

Family Foundations Outcome Evaluation

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March 2019

Contents

1. Acknowledgements	4
2. Executive Summary	5
3. Introduction	6
3.1. What is Family Foundations?	6
Who delivers Family Foundations?	9
Origins of Family Foundations	9
3.2. Parenting Groups	9
3.3. Evaluation intent and approach	10
3.4. The outcome evaluation	11
Collection and analysis of qualitative and quantitative data	12
Limitations of the outcome evaluation	16
4. Findings overview	17
5. Quantitative findings for Family Foundations	17
5.1. Parent Empowerment and Efficacy Measure (PEEM)	17
Summary of analysis of pre and post PEEM scores	18
5.2. The Strength and Difficulties questionnaire (SDQ)	18
Summary of SDQ scores for participants of Family Foundations	19
5.3. Family Foundations Questionnaire (FFQ)	19
6. Quantitative findings for parenting groups	20
6.1. Parent Empowerment and Efficacy Measure (PEEM)	20
6.2. The Strength and Difficulties questionnaire (SDQ)	20
6.3. Family Foundations Questionnaire (FFQ)	21
7. Qualitative findings for Family Foundations	22
7.1. Outcomes for parents	22
Improved parenting knowledge, attitudes, and practices	22
Improved help-seeking behaviours in parents	25
Improved emotional regulation in parents	25
Improved parenting confidence	26
Improved community connectedness for parents	27
7.2. Outcomes for children	27
Improved safety and trust in children	28
Improved help-seeking behaviours in children	29
Improved emotional regulation in children	29
Improved behavioural outcomes for children	30
8. Unintended consequences	30
9. Conclusions and implications	31
10. References	33
11. Appendix 1: Interview questions	34
11.1. Family Foundations program staff	34

11.2. Clients.....	35
11.3. Stakeholders	36
12. Appendix 2: Program logic.....	38

Tables

TABLE 1: SUMMARY OF KEY FINDINGS FROM THE FAMILY FOUNDATIONS PROCESS EVALUATION	10
TABLE 2: OUTCOME MEASUREMENT TOOLS	13
TABLE 3: ANALYSIS OF PEEM SCORES FOR FAMILY FOUNDATIONS PARTICIPATIONS (N = 24)	18
TABLE 4: ANALYSIS OF PEEM SCORES FOR HIGH-NEED FAMILY FOUNDATIONS PARTICIPATIONS (N = 7)	18
TABLE 5: ANALYSIS OF PEEM SCORES FOR MODERATE-NEED FAMILY FOUNDATIONS PARTICIPATIONS (N = 17).....	18
TABLE 6: ANALYSIS OF SDQ TOTAL DIFFICULTIES SCORES FOR FAMILY FOUNDATIONS PARTICIPATIONS (N = 19)	19
TABLE 7: ANALYSIS OF FFQ PARENTING SELF EFFICACY (PSE) DOMAIN SCORES FOR FAMILY FOUNDATIONS PARTICIPATIONS (N = 22)	19
TABLE 8: ANALYSIS OF FFQ PARENTING WARMTH (PW) DOMAIN SCORES FOR FAMILY FOUNDATIONS PARTICIPATIONS (N = 22)	19
TABLE 9: ANALYSIS OF FFQ PARENTING IRRITABILITY (PI) DOMAIN SCORES FOR FAMILY FOUNDATIONS PARTICIPATIONS (N = 22)	19
TABLE 10: ANALYSIS OF FFQ PARENTING CONSISTENCY (PC) DOMAIN SCORES FOR FAMILY FOUNDATIONS PARTICIPATIONS (N = 22)	20
TABLE 11: ANALYSIS OF PEEM SCORES FOR PARENTING GROUP PARTICIPATIONS (N = 30).....	20
TABLE 12: ANALYSIS OF SDQ TOTAL DIFFICULTIES SCORES FOR PARENTING GROUP PARTICIPATIONS (N = 9).....	20
TABLE 13: ANALYSIS OF FFQ PARENTING SELF EFFICACY (PSE) DOMAIN SCORES FOR PARENTING GROUP PARTICIPATIONS (N = 22)	21
TABLE 14: ANALYSIS OF FFQ PARENTING WARMTH (PW) DOMAIN SCORES FOR PARENTING GROUP PARTICIPATIONS (N = 22).....	21
TABLE 15: ANALYSIS OF FFQ PARENTING IRRITABILITY (PI) DOMAIN SCORES FOR PARENTING GROUP PARTICIPATIONS (N = 22)	21
TABLE 16: ANALYSIS OF FFQ PARENTING CONSISTENCY (PC) DOMAIN SCORES FOR PARENTING GROUP PARTICIPATIONS (N = 22)	22

Diagrams

DIAGRAM 1: FAMILY FOUNDATIONS PROCESS	7
DIAGRAM 2: REFERRAL DATA FOR FAMILY FOUNDATIONS	8

1. Acknowledgements

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The evaluation team wish to acknowledge their gratitude to the individuals, including program stakeholders, who provided information and assistance for this evaluation. Without their generous contributions this work would not have been possible.

The project builds on the work of the process evaluation team – Dr. Justin Barker, Rhys Thorpe and Professor Morag McArthur.

The outcome evaluation developed with assistance from the Family Foundations program staff and the Family Foundations Reference Group. The reference group members were Fiona MacGregor (Consultant), Dr. Justin Barker (Youth Coalition, formerly with the ACU ICPS), Professor Morag McArthur (formerly with the ACU), Nathalia Alfonso (Belconnen Community Service) and Sarah Conway (ACT Community Services Directorate).

ACT Government representatives are also acknowledged for providing feedback on the draft findings.

2. Executive Summary

The ACT Community Services Directorate (CSD) commissioned the ACU Institute of Child Protection Studies (ICPS) to conduct a process and outcome evaluation of Family Foundations. CSD, a government agency responsible for various human services functions in the ACT, funds the Belconnen Community Service to deliver Family Foundations. Family Foundations is an early intervention therapeutic program designed to promote strong, secure and healthy relationships between children aged 0-5 years and their parents/carers.

ICPS evaluators finalised the process evaluation in February 2018. It assessed the extent to which Family Foundations had been implemented as intended (see Barker, Thorpe and McArthur, 2018).

The outcome evaluation assessed the extent to which Family Foundations achieved intended outcomes. It involved a mixed methods approach. This approach involved collecting, analysing and interpreting qualitative and quantitative data to address the key evaluation questions.

The available evidence suggested that Family Foundations enhanced parenting capacity and contributed to improved outcomes for children. Changes in parenting capacity were evident in the test scores for quantitative outcome tools and the qualitative accounts of parents, practitioners and stakeholders. Test scores typically showed small, but statistically significant, improvements post-program participation. Parents, practitioners and stakeholders provided rich descriptions of how participating in Family Foundations had developed parenting knowledge and skills and improved parents' sense of self-confidence in their ability to meet their child's needs. Most parents noted an improved ability to recognise and manage their emotions when caring for their child. Parents and practitioners reported improvements in the emotional regulation and behavioural outcomes of their children. Parental participation in Family Foundations also appeared to have enhanced the quality of the parent-child attachment.

ICPS evaluators identified an unintended consequence for one parent who had participated in the program. This parent exited Family Foundations with lasting feelings of distress. While unfortunate, this experience appeared to be a consequence of the practitioner acting in the interests of the child. Available evidence suggested that program staff adopted process to keep the focus on the child and supported parents to understand the importance of this focus even in the event it may cause the parent discomfort.

A significant implication of the evaluation relates to whether Family Foundations reached the 'right' parents. Many parents entered Family Foundations with pre-program test scores that fell in the moderate band. While these families experienced improvements, the change was small. Yet, when the program engaged parent who demonstrated high need at the point of entry, the change in test scores post-program participation was more substantial than for parents with low to moderate parenting need. The important message here is that Family Foundations appeared to produce the most significant result for parents in greater need. ICPS evaluators recommend further reflection on whether BCS is appropriately set up to deliver 'blended prevention' (Prinz, 2015) – combining universal and targeted parenting supports in an integrated strategy.

3. Introduction

This report presents the findings from an outcome evaluation of *Family Foundations*, a parenting program. The evaluation assessed the extent to which Family Foundations achieved intended outcomes or results.

This section sets the scene for the evaluation. It introduces the Family Foundations program and outlines its origins. The evaluation questions and approach are detailed, along with information from the initial process evaluation conducted in 2017-18.

3.1. WHAT IS FAMILY FOUNDATIONS?

Family Foundations is an early intervention therapeutic program designed to promote strong, secure and healthy relationships between children aged 0-5 years and their parents/carers. Qualified practitioners support parents and care givers to explore their concerns and difficulties while building understanding and insight into their child's needs. The program aims to intervene early to improve life outcomes for children.

The Family Foundations program provides face to face sessions with one or more members of the family. The number of sessions varies according to the needs of the family (see diagram 2 for the details of the time families spent in the program). Typically, the sessions include the primary carer for a child and the Family Foundations practitioner. Where appropriate, the practitioner will observe interactions between the parent and their child to gain insights into the extent to which the parent is meeting their child's developmental needs. The location for sessions is flexible to suit the needs of the client. Sessions can take place at a client's home, in public locations or in any of the Family Foundations therapy rooms.

The Family and Child Action Plan informs the content of the sessions between parents and practitioners. The plan requires clients to reflect on their strengths and define goals to work towards as a family. Practitioners draw on the information in this tool, together with client feedback in sessions, to tailor appointments to build on the client's strengths and address their needs.

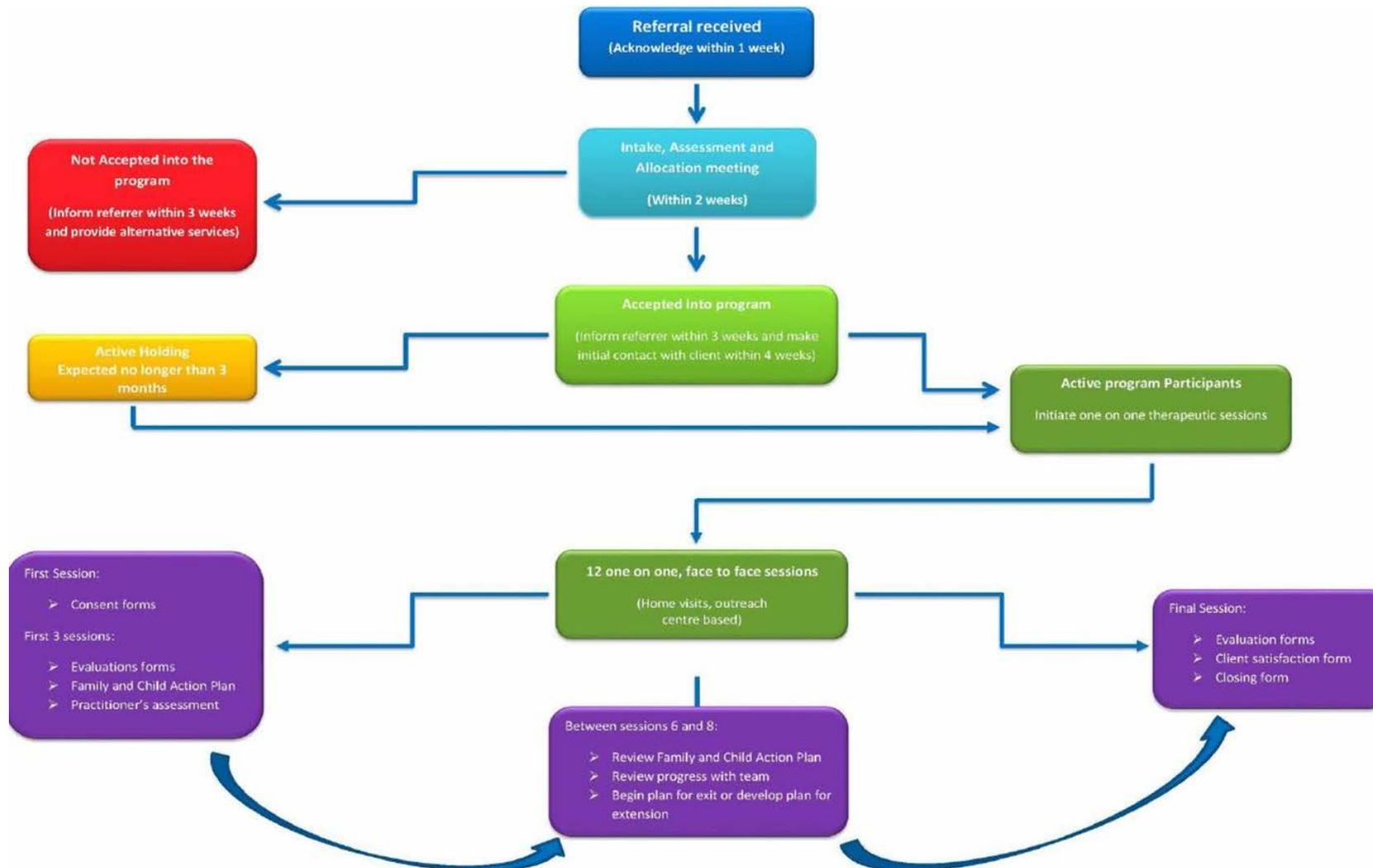
The program is open to receive self-referrals from parents as well as referrals from community service organisations. Services that refer to the Family Foundations program include the Maternal and Child Health Nursing service, Child and Family Centres¹ and OneLink (a central information and access point for human services for the Australian Capital Territory (ACT)). Referrals are accepted via email, phone or in person.

