

June
2018



Evaluation of the Youth Connect 5 Programme across Cheshire and Merseyside

Ellie McCoy, Karina Kinsella, Selina Wallis, Rebecca Harrison & Dr Hannah Timpson

PHI, Faculty of Education, Health and Community, Liverpool John Moores University, Henry Cotton Campus, 15-21 Webster Street, Liverpool, L3 2ET
0151 231 4515 | E.J.McCoy@ljmu.ac.uk | www.ljmu.ac.uk/phi | ISBN: 978-1-912210-23-7 (web)

Evaluation of the Youth Connect 5 Programme across Cheshire and Merseyside

Ellie McCoy, Karina Kinsella, Selina Wallis, Rebecca Harrison & Hannah Timpson

Contributions

Project development and management: Hannah Timpson & Ellie McCoy

Advisory support: Paula Kennedy (Nursing and Allied Health, LJMU)

Quantitative data analysis and support: Emily Jones (YC5, MYA), Ellie McCoy & Selina Wallis (LJMU)

Qualitative data collection, analysis and support: Karina Kinsella, Rebecca Harrison, Selina Wallis, Cath Lewis & Ellie McCoy

Literature review & introduction: Karina Kinsella (LJMU), Damian Hart & Sally Edgar (YC5, MYA)

Report preparation: Ellie McCoy, Hannah Timpson, Selina Wallis, Karina Kinsella, Rebecca Harrison (LJMU) & Pat Nicholl (Champs)

Acknowledgements

The authors would like to thank the following people for their assistance with and participation in this research:

Pat Nicholl and Cheryl Yeadsley from Champs Public Health Collaborative

The Cheshire and Merseyside Youth Connect 5 team; Damian Hart, Emily Jones, Tony Nieman and Sally Edgar at Merseyside Youth Association (MYA)

The Youth Connect 5 authors; Elysabeth Williams at Stockport Public Health and Dr Martin Powell at Stockport Metropolitan Borough Council

The Youth Connect 5 Steering group:

The Youth Connect 5 Steering group: Jill Cushing at Wirral Council; Pippa Tavriger at Liverpool City Council; Sheila Woolstencroft at Cheshire East Council; Caroline Jenkins and Katie Donnelly at Warrington Borough Council; Patrick Goodison and Richard Holford at Knowsley Council; Julia Rosser, Nyki Benson, Maria McNulty and Kate Bazley at Halton Council; Gillian Cowan at Cheshire West and Chester Council; Steve Gowland at Sefton Council; Julie Dunning at St Helens Council; Matthew Adam at West Cheshire CCG; Kevin Byrne at Healthy Futures Network; Anna Dollard and Louise Lord at Bebington High School; and Katherine Crompton, parent representative.

Cath Lewis, Christopher Leech & Laura Heeks from the Public Health Institute, Liverpool John Moores University

With a special thank you to the parents, carers and stakeholders who participated in the interviews and survey.

Foreword

The emotional health and wellbeing of children and young people is a priority for Cheshire & Merseyside. We know that locally children and young people may experience low levels of resilience and face many difficulties relating to their emotional health.

We recognise the vital role families have in supporting the emotional wellbeing of children and young people. The Youth Connect 5 programme sets out to provide parents and carers with the understanding, skills and tools to build that emotional wellbeing.

The collaborative approach of the programme engages with parents as experts on their own children; being those closest, most trusted and the first point of support for most young people.

The partnership and goodwill of schools, colleges, youth organisations, local authority and NHS workforces has enabled the delivery of the Youth Connect 5 programme.

This evaluation report describes the Youth Connect 5 programme and its effectiveness. The report aims to determine if the Youth Connect 5 train the trainer programme has good outcomes for children, young people and their families and to explore whether the train the trainer model is an effective way of delivering Youth Connect 5.

I hope you find this report informative.



A handwritten signature in black ink that reads "Sandra Davies".

Dr Sandra Davies

Director of Public Health, Liverpool

Youth Connect 5 (YC5)

YC5 is a training programme funded by Champs Public Health Collaborative through Health Education England and delivered over an 18 month period by Merseyside Youth Association (MYA) that aims to improve children and young people’s resilience, emotional health and wellbeing, through providing families with the tools to build positive emotional health for their children. Cheshire and Merseyside have piloted Youth Connect 5 (YC5) using a Train the Trainer (TTT) model across nine local authorities, targeting parents and carers of those aged 8-18 years. YC5 aims to:

- Build upon parents’ and carers’ knowledge, empathy, skills and attributes to promote and strengthen children and young people’s resilience and emotional wellbeing
- Strengthen parents’ and carers’ own levels of resilience
- Increase parents’ and carers’ confidence and ability to explore different ways to support their children
- Improve and enhance relationships and communication between parents and their children
- Link families into information, advice and support services



Evaluating the YC5 pilot

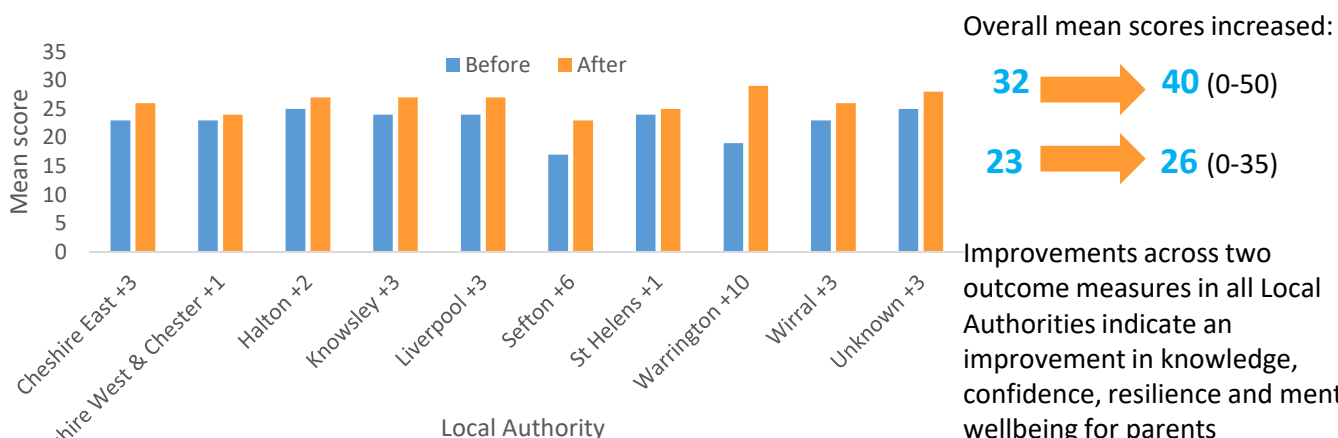
The Public Health Institute (PHI) at Liverpool John Moores University (LJMU) undertook an evaluation to explore the impacts of YC5 for parents, children, young people and their families. This included:

- Analysis of secondary quantitative data
- Focus groups with YC5 steering group (n=2 groups)
- Online survey with Public Health Leads, Trainers and Managers (n=39)
- Interviews with the professionals who developed YC5 (n=2)
- Interviews with parents and carers (n=20)



249 professionals trained
103 programmes delivered for parents
696 parents attended YC5

Impact of the YC5 Programme



Improvements across two outcome measures in all Local Authorities indicate an improvement in knowledge, confidence, resilience and mental wellbeing for parents

Outcome measures before (310) and after (201) YC5 - Knowledge, confidence and resilience assessment and Short Warwick-Edinburgh Mental-Wellbeing Scale

Impact of the YC5 Programme

"They allowed us to be who we were as parents... we were very much a team of people together helping each other out..... you looked forward to those two hours because it was in a comfortable environment....when you walked out your shoulders would drop slightly and you felt a bit better" (Parent)

"There were some very helpful strategies picking the time and place to have a conversation, listening for queues, lots of hints and techniques for different ways to approach the communication" (Parent)

"It's gone from everybody fighting to working as a family more because we've shared everything with them and used the techniques" (Parent)

"I never considered that my wellbeing would have an impact on him until we attended there and a lot of the things we spoke about. Unless you feel good about yourself how can you project that and how can he feel good. That's exactly what it did" (Parent)

Positive benefits of peer support – parents reported that they benefited greatly from sharing their experiences and learning from other parents in the group, attending YC5 meant they did not feel alone and it improved their confidence in their parenting skills

Changes in Knowledge, Techniques and Strategies – parents reported learning new techniques and strategies from the programme and from other parents. Parents gave many examples of strategies and positive approaches that they had effectively tried and embedded

Improvements in parents and children's wellbeing - Parents reported improvements in their own and health and wellbeing, which resulted in systemic change in their children's health and wellbeing. There were improved family relationships and strengthened family resilience

