Score (KPSS)	1.15	0.18	154.13	6.49	<.001	0.80	1.50
The Parent Empowerment and Efficacy Measure (PEEM)	5.39	1.26	151.59	4.26	<.001	2.89	7.89
Parental Stress Scale (PSS)	-0.70	0.47	162.24	-1.48	.14	-1.64	0.24
Strengths and Difficulties Questionnaire 2-4 Total (SDQ 2-4)	-1.97	1.04	9.88	-1.87	.09	-4.29	0.36
Strengths and Difficulties Questionnaire 4-17 Total (SDQ 4-17)	-1.53	0.52	95.14	-2.94	.004	-2.56	-0.50

\*95% Confidence Interval

## Clinical Threshold Cut-off Analyses of SDQ – 4-17

SDQ 4-17 scores were analysed to explore potential differences between scores calculated above and below the cut-off threshold for clinical level problems. Total SDQ 4-17 age group scores greater or equal to 17 signify potentially clinically problematic issues. A cut-off threshold is also given for each associated SDQ 4-17 subscales – Conduct Problems  $\geq 5$ , Emotional Problems  $\geq 5$ , Hyperactivity  $\geq 7$ , Peer Relationship Problems  $\geq 4$ , Prosocial Behaviour  $\leq 4$  (Bryant et al., 2020). Of the 116 children aged between 4 and 17, 41 had clinically abnormal (Clinical group) scores, while 74 had scores calculated below the threshold (Non-clinical group). Both groups were explored using multilevel modelling to compare changes in SDQ 4-17 scores following the completion of Parents Plus programmes.

In reviewing SDQ 4-17 subscales, it was observed that the clinical group exhibited significant improvement in SDQ Total, Conduct Problems, Prosocial Behaviours and Emotional Problems, signifying less child conduct, more prosocial behaviour, and greater emotional regulation following completion of the parent intervention. The non-clinical threshold group exhibited significant score trajectories in SDQ Conduct Problems, suggesting improvements in child conduct following the completion of the parent intervention. The evaluation comparing differences in scoring trajectories indicates that the programmes provided were successful in catering to clinical populations, which showed greater improvements than non-clinical populations. Due to differences in group size (Clinical group = 41, Non-clinical = 74), equal variance was explored, and equal variance was confirmed for SDQ Emotional Problems, Prosocial Behaviour, and Conduct Problems. Of the significant effects recognised, equality of variance could not be assumed for SDQ total and warrants further evaluation with a larger cohort of parents to replicate these findings. See Table 2 for scoring comparisons between Clinical and Non-clinical groups and Table 3 for fixed effects of SDQ 4-17 subscales.

Table 2. Comparison of Fixed effects estimates between groups below and above the clinical threshold for SDQ 4-17.

Subscale				$\beta$				
$\beta$	p	CI Lower Bnd.*	CI Upper Bnd.*	Subscale	$\beta$	p	CI Lower Bnd.*	CI Upper Bnd.*
-0.49	.37	-1.57	0.59	SDQ Total	-1.53	.004	-2.56	-0.50
-0.40	.03	-0.77	-0.04	SDQ Conduct Problems	-0.51	.003	-0.84	-0.18
0.11	.65	-0.37	0.58	SDQ Prosocial Behaviours	0.37	.04	0.01	0.73
-0.07	.74	-0.48	0.34	SDQ Peer Relationships Problems	-0.11	.52	-0.46	0.23
0.40	.10	-0.08	0.88	SDQ Hyperactivity Problems	-0.07	.75	-0.47	0.34
-0.44	.09	-0.96	0.07	SDQ Emotional Problems	-0.71	.004	-1.19	-0.24

\*95% Confidence Interval

Table 3. Estimates of Fixed effects for the trajectory of the Strengths and Difficulties Questionnaire (SDQ) 4-17 subscales over time.

Subscale	$\beta$	Std. Error	df	T	p	CI Lower Bnd.*	CI Upper Bnd.*
SDQ 4-17 Conduct Problems	-0.51	0.17	91.94	-3.09	.003	-0.84	-0.18
SDQ 4-17 Prosocial Behaviour	0.37	0.18	86.50	2.05	.04	0.01	0.73

SDQ 4-17 Peer Relationship Problems	-0.11	0.17	93.57	-0.64	.52	-0.46	0.23
SDQ 4-17 Hyperactivity Problems	-0.07	0.20	95.67	-0.32	.75	-0.47	0.34
SDQ 4-17 Emotional Problems	-0.71	0.24	92.27	-2.97	.004	-1.19	-0.24

*\*95% Confidence Interval*

## Parent Goal Analysis – Pre and Post averages

As part of the routine delivery of a Parents Plus programme, the facilitator meets with parents individually at the beginning of the course and supports them in completing the 'Parent Goal Form' outlining goals for themselves for attending the course and goals for their children. Parents are asked to score where they are with progress towards these goals pre-programme and review this again as the programme ends. The analysis of the changes in goal achievement pre- to post-programme is presented below.