Diagram 1 shows the Family Foundations process. The process starts with the receipt of a referral. The referral is assessed, resulting in one of three outcomes possible: referral not accepted, accepted and placed in active holding, or accepted and allocated to a practitioner. In the event a referral is not accepted, the Family Foundations team provide details of other more appropriate services (see the section on parenting groups, page 9). If immediate referral to a Family Foundations practitioner cannot occur (i.e., the practitioners' caseloads are full), then eligible clients can consent to active holding. During an active holding response, a practitioner communicates with the client identifying needs that could be addressed by other services, such as parenting groups and Child and Family Centres. The third option is for eligible clients to immediately be allocated a practitioner.

Diagram 2 provides data on how many parents went through this process from January 2017 to October 2018 (the data collection period). Of the 176 parents referred to Family Foundations during the data collection period for the evaluation, 103 were accepted into the program. Of these parents, 64 parents had exited the program by mid-October 2018 (the end of the data collection period).

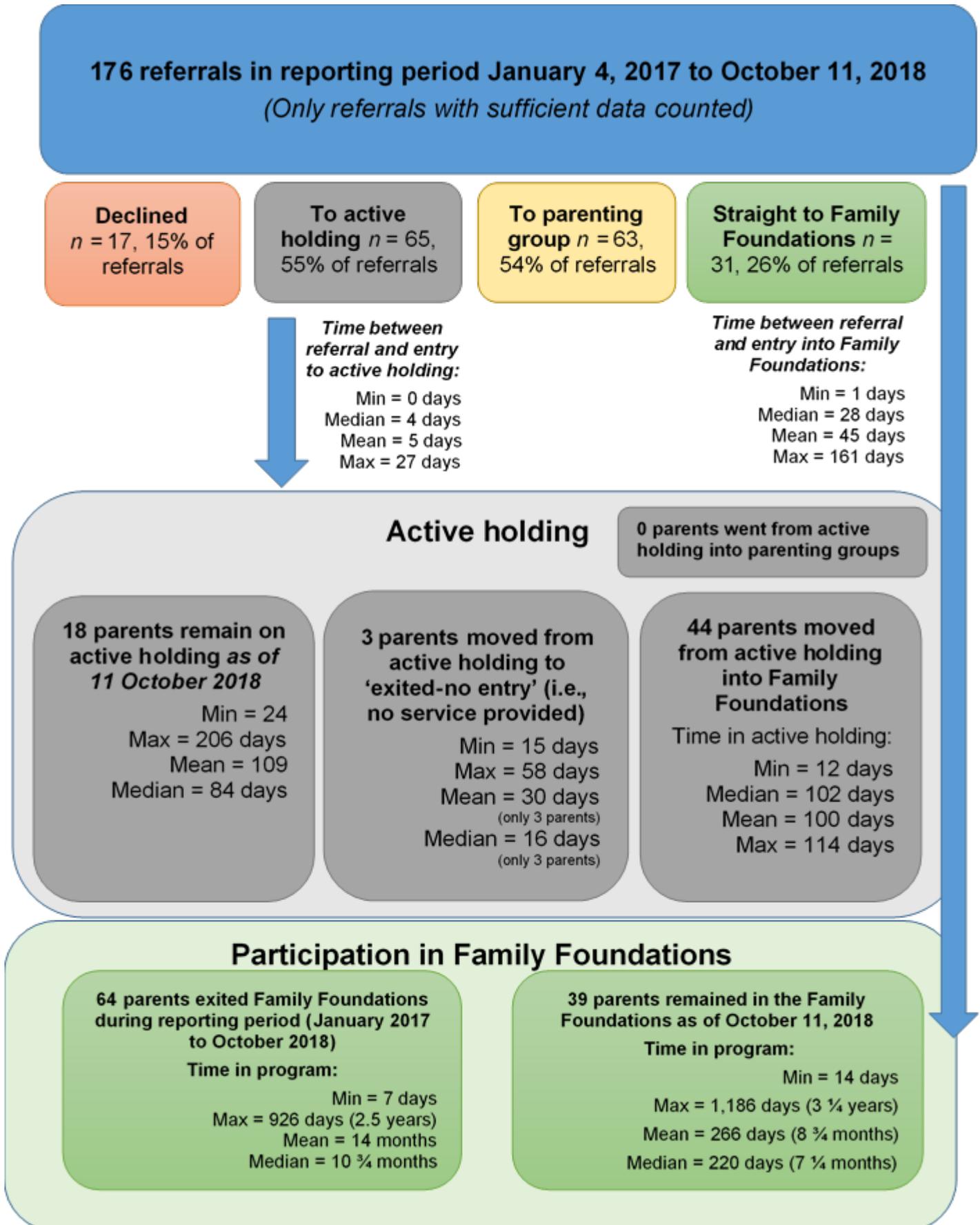
¹ The Child and Family Centres located at Gungahlin, Tuggeranong and West Belconnen work with local children, families and community organisations to determine the service need and the best way to provide services to enable children to reach their potential and to strengthen families. The CSD delivers the Child and Family Centres.

DIAGRAM 1: FAMILY FOUNDATIONS PROCESS



Source: Family Foundations program guidelines and procedures

DIAGRAM 2: REFERRAL DATA FOR FAMILY FOUNDATIONS



WHO DELIVERS FAMILY FOUNDATIONS?

Belconnen Community Service (BCS) delivers Family Foundations to parents and carers in the ACT. BCS has delivered childcare and community transport services since 1975. Over time these services have been expanded to in-home and social support, before and after school care, school holiday programs, youth services and housing support. Family Foundations is one of a suite of programs available to parents and care givers. Others include Circle of Security and Tuning in to Kids. Circle of Security is an 8-week parenting program designed to enhance attachment and security between parents and children aged up to 10 years. Tuning in to Kids teaches parents how to help their child to develop emotional intelligence.

ORIGINS OF FAMILY FOUNDATIONS

The ACT Community Services Directorate (CSD) provides funding to BCS to deliver Family Foundations. The CSD is a government agency responsible for various human services functions in the ACT, including multicultural and community affairs, public and community housing services and policy, children, youth and family support services and policy, and Child and Family Centres.

The Family Foundations program is managed through the Children's Services Program (CSP). CSD use the CSP to fund programs that assist vulnerable families to access short-term early childhood education and care.

Family Foundations came about following a review and redesign of CSP. In 2014, CSD commissioned a comprehensive independent review of CSP to determine if the program was still relevant to contemporary need and how it could be improved. The review identified opportunities to better align the program with the strategic directions of the ACT Government and enhance accountability for relevant program outcomes. It allowed CSD to redesign CSP from mid-2015 on. The redesign integrated early intervention support together with high quality early childhood education and care. The integrated response uses the expertise of the Child and Family Centres and other family support providers to deliver a suite of services to the families engaged in the program (ACT Government 2016). In 2016-17, CSP implemented a redesigned evidence-informed parenting support program. BCS were successful in a select tendering process to provide Family Foundations. BCS commenced delivery of Family Foundations in 2016.

3.2. PARENTING GROUPS

Not all the parents who are referred to Family Foundations are accepted. Some parents are ineligible (e.g., their child is aged 6 years or above). Practitioners may identify others as eligible but due to a full case load they invite these parents to enter 'active holding'. As appropriate, practitioners may invite 'ineligible' parents and/or those on active holding to join a parenting group, which is separate to the one-on-one Family Foundations program.

BCS delivers three parenting groups. These groups are Circle of Security, Tuning in to Kids and Seasons for Growth (including a children and young people's program and parent program). Circle of Security is an 8-week program designed to enhance attachment and security between parents and children aged up to ten years. Tuning in to Kids teaches parents how to help their child to develop emotional intelligence. Seasons for Growth is a grief and loss education program designed for families who are dealing with significant life changes such as the illness or death of family member or parental or family separation. Circle of Security, Tuning in to Kids and the Seasons for Growth parent program involve small group workshop sessions.

Family Foundations practitioners are trained to deliver these other evidence-based, manualised parenting programs. Practitioners aim to deliver one parenting group per school term.

Practitioner involvement in parenting groups presents several opportunities. Running parenting groups enables those parents and care givers who would benefit from Family Foundations to access parenting support until a space opens with Family Foundations. Alternatively, it may be that a parent originally identified as not needing the one-on-one support offered through Family Foundations consents to join a group. During the group sessions the practitioner may determine that further one-on-one support is needed and invites the parent to join Family Foundations.

Other key benefits relate to the practitioner expertise and community partnerships. Family Foundations practitioners can introduce Family Foundations participants to important concepts and language covered in the parenting groups. Running the groups enables Family Foundations practitioners to build relationships with community centres (who often host Circle of Security, for instance) and promote Family Foundations to referring agencies.

3.3. EVALUATION INTENT AND APPROACH

The CSD commissioned the ICPS to conduct a process and outcome evaluation of Family Foundations, as delivered by BCS. Finalised in February 2018, the process evaluation assessed the extent to which Family Foundations had been implemented as intended (see Barker, Thorpe and McArthur, 2018). Table 1 summarises key findings from the process evaluation. The outcome evaluation assessed the effectiveness of the program in producing desired changes for parents and children.

TABLE 1: SUMMARY OF KEY FINDINGS FROM THE FAMILY FOUNDATIONS PROCESS EVALUATION

Key evaluation question:	To what extent has the Family Foundations Program been implemented as intended? Have all the components been implemented and if not, what are the reasons or barriers?
<p>ICPS evaluators, with the support of Family Foundations practitioners, collected data for the process evaluation from early-January to mid-December 2017.</p> <p>Main findings:</p> <p>1. The Family Foundations practitioners were implementing each component of the Family Foundations program.</p> <p>Key strengths of the program included:</p> <ul style="list-style-type: none"> ○ <i>Working with intended target audience</i> Family Foundations reached a range of caregivers (predominantly mothers but also fathers and grandparents) all of whom shared the need for parenting support to improve outcomes for children. ○ <i>Active holding</i> Active holding represented an effective means of supporting families while the Family Foundations program was at capacity. Nearly all parents / caregivers who enter Active Holding remained engaged with BCS and were allocated a Family Foundations practitioner. ○ <i>Documented program guidelines and procedures</i> Family Foundations have documented guidelines and procedures to create transparent and accountable practice that reflect the evidence-informed theories and principles underpinning the practice model. ○ <i>Experienced practitioners working together</i> The cohesive and committed team adopted processes (e.g., group supervision) to facilitate collective evidence-informed practice. They also participated in appropriate professional development opportunities to strengthen their practice. <p>Recommendations to enhance implementation related to:</p> <ul style="list-style-type: none"> ○ <i>Eligibility (inclusion and exclusion) criteria</i> Strengthen available guidelines on who is eligible for the program to clarify for staff what represents an appropriate referral. ○ <i>Assessment and intake processes</i> While the team were able to accommodate nearly all referrals to Family Foundations, clarify the process for prioritising the order in which families are assigned a practitioner (considering their need and circumstances) to set the program up to manage increased demand. ○ <i>Program timing</i> Offer Family Foundations outside of standard business hours to help practitioners engage with clients and their partners who were unavailable during current program availability. 	