Delivery of YC5: barriers and facilitators to delivery and engagement with YC5, including role of the trainers, course content, recruitment and collaborative working are all discussed in detail in the main report

"The course has offered that breathing space to stop and think and take a step back" (Parent)

"I don't feel a failure, I felt an awful parent before but I don't feel like that now" (Parent)

"Working across authorities and agencies, I have been impressed at the enthusiasm and eagerness from not only the Trainers, but also from the Leads. It has been an encouraging process and it would be highly beneficial to hear the many stories on this YC5 journey" (Steering group member)

"Feedback I've got from parents and trainers has been excellent and there's evidence of clear behaviour change, it's impacted on parents own behaviour, it's impacted on family dynamics. A really great course that we'd be looking to support moving forward" (Steering Group member)

"A large number of parents/carers engaged significantly with YC5 e.g., a mother who regained access to her children following learning and behaviour change from attending the course (Trainer)"

Learning from the YC5 pilot

- 1 The multi-agency collaborative approach between Champs, Local Authorities and the provider organisation should be sustained to provide this coordinated sub-regional emotional wellbeing programme.
- 2 Refresher training and ongoing support for trainers and organisations are important to retain trainers, promote programme validity and to ensure a wider workforce continue to be trained utilising the train the trainer model.
- 3 Parental/carer engagement and peer support should continue to be integral to the further development of this programme.
- 4 Clear communications are required for parents and carers on the aims and content of the programme and for professionals on their role in the programme delivery.
- 5 The project management and administrative support required from Local Authorities needs to be recognised and accounted for in the further roll-out of YC5.
- 6 Ongoing monitoring and evaluation is required for evidencing the impact of the programme

Contents

1. Introduction	1
2. Methodology.....	7
2.1 Understanding programme reach, delivery and impact: analysis of secondary data	7
2.2 Understanding impact and experiences: interviews with parents and carers accessing YC5	8
2.3 Understanding programme implementation and delivery: steering group member perspectives	8
2.4 Understanding programme implementation and delivery: wider stakeholder perspectives	8
3. Findings	10
3.1 Impact of the YC5 Programme	10
3.2 Delivery of YC5 Programme	22
4. Learning from the YC5 Programme pilot	33
5. References	39
6. Appendices.....	41

1. Introduction

Parenting and child-parent relationships have a significant impact on a range of children's outcomes, including social and emotional development and academic achievement (Aunola et al 2015; Borenstein & Borenstien 2014). Research indicates the complexities of parenting (Koenig et al 2010, Ehrensaft et al 2016) and it is increasingly being recognised within policy and practice that parents may need support in the parenting role. Parenting interventions have been shown to be effective both in improving parenting and children's cognitive and behavioural outcomes (Furlong et al 2012; Barlow et al, 2012).

1.1 UK Policy Context

In the UK, the issue of parenting and the family has been a key focus for government policy over the last 20 years. The last Labour government had a strong focus on early childhood, with funding for childhood services increasing by nearly four times between 1997 and 2010. Over this period, the government aimed to increase services and support for families with young children, introducing various policies and frameworks such as the Every Child Matters framework (DfES 2003) the National Service Framework for Children, Young People and Maternity Services (2004) and the Childcare Act 2006. The National Service Framework for Children, Young People and Maternity Services (2004), for example, set out a number of standards to improve outcomes for children. The framework focused on supporting parents or carers with particular needs to access high quality one-to-one or group-based parenting education and support.

This time-period also saw an expansion of both nursery education and childcare; the introduction of Children's Centres offered evidence-based parenting programmes and support along with access to health visitor programmes (Tanner et al 2012). The Healthy Child Programme (DCSF 2009) was also introduced, offering support to all families, with an emphasis on parenting and family support. By 2010, all local authorities offered a Family Information Service, parenting programmes, one-to-one support and intensive family intervention services and over 4,000 Parent Support Advisers were working directly with parents through schools.

Under the Labour Government there were improvements in parenting behaviours and young children's health, behaviour and developmental outcomes. The Children and Young People's Plan (CYPP) was an important part of the reforms underpinned by Children Act 2004. The plan required local integration of services affecting children and young people to improve safeguarding and the welfare of children (Department for Education and Skills, 2005). Areas with a Sure Start Local Programme saw improvements in children's home environment, life satisfaction for mothers and small reductions in less harsh discipline (Stewart, 2013).

The 2010 Coalition government maintained a strong political focus on families and parenting. Policy initiatives highlighted the importance of both relationship support and parenting as key components in improving children's life chances. The Prime Minister dedicated £7.5 million a year in both support for the inter-parental relationship and for parents (Cameron, 2010; DCSF, 2010). However, Sure Start children's centres have been affected by closures and funding cuts since 2010. Parenting and Family Support: Guidance for local authorities in England was published in 2010 to roll out 'Think Family' (a strategy to promote co-ordinated delivery of services to safeguard children, young people, adults and their families/carers) and targeted parenting and family programmes to all local areas to improve support to families at risk by increasing service availability.

One initiative introduced in April 2012 was a voucher-based scheme for parenting classes to mothers and fathers of children under-five. The vouchers were intended to benefit parents from a wide variety

of backgrounds. The scheme aimed to increase support for parents to help them communicate better with their children, encourage good behaviour, and prevent problems developing later on. The CanParent scheme gave parents a £100 voucher to spend on classes which could be accessed through health visitors, midwives, doctors' surgeries and children's centres. However, only 4% of eligible parents took advantage of the scheme and once the pilot period had been completed in 2014 it was not renewed.

More recently, funding was prioritised in January 2016 for relationship support to parents, strengthening relationships between parent and children. As part of this strategy an £80m Life Chances Fund was launched and central government agreed to contribute to outcome payments for payments by results (PbR) contracts to locally commissioned social investors who aim to tackle complex social problems. The Fund is structured around 6 key themes: drug and alcohol dependency, children's services, early years, young people, older people's services and healthy lives (Cabinet Office & Wilson 2016).

The Department of Health's (2015) Future in Mind report aims to develop strategies to support the emotional wellbeing and mental health of children and young people. Promoting resilience, prevention and early intervention is a key priority outlined in the report. The need for greater investment in early years is also highlighted. Furthermore, the report puts forwards a number of proposals to transform mental health services for children and young people by 2020. These focus on improving access to effective support and caring for vulnerable children and young people through better partnership working between local authorities, the NHS, the voluntary sector, schools and other local services. The report further states that a wide range of professionals should be involved across universal, targeted and specialist services.

1.2 Parenting Support Interventions

Over the last decade, a plethora of programmes has been developed to help parents to enhance their ability to parent, and in turn improve outcomes for children and young people. Various family based interventions with outcomes around child behaviour problems, parenting style, parental and child mental wellbeing have been reported in the academic literature. Barlow et al (2012) describe standard parenting programmes as focused short-term interventions aimed at helping parents improve their functioning as a parent, their relationship with their child, and prevent or treat a range of child emotional and behavioural problems by increasing the knowledge, skills and understanding of parents.

Parenting support is wide ranging and developed and delivered by a range of organisations. Most parenting programmes focus on antenatal care and 'early interventions' (such as Incredible Years, Triple P, Mellow Parenting). One of the most common delivery models for parenting programmes is the Train the Trainer (TTT) method. Parenting Early Intervention Programmes (PEIP) (such as Triple P, Incredible Years, Strengthening Families Programme 10-14 and Strengthening Families Strengthening Communities) are based on a TTT model, delivered in a variety of community settings and aim to address resilience, parenting skills, improve parent outcomes and reduce children's behavioural difficulties.

Between 2006 and 2008, 18 local authorities in England delivered PEIPs which focused on different age ranges and employed a range of different approaches. Interventions such as Triple P were found to be effective in improving outcomes for parents' mental well-being and style of parenting, parental efficacy, and children's behaviour (Lindsay & Cullen 2009). Nowak (2008) reviewed 55 studies of effect of the Triple P behavioural training programme on parenting, child behaviour problems and parental

wellbeing. Parent relationships were reported to have improved and small to moderate positive effects were reported for parenting, child outcomes, and parental wellbeing.

Other interventions, including early year's interventions (Minding the Baby, Best Beginnings, My Baby's Brain), older children's interventions (Families and Schools Together [FAST], The Strengthening Families Programme [SFP] and The Parent Plus) and those delivered by national charities and organisations such as Barnados have been shown to also improve parenting and subsequent outcomes for children (Clarke & Younas 2017).