*Fig. 7 shows the average of all goals set for parents and children before and after the intervention on a 1-10 scale, where 1 = far away from reaching the goal and 10 = goal reached.*

This data shows a 3-point increase in goal achievement for child-oriented goals pre- to post-programme and similar results for the goals the parents set for themselves for attending the programme. This is in line with previous Parents Plus research with large cohorts of parents. Parents feeling that they are making progress towards their family goals shows an important positive effect on their attendance at the interventions.

*Table 4. Selection of goal examples set by parents, including goals for themselves and their children across Parents Plus Parentline programmes.*

Programme	Goals	Examples
PWS	Child	"So that the effects of the separation don't fall on the children – to help them understand what is happening and that it isn't their fault".
	Parent	"That we would speak respectfully to each other in the family".
	Relationship with other parent	"Find a way of interacting with my children's mam that doesn't end in conflict each time".
PPEY	Child	"Get more positive interactions/communication/connection with my son".
	Parent	"Understanding my child's emotional regulation and being able to support her when she has meltdowns". "Increase the fun/enjoyment in our family environment".
PPCP	Child	"Good communication, that my child would trust me and talk to me".
	Parent	"Work on my own responses to challenging behaviours/reduce my stress/recovery from negative interactions". "Help my son's emotional regulation – how he can react in a more helpful way for him".
PPAP	Child	"A better [less stressful] morning routine for all the children".
	Parent	"To respond to challenges in a more positive/calm way with my daughter". "I'd like tools to support his emotional well-being, build his confidence and his self-esteem".

## Retention and attendance

Retention in these types of interventions is often challenging in terms of parent attendance and remaining with the programme through to the end. Retention in the groups was high, with 75% missing no more than one session and 93% of parents attending at least 50% of their course. Almost 30% of the families attending the Adolescent, Early Years, and Children's programmes had two parents attending from the same household.

## Qualitative feedback

Feedback on the courses was overwhelmingly positive, with parents reporting many benefits to them and their families having done the Parents Plus programmes. In their survey feedback, the parents highlighted improvements in family life and relationships. This came in the form of spending more positive one-to-one time together, having better routines, improving behaviour, and overall calmer households with improved family problem-solving and de-escalation of highly expressed emotions.

"Finding a better understanding of my daughter, taking time to acknowledge the emotions she is feeling and learning how to deal with those in a positive way for both of us".

"I made a conscious effort to spend 1:1 time with my children, especially my oldest. Looking back I think he was craving my attention but in the wrong ways. Tuning into his feelings and emotions instead of flying off the handle helped us both".

When asked what they found the most helpful over 70% of parents said they were reassured that they were not the only ones struggling.

"Taking time out to reflect on parenting, realising that other parents have many of the same struggles. Realising there is a lot I'm doing right too".

"Learning to observe without also judging or being critical, learning to 'catch' my child being good".

## Online versus in-person format

Many parents also reported the benefits of the online format.

"Online works very well – better than I expected for someone who wouldn't be used to Zoom".

"For busy parents, it helped as there wasn't any issue with organising childcare, and commuting. Was easy to allocate the time without the travel costs, etc".

"We couldn't have done it otherwise (if not online) – certainly not together".

## Analysing Themes

Feedback was analysed through thematic analyses to make further sense of the positive effects reported by parents, which captured four different themes parents identified as most helpful to them in their parenting. These themes were defined as 1) Facilitation, 2) Group Elements, 3) Resources, and 4) Parenting Techniques.

### Facilitation

Facilitation encompassed parent feedback, which focused on the role of the Parents Plus accredited facilitators in covering the course content and supporting parents within each group. In total, 17 parents highlighted the Facilitation as having been the focal point of a positive programme experience embodied in statements such as:

"Sharing experiences and [Facilitator] sharing [Their] experiences".

"[Facilitator] was very good, and the breakout rooms discussions were good".

### Group Elements

Group elements captured feedback that focused on the positives associated with group interventions, such as meeting others with similar challenges, listening to other people's situations, and engaging in group activities. Thirty-six parents highlighted Group Elements to have had the most significant impact on their parenting skills:

"Talking to other parents and see[ing] things from their perspective... [use of] break out rooms".

"Group chats, with other parents... [and] honest sharing".

"I learned most from the stories and experiences of others on the course".

"Realising that the struggles I have in parenting are pretty much universal".

## Resources

Resources represented the aids provided to parents, which they could access on a personal level. Such resources include the parent book, which is specific to each Parents Plus programme, and the use of videos to aid in delivering programme content. The theme of resources playing a key role in the programme was captured by eight parents, stating:

"[The most helpful part of the course was] the tips and information from the book".