- *Exit planning and transitioning out of the program*
 Strengthen program guidelines and procedures about exit planning to support sound decision-making on when clients can exit and help to mitigate the risk clients become dependent on the program and/or their practitioner.
- *The 12-session model*
 Family Foundations was developed to provide up to 12 one-on-one, face to face sessions. Practitioners expressed mixed views about the 12-session model (e.g., ensured an outcome focus compared to emphasised process ahead of need). Practitioners would benefit from further communications about the intent of the 12-session model and its implications for practice.
- *Stakeholder engagement*
 Strengthen links to key stakeholders who were not referring clients to the program to enhance the accessibility of the program.

 Enhance communications about the intent of and eligibility criteria for the program to ensure more appropriate referrals.
- *Referrals to other services*
 Clearer practice guidelines on the role of referrals and further monitoring data about referrals would assist future assessments of the effectiveness of existing referral processes.

For detailed findings see: Barker, J., Thorpe, R. & McArthur, M. (2018). *Family Foundations Process Evaluation*. Canberra: ICPS.

3.4. THE OUTCOME EVALUATION

The outcome evaluation aimed to address three key evaluation questions. Lines of inquiry were identified for each question, as shown directly below.

1. To what extent did participation in Family Foundations produce or contribute to improved parenting capacity?
 - Did program participation result in changes in parent/care givers':
 - help seeking behaviours?
 - parenting knowledge?
 - confidence in their role as a parent/care giver?
 - emotional regulation?
 - community connectedness?
2. To what extent did parental participation in Family Foundations produce or contribute to improved outcomes for their children?
 - Did parental involvement in the program result in changes in their children's:
 - sense of safety?
 - help-seeking behaviours?
 - level of trust in their parents and others?
 - emotional regulation?
 - behaviour?
3. What unintended consequences (positive and negative) were produced for program participants – parents, their children and partner agencies - and/or the community?
 - Did clients, practitioners and stakeholders identify unexpected changes attributable to involvement in the program?
 - What factors contributed to the unintended consequences?

COLLECTION AND ANALYSIS OF QUALITATIVE AND QUANTITATIVE DATA

The outcome evaluation used a mixed methods approach. This approach involved collecting, analysing and interpreting qualitative and quantitative data to address the key evaluation questions.

The ACU Human Research Ethics Committee provided ethics approval (approval number 2017-137E).

Qualitative data

ICPS used two methods to collect qualitative data – semi-structured interviews and document analysis.

ICPS evaluators interviewed parents (program participants), program staff (practitioners and managers) and stakeholders (referrers²) to obtain rich descriptions of the outcomes of the Family Foundations program.

Interviews occurred from mid-August to early-October 2018. All interviews were one-on-one. Interview participants determined whether the interviews were face-to-face or over the telephone. If interview participants consented, ICPS evaluators recorded the interview. Otherwise the ICPS evaluator kept field notes during the interview.

The interviews focused on changes in the knowledge, attitudes and/or behaviours of parents and/or their children. Program staff and stakeholders shared details of changes they had observed in parents and their children who had either exited the Family Foundations program in the past 12 months or were participating in the program at the time of the interview. The ICPS evaluator asked about the extent to which observed changes were attributable to the program. Similarly, parents reported on the extent to which the program had contributed to changes for them and/or their child. The interview questions (see Appendix 1) were informed by the program logic (see Appendix 2) to ensure that critical outcomes were explored.

All program staff, employed as of September 2018, were invited to participate in an interview. All program staff ($n = 6$) chose to participate. All interviews were face-to-face.

Current and former program participants (i.e., parents) participated in face-to-face and telephone interviews, according to their preference. Nine current and seven former program participants ($n = 16$) consented to interviews. Of the parents interviewed two were male, all others were female.

Current program participants were recruited with the support of program staff. These parents had been part of Family Foundations for anywhere from 3 to 12 months. Program staff had explained the evaluation to the current participants. Provided they consented their names were added to a list that was provided to the ICPS evaluators for follow-up.

Former program participants were recruited by ICPS evaluators using the contact list compiled during the process evaluation. All 15 parents who participated in the process evaluation were approached about participating in a second interview. These parents had exited the program 12 to 18 months previously.

Parents who participated in an interview received a shopping voucher to thank them for their involvement.

In addition to interviews, ICPS evaluators analysed various documents provided by program staff. The Family Foundations practice guidelines provided information about the intended results and the processes adopted to realise desired outcomes. Exit forms (completed by practitioners) and Family Closing Reflection forms (completed by parents) provided insights into key changes experienced by the family during the program. Program staff only provided exit and reflection forms after removing all identifying information (e.g., names, places etc.).

ICPS evaluators analysed (read and re-read) the available qualitative data (i.e., interview transcripts and/or field notes from interviews and the results of document analysis) to identify, examine and record recurring themes within the data. Themes were initially identified deductively. The ICPS evaluators checked the data against the outcomes in the program logic to determine whether it supported or varied from the underlying theory of change. ICPS evaluators also worked in an inductive way, developing themes from the content of the data (as opposed to the content of the logic model).

ICPS evaluators regularly discussed emerging themes. These discussions helped to ensure the data was consistently interpreted (i.e., a peer was available to critically assess the process and whether it proceeded in a systematic manner).

² Referrers are individuals and organisations who refer potential clients to Family Foundations.

Quantitative data

The initial stage of the quantitative data collection required the identification of data and the potential data sources. ICPS evaluators, together with program staff, identified the need for outcome tools. These tools were the Parenting Empowerment and Efficacy Measure (PEEM), Strengths and Difficulties Questionnaire (SDQ) and the Family Foundations Questionnaire (FFQ)³. The tools were selected to cover the range of outcomes identified in the program logic. While there is some overlap in the measures in the PEEM and FFQ (both assess parenting efficacy) the ICPS evaluators recommended the program staff adopt both tools. The one parenting efficacy question in the PEEM was deemed insufficient to measure a parent's belief in their effectiveness as a parent. Table 2 describes the tools in more detail.

TABLE 2: OUTCOME MEASUREMENT TOOLS

Name	Description	Scoring and interpretation
Parent Empowerment and Efficacy Measure (PEEM) (Freiberg, Homel, & Branch, 2014)	PEEM uses a strength-based approach to measure parent functioning. It focuses on caregivers' sense of control or capacity to engage confidently with the challenges of being a parent. Parents rate themselves in relation to 20 statements using a 10-point scale. The statements relate to personal and child wellbeing, coping skills, relationship building, and communication. An example of a statement is: I know when my child feels secure. PEEM is the results of a 10-year partnership between Griffith University and Mission Australia – Pathways to Prevention (Freiberg, Homel, & Branch, 2014).	<p>The PEEM provides a total score for parent empowerment and efficacy, based on responses to the individual statements. The possible total score ranges from 10 (low empowerment) to 200 (high empowerment).</p> <p>The PEEM score descriptor is as follows:</p> <ul style="list-style-type: none"> • Very good 191 to 200 • Good 178 to 190 • Moderate 130 to 177 • Poor 106 to 129 • Very poor 20 to 105. <p>Freiberg, Homel, & Branch (2014) conducted research to validate the PEEM (i.e. assess its accuracy). The results indicated that 154 is the average score on the measure (based on a general population sample). A score of 154 represents moderate parent empowerment and efficacy. The variability (or amount of spread of scores around the population mean) suggested that a score below 130 indicates a low level of parental efficacy (Freiberg, Homel, & Branch, 2014).</p>
Strength and Difficulties Questionnaire (SDQ) (Goodman, 1997)	The SDQ assists in the identification of child and adolescent behavioural and emotional problems. It consists of 25 items that cover five domains: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviours. For children aged up to 11 years the SDQ relies on the report of parents or teachers.	<p>The SDQ provides a score in each domain. The possible range of scores for each of domain is 0 – 10.</p> <p>A 'total difficulties' score is calculated by totaling the four deficit focused domains (i.e. all except for prosocial behaviours). The possible range of scores for the total difficulties score it is 0 – 40.</p>

³ The process evaluation report also refers to this tool as 'Parenting Questions for Family Foundations'.

Name	Description	Scoring and interpretation
	<p>The SDQ can include an impact supplement to assess the resultant distress and impairment of difficulties on children and families.</p> <p>Robert Goodman, a child psychiatrist in the United Kingdom, is the primary creator of the SDQ (Mellor, 2005).</p>	<p>The descriptors for the total difficulties scores from parent-report SDQ are as follows:</p> <ul style="list-style-type: none"> • Very good 0 to 9 • Good 10 to 13 • Moderate 14 to 16 • Poor 17 to 19 • Very poor 20 to 40 <p>Two studies (Hawes & Dadds, 2004; Mellor 2005) have established Australian norms for the SDQ.</p> <p>Hawes and Dadds (2004) recruited 802 4–6-year-old children through 11 primary schools in Brisbane and invited their parents to complete the SDQ. The total difficulties score mean was 9.04 for boys and 7.43 for girls. The standard deviation (SD) was 5.52 and 4.73 respectively.</p> <p>Mellor (2005) recruited 357 children aged 7-10 years through government schools across Victoria. Their parents and teachers completed the appropriate version of the SDQ. On the parent-report SDQ, the total difficulties score mean was 9.91 (SD 6.42) for boys and 7.65 (SD 5.74) for girls.</p> <p>(Hawes & Dadds, 2004; Mellor, 2005; SDQ Scoring Instructions)</p>
Family Foundations Questionnaire (FFQ)	<p>The questions in the FFQ were selected from <i>Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC)</i>. The questions measure for domains: parenting self-efficacy (PSE), parenting warmth (PW), parenting consistency (PC) and parenting irritability / hostility (PI). Research indicated that these parenting dimensions were most strongly and consistently linked to child outcomes (Zubrick, Lucas, Westrupp, & Nicholson, 2014).</p>	<p>The PSE domain score ranges from 1 (lowest level of parenting self-efficacy) to 5 (highest level).</p> <p>The possible range of scores for the other domains are as follows:</p> <ul style="list-style-type: none"> • Parenting warmth (PW) – 6 (low warmth) to 30 (high warmth) • Parenting consistency (PC) – 5 (low consistency) to 25 (high consistency) • Parenting irritability (PI) – 5 (low irritability/hostility)-50 (high irritability/hostility).

Name	Description	Scoring and interpretation
		<p>The FFQ is based on questions used by the Longitudinal Study of Australian Children (LSAC). These questions addressed how parents judge the quality of their parenting. In Wave 1 (2003), LSAC collected data from the parents / caregivers of two cohorts of children - infants (aged between 3 months and 12 months) and children (aged 4 to 5 years).</p> <p>Infant cohort</p> <p>The overwhelming majority (98%) of parents rated themselves as being average or above as a parent (PSE). Less than 2% of parents rated themselves as 'not very good at being a parent' or as 'a person who has some trouble being a parent'. Parents on average reported they 'often' or 'always/almost always' displayed warmth towards their child and 'never' or 'almost/always never' displayed hostility.</p> <p>The Wave 1 scores for the primary carers of the infant cohort were as follows:</p> <ul style="list-style-type: none"> • Parenting self-efficacy (PSE) scores ranged from 1-5, with a mean of 4.10 • Parenting warmth (PW) scores ranged from 13-30, with a mean of 27.3. • Parenting irritability (PI) scores ranged from 5-50 with a mean of 9.7. <p>Just over 5,000 primary carers responded to the questions related to PSE, PW, PI.</p> <p>Child cohort</p> <p>With the child cohort the PSE and PW measures correspond with those used in the FFQ. As above, most parents rated themselves as being average or above as a parent (PSE). Parents on average reported that they 'often' or 'always/almost always' displayed warmth towards their child.</p> <p>PSE scores for the primary parents ranged from 1-5, with a mean of 3.91.</p>

Name	Description	Scoring and interpretation
		PW scores for the primary parents ranged from 6-30, with a mean of 26.6. Over 3,000 primary carers responded to the PSE question and 4,900 to the PW questions. (Zubrick et al., 2008)

The ICPS evaluation team trained Family Foundations practitioners in how to administer the three outcome tools with participating parents. The intent was for practitioners to administer all three tools twice. Initially, practitioners would support parents to complete the tools as part of the intake process (i.e., once the parent consented to join the program and prior to the provision of therapeutic support). Finally, practitioners would ask parents to complete the tools, along with a Family Closing Reflections statement, during their final session.