1.3 Sustainability of outcomes

The evidence for parenting programmes shows the range of organisations involved in developing and delivering these interventions. Given the need for a non-prescriptive approach to parenting, it is clear that there is no one model of parenting programme that demonstrates a consistent or gold-standard delivery model. Some interventions aim to provide general parenting support or targeted interventions (such as The Parent Plus, aimed at divorced, separated or single parents) whilst others focus on high-risk families (such as the SFP, aimed at families experiencing problems with alcohol and drug abuse in children). Evidence suggests that such programmes have a positive impact on parenting and families. However, for many of the interventions there is limited data available on the long-term outcomes and sustainability.

1.4 Youth Connect 5



Youth Connect 5 (YC5) is a training programme that aims to improve children and young people's resilience, emotional health and wellbeing, through providing families with the tools to build positive emotional health for their children. Cheshire and Merseyside have piloted Youth Connect 5 (YC5) across nine local authorities, targeting parents and carers of those aged 8-18 years. YC5 employs a train the trainer model to work with parents to provide them with the knowledge and skills to support the wellbeing and resilience of their children.

The Public Health Institute (PHI) at Liverpool John Moores University (LJMU), have undertaken the evaluation of the YC5 Programme. The evaluation aims to determine if the YC5 train the trainer programme has good outcomes for children, young people and their families and to explore whether the train the trainer model is an effective way of delivering YC5.

Youth Connect 5 aims to:

- Build upon parents' and carers' knowledge, empathy, skills and attributes to promote and strengthen children and young people's resilience and emotional wellbeing
- Strengthen parents' and carers' own levels of resilience
- Increase parents' and carers' confidence and ability to explore different ways to support their children;
- Improve and enhance relationships and communication between parents and their children
- Link families into information, advice and support services where needed

Why?

- In Cheshire and Merseyside 497,467 children and young people will be under the age of 18 years when 50% of mental health problems emerge
- The Children and Young People's Emotional Wellbeing report (Merseyside, 2016) revealed low levels of resilience and high levels of risk factors

- Parents and carers play a pivotal role in promoting the knowledge, skills and environment that can help children cope with adversity
- Supporting families has a dual role of strengthening parent's and children's resilience

YC5 approach

The authors of Youth Connect 5 (Williams and Powell) developed the programme using a biopsychosocial model to provide parents with the knowledge to understand their and support their children's wellbeing.

Poor mental health is a serious public health issue. Mental disorders are prevalent (often comorbid), recur throughout the life span, are costly to treat, and cause premature mortality when untreated. The clinical or illness model which has dominated thinking about mental health and influenced service provision, has often proved unhelpful. By conceiving mental health as due to individual dysfunction, the model obscures social causes and perpetuates an over-reliance on specialist help, when these resources are limited. Furthermore, accessing specialist mental health services is a challenge for the majority whose sub-threshold manifestations of mental health do not reach the necessary levels. If we really want to address the levels of mental distress in our population, we need a different approach; one that is informed by a bio-psychosocial model and that empowers all of us to play our part. The Connect 5 workforce training model has already taken up this challenge. Drawing on theories and research from psychology and public health, Connect 5 has been used to train the wider workforce to develop the confidence and skill set to improve the mental health and wellbeing of service users.

The commission from Champs for Youth Connect 5 was a welcomed opportunity for us to translate the principles of Connect 5 into a programme designed for parents and carers struggling with their child's/ teenager's mental health. The programme aims to empower parents/ carers to take action in building their own resilience and to model and use with their child, the evidence-based approaches for achieving good mental health and wellbeing. The philosophy of the programme, as translated through the skills of the group trainer, is to facilitate the group to think through the issues and reach psychologically informed solutions that are in line with their own constructs, values and available resources.

Elysabeth Williams, Stockport Public Health and National Lead for Connect 5, Dr Martin Powell, Head of Educational Psychology Service, Stockport Metropolitan Borough

How YC5 was delivered



Merseyside Youth Association delivered the YC5 through adaptation of the programme for Cheshire and Merseyside and through training the trainers and supporting the delivery of programme. The following information was provided by Damian Hart, Tony Nieman and Sally Edgar from Merseyside Youth Association.

The co-production and ongoing development of the programme involved a branding exercise and a consultation exercise with trainers and parents. The course manual¹ was developed to provide facilitators with a user-friendly guide as to how to deliver the course, and includes a number of activity worksheets and booklets for parents. The workbook addresses:

¹ The manual can be found here:

<https://youthconnect5.org.uk/wp-content/uploads/2017/01/Trainers-workbook-final-bleed.pdf>

- Developing an understanding of mental health including the adolescent brain and how it develops during these years
- Developing an understanding of the different risks your child faces and how various resilience techniques and responses can help
- Looking at what we all need to do to maintain good mental health
- Appreciating the importance of certain types of activity
- Learning about why we feel and behave the way we do
- Learning and practising important communication skills to help children to manage and express their feelings
- Exploring smart ways to make changes that stick and that will improve your own and your family's wellbeing
- Understanding proven strategies to manage distress and make positive changes – including how to support children to problem-solve and develop better coping skills

The Youth Connect 5 website comprises two separate sections; professionals and parents/carers.

Whilst primarily offering a secure online booking facility for trainers and parents, the website also offers a range of downloadable resources and external links to local/national organisations offering support. Once details have been submitted to the YC5 team, trainers are then in control of managing their individual events approving/declining delegates.



MYA also developed support guidance and marketing tools to assist trainers in the marketing of the programme to parents and carers. A communications toolkit² was also created containing a range of items which was shared with all area leads and subsequently disseminated to trainers, as well as being available to download from the website. The toolkit includes:

- Programme overview document (including background and key messaging)
- Social media guidance and best practice tips
- Template press release
- Logo
- A suite of (four in total) promotional posters/flyers illustrating the four family profiles identified as being target audiences for the programme

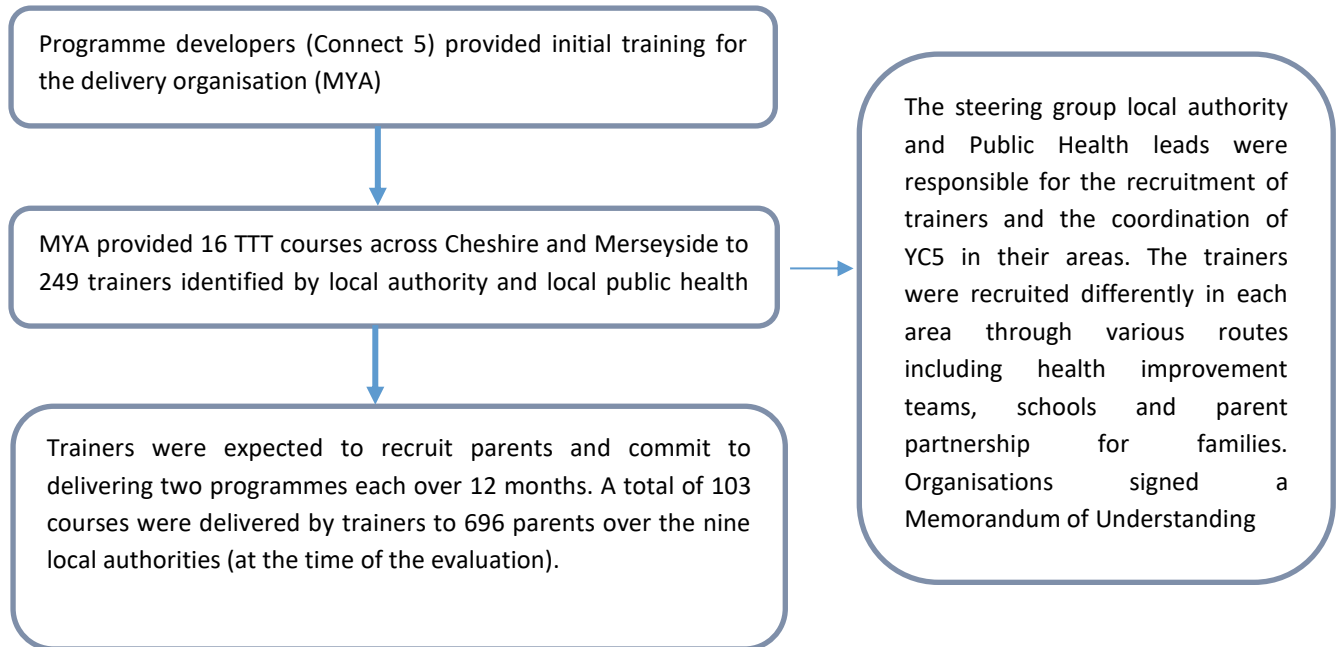
Delivery of YC5

The Train the Trainer programmes was delivered to 249 frontline workers who were asked to deliver two five-part programmes to parents across the nine local authorities (Cheshire East, Cheshire West & Chester, Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington and Wirral). Local authority public health leads and schools/children's services leads co-ordinated local trainers and the administration.