"[The most helpful part of the course was] the video scenarios that gave us practical tips on how to go about certain parenting strategies".

## Parenting Techniques

Parents Plus interventions provide parents with insights into various parenting techniques compiled through consultation with parents and the application of evidence-based social and psychological theory. A total of 32 parents emphasised Parenting Techniques as what helped them most. These techniques included a focus on specific topics:

"How to best interact with your child. Pushing the stop button and having calm and respectful conversations".

"Learning different techniques [such as] pause [and] praise".

Parents also gained a greater holistic understanding to add to the specific techniques within the topics:

"Instead of trying to 'fix' my kids. I learned to look at what I could do to change my behaviour to help them in certain situations".

"[I started to] look at practical methods to alter the behaviour [but still give] an element of autonomy and choice [to my children].

## Conclusion

Empirical analysis of the effects of the Parents Plus programmes delivered online has been found to have positively impacted the families and parents who participated. The attendance rates were strong, and the parents reported good progress in achieving their own goals and goals for their children set at the beginning of the programme and reviewed at the end. In completing the programme most relevant to the challenges of each family, parents experienced greater parental satisfaction, empowerment, and efficacy in their parenting. Parents also reported improvements specific to their children, who exhibited fewer difficulties with their peers, emotions, conduct, and hyperactivity.

An in-depth examination of differences between clinical and non-clinical groups within the SDQ 4-17 suggested a significant range of improvement in Total Problems, Emotional Problems, Conduct Problems, and Prosocial Behaviour for families whose scores were considered in the clinical range.

A qualitative examination of insights from parents highlighted positive outcomes for themselves and their families, which could be categorised into four distinct themes: Facilitation, Group Elements, Resources, and Parenting Techniques. The impact that stood out was the accessibility for parents because the programmes were available online. This highlights the specific need for accessible parent support programmes and the gaps in available services for families needing this type of support.

## **Clinical Implications and Further Research Recommendations**

From a clinical and service delivery perspective, the evidence presented in this report strongly supports providing online programmes to support families experiencing a wide range of challenges. Facilitated online parent groups meet a need for those who cannot for whatever reasons attend programmes in person within services in their communities. In terms of measurable impacts reports via standardised questionnaires, we can confidently say that parents and families gained many benefits from attending and that those with higher clinical needs made strong gains. The fact that the groups are facilitated by trained accredited practitioners ensures that parents are provided with the space to interact together, sharing ideas and learning. The qualitative feedback highlighted this factor with parents valuing the solidarity and support of the group.

An important feature of the research findings presented in this report is that many participating families had complex difficulties that fell within the clinical range in the SDQ. The comparison between those in the normal range and clinical range showed that the online programmes are an effective option for those with complex needs. This is useful evidence in terms of service planning considering of good clinical outcomes.

The next phase in this research will be to compare the outcomes of the online groups with their in-person equivalents. Further research is recommended to explore the relative benefits of online and in-person delivery and hybrid formats. This study requires replicating to validate the observed more significant improvement for families that reached the clinical thresholds within the SDQ 4-17. Further research should aim for a greater sample size and extend the collection of descriptive information to include parent age and gender, as well as child gender, to integrate into the analytical models.

Overall, this has been a highly successful delivery of the online Parents Plus programmes in collaboration with Parentline and funded by the RTÉ Toy Show Appeal Transformative Grant with Community Foundation Ireland. It offers a strong rationale in terms of accessibility and impact for online parent programme provision.

## Authors

- Dr. Eileen Brosnan
- Liam McGrattan
- Lesley Lally
- Katie Eustace
- Cian O'Regan
- Prof. John Sharry

## Acknowledgements

We'd like to thank The Toy Show Appeal via the Community Foundation Ireland (CFI), for funding this work from June 2022 to June 2024.

Thanks to all the parents who took the time to participate in the evaluation.

Thanks also to the following individuals and organisations for their work and support on this project:

- Aileen Hickie, CEO, Parentline
- The Parentline team and volunteers
- Donna Kavanagh, Office Manager, Parents Plus
- Cherie Tyner, CEO, Parents Plus
- Breda Flood, Finance Manager, Parents Plus
- Dr. Charlotte Wilson, Adjunct Assistant Professor, Psychology, Trinity College Dublin
- Rosie McDonagh, Social Impact Manager, Community Foundation Ireland

A special thanks to the Accredited Parents Plus Facilitators who ran the parent groups:

- Karin Todd
- Fred Ehresmann
- Matt McDermott
- Clíodhna Cunningham
- Gill Moses
- Wendy Taylor
- Michelle Choudhry
- Fiona Hughes
- Claire Murphy
- Dr. Adele Keating