Family Foundations practitioners administered the outcome tools from January 2017 to October 2018.

ICPS evaluators received quantitative outcome data for two cohorts of parents:

1. Parents who participated in Family Foundations (the outcome evaluation sought to assess the extent to which the program contributed to changes for these parents and their children); and
2. Parents who participated in parenting groups (while the evaluation was not designed to assess changes for this cohort of parents, access to aggregated data for parents who joined parenting groups enabled the ICPS evaluators to compare test results for parents who participated in Family Foundations and parents who participated in parenting groups).

Provided parents consented, practitioners obtained quantitative outcome data at two-time points over the course of the data collection period (Jan 17-Oct 18):

1. Pre-program participation – parents completed each outcome tool in the first three sessions of either Family Foundations (see diagram 1) or a parenting group
2. Post-program participation – parents completed each outcome tool a second time during or after their final session of Family Foundations or a parenting group.

Diagram 2 reveals that 64 exited the Family Foundations program within the data collection window. Potentially all 64 parents could have completed the outcome tools pre- and post-program participation. However, not all parents did elect to complete the outcome tools pre- and post-program participation. At most, around 38% of parents completed the outcome tools pre- and post-program participation (24 for the PEEM, 19 for the SDQ and 22 for the FFQ).

Various data analysis techniques were adopted with the quantitative data obtained for the evaluation. These included analyses of the variance within sampled participants to identify changes resulting from program participation and descriptive statistics.

LIMITATIONS OF THE OUTCOME EVALUATION

There were several limitations associated with identifying the extent to which the Family Foundations program contributed to improved parenting capacity and enhanced outcomes for children. There is limited availability of both pre- and post-program participation quantitative outcome data. Of the 103 parents who participated in Family Foundations from January 2017 to October 2018, at most there were 24 parents who completed an outcome tool pre- and post-program participation. The reliability of these collected scores is questionable. Practitioners found they could not always incorporate the outcome tools into intake and exit processes. Consequently, around 20% of parents completed the outcomes tools on dates that differed considerably from the dates they entered and/or exited the program. If parents received support prior to or after the date they completed the outcome tool, any change in their scores is not necessarily reflective of their involvement in Family Foundations. This discrepancy calls into question the accuracy of the results derived from the quantitative data. Other key limitations include the lack of comparative programs and control groups. There is also the issue of selection bias with the qualitative sample. Program staff recruited parents to the evaluation. There was no explicit selection or eligibility criteria and program staff were not asked to identify a representative sample (e.g., in terms of age, nationalities etc.). Therefore, the sample obtained for the qualitative interviews is not necessarily representative of the population participating in Family Foundations.

4. Findings overview

The outcome evaluation assessed the extent to which Family Foundations achieved short-term intended outcomes for the participating parents/carers and their child. The intended outcomes equate to changes in the parents' knowledge, attitudes, relationships and behaviours following completion of the program. The Family Foundations program logic identifies five intended short-term outcomes for parents/carers: improved parenting knowledge; improved help-seeking behaviours; improved emotional regulation; increased confidence in role as parent/carer, and; increased community connectedness. Additionally, the logic specifies five intended short-term outcomes for children: improved safety, improved help-seeking behaviours, improved trust, improved emotional regulation, and improved behavioural outcomes.

Various data sources provided insights into outcomes for parents and children. These data sources were pre- and post-program participation test scores from outcome tools, interviews with parents, practitioners and stakeholders and written client feedback forms.

The available evidence suggests that Family Foundations contributes to enhanced parenting capacity and improved outcomes for their children.

Changes in parenting capacity were evident in the test scores for outcome tools and the qualitative accounts of parents, practitioners and stakeholders. The PEEM and FFQ assessed parenting dimensions like personal and child wellbeing, coping skills, relationship building and communication. Test scores typically showed small, but statistically significant, improvements post-program participation. Parents, practitioners and stakeholders provided rich descriptions of how participating in Family Foundations had developed parenting knowledge and skills and improved parents' sense of self-confidence in their ability to meet their child's needs. Most parents also noted an improved ability to recognise and manage their emotions when caring for their child. While only a few parents reported improvements in their help-seeking behaviours and community connectedness, their accounts suggested a new attitude to sharing problems and seeking support from others.

Similarly, the SDQ test results and qualitative accounts of parents, practitioners and stakeholders revealed improved outcomes for children. The parent-reported total difficulties score dropped on average following the participation of their parent in the program. The observations of parents and practitioners of children's behaviour post-program participation were encouraging. Parents and practitioners reported improvements in the emotional regulation and behavioural outcomes of their children. Parental participation in Family Foundations also appeared to have enhanced the quality of the parent-child attachment. Significantly, the results suggested that while many parents came to the program hoping to change their child behaviour/s they realised instead that their child was having developmentally appropriate experiences and that often the parent needed to modify their reaction and response to those behaviours.

The outcome evaluation revealed an unintended consequence for one participating parent. Their involvement in the program had left them with a lasting feeling of distress. The parent was comfortable when the practitioner focused their attention on the child and extremely uncomfortable when the therapeutic response came to include the family dynamic and relationship between the parents. This finding reflects the practice challenge of keeping the 'child in mind' (i.e., child-aware practice). By co-creating the model of practice with their clients Family Foundations practitioners seek to manage the risk that working in the best interest of the child results in feelings of distress or discomfort for parents.

5. Quantitative findings for Family Foundations

5.1. PARENT EMPOWERMENT AND EFFICACY MEASURE (PEEM)

Twenty-four parents ($n = 24$) had two PEEM scores, pre- and post-program participation (i.e., valid data from both the pre- and post-program administration of the PEEM). On average there was a 216-day gap between the two administrations of the PEEM. A small number of parents ($n = 2$) completed the post-program test over a year after the pre-program test.

The results of the PEEM are mixed. Parents ($n = 17$) with PEEM scores in the 'moderate' band (130-177) upon entry to Family Foundations showed little change in their scores when they exited the program. Parents ($n = 7$) with PEEM scores in the 'poor' and 'very poor' bands (20-129) upon entry to Family Foundations showed a substantial improvement in their post-program PEEM scores.

TABLE 3: ANALYSIS OF PEEM SCORES FOR FAMILY FOUNDATIONS PARTICIPATIONS (N = 24)

Pre-program PEEM test score		Post-program PEEM test score		Significance
Mean	Standard Deviation	Mean	Standard Deviation	
134.9	28.3	149.1	21.7	$p < .05$

Of the twenty-four parents with pre- and post-program PEEM scores, five parents scored in the 'very poor' band (20-105) and two parents scored in the 'poor' band (106-129) upon entry to Family Foundations. The pre-program score suggested that these parents had a high level of parenting need at entry to Family Foundations. Upon exiting, the PEEM scores showed four parents had moved into the 'moderate' band (130-177), and of these, three parents ($n = 3$) shifted into this band from the 'very poor' band and one parent from the 'poor' band. One parent moved into the 'poor' band from the 'very poor' band and two parents remained in the 'poor' band. The mean at follow up for this group of parents ($n = 7$) was 129. The 'moderate' band is 130-177. Changing from very poor to the highest possible score in the poor band represents significant change. The results for these parents ($n = 7$) are as follows:

TABLE 4: ANALYSIS OF PEEM SCORES FOR HIGH-NEED FAMILY FOUNDATIONS PARTICIPATIONS (N = 7)

Pre-program PEEM test score		Post-program PEEM test score		Significance
Mean	Standard Deviation	Mean	Standard Deviation	
103	20.5	129.0	25.8	$p < .001$

The important message here is that Family Foundations appears to have produced a statistically significant result for parents in great need (as attested to by the very low scores upon entry to the program).

The remaining parents ($n = 17$) all scored into the 'moderate' band upon entry to the program. Most of these parents showed little change upon exiting Family Foundations. However, one parent shifted into the 'good' band (178-190).

TABLE 5: ANALYSIS OF PEEM SCORES FOR MODERATE-NEED FAMILY FOUNDATIONS PARTICIPATIONS (N = 17)

Pre-program PEEM test score		Post-program PEEM test score		Significance
Mean	Standard Deviation	Mean	Standard Deviation	
153.4	14.3	157.4	18.1	$p < .05$

SUMMARY OF ANALYSIS OF PRE AND POST PEEM SCORES

- Pre- and post-PEEM scores revealed change, but small change for parents with PEEM scores in the 'moderate' band at baseline.
- Parents with pre-program PEEM scores in the 'very poor' band seemed to benefit the most from participation in Family Foundations, as the increase in their PEEM scores were highly statistically significant.

5.2. THE STRENGTH AND DIFFICULTIES QUESTIONNAIRE (SDQ)

No consistent pattern was discernible from the results of the SDQ. Some parents scores improved substantially post-program participation. Others did not. Nineteen parents had SDQ scores at two points in time (i.e., pre- and post-program participation). On average there was 215 days between pre- and post-tests. Of the 19 parents, three parents had baseline total difficulties scores in the 'very poor' band (20-40) and three parents in the 'poor' band (17-19). Two parents had baseline total difficulties scores in the 'moderate' band (14-16), eight parents in the 'good' band (10-13) and three parents in the 'very good' band (0-9). Out of the 19 parents, three parents self-reported higher total difficulties scores in the post-test. Three out of the four parents who scored in the 'very poor' band at baseline shifted into the 'moderate' category at post-program participation.

The average total difficulties score at baseline (14.2) fell into the 'moderate' band, the equivalent to the 80-90th percentile of total difficulties scores across normative samples (Mellor, 2005). The average at follow up (10.7) fell into the 'good' band. This shift from the moderate to good band suggests that, on average, the involvement of parents in the program contributed to improvements in the parents' perceptions of their child's emotional and behavioural concerns. However, 15% of parents ($n = 3$) did report higher total difficulties scores post-program participation.

TABLE 6: ANALYSIS OF SDQ TOTAL DIFFICULTIES SCORES FOR FAMILY FOUNDATIONS PARTICIPATIONS (N = 19)

Pre-program SDQ total difficulties test score		Post-program SDQ total difficulties test score		Significance
Mean	Standard Deviation	Mean	Standard Deviation	
14.2	5.3	10.7	4.9	$p < .05$

SUMMARY OF SDQ SCORES FOR PARTICIPANTS OF FAMILY FOUNDATIONS

- Total difficulties scores dropped on average following program participation.
- The reduction in total difficulties scores was statistically significant ($p < .05$).
- However, out of the nineteen parents ($n = 19$), three parents ($n = 3$) had total difficulty scores increase post-test.

5.3. FAMILY FOUNDATIONS QUESTIONNAIRE (FFQ)

Twenty-two parents ($n = 22$) had FFQ pre and post scores. Most domains revealed small - but statistically significant - changes. The outcome evaluation only noted a slight decrease in the PI mean for the twenty-two parents. While this decrease is statistically significant it represents a small change.

The PSE domain score ranges from one to five (highest level). The PSE domain score for parents who participated in Family Foundations changed pre- and post-program participation. Standard deviation is smaller at follow up. The scores post program participation showed a much lower variance as most parents reported improvements. The scores at baseline ranged from 0 to 5 (the minimum and maximum within the domain) however the scores at follow up almost all fell between 3 to 5, with one family scoring 2.