A YC5 steering group was established to inform the planning and design of the programme. The steering group had responsibility for implementing and managing the delivery of the programme and comprised public health colleagues from local authorities in Cheshire and Merseyside and the delivery

² An infomercial has also been produced outlining the key messages of the programme, this is available to watch via the website, on social media channels and can be shared by professionals: <https://youtu.be/60AVnUsc5mk>

organisation (Merseyside Youth Association). The model of delivery differed slightly in each area. Information regarding implementation processes, delivery methods and experiences are presented in section 3.2. The training programme was delivered by Merseyside Youth Association (MYA) and rolled out as follows:



1.5 Aims of the evaluation

The Public Health Institute (PHI) at Liverpool John Moores University (LJMU), were commissioned by Champs to undertake an evaluation of the YC5 Programme across Cheshire and Merseyside. The evaluation aims to determine the impacts of the YC5 Programme for children, young people and their families and to explore whether the train the trainer model is an effective way of delivering YC5.

The evaluation objectives include:

- Integrate findings from fieldwork undertaken with stakeholders and families to present an overview of the strengths and weaknesses of the programme and the outcomes for families
- Explore if the programme leads to long term sustainable improvements in the emotional health and wellbeing of children and young people and their families, through the collation of baseline, post intervention and follow up outcome data.
- Explore if the training is appropriate for all population groups
- Explore the differences between areas and provide suggestions for best practice
- Make recommendations for improvement, within the commissioning landscape

2. Methodology

A range of qualitative and quantitative methods were used in triangulation to explore the effectiveness, efficiency and impact of YC5. Research methods were embedded within a social value framework to explore the wider impacts of YC5. All research was conducted in accordance with rigorous ethical standards and received approval from the LJMU Research Ethics Committee (17/PBH/023).

2.1 Understanding programme reach, delivery and impact: analysis of secondary data

MYA provided PHI with all available tabulated programme data (start of the programme up until November 2017) to explore number of sessions led by practitioners, uptake, frequency and reach³. Data were shared using a secure platform (SharePoint). This included numbers of programmes run, professionals trained and parents attending YC5.

During the pilot, MYA provided training to 249 trainers, who then provided training to 696 parents across 103 programmes across Cheshire and Merseyside. It should be noted that training was still ongoing at time of analysis. Total numbers should also be interpreted with caution, a number of closed groups run by trainers (groups run by the organisation that the trainers were based at) were not entered onto the YC5 website. Although a data cleansing exercise was conducted by MYA, numbers of groups and parents accessing YC5 are likely to be higher than recorded on the YC5 system.

Data provided by MYA showed that Wirral have the largest numbers of trainers trained to deliver the programme (n=59, 23.7%) and delivered training to the most parents (n=139, 20.0%). Knowsley (n=20, 19.4%) and Wirral (n=19, 18.4%) both delivered just under one-fifth of the 103 parent programmes, and Cheshire West and Chester delivered 15.5% (n=16). Both West Cheshire and Chester and Wirral provided additional funding to boost programme delivery.

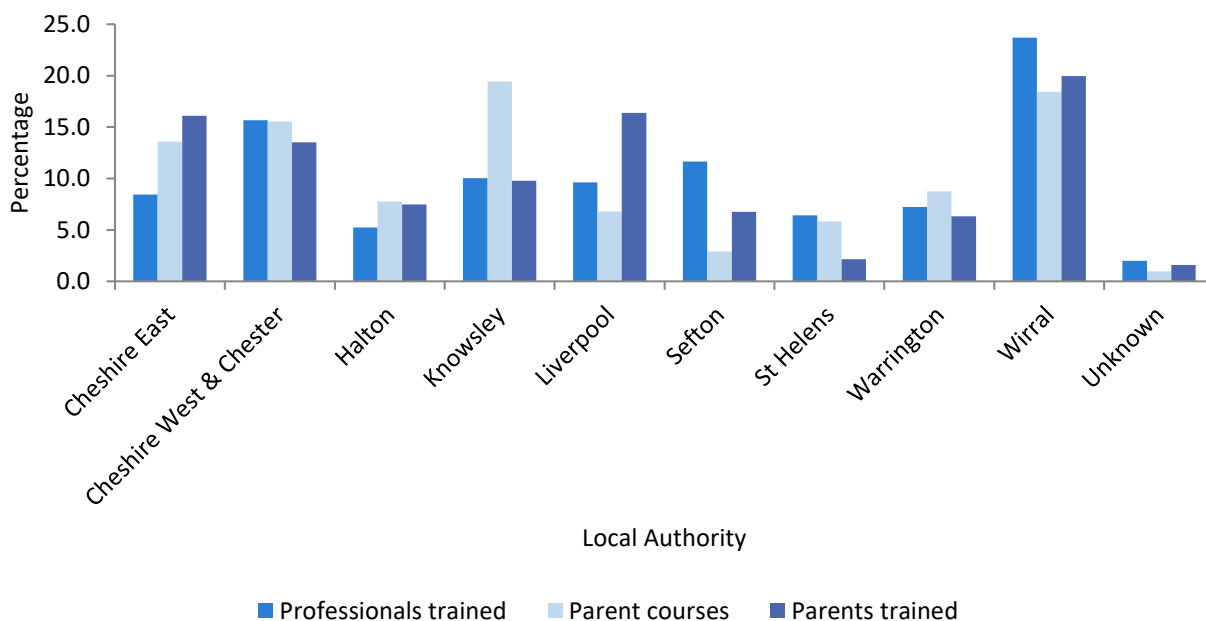


Figure 1. Programmes and training by Local Authority

³ Programme delivery was still ongoing at time of data analysis

Programme feedback surveys were also completed by trainers following their initial training before delivering the programme to a number of parents (n=461). The surveys were designed and delivered by MYA. Tabulated data was provided for the evaluation to explore trainers' satisfaction.

Parents who attended YC5 were asked by MYA to complete a pre- and post-course assessment. A total of 294 assessments were collected before the course and 187 afterwards. All assessments were developed and collected by MYA and shared with the research team for analysis.

More females completed the assessment than males in each of the local authorities; Cheshire East had the largest proportion of males completing the survey compared to the other local authorities.

At both pre and post-test around a third of parents had children of primary school age only (n=80, 28.6%; n=53, 30.5%), high school age only (n=102, 36.4%; n=62, 35.6%) and children of both primary and high school age (n=98, 35.0%; n=59, 33.9%). Sefton and St Helens did not have any parents with children of primary school age and Knowsley did not have any parents with children of high school age accessing the YC5 Programme. Most parents were from Wirral (n=96, 32.7% and n=72, 38.5%) and Cheshire East (n=80, 27.2% and n=43, 23.0%) at both assessment and follow up.

Assessments were also conducted with a number of parents pre (n=310) and post-test (n=201) to explore changes in wellbeing and outcomes such as improvements in parent skills, confidence levels and mental wellbeing.

2.2 Understanding impact and experiences: interviews with parents and carers accessing YC5

Telephone interviews were conducted with 20 parents and carers across the nine Local Authorities who accessed the YC5 Programme (please see appendix for numbers of parents by LA). Interviews explored experiences of the programme and any impacts the programme had on them, their children, their families and any wider outcomes experienced. Originally it was anticipated that up to four focus groups would be held with six follow up interviews, however uptake was poor with parents preferring one-to-one discussions. The interview recruitment aimed to speak to parents at different stages of attending the programme. All surveys, focus groups and interviews also explored barriers to delivery and asked for recommendations for improving the programme.

2.3 Understanding programme implementation and delivery: steering group member perspectives

Two focus groups were held with ten members from the YC5 Steering Group in September 2017, with further information provided by other members via email. The focus groups explored model of delivery, the ways in which the model has worked or has not worked well, perceived effectiveness of the model, feasibility and sustainability and recommendations for improving the programme. The focus group was undertaken during the early phase of the project and was used to inform the survey question design for the online survey described below. The key findings from the steering group focus group were also disseminated to the steering group for comments. A paired interview was also undertaken with the developers of YC5, in order to further explore the aims of the project and to understand if and how the delivery of YC5 in Cheshire and Merseyside had been adapted.

2.4 Understanding programme implementation and delivery: wider stakeholder perspectives

An online survey was conducted with 39 stakeholders (Local Authority/Public Health Leads, trainers and service managers) involved with the development and delivery of YC5 (please see appendix of

stakeholders by LA and job role). A summary of responses and local authority representation is provided in table 4 below. The survey was circulated to all trainers, service managers and relevant commissioners to explore a range of programme elements including experience of programme delivery, feasibility, resources, sustainability, and the impact of this on programme outcomes. Survey respondents included Public Health professionals, mental health services, schools, family/children's workers, community workers. The majority of stakeholders represented family/children's services, followed by public health (table 4). The survey included questions regarding:

- Experiences of programme delivery (including whether the project has been adapted and, how it has been prioritised/resourced)
- Elements of the project that ran particularly well
- Any barriers to running the programme
- Perceptions of impact
- Perceptions regarding the quality of training, the delivery of the course and the consistency of the approach
- Views on how the project could be sustainably delivered in the longer-term
- Barriers to delivery and asked for recommendations for improving the programme.

3. Findings

3.1 Impact of the YC5 Programme

Summary of outcomes for parents and families

- Improvements across two pre (n=310) and post (n=201) assessments that were undertaken at the start and end of the YC5 Programme indicate an improvement in knowledge, confidence, resilience and mental wellbeing for parents attending YC5
- Parents' mean scores improved on all five measures relating to knowledge, confidence and resilience (the higher the score the more knowledgeable, confident and resilience) and the total mean score across the five measures improved from 32 to 40. All Local Authorities saw an increase in mean score of between 7 and 18, Warrington had the highest increase
- Parents' mean scores improved for five of the seven mental wellbeing (SWEMWBS) measures, and the total mean score across the seven measures improved (meaningful change) from 23 to 26. Overall total mean scores improved for all nine local authorities between one and 10 (a meaningful change for seven Local Authorities). Warrington had the highest improvement in scores
- Positive benefits of peer support – parents reported that they benefited greatly from sharing their experiences and learning from other parents in the group, attending YC5 meant they did not feel alone and it improved their confidence in their parenting skills
- Changes in Knowledge, Techniques and Strategies – parents reported learning new techniques and strategies from the programme and from other parents. Parents gave many examples of simple strategies and positive approaches that they had effectively tried. Some parents suggested that they had embedded the strategies into their parenting and predicted that the positive changes will last in the future
- Parents' and children's wellbeing - Parents had an increased awareness of their own mental health and the importance of looking after their mental wellbeing in order to support their children's wellbeing. Parents reported that improvements in their own health and wellbeing, including improvements in confidence, parenting and self-esteem, had resulted in systemic change in their children's health and wellbeing. One parent, who had lost access to her children because of a family breakdown, went on to regain full access following attendance at YC5. Other improvements included wider relationships with the school and parents' workplaces

Understanding programme reach, delivery and impact: analysis of secondary data

Parents completed outcome measures before and after the programme (n=310 pre and n=201 post-test). Parents were asked to complete two assessments; a knowledge, confidence and resilience assessment and the Short Warwick-Edinburgh Mental-Wellbeing Scale.

Changes in knowledge, confidence and resilience

The knowledge, confidence and resilience assessment asked parents to rate their understanding of mental health and wellbeing, how confident they were in supporting their child's emotional wellbeing, to rate the resilience of their family, their confidence in applying positive strategies to help their child to understand themselves and how well they listen and talk to their child.

Knowledge, confidence and resilience statements	
Scale 1-10 (1 poor, 10 excellent)	
1.	Rate your understanding of Mental Health and Wellbeing
2.	How confident are you in supporting your child's emotional wellbeing
3.	How would you rate the resilience of your family?
4.	Rate your confidence/knowledge in applying positive strategies/actions in helping your child to understand themselves.
5.	How well do you listen and talk to your child?

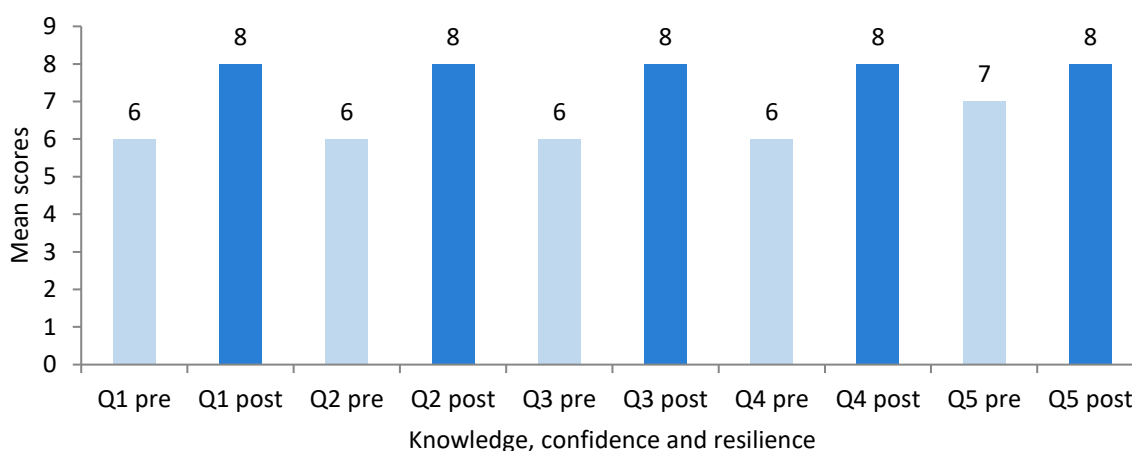


Figure 2. Mean scores for the five knowledge, confidence and resilience statements

Mean scores increased across all five questions (figure 2). Parents scored reasonably well at pre-test with an average of six out of 10 for the first four questions and seven out of 10 for listening and talking to their children, all scores improved to eight out of 10 at the follow up assessment. The total score increased from 32 at pre-test to 40 at post-test (lowest possible score 10, highest possible score 50).

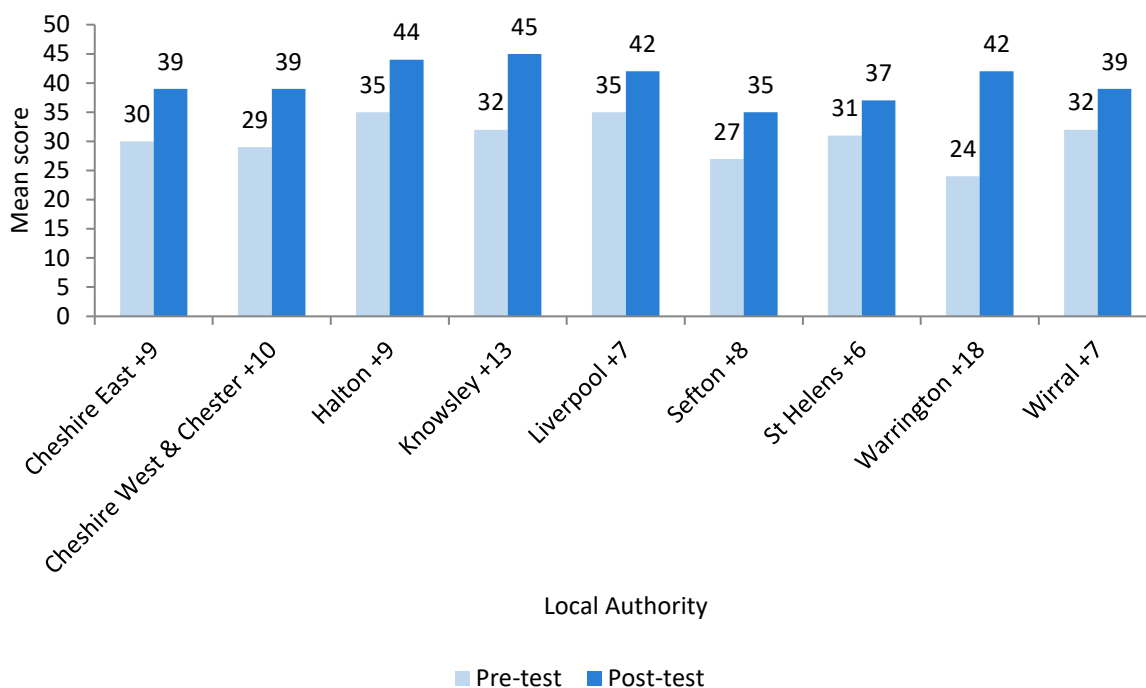


Figure 3. Total mean scores for the five knowledge, confidence and resilience statements

Total scores varied between 24-35 at pre-test, with Halton and Liverpool having the highest pre-score (n=35). Parents in all Local Authorities reported an increase in confidence, knowledge and resilience following their time accessing YC5, with total scores ranging between 35 and 45. Knowsley had the highest post-score (45). All Local Authorities saw an increase in mean score of between seven and 18, with Knowsley (n=13) and Warrington (n=18) having the highest increase.