TABLE 7: ANALYSIS OF FFQ PARENTING SELF EFFICACY (PSE) DOMAIN SCORES FOR FAMILY FOUNDATIONS PARTICIPATIONS (N = 22)

Pre-program PSE test score		Post-program PSE test score		Significance
Mean	Standard Deviation	Mean	Standard Deviation	
2.22	1.5	3.6	0.74	$p < .05$

Parenting warmth (PW) scores showed little change between test periods. The mean PW scores did increase very slightly between test periods, but this increase was not statistically significant.

TABLE 8: ANALYSIS OF FFQ PARENTING WARMTH (PW) DOMAIN SCORES FOR FAMILY FOUNDATIONS PARTICIPATIONS (N = 22)

Pre-program PW test score		Post-program PW test score		Significance
Mean	Standard Deviation	Mean	Standard Deviation	
25.27	3.03	25.9	2.7	$p < .05$

With Parenting Irritability (PI) scores there was a slight decrease in mean (reversed scoring), which is small but statistically significant change.

TABLE 9: ANALYSIS OF FFQ PARENTING IRRITABILITY (PI) DOMAIN SCORES FOR FAMILY FOUNDATIONS PARTICIPATIONS (N = 22)

Pre-program PI test score		Post-program PI test score		Significance
Mean	Standard Deviation	Mean	Standard Deviation	
20.36	10.85	18.4	7.7	$p < .05$

The Parenting Consistency (PC) domain scores revealed a small, but statistically significant, increase pre- and post-program participation. All parents with relatively low scores pre-program participation improved at follow up. Those parents with higher scores tended to show minimal improvement or decline in their PC scores. Put another way, when looking at the four lowest scores at baseline in isolation, all showed substantial increases by follow up. Consequently, there was a much lower variance at follow up for parents (standard deviation 5.1 at baseline, down to 1.6 at follow up).

TABLE 10: ANALYSIS OF FFQ PARENTING CONSISTENCY (PC) DOMAIN SCORES FOR FAMILY FOUNDATIONS PARTICIPATIONS ($N = 22$)

Pre-program PC test score		Post-program PC test score		Significance
Mean	Standard Deviation	Mean	Standard Deviation	
15.1	5.1	17.1	1.6	$p < .05$

6. Quantitative findings for parenting groups

Family Foundations practitioners used the outcome tools identified for the Family Foundations evaluation to gather data pre- and post-parenting group participation (see section 1.2 for a description of available parenting groups). This section presents an analysis of the results for group participants and compares these results to the outcomes for parents involved in Family Foundations. The intent of the comparison is not to suggest that one initiative is better than another. Fundamental differences between group work and Family Foundations – a one-on-one therapeutic program – make such an assessment problematic. Rather the intent is to offer insights, where possible, into the level of need of participants joining parenting groups versus Family Foundations one-on-one intervention and the results realised by each cohort (as measured by the outcome tools).

6.1. PARENT EMPOWERMENT AND EFFICACY MEASURE (PEEM)

There was a modest but statistically significant increase in parenting empowerment and efficacy across group participants. On average, group participants joined group sessions with a PEEM test score in the lower end of the ‘moderate’ band and shifted to the middle of the ‘moderate’ band post-group participation.

TABLE 11: ANALYSIS OF PEEM SCORES FOR PARENTING GROUP PARTICIPATIONS ($N = 30$)

Pre-program PEEM test score		Post-program PEEM test score		Significance
Mean	Standard Deviation	Mean	Standard Deviation	
130.6	32.2	142.8	28.1	$p < .001$

Key comparisons of PEEM scores for group and Family Foundations participations are as follows:

- If participants from either groups or Family Foundations scored ‘good’ or ‘very good’ on the PEEM pre-program participation, there was little change in their scores post-program participation (i.e. they stayed within the same band).
- Parents whose PEEM scores fell within the ‘very poor’ and ‘poor’ bands pre-program increased significantly post-program participation. This result suggests that parents experiencing high need benefit from either parenting groups or Family Foundations.

6.2. THE STRENGTH AND DIFFICULTIES QUESTIONNAIRE (SDQ)

All parents who participated in group sessions reported total difficulties scores in the two highest categories of total difficulties (i.e. the ‘poor’ or ‘very poor’ bands). Most scores were in the ‘very poor’ band (5% across normative samples (Mellor, 2005)). The group participants on average showed no change in the total difficulties scores before and after group participation. A small number showed statistically significant improvements while others showed no change. A few group participants’ total difficulties scores increased post-group participation (i.e., the score indicated higher total difficulties after involvement in the group program).

TABLE 12: ANALYSIS OF SDQ TOTAL DIFFICULTIES SCORES FOR PARENTING GROUP PARTICIPATIONS ($N = 9$)

Pre-program SDQ total difficulties test score		Post-program SDQ total difficulties test score		Significance
Mean	Standard Deviation	Mean	Standard Deviation	
22.7	4.8	21.8	6.8	$p < .05$

Key comparisons of SDQ scores for group and Family Foundations participants are as follows:

- Parents who participated in Family Foundations showed larger reductions in their total difficulty scores compared to parents involved in parenting group work.
- The parents ($n = 9$) who participated in group work showed minimal to no improvement post-program completion.
- Parents allocated to Family Foundations reported lower total difficulties scores at baseline compared to those enrolled in group work.
- Family Foundations parents ($n = 3$) with total difficulty scores in the 'very poor' range at baseline all had improved scores at follow up.
- All parents ($n = 9$) who participated in group parenting sessions scored their child in the 'very poor' and 'poor' bands pre-program participation. Their total difficulties scores showed minimal to no improvements at follow up.
- These findings suggest that Family Foundations is more beneficial for parents with high total difficulties scores than group work.
- These findings may have implications for intake and assessment. They suggest that those parents with a 'very poor' to 'poor' total difficulties score at intake are more likely to report less concerns about their child's behavioural and emotional problems when they receive one-on-one support.

6.3. FAMILY FOUNDATIONS QUESTIONNAIRE (FFQ)

Parents who participated in parenting groups ($n = 22$) did not show any change in their Parenting Self Efficacy (PSE) scores pre- and post-group participation.

TABLE 13: ANALYSIS OF FFQ PARENTING SELF EFFICACY (PSE) DOMAIN SCORES FOR PARENTING GROUP PARTICIPATIONS ($N = 22$)

Pre-program PSE test score		Post-program PSE test score		Significance
Mean	Standard Deviation	Mean	Standard Deviation	
3.09	1.04	3.1	1.16	$p < .05$

The one-on-one support delivered by Family Foundations appeared to contribute to changes in PSE scores. Group work did not appear to account for any change in PSE scores.

For group participants their PW test scores showed little change between test periods. The mean PW scores increased slightly between test periods, but the increase was not statistically significant. This result is true for both parents participating in parenting groups or Family Foundations.

TABLE 14: ANALYSIS OF FFQ PARENTING WARMTH (PW) DOMAIN SCORES FOR PARENTING GROUP PARTICIPATIONS ($N = 22$)

Pre-program PW test score		Post-program PW test score		Significance
Mean	Standard Deviation	Mean	Standard Deviation	
24.7	3.6	23.9	3.7	$p < .05$

Participation in either parenting groups or Family Foundations appeared to contribute to a small (statistically significant) improvement in the PI scores pre- and post-program participation.

TABLE 15: ANALYSIS OF FFQ PARENTING IRRITABILITY (PI) DOMAIN SCORES FOR PARENTING GROUP PARTICIPATIONS ($N = 22$)

Pre-program PI test score		Post-program PI test score		Significance
Mean	Standard Deviation	Mean	Standard Deviation	
25	11.4	21.4	9.0	$p < .05$

There was a slight increase in the mean PC score for both cohorts of parents (i.e., parenting group versus Family Foundations participants). While statistically significant ($p < .05$), the increase represented only a small change. Overall, parents involved in either Family Foundations or group work showed small changes in their PC scores post-program participation.

TABLE 16: ANALYSIS OF FFQ PARENTING CONSISTENCY (PC) DOMAIN SCORES FOR PARENTING GROUP PARTICIPATIONS (N = 22)

Pre-program PC test score		Post-program PC test score		Significance
Mean	Standard Deviation	Mean	Standard Deviation	
16.4	3.7	17.8	2.7	$p < .05$

7. Qualitative findings for Family Foundations

7.1. OUTCOMES FOR PARENTS

IMPROVED PARENTING KNOWLEDGE, ATTITUDES, AND PRACTICES

Participant interviews revealed changes in parenting knowledge, attitudes and practices. Parenting knowledge represents facts and information gained through experience or education through Family Foundations. Attitudes encompass viewpoints or perspectives about parenting and child development. Practice signifies demonstrations of skills (e.g., communication skills) and behaviours or approaches, which ultimately shape how the child develops.

Knowledge

A Family Foundations practitioner reiterated that psycho-education will always play a part in the program. They reinforce that working from a psychologically orientated position is critical.

It's the idea that they [parents] learn the skills to regulate their child, and of course, psycho-education will always play a part. We still have middle income families locking their children in rooms, so psycho-education in terms of the impact of human to human regulation versus leaving a child lying in their room. Everyone will eventually calm down, but what is better psychologically (Practitioner)

From this basis practitioners are seeking to enhance parenting knowledge. They support parents to acquire an understanding of the child-parent relationship and child behaviour.

We've had some clear examples of parents being able to engage more with children at a child level than the parent level. So being able to relate and understand some of children's behaviour as not being bad behaviour, but actually just being children's behaviour (Practitioner)

Practitioners also employ attachment theories, development and brain theories and attunement.

You can fit it into so many things. To break it down. I mean, I was supporting her with attachment. I was supporting her with understanding child development and brain development and attunement (Practitioner)

Stakeholders observed that parents learnt how to talk to their children and learnt about how their child views the world. Parental learning about children's "ages and development stages" was a recurring theme across the participant interviews.

Sometimes they might struggle to see it from the child's perspective, or they just don't feel as though they can have these conversations with their child, or they don't know how to have these conversations with their child. I guess by working with Family Foundations, they might find out oh, my child's doing this for whatever it might be, and developmentally or behaviourally for that age and that stage, that's okay. Having someone to explain to the parent that that is okay, or if you need to have that conversation, this is a good way to do it, or whatever it may be, improving the connection...opportunities to strengthen that connection as well (Stakeholder)

One parent expressed how a significant amount of re-learning had to happen for them. Practitioners encouraged them to reflect on new perspectives and teachings of what it is to parent and be a parent and what it is to be a child, including stages of child development. In applying this new-found knowledge this parent shifted their attitudes and adopted new parenting practices.

Because I'm an old school parent, my oldest son is thirty, I've got three in their late-twenties, it was the old school way, like go to your room, do what you're told. Now, because I'm fifty, I've had to turn my whole parenting thing right around. Re-learning everything again and I don't agree with all of it, but I try it. And some of it works.... I come home and [child is] doing a big wobbly and throwing this table carrying on and I'm like "okay, so what's this emotion?" and trying to talk [to] him... I've learned how to be more empathetic towards him and try to understand what's going on in his head. Yes, so its taught me more empathy and not so much to be closed-minded, I think. Acknowledge feelings, showing empathy. Because I wanted to know, I always thought children were quite manipulative but apparently, they're not... you hear people say children are so manipulative and I used to say yeah, they can be but now they're not. It's just learning about their mindset and their brain development and all that sort of stuff (Parent)

Learning about stages of child development contributed to parental understandings of how to interact with their children and appreciations of where the child sits in the parent-child relationship.

Once I've learned that she's still developmentally at the stage where it's reactive straight away. That lock-cheek of arguing with someone to resolve an issue that's not there, as a five-year-old... We talked about it. What to say to [my child]. She [practitioner] said, "Look, this is a good book to read for children." She gave me a fact sheet from the University of Queensland. You know, that one with sort of the street light. Green is normal behaviour for this age group, this age group. Yellow is okay-ish, as long as it's not too much. And red is like, "Alert, alert, alert..." It actually makes a lot of sense to you as a parent... That has helped a lot as well. Now it's sort of fine-tuning certain behaviours, certain reactions. That I have helped. What she [practitioner] told me and I applied that. Things have calmed down a lot (Parent)

In reflecting on knowledge acquired via Family Foundations about child behaviours, one parent acknowledged a newly learnt ability to self-reflect, control and understand their own emotions first.

Now I understand his (child) behaviours and social skills and how I can self-reflect, control and understand my own emotions first. I realise that he is a child, I need to put boundaries, that is really important – things are well now (Parent)

Attitudes

There was evidence of changing attitudes in parents. Practitioners reported a letting go of ideas that there is a perfect parent. They also observed parents coming to not attach any importance to the thought that people might judge them and instead focusing on the well-being of their child.

Yes, with my clients. Because clients at the beginning felt, I just can't go out with my children because they are totally terrible and it's an embarrassment. Everyone is judging me. Just moving, shifting that idea into well if your child has a tantrum and you put a limit its okay. What people think doesn't matter because you're doing it for your child and for the well-being for the child. Just shifting that a little bit is enough for a person to say oh I'm going to go out to a playground or oh I'm not going to miss that birthday party. Sometimes they don't go to anything because they feel embarrassed because of their children (Practitioner)

Most parents also reported significant shifts in their attitudes towards children.

And just being told things like what to do and ... With kids, like they're not trying to be naughty, they're just adventuring. And it's really been a big eye opener working with them because beforehand I think a lot of parents are like that. They're just like, "Oh, yeah, the kids are just being little a-holes," when they're not. They're just learning, and I think that's helped me teach them how to figure out what they're doing (Parent)

Practices

Practices represents the application of knowledge gained by parents through their involvement with Family Foundations. Most parents reported using strategies and approaches they had gained from working with practitioners, including being able to reflect on their own behaviour and its implications for their child.

It's just a matter of working to the point where you can tell him it's the end now. Telling him, "Story time's over. This is the end. Now we turned off the light." it's just giving the strategies to just get him to that (Parent)

[Family Foundations] gave us a strategy to give him the option - inputting ... If he wants anything from the shops You say, "Is there anything you want from the supermarket? This is what we're getting." Which actually worked quite well (Parent)

The other thing also is what I have found useful is, at the time of joining the program, of, I was also reading some theory behind the circle security and with him [child], I'm able to use, just think of what's happening with him, where I'm available to him, in terms of how I respond to him and also being aware whether he's kind of managing me, as opposed to him really having a problem (Parent)

Many parents noted improved communication skills. Some observed that improvements to their communication style had facilitated both a deeper parent-child relationship and parent-parent relationship.

[As parents] we're more able to communicate better with him [child]. Actually, understand why he's losing his mind rather than just yelling at me and going "What the hell is going on." We can kind of stop and go, oh, maybe it's just because it's too much going on (Parent)

I think our style of communicating changed remarkably in that I was able to talk the talk that is more appropriate to emotions and all that sort of thing... Rather than just saying, "why don't you just do it" it's "because you feel this way you might not be able to do that" ... I think it, it just changed our whole communication style. Before I started the group, I would revert to anger quite easily 'cause I just didn't understand... I think I was definitely open to the education (Parent)

So, for my husband, he takes the conversation more kind of seriously, like as opposed to culturally we raised kids and do things as kind of part of process. So, I find out with him, him and I have conversations, about our child and that's what's changed like I think without that it would've just been carried on as being part of a day, like doing things like it's just part of the day as opposed to having a proper discussion (Parent)

One stakeholder highlighted the practical skills that Family Foundations practitioners were able to help facilitate with parents. They observed enhanced communication between the parent and child. The stakeholder had also seen improved help-seeking behaviours in the parent.

The practitioner went in and was able to do that and gave her that language and how to talk to her son about what was happening. And then I think after a few months when they worked through that the practitioner referred the client to Community Options where she got someone to come in and help out for two hours, I think, a week or a fortnight. The mum was experiencing a lot of anxiety around all the stuff in the house but didn't have the energy or the capacity to sort through things. So, the community options practitioner came and helped her sort through her life, so she could feel organised... that young mum now is doing education and they're helping her apply for apprenticeships, so that's all stuff they were able to organise for her (Stakeholder)

Reported and observed changes in parenting knowledge, attitudes and practices are attributable to Family Foundations practitioners adoption of a 'child development master narrative' (L'Hote et al., 2018). Practitioners adoption of this approach is consistent with research that reveals a 'child development master narrative wins hearts and minds when it comes to the issue of parenting'. This frame makes individuals more receptive to hearing about and acting on information about effective parenting. People come to understand that improving parenting is a way to improve outcomes for children and support the solutions that advance effective parenting (L'Hote et al., 2018).

IMPROVED HELP-SEEKING BEHAVIOURS IN PARENTS

Several practitioners spoke about their role in helping parents to understand when and how to ask for help. Their comments revealed an understanding of the reasons that many parents are reluctant to seek help when they need it. Practitioners also provided examples of the help-seeking behaviours they had observed.

Yes, but also just sharing, like just talking about the struggles as well because they [parents] might have previously held it all in and just felt that society needed them to be a certain parent, and that they didn't feel they were meeting that expectation. So, they'll just hide away from the world
(Practitioner)

But also lot more help seeking behaviour. Even just being able to talk with their friends, family... that it's hard work (Practitioner)

I've seen some nice growth in the parents in terms of them seeking the other supports out that we've talked about... Trying some of the approaches or techniques that we've talked about whether it's a specific parenting approach or it's more about self-care or stress management (Practitioner)

Interviews with parents typically revealed a new attitude to help-seeking, as opposed to examples of when and how they had sought practical, social or emotional support from people other than their Family Foundations practitioner. Many parents appeared more willing to ask others for help.

Because talking about it, I think it's ... As I mention, because it sounds silly. It sounds ... Like sometimes I'll think, "I have my self-consciousness, I don't have to talk to people." But it's probably not true (Parent)

Because I just figured I can do everything by myself, and I can't. Now I know it's fine, you don't have to do everything by yourself (Parent)

Only one parent spoke of how this new attitude to help-seeking had resulted in behaviour change. Working with a Family Foundations practitioner had prompted this parent to talk about and identify effective parenting strategies together with their partner.

I usually meet with [my FF practitioner], and then when my husband gets home, I usually kind of fill him in. We're a lot better with our communication, and we chat about things more, or, "[our FF practitioner] suggested this." And, "What do you think about that?" And, we're working much better with time (Parent)

IMPROVED EMOTIONAL REGULATION IN PARENTS

Parents spoke of Family Foundations supporting them in being aware of their own emotional state for their children.

I would say being made more aware ... just me as a person and how your child might perceive you. Be it, they're doing the wrong or the right thing and just being aware of your emotional state and stuff like that, before you go into a situation or try and be understanding of their emotional state and trying to deal with that. There's a reason behind pretty much most things (Parent)

[Family Foundations] made me look in a different way upon my child and his behaviour and reassess my reactions and how my behaviour also made him behave "I was singing a lot of shark music" and my behaviour had an effect on him - made me rethink no this is not right and this is going to be fine - to see my youngest child for what he was, not try to change him but to embrace him, using his cues to better manage his better (Parent)

Family Foundations often provided strategies for greater parent emotional regulation. One parent reflected on how participation in the program increased their level of patience with their child(ren).

For me Family Foundations is more like a counselling session. I use it more like a counselling service for me. I get counselling off [my FF practitioner]. One-on-one. And she's taught me mindful breathing and things like that. Its more positive for me, it gives me more tolerance and patience ...
(Parent)

Some parents reported employing these new skills and then passing the positive effects through to the interactions with their children.

So, they teach you skills like that, so if I'm really frustrated with the kids, I'll just go do some mindful thinking, I'll go to the laundry and shut the door and probably go and have a cigarette and just have a breathe and then go back in and refresh myself. So, you reflect on your week (Parent)

This is just some of the stuff. It's called emotional coaching, so this is the sort of stuff we've been doing. So, it's emotionally coaching the children to be positive (Parent)

I am definitely a lot more patient with the kids... everyone notices that they're cool sometimes, but I'm definitely a lot more patient with the kids (Parent)

It's more to go "I know how to handle this better" cause the other day she (child) was, the answer was no to something and she could have flared up in the middle of the shop, it's that she's known for doing that but I just thought "No, this is where mommy kneels down and I acknowledge the emotion and I acknowledge that it's gonna be a no and could we change the perspective of this in any way, do you think the no might be perceived in that it's okay, despite the being this now we can still go home" (Parent)

I think for me, when I thought of the programme, so I thought it had more for me where I want, I was quite anxious about protecting my child so I feel sort of a change, I guess for me in me being calmer and being able to accept all the changes that he will go through and the exposure he will have. Am being able to deal with them in a calm way (Parent)

In how I respond to my child, we're earlier on, I would just panic straight away and responding from this panic mode ... (Parent)

IMPROVED PARENTING CONFIDENCE

Some parents spoke of how participation in Family Foundations had improved their confidence. Improvements in confidence often came from the acknowledgement Family Foundations practitioners provide regarding their current parenting skills. Parents felt reassured and more understanding of their situations.

[my FF practitioner] helped me see how good of a parent I am (Parent)

Yeah. But, also, someone's [FF practitioner] actually saying, "Well, she is a challenging child, and that is very hard. Yes, that must be draining. You're doing very well ... Because it's sort of a judgy world when you're out there as a mom, and everyone knows better... Then, sort of, someone saying, "Actually, no. She presents with many challenges. Yes, I understand your worries as we just sort of need to fight our way through those early years, because later on all of these challenging qualities will be very beneficial to her"... Also for her [FF practitioner] giving me reassurance that what I've been doing is actually good (Parent)

I'm not much of a sharer, but I just feel very more confident in my abilities. Also, being okay with that. If someone judges me, then that's not my problem, that's theirs (Parent)

Yes. Definitely felt that confidence has come back, or is even stronger now, because I know now how to negotiate with my own child... I just feel more confident in us as a family... Yeah, it is because I received the right help for what I needed ... it was good. I guess I realised that my confidence has been helped way more than I may be there to admit. Which is good. I like that (Parent)

I think it's kind of given me a lot more confidence, even just by being told that you're doing better than you think you are has helped me a lot. And I think it's also helped me realise that I'm more than just their mum. I'm a person, too, and I deserve to do things for myself, and I deserve to be happy, and that doesn't make me a bad person or a bad mother. It actually makes me a good mother (Parent)

Stakeholders observed increased confidence and empowerment in their clients who were involved with Family Foundations. They attributed these improvements to the clients work with Family Foundations practitioners.

I think she transitioned out of our supportive accommodation and was still supported by them, so we're not really sure about how that went. But I know when she was living here, the practitioners from Family Foundations had really empowered her to be able to move on from this. It's obviously a really hard step for a lot of people, but knowing she was supported by them ... I'm sure they would have supported her for as long as she needed it, as well (Stakeholder)

We've found that the mother seems to be a lot more empowered, so when she comes here and talks about her needs and whatever's going on for her and her child or children, it can kind of be a whole lot of stuff. She doesn't know what's going on, and then after regular meetings with Family Foundations, I guess they get empowered as a parent, and they know this is what I'm doing, or circles of security, now I'm implementing that. It's really working (Stakeholder)

A Family Foundations practitioner revealed parents often gained confidence when they realised that a child's behaviour reflects them trying to meet their needs.

Increased empathy that the child is in fact not manipulating you, they are just trying to have their needs met in the best way they know how... Kind of with that comes a whole suite of other benefits which is often increased confidence that the parent can meet the child's need (Practitioner)

IMPROVED COMMUNITY CONNECTEDNESS FOR PARENTS

Only a few parents spoke about how working with Family Foundations had helped increase the number and strength of connections that they had with others in their community. Two parents felt more connected to other caregivers, expressing an enhanced confidence to both discuss their parenting challenges and offer support to others experiencing difficulties.