Reported changes in mental wellbeing

At pre and post-test, parent wellbeing outcomes were captured using the validated Short Warwick-Edinburgh Mental-Wellbeing Scale (SWEMWBS)⁴. This consists of seven questions (see box below) about wellbeing. Parents rated how often they felt optimistic about the future, felt relaxed, dealt with problems well, thought clearly, felt close to other people and felt able to make their own mind up about things. Parents were asked to use the scale to rate how they felt over the last two weeks.

SWEMWBS Statements
1=none of the time; 2=rarely; 3=some of the time; 4=often; 5=all of the time
<ul style="list-style-type: none"> • I've been feeling optimistic about the future • I've been feeling useful • I've been feeling relaxed • I've been dealing with problems well • I've been thinking clearly • I've been feeling close to other people • I've been able to make up my own mind about things
Total score of 35: 7-22 low; 23-32 moderate; 33-35 high mental wellbeing

⁴ Available at <http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/>

The SWEMWBS was undertaken for 310 parents at pre-test and 201 parents at post-test. There was generally a high follow up rate between pre and post assessments across all nine Local Authorities with over 50% for six authorities (Halton had a 33.3% follow up rate). Liverpool had a high follow up rate with 29 of 30 parents participating in both assessments (96.7%).

The total mean score for the SWEMWBS scale improved by three between the pre-test (mean 23) and post-test (mean 26). The overall pre and post score both indicate moderate mental wellbeing for the parents, however an improvement in mean score of two or more indicates a meaningful change in wellbeing. This suggests that individuals' general wellbeing did improve and there was a meaningful change in parents' wellbeing during their time attending the YC5 Programme.

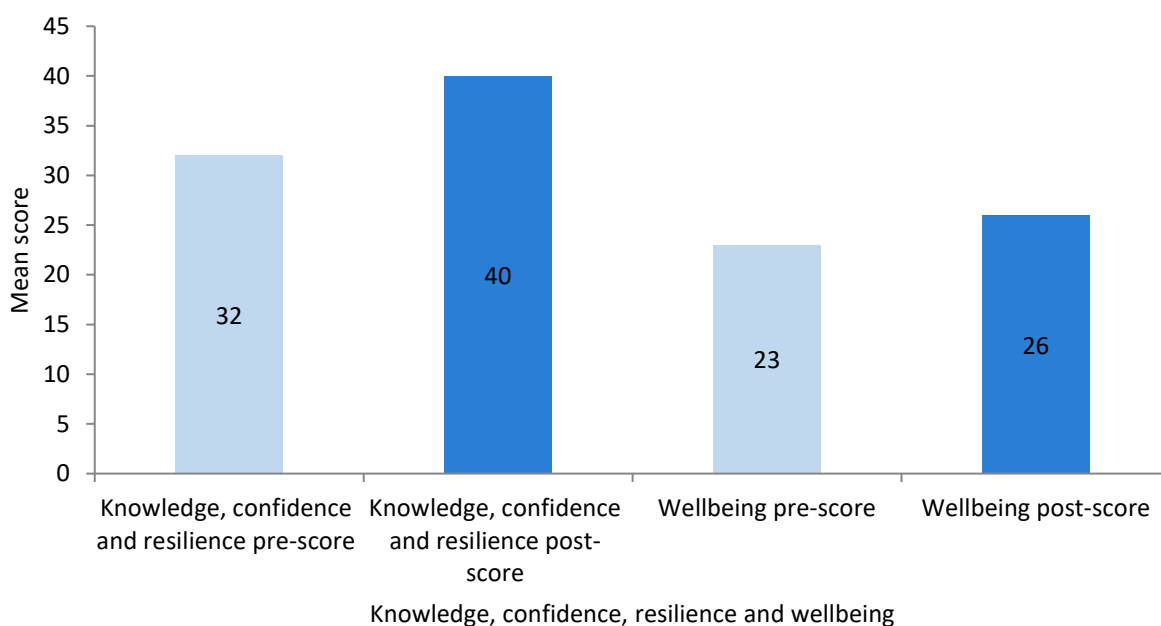


Figure 4. Total mean scores for changes in knowledge, resilience, confidence and wellbeing

Overall total mean scores improved for all nine Local Authorities following attendance at the YC5 Programme. Mean scores across the Local Authorities ranged between 17 (low wellbeing) and 25 (moderate wellbeing) at pre-test and improved to a range of 23 (moderate wellbeing) to 29 (moderate wellbeing) at post-test. Mean scores improved between one and 10 across the Local Authorities. Warrington had the highest improvement in scores with an improvement of 10 (19 at pre-test and 29 at post-test). Seven out of the nine areas had an improvement in mean scores of at least two indicating a meaningful change in wellbeing.

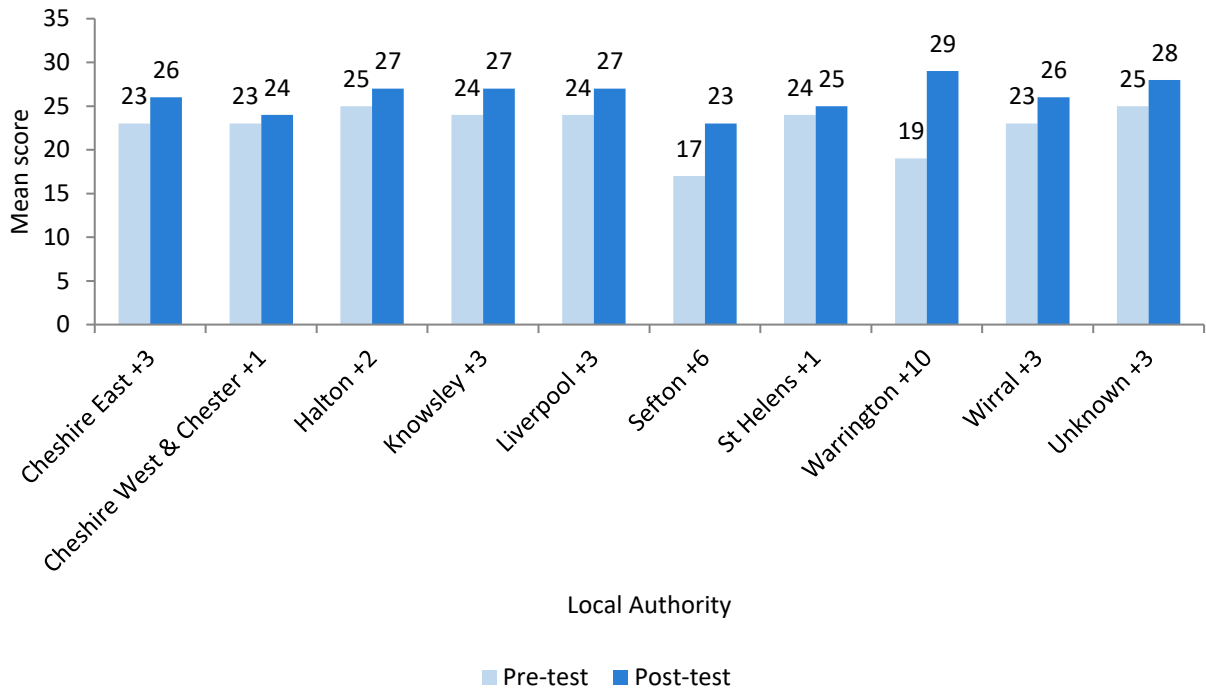


Figure 5. Total mean scores for wellbeing, by Local Authority

Looking specifically at the individual SWEMWBS questions, parents had an overall pre-score mean of three for six of the seven questions meaning they generally agreed with the seven statements some of the time. At the end of the programme this score improved to a post-score mean of four across five statements meaning they agreed with the statements often (they often felt that they could make their own mind up about things often and felt relaxed some of the time before and after the programme). This improvement in scores suggests an improvement in wellbeing after attending the course.