Through Family Foundations I've met people that are just quite normal to me. You know, everyday people, people you'd look at and think oh I don't think you'd have issues with your kids, but they actually do. It's like the stereotype where people look at certain people and think, you know, your kids. But these are well-dressed, educated people who are having severe problems, worse problems than I'm having, so it makes you feel, thank goodness there's someone else out there. "And how's your week?" And they said "really bad" I'm like yeah definitely, that's isolated... And I talk to them too. This one lady I'm going to catch up with and have coffee with, she's really nice (Parent)

No, there's no way to just figure that out, and I've actually recently helped people that I've come into contact with that suspect their children have autism. I've been able to help them... contacting [FF practitioner], and be like, "Hey, I've got someone that's going through this, do you mind if I give them your details?" She's happy for me to do that, because I was in the dark for so long, and my mental health just wasn't coping. If I can just help one, or two people, surely that's gonna make a difference to them (Parent)

Other parents spoke more generally about an improved knowledge of the community supports available to them. However, they did not provide examples of whether and how they had made connections within their communities.

Yeah, and it's nice knowing that there are things out there, whether I choose to go, and do them or not. (Parent)

I've done more than connect with kids, my mum and community (Parent)

7.2. OUTCOMES FOR CHILDREN

The evaluation assessed the extent to which Family Foundations achieved intended outcomes for the children of parents/carers who participated in the program. The intended outcomes equate to changes in the children's attitudes, relationships and behaviours following their parents/carers completion of the program. The Family Foundations program logic identifies five intended short-term outcomes for children: improved safety (feeling safe and being safe); improved help seeking behaviours; improved trust in parents and others; improved emotional regulation, and; improved behavioural outcomes.

Four data sources provided insights into outcomes for children. These data sources are interviews with parents, interviews with practitioners, client feedback forms and the Strengths and Difficulties Questionnaire (SDQ). The SDQ identifies behavioural and emotional problems in children. Its five subscales measure emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behaviours. Parents complete the SDQ about their child.

IMPROVED SAFETY AND TRUST IN CHILDREN

While the program logic identifies improved safety, trust and help-seeking behaviours as short-term outcomes for children, interviews and client feedback forms suggested that it was more accurate to consider Family Foundations as enhancing the quality of the parent-child attachment. Attachment is an aspect of the relationship between a child and caregiver that is involved with making the child safe, secure and protected (Benoit, 2004).

Most practitioners described the process of working with parents to help establish or enhance secure attachment.

We focus on developing first that relationship, a really strong relationship [between practitioner and parent] because ... you're not going to open up with anyone unless you're completely safe. And then acknowledging that maybe the child is displaying a lot of difficult behaviours because of their experiences, and potentially, very likely, insecure disorganised attachment (Practitioner)

... my job is to really support the family to see what the communication of behaviour is you know, underneath all that anger or sadness or whatever the big emotions are that there's a little person with a need (Practitioner)

In reaching this understanding with parents, practitioners seek to support parents and caregivers to become that secure base from which their child can explore and, when necessary, come to as a place of safety and a source of comfort.

... they [parents] don't know what the child wants, and they try things and it doesn't work. This kind of continuum fractures in their relationship. Whereas, if there is empathy, recognition of what the child needs, how to give it to the child, there's kind of more opportunities for harmony and cohesion. Yeah, I think, maybe probably the biggest thing would be increased trust from the child, in the parent's ability to meet their needs depending on whatever state they're in ... it creates kind of this increased trust that the parent will be there for them. (Practitioner)

Understanding this process and practitioners' intent provides context for the reflections from parents.

Most parents spoke about an improved parent-child attachment style. Their comments reveal an enhanced ability to recognise and appropriately respond to their child's needs. Responsive and attuned caregiving assures children their needs will be met and promotes children's confidence to explore their environment (McLean, 2016).

We still have lots of drama, so to speak, but it's my reaction to it is different ... it's just more that I now feel like I've created an environment where it's safe and it's fine for her to do that (Parent)

I can now give [child's name] the tools to feel safe, bold and brave (Parent)

Well, it makes them feel more secure. Yes, he's more secure. He's having less tantrums than before (Parent)

... me being able to see from the other point of view and help them learn more confidence, because they felt more secure in their attachments and stuff. I think it's fantastic (Parent)

The kids feel safe – not clingy (Parent)

Available qualitative data paints a picture of enhanced parent-child attachment. Feedback from parents indicate that their children feel more secure in themselves and their relationship with the parent / caregiver.

IMPROVED HELP-SEEKING BEHAVIOURS IN CHILDREN

With one exception, parents did not explicitly identify improved help-seeking behaviours in their children. Instead, comments during interviews and on written feedback forms revealed that parents increasingly understood that current child behaviours (e.g., tantrums) were demonstrations of need. Parents appeared better prepared to recognise when their child was asking for help and respond appropriately.

...having more of an understanding of what his needs might be, even though he might be having a meltdown or he's trying to get his point across, or whatever. Or we're trying to direct him and he's being difficult, I think that's made dealing with the situation a little bit easier, instead of actually getting annoyed or upset or angry about it. Trying to be as calm as possible, that type of thing has definitely improved the family at time. Be it, whether or not, I have got the boys by myself or we're together as a family (Parent)

Recognising his anger is not anger (Parent)

One parent spoke of promoting help-seeking behaviours in their child. Through their involvement in Family Foundations, this parent had learned it was important to teach their child when to ask for help and who to ask.

it also made me reflect that part of it is my son helps himself, he doesn't want to ask for help ... I'm able to explain to him that, why he needs to ask for help, what he needs to attend to when he's bleeding and what can happen until the infection and recognising that he's intelligent and he has the understanding. So, I guess without the Family Foundations I would have only spoken to the school but not receptive of what I can teach my son (Parent)

IMPROVED EMOTIONAL REGULATION IN CHILDREN

Most parents provided evidence of improved emotional regulation in their children. Emotion regulation represents the child's ability to effectively manage and respond to an emotional experience (Rolston & Lloyd-Richardson, n.d.).

[Child's] behaviour is much better, he is calmer, can verbalise his feelings, is not as violent and goes to sleep (Parent)

With [child], she's a lot quieter, more settled. I would say less drama (Parent)

Some parents linked the positive changes in their child's emotional self-regulation to the strategies and techniques they had learned via Family Foundations. Key strategies learned included preparing children for an event to help manage their expectations and talking to children about their concerns.

[Child] doesn't like to be told no. Doesn't understand we have to leave. I can walk him through the situation now ... [this strategy is] very helpful part of the course and reinforced by [practitioner's name] (Parent)

It's just a matter of working to the point where you can tell him it's the end now. Telling him, "Story time's over. This is the end. Now we turned off the light." So, he's calmed and it's just giving the strategies to just get him to that (Parent)

There was a couple of months back where she didn't stay in the classroom after I dropped her at school ... I literally said to her: "Where were you gonna run to?" ... "Why were you so scared?" Sure enough, we went back, and we calmed down and it was still sad, oh goodness we were still sad ... but we're back in the classroom (Parent)

Other parents recognised that improvements in the parent-child relationship resulted in positive changes to their child's emotional regulation. A securely attached child learns to regulate distress, in the knowledge that they can get help from their caregiver when needed (McLean, 2016).

I mean they've also been calm because when I've connected to them, then I'm seeing them more relaxed (Parent)

With our relationships and me being able to see from the other point of view and help them learn more confidence, because they felt more secure in their attachments and stuff (Parent)

The findings from the qualitative data suggest parents observed improvements in their child's emotional regulation upon completion of Family Foundations. Parents attributed improvements to both knowledge and skills they had learned from practitioners with Family Foundations. Parents also attributed improvements to a secure attachment relationship.

IMPROVED BEHAVIOURAL OUTCOMES FOR CHILDREN

Most parents identified changes in the behaviour of their child that they attributed to their participation in Family Foundations. The improved behavioural outcomes included everything from better-quality sleep to fewer outbursts or tantrums to active listening and enhanced empathy.

I would say for his sleep routine. Family Foundations helped a lot (Parent)

She's listening to me more (Parent)

[Child] is more understanding of boundaries and personal space (Parent)

[Child] can consider other people's feelings (Parent)

The variety of improved behavioural outcomes reflects the fact that Family Foundations practitioners work with families to identify the issues and concerns they want to work on. As one parent explained she was able to say to her practitioner: "*I really need help with this. I don't know what to do.*" From this starting point, parents and practitioners work together to determine a developmentally appropriate response to promote the health and wellbeing of the child.

When observing changes in their child's behaviour, some parents acknowledged that their parenting response had also changed. The knowledge and skills gained from their participation in Family Foundations enabled parents to understand a child's behaviour as developmentally appropriate and/or better manage their response to the behaviour.

I suppose being just happier, more outgoing, more cooperative, even though he still has his moments and it can be frustrating but he's only four, so you can't expect too much (Parent)

I think we're handling [child's name] better. Just telling stories and managing him. But I think the thing they did was managing him at the shops, [it] was a nightmare. They just sit down with him. They gave us a strategy to give him the option inputting ... If he wants anything from the shops, depending on what we're doing, stuff like that (Parent)

I found a better way to talk to her, and I understand that you need to explain everything to her (Parent)

Overall, parents reported improved behavioural outcomes for their children upon completion of Family Foundations. Observed improvements are often a consequence of parents applying knowledge and skills gained from Family Foundations practitioners.

8. Unintended consequences

The evaluation considered whether the delivery of Family Foundations resulted in any unintended consequences. Unintended consequences represent outcomes that are not the ones intended by program staff.

ICPS evaluators identified one unintended consequence for a parent who had participated in the program. This section explores this consequence to privilege the voice of this parent and shed light on the practice environment.

One parent involved in Family Foundations recollected both positive and negative impressions of their time with the program. This parent had learnt a lot from their practitioner and appreciated their practitioner's time and involvement with them. Yet the parent's time in the program left them feeling (in their words) '*distressed*'. This parent articulated that while '*it's been positive*', their Family Foundations journey culminated in a '*long term negative experience*'. The parent indicated the negative experience arose due to the practitioner's focus on the family relationships and dynamics. They explained that '*I appreciate[d] and I admire the fact that they're focusing on the child, which is what I needed, so I didn't need people to focus on me*'.

This case provides an important example of the practice challenges faced by Family Foundations practitioners. Family Foundations practitioners aim to always keep the 'child in mind'. Accordingly, practitioners must make decisions in their practice for the child, not for the parent. As in the above case, a practitioner may need to address and explore the parent's relationship when in the best interests of the child. This decision can come with consequences, such as an off balanced or challenging practitioner-client dynamic and relationship, where there is a mismatch between what each party believes represents a significant issue or concern in their therapeutic arrangement (Goodyear, 2011; Ofsted, 2010; Sidebotham, Brandon, Bailey, Dodsworth, Garstand, Harrison, Retzer, and Sorensen, 2016). Family Foundations practitioners seek to mitigate against a potential mismatch through the co-creation of the model of practice. Practitioners and family members jointly complete the Family and Child Action Plan to inform the content of the therapeutic sessions. While it is unfortunate that one parent exited Family Foundations with lasting feelings of distress, available evidence suggests that program staff adopt process to keep the focus on the child and support parents to understand the importance of this focus.

9. Conclusions and implications

This outcome evaluation sought to respond to key questions related to the extent to which Family Foundations achieved intended outcomes or results. This section concludes by briefly foregrounding some of the evaluation's implications for practice, and some of the directions for future work that stem from the project.

In some ways, the ultimate measure of an intervention program is whether it achieves its identified outcomes. The available quantitative and qualitative evidence suggested that Family Foundations contributed to improved parenting capacity and enhanced parent-child attachment. However, analysis of the quantitative data did raise questions around whether the program consistently reached the 'right' parents. Pre-program participation test results on the outcome tools revealed that many parents enter Family Foundations with PEEM and FFQ scores in the moderate band. While these families experienced improvements, the change was small. Put simply, many parents finished the program shifting from the lower to the higher end of the moderate band. Yet when the program was delivered to a parent demonstrating high need at the point of entry (as revealed by a pre-program participation PEEM test score in the poor to very poor band) the change in test scores post-program participation was more substantial than for parents with low to moderate parenting need. The important insight from the analysis of the quantitative data is that Family Foundations appeared to produce the most significant result for parents with greater need.

Admittedly, the evaluation did not examine the reasons behind the ratings parents gave themselves using the PEEM and FFQ. For example, it is unknown whether some parents post-program completion rated themselves at essentially the same level because they were more aware of their parenting capacity. Such a hypothesis could help explain why most parents finished Family Foundations moving from the lower to higher end of the moderate band for each outcome tool. Even so, the ICPS evaluators view the finding from their analysis of the quantitative data as warranting further consideration.

The finding that Family Foundations appeared to produce the most significant result for parents with greater need has potential implications for intake and allocation procedures. The BCS intake and allocation process involved conversations with every potential client (even those who do not at first glance meet the eligibility criteria, for instance, because their child is 5 years or older). Practitioners seek to identify parenting needs and the needs of the child. The commendable approach is client-centred. Yet as noted in the process evaluation (Barker, Thorpe, & McArthur, 2018), the inclusion criteria for the program is 'very broad' and most parents referred to Family Foundations were accepted into the program. Given the potential for Family Foundations to achieve significant change for 'high need' parents, it is timely for program staff to consider whether they remain what appears to be an 'open access' program or given the intensity of support provided, instead seek to accept parents with specific needs and issues, most commensurate with the provision of high intensity one-on-one therapeutic support. The results of this evaluation suggest an assessment of whether existing intake and allocation processes allow for informed decisions on what type of parenting support to offer parents and care givers (e.g., a parenting group, one-on-one support (i.e., Family Foundations) and/or another option entirely) could prove valuable. For instance, perhaps using the PEEM during the intake and assessment process will provide new perspectives on what response represents the best option for the potential client.

Importantly, this suggestion is not about setting up a binary option at BCS where parents join a group or receive one-on-one support. Rather the intent is to encourage further reflection on whether BCS is appropriately set up to deliver 'blended prevention'. Blended prevention combines universal and targeted elements in an integrated strategy (Prinz, 2015). Within the context of parenting support, blended prevention incorporates a well-integrated system of evidence-based parenting supports including broach-reach strategies (such as the parenting groups) plus multiple levels of more intensive and extensive supports (like Family Foundations) (Sanders, Higgins, & Prinz, 2018). It appears that more work on the BCS intake and allocation system would enhance the ability of program staff to determine the type of blended prevention most beneficial to parents. Because as the quantitative data suggests some parents who participated in parenting groups might also be more receptive to one-on-one support of Family Foundations. Similarly, some parents who participated in Family Foundations might have received the equivalent benefit from a lower intensity group parenting program.

A second implication stems from the collection of data about observed outcomes for children. The evidence on the extent to which the program realised desired outcomes was mixed. For instance, most parents provided qualitative evidence of improved emotional regulation in their children post-program participation. Few parents reported improved help-seeking behaviours. While the program logic identified improved safety, trust and help-seeking behaviours as short-term outcomes for children, interviews and client feedback forms suggested that it was more accurate to consider Family Foundations as enhancing the *quality* of the parent-child attachment. These findings indicate it is timely for the Family Foundations team to review, and potentially revise, the program logic model.

ICPS evaluators highlight two points of consideration: what can Family Foundations realistically intend to achieve for children, and in what time frame? The first point relates to whether all the outcomes listed in the program logic remain appropriate and relevant. As noted, the evaluation evidence suggested it might be more accurate to count *enhanced* parent-child attachment as an outcome as opposed improved child safety (a nebulous term). Timeframes for achievement of outcomes also require consideration. Available data suggested it is idealistic to expect short-term outcomes for children. In the short-term (under one year) the program realised changes in the parent's knowledge, attitudes or behaviours. In the short to medium term there was evidence that parents applied new or enhanced knowledge and skills to provide responsive and attuned care caregiving to their children. Consequently, children are most likely to benefit in the medium to longer term.

Finally, the completion of the evaluation has implications for the ongoing collection of outcome related data. Understanding that the quantitative outcomes tools impose an administrative burden on practitioners, ICPS evaluators recommend that the team consider using the PEEM and SDQ to assist with intake and allocation decision making only. Practitioners could use the tools to help assess the level of parenting need. As noted, the evaluation findings showed that when the test scores revealed a high level of parenting need then parents benefited most from participation in Family Foundations (as opposed to a parenting group). The tools provide one means of helping practitioners decide whether parents are referred to Family Foundations or a parenting group.

Acknowledging that decisions on any future requirements for ongoing outcome related data rests with the funding agency, the ICPS evaluators offer a final recommendation regarding ongoing data collection. Before the evaluation commenced and long after the evaluation is completed, Family Foundations practitioners will continue to collect rich descriptions of how they deliver the program and to what benefit. These rich descriptions are available in the Family Foundations Child and Family Action Plan, case notes and the Family's Closing Reflections document and presented, in the form of case studies, in the twice-yearly Family Foundations report. These qualitative accounts provide an excellent means of demonstrating the various ways in which the Family Foundations model is responsive to the individual needs of presenting parents and their families. They also reveal the short-term outcomes realised for participating parents and their children.

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11. Appendix 1: Interview questions

11.1.FAMILY FOUNDATIONS PROGRAM STAFF

BACKGROUND INFORMATION (NEW START ONLY)

Can you start by telling me about yourself – your background and qualifications?

What is your *role in Family Foundations*?

How long have you been in this role and with this organisation?

TARGET GROUP, ACCESS AND REFERRALS

Longer-term workers

What, if any changes, have you observed in the intended target group for Family Foundations since the program's conception in 2017?

Presently, how satisfied are you that Family Foundations reaches intended target group?

To what extent are you satisfied with the eligibility and assessment criteria? What changes, if any, would you recommend?

New start

What are characteristics of the children and families using Family Foundations? Are they the intended target group?

ACTIVITIES

Longer-term workers

What changes have the team made to the program since your last interview?

CAPACITY FOR QUALITY SERVICE PROVISION: SUPERVISION, PD, MANAGEMENT

Tell us about key challenges or barriers you or the team face in delivering the Family Foundations program to service users.

Tell us about factors that enable the delivery of the Family Foundations program to service users.

OUTCOMES

What changes *do you see* happening in the lives of Family Foundations participants due to their participation on the program? (observable outcomes)

Parents

- Improved help-seeking behaviours
- Increased parenting knowledge
- Increased confidence in role as parent/carer
- Improved emotional regulation
- Improvements in community connectedness

Children

- Improved safety
- Improved help-seeking behaviours
- Improved trust in parents and others
- Improved emotional regulation
- Improved behavioural outcomes

How do you think Family Foundations helped bring about these changes? What parts of the program are making a difference for participants?

Any observed changes that surprised you? Anything unforeseen or unexpected?

LAST QUESTIONS

Is there anything else you wanted to say about Family Foundations?

Is there anything you'd like to share about your experience of participating in the evaluation?

What did you like about the evaluation process?

What did you dislike about the evaluation process?

If the evaluation was done again, any suggestions on how it could be strengthened or improved?

11.2. CLIENTS

BACKGROUND INFORMATION (PARENTS NEWLY RECRUITED TO INTERVIEWS)

Can you please start by telling me about your family? Which family members are involved in the program?

How long have you been involved with [Family Foundations]? (They may know the program by a different name or the name of their worker)

What were the reasons for you wanting to become involved with the Program?

What were you hoping or expecting involvement in the program would do for you and your family?

SERVICE ACCESS: QUESTIONS ABOUT HOW YOU BECAME INVOLVED IN THE PROGRAM (PARENTS NEWLY RECRUITED TO INTERVIEWS)

How did you find out about Family Foundations?

Were there any barriers (things that made it hard) for you to access contact or support from Family Foundations?

[*Active holding*] What support and contact did you have with Family Foundations while waiting to become involved in the program?

How satisfied were you with the length of time it took to get into Family Foundations?

SERVICE PROVISION: QUESTIONS ABOUT WHAT FAMILY FOUNDATIONS DO (PARENTS NEWLY RECRUITED TO INTERVIEWS)

Please tell me the story of your experience with Family Foundations so far/ now you have completed the program

Please tell me about the relationship you have with your worker(s)

How often do you see or speak to your worker(s)?

How will did the worker(s) relate to your children and/or other family members?

What activities and support have BCS provided for you and your family?

How satisfied are you with the Family Foundations program?

What did you like about the program? What didn't you like?

Did family foundations provide you with the support you expected? Why/why not?

Did they provide you with the support you need? Why/why not?

Is there anything you *do not like* or could be improved in the Family Foundations program?

What would you change about the Program? Would recommend Family Foundations to someone else?

OUTCOMES: WHAT CHANGES HAVE OCCURRED FOR YOU AND YOUR FAMILY?

What has changed (or will change) for *you as a parent/carer* since your involvement in Family Foundations?

What has changed (or will change) for *your child or children* since your involvement in Family Foundations?

What has changed for *your family* since your involvement with Family Foundations?

Examples or prompts for types of changes:

- *Relationships with child(ren) - attachment*
- *Confidence in parenting*
- *Improved help seeking behaviours – parents and/or children*
- *Parenting knowledge or skills*
- *Improved trust (within family or with kids)*
- *Increased community connectedness*

- *Improved safety – feeling safer*
- *Improved emotional regulation – parents and/or children*
- *Improved behaviour*

Because of these changes you've experienced, do you feel more connected to or involved in the community?

Examples of prompts:

Connected or involved in child's school or schooling – teachers, other parents

Playgroups

Feeling as a parent in the community

How many of the changes (parent/child/community) came about because of your involvement in Family Foundations?

What parts of the program helped bring about these changes?

Group work (Tuning in to Kids, Circle of Security)

Connecting you with other services and supports – informal and formal

Support for your child(ren)

One-one one support (therapeutic counselling)

Support letters

Education/information about child development

What other things helped you and your family achieve these changes?

Are there any negative consequences or changes from being involved in Family Foundations?

Has anything become worse? Is this because of the program or other factors?

LEAVING THE PROGRAM

How are you feeling about finishing up with Family Foundations? What will it mean for you and your family to not have the support of the program? (Parents involved with / nearing completion of Family Foundations)

How confident are you feeling about continuing to see positive changes in your family without the support of Family foundations? Why?

LAST QUESTION

Is there anything else you wanted to say about Family Foundations?

11.3. STAKEHOLDERS

BACKGROUND INFORMATION

Can you start by telling me about your organisation/service and your role?

How long have you been in this role and with this organisation?

EXPECTATIONS AND KNOWLEDGE OF FAMILY FOUNDATIONS

Can you describe how you and your service are involved with Family Foundations?

What are your expectations of Family Foundations? What do you understand as the aim of Family Foundations? What do you think they do?

TARGET GROUP, ACCESS AND REFERRALS

Who do think is the intended target population of Family Foundations?

To what extent do you think Family Foundations is engaging and retaining the intended population group?

What are the barriers and enablers to providing services to the intended population groups?

ACTIVITIES

What activities and support does Family Foundations provide for families and children?

Prompts:

Active holding

Parenting groups (Tuning in to Kids, Circle of Security)

Supported referrals - connecting with other services and supports – informal and formal

Support for child(ren)

One-one support (therapeutic counselling)

What can you tell me about these activities/components?

How satisfied were you with each of these components/activities?

Are these activities and supports appropriate (best suited) for the families (intended target group)?

Overall, to what extent are you satisfied with the supports provided by Family Foundations?

What are you happy with Family Foundations?

What could be improved and how would you improve it?

OUTCOMES

What changes (results or outcomes) do you expect to see for clients who participate in Family foundations?

What changes (results or outcomes) do/did you see happening as a result of their involvement in Family Foundations?

Examples or prompts:

Relationships with child(ren) - attachment

Confidence in parenting

Improved help seeking behaviours – parents and/or children

Parenting knowledge or skills

Improved trust (within family or with kids)

Increased community connectedness

Improved safety – feeling safer

Improved emotional regulation – parents and/or children

Improved behaviour

Are there any unintended negative consequences or changes from being involved in Family Foundations?

Has anything become worse? Is this because of the program or other factors?

LAST QUESTION

Is there anything else you wanted to say about Family Foundations?

12. Appendix 2: Program logic