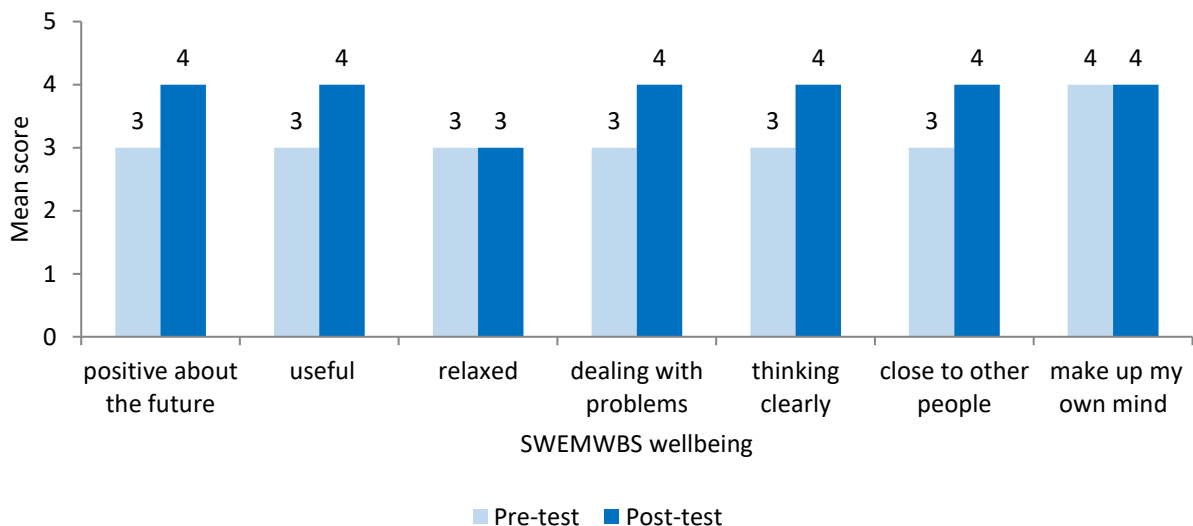


Figure 6. Total mean scores for the seven SWEMWBS wellbeing statements

Understanding impact and experiences: engagement with parents, steering group members and trainers

Findings from the qualitative engagement with parents⁵, steering group members and trainers revealed the wide range of positive impacts that had been experienced as a result of YC5. Despite a number of challenges during the delivery (section 3.2) of YC5, steering group members felt that the impact of the intervention had been very positive.

“One of the things that was quite powerful for our families is them realising that they’re not a bad parent and the situations and experiences that happen within their family are not just happening to them...You can almost see visually in some cases that you can see a weight literally dropped off their shoulders” (Steering Group member)

“I think for me every story is different but I got really encouraged when a parent would say this is what it’s done for me. So in some of the evaluations that have already come back there’s been some really positive statements that have come back.... For me it’s all about the journey where they’ve come from” (Steering Group member)

“Feedback I’ve got from parents and trainers has been excellent and there’s evidence of clear behaviour change, it’s impacted on parents own behaviour, it’s impacted on family dynamics. A really great course that we’d be looking to support moving forward” (Steering Group member)

Positive benefits of peer support

Parents discussed the benefits of being part of a group and having an increased social network. The groups offered a safe and confidential space to discuss issues and share experiences. For many sharing perspectives and experiences of parenting was a benefit. Several parents spoke of feeling like they were ‘not alone’ and were reassured to know that other parents were experiencing similar issues. They appreciated the different perspectives of other parents in the group.

“It was a fantastic group of parents, extremely open and sharing everything which is a benefit to everyone.” (Parent 2)

“They allowed us to be who we were as parents...we were very much a team of people together helping each other out. I think most of us cried throughout it...there was very much that element as a group, you looked forward to those two hours because it was in a comfortable environment. It didn’t stop what was going on outside but when you walked out your shoulders would drop slightly and you felt a bit better.” (Parent 7)

“It was good to get different perspectives from other parents I learnt a lot from other people about how they parent, I took a lot of their ideas on board.” (Parent 21)

“Parents have enjoyed the shared experience of attending a parenting course, finding that they are not alone in their worries/ concerns/ fears for their children.” (Survey respondent)

One participant suggested that listening to experiences of others led them to appreciate their home and family life more. Prior to the course one parent stated that she felt like she was failing her children

⁵ It is important to consider that parents from some local authorities did not engage with the evaluation and therefore the qualitative analysis is not representative of all Local Authorities (a breakdown of parental engagement is presented in the appendix). It is important to acknowledge that the evaluation may not have engaged with parents who may have had negative experiences of YC5.

and attending YC5 and listening to other parents had helped her to understand that she was a good parent. Several participants were sad when the course was finished. Some formed friendships within the group, remained in contact after the course and continued to meet outside the group. A number of parents expressed a desire to also train as YC5 trainers to support other parents. One participant suggested that his relationship with his child's teacher improved, with the parent more aware of resources/courses to address pastoral needs.

"You tend to feel that it's just you that's dealing with a child that's behaving in a certain way and it's quite relieving and refreshing to hear other parents saying the same thing." (Parent 23)

"Knowing that I'm not on my own, so when I feel like I'm failing my children I know I'm not now but for a long time I thought it was my fault." (Parent 8)

"It was a lovely group we were all gutted when it ended and I've kept in touch with three of the parents." (Parent 7)

"It's strengthened the relationship I have with [teacher who delivered the course] and with other parents and I'd know where to go if there were more pastoral needs required." (Parent 20)

Respondents to the wider stakeholder survey were asked how YC5 impacted on relationships with parents. They felt parents enjoyed the course, especially the focus on their wellbeing and peer support. It was suggested that parents found new friendships within the sessions, through sharing a 'communal bond' of attending the session.

"It is based around the parents as much as children. It helps parents to understand emotional and mental health issues in an easy way. Most parents would be able to follow the programme." (Survey respondent)

"Many parents commented that there was no longer the avenue to talk through such issues, when their children go to secondary school. Yet in primary school, they can discuss matters at the school gates." (Survey respondent)

"Massive impact really took on board about some of the key messages, starting to realise the importance of their wellbeing and how that impacts on their children. Parents understanding importance of good mental health and good wellbeing. Parents making action plans to have family time/ plan a family activity." (Survey respondent)

"Positive especially with those who were initially as they were 'told to attend' by social services. Because it is about the parent it become empowering and they were supported by not feeling alone as they had done before. Parents were able to open up more about issues in their relationships that could then be further supported in other ways during and post programme." (Survey respondent)

Changes in Knowledge, Techniques and Strategies

Parents suggested that through the informal discussions and learning on the course they learned techniques to deal with the behavioural, social and emotional issues their children may experience which had helped to build family resilience. Several parents suggested information explaining how the teenage brain develops and how teenagers adapt and respond was very informative and helped them understand their own children's behaviour. One participant suggested that through self-reflection she had become more aware of her own behaviour and her parenting technique. The participant

continued to add that strategies she learned on the course helped her deal with situations differently and defuse potentially stressful situations. They shared ideas around using positive approaches and how to introduce conversations to young people. Some changed their approach to situations for example, counting to ten before reacting.

“There were some very helpful strategies picking the time and place to have a conversation, listening for queues, lots of hints and techniques for different ways to approach the communication.” (Parent 19)

“My daughter has started self-harming and there was another parent who’d been through it 3 years ago so it was picking up useful information and tips.” (Parent 8)

“It’s made me look at my kids differently and made me think about dealing with the simple things differently and to stop the arguments before they start.” (Parent 6)

“I wouldn’t have known how to help my daughter identify her emotions.” (Parent 8)

“You feel more likely to be able to control the situation rather than if you said the wrong word it would escalate out of proportion. You’re in control with a small c so it takes the anxiety out of the situation.” (Parent 19)

“It made me much more understanding of her position, that classic thing of seeing things from the other person’s point of view. One of the things with my daughter is getting that communication going and if you haven’t got that communication you don’t understand that point of view.” (Parent 19)

“The children really enjoy doing these tasks.” (Parent 6)

The strategies and techniques were described as simple and effective. Parents described feeling more confident in applying strategies with their children to build family resilience. One participant who attended the course with her husband highlighted that it enabled them to show a ‘*united front*’ as previously they have had different parenting techniques but attending the course resulted in more cohesive parenting. Parents suggested that since using the strategies and techniques they had seen improved parent/child relationships. One parent explained that since attending the course he has more empathy for his daughter and is able to communicate with her better. Another participant explained how the course has taught her to listen more to her son. Some parents suggested that they had embedded the strategies/techniques into their parenting and predicted that the positive changes will last in the future.

“It’s about looking at how we can make things better and how we can improve and acknowledging when he’s been great. I think that’s really important. (Parent 1)

“We’ve tried to make our parenting more on their level [...] being a bit more calmer, to just stop and think can it be handled a better way.” (Parent 21)

“Shouting louder doesn’t work.” (Parent 20)

“Sometimes my son would come in and I wasn’t listening to what he was saying, because it was negative and he was defending himself straight away, I wasn’t listening. So I’ve learnt how to take a step back and listen to what he was saying before I went in gung ho.” (Parent 1)

“I was really buzzing from the course, it’s simple things that you just don’t think of”. (Parent 6)

“It’s become the norm we don’t even think about it now it’s become our natural way of parenting and communicating.” (Parent 21)

Parents’ and children’s wellbeing

During the course participants were given an opportunity to reflect on their own wellbeing. Many reported that prior to the course they rarely thought about their own wellbeing. One participant stated *‘you forget to look after yourself’*. Since attending the course participants have tried to dedicate time to their own wellbeing and some suggested that this has helped them in their parenting. They had an increased awareness of their own mental health and the importance of looking after their mental wellbeing in order to support their children’s wellbeing. A number of the parents reported an increase in their general confidence and self-esteem. Others commented that they were more confident in their parenting abilities since attending the course. One participant suggested that the course had a significant impact on a parent in her group. The participant went on to explain that course had given her confidence to address an issue within her workplace.

“I don’t feel a failure, I felt an awful parent before but I don’t feel like that now.” (Parent 8)

“I’ve never seen anybody’s confidence change so much. She came in shy, reluctant to talk and she really opened up and went on to get a job and stop smoking. She really attributed that course to it.” (Parent 1)

“I don’t mean to sound all about me because it’s not but I’ve even found a new confidence at work. My work situation was awkward and I’ve found a lot more confidence and able to speak and not let it get me down [...] I’m far better to deal with it and I do attribute that to the course as well because it gave me my confidence back that I’d lost.” (Parent 1)

“It’s had a massive impact on me and how I’m looking at my wellbeing, the trainer said here is a day for you what do you want to do. I said I didn’t know and it made me realise I don’t do anything. You’ve got to change this because if I can go out and meet people and have friends it’s away from [child] and I have something to talk about.” (Parent 3)

“The course has offered that breathing space to stop and think and take a step back.” (Parent 4)

Parents reported that improvements in their own and health and wellbeing, had resulted in systemic change in their children’s health and wellbeing. Parents suggested that the course had multiple

benefits for their children. Some explained how the understanding and knowledge they learned from the course had helped them to be more tolerant, patient and calm when dealing with their children. They discussed improvements in confidence and willingness to talk. One participant explained that improving her own wellbeing had a positive impact on her son. Some parents commented that their children feel more supported and listened to. One parent suggested that the course has encouraged her to praise good behaviour. There were improved family relationships and strengthened family resilience. The course had helped parents to spend more time with their children. One parent/carer suggested that it has helped her time management and she now puts time aside to spend with her children. Some undertook tasks from the course with their children. One parent/carer explained that she completed a task with her son where they both listed their feelings using the visual of a brain. The task improved their relationship as they both had further understanding of each other's feelings. Another parent stated that the course has helped her to talk to her daughter about a medical condition and her daughter is now more sympathetic to her illness and willing to help more. One parent stated that her whole family has benefitted from the course and they now interact more, talk more and share their feelings. Others suggested that it was too early to see any changes/benefits for their children. Those with younger children predicted that they will see benefits in the future.

"I never considered that my wellbeing would have an impact on him until we attended there and a lot of the things we spoke about. Unless you feel good about yourself how can you project that and how can he feel good. That's exactly what it did." (Parent 1)

"She's more open about things, it's helped make her feel safer to open up... I've seen an increase in her confidence and her openness." (Parent 19)

"I think that helps him as well and he realises that I am trying to listen to him better and I am trying to help him. I do want to try and understand why he behaves like he does sometimes." (Parent 1)

"He seems to be working well. I think it's helped him relax and be a bit more confident and just to know that we are supporting him and trying different ways to make sure he's going to be ok." (Parent 20)

"It's about looking at how we can make things better and how we can improve and acknowledging when he's been great. I think that's really important." (Parent 1)

"I reassign my time with the kids and help them doing homework and stuff like that." (Parent 26)

"It's gone from everybody fighting to working as a family more because we've shared everything with them and used the techniques." (Parent 8)

Other reported outcomes included a change in parents' behaviour, children's behaviour and the family dynamic. One parent, who had lost access to her children because of a family breakdown, went on to regain full access following attendance at YC5.

"I think there are significant teething problems with the roll out of the YC5 programme, as I've outlined above. However all the feedback that I've had from trainers about their experience of delivering the course and the parents' reception of it, has been almost entirely positive" (Steering Group member)

"Parents reported improved relationships with their children as a result of attending." (Survey respondent)

"Parents able to support their child's/young person's emotional wellbeing. Young people able to understand feelings and emotions." (Survey respondent)

"There's no such thing as a one-size-fits-all programme. For the majority of our parents the messages received are new, relevant, helpful and have ultimately led to improvements in family resilience and understanding of mental health." (Survey respondent)

The PH Leads, managers and trainers were asked about the sustainability of the outcomes in the survey. They provided mixed responses, with some feeling changes would be long lasting, possibly lifelong, others were more cautious suggesting short/medium term depending on family/social circumstances and feeling that follow up sessions might be helpful. Sustained funding was felt to be necessary. One respondent stated that they do not follow up families long term so it was unknown. Respondents were asked what they thought the long-term impact of the programme would be. One suggested that parents will hopefully be more attentive and knowledgeable. Young people feeling more supported was suggested as a long-term impact, as well as the promotion of wellbeing.

"Lifelong for some. Others will probably slip back into old ways." (Survey respondent)

"Good if follow up is promoted. E.g. parent get together to do something creative and positive. Good if more courses run across the school and age groups." (Survey respondent)

"Believe further work is required. From experience this is a great 'taster and awareness' programme - substantial change takes at least 12 week engagement in a programme with pre and post work. However, the changes could be more sustainable with follow up sessions to keep parents/carers aware and motivating to continue to implement strategies." (Survey respondent)

"Funding is needed but if it became part of the service delivered it would be good. Leading to less mental health issues for young people. Once this information has been given it should change attitudes and therefore be sustainable." (Survey respondent)

"It will have a long term effect- children learn from their parents so it will have a generational effect." (Survey respondent)

Case study provided by Wirral Council – Katies* story

Katie was experiencing lots of difficulty in her personal life, involvement with social services, domestic violence and was feeling low, stressed and guilty about her son.

Her pre-course evaluation form showed low ratings in her confidence to support her child's wellbeing, low confidence/knowledge in applying positive strategies/actions in helping her child to understand themselves and low knowledge of emotional wellbeing and resilience. She felt that at the beginning of the course "finding the positives was a challenge"

But by the end of the course, her biggest challenge had become her greatest reward as "I think about myself a lot more and give myself a lot more recognition and credit than I did". Katie showed high ratings in confidence/knowledge in applying positive strategies in helping her child to understand themselves and confidence to support her child's wellbeing

Katie's YC5 trainer Caroline commented "the course was so empowering for Katie. She realised that she is strong. She stopped the guilt and self-blame about what was happening in her life and recognised all the beautiful attributes her son had, and that he got them from her. That she was a positive role model for him. Katie left the course confident that she could continue to positively support her son, and her own wellbeing"

**Names changed to protect identity*

3.2 Delivery of YC5 Programme

Summary of the process of delivery of the YC5 Programme

- Development of the YC5 intervention - The YC5 programme was developed by the professionals who developed the adult Connect 5 Programme and then provided to MYA to deliver across Cheshire and Merseyside
- The role of the trainers - Trainers were recruited differently in areas across Cheshire and Merseyside from health improvement teams, schools and parent partnership for families. Trainers volunteered time and commitment, with permission from Line Managers. Trainers described how the amount of course support varied by area and that YC5 work was carried out in addition to full time work, which created a heavy workload for some trainers. Parents praised the importance of having specialist trainers delivering the programme
- Course content and training materials – Resources were praised by the steering group, parents and trainers. However a number of parents did struggle with accessibility of the online facilities. Trainers described how they had adapted the course, especially those working with particular groups. Survey respondents did feel that training for trainers was too short and not in enough depth, especially for those without a grounding in mental health, or experience of delivering courses with parents
- Recruitment of parents – The Programme was originally designed using a universal approach, however the demand in the services in which the trainers were based meant the approach became much more targeted and different approaches were used across Local Authorities depending on local resources, capacity and delivery. Some feared differing approaches might have resulted in a lack of engagement from those most in need of the programme. Parents/carers did not have a clear understanding of the course leading to discrepancies around the focus of the course
- Facilitators and barriers for parental engagement - Parents expressed different motivations to attend the course. Those who had children/young people without pre-existing issues wanted access to general information and learning about how to support and engage with teenage children. Others wanted to learn about techniques and strategies to help them improve their relationship with their children. Those with children who have complex issues saw the course as a valuable way to help improve their situation. Barriers to attending included stigma from other parents and attending sessions around employment. Some of the groups had low attendance, however smaller numbers appeared to work better for parents and created a good learning experience
- Collaborative working and monitoring – YC5 demonstrates many examples of good working practice for the collaborative working between the YC5 team and each of the local authorities delivering the programme during the implementation and roll out of the programme across Cheshire and Merseyside. However, there were also communication difficulties because of the difference in approaches between areas. A need for more regular, formal feedback was identified; for trainers to provide details of their courses, so that PH Leads could monitor the number of courses being delivered and numbers trained; and for trainers to receive parental feedback and hear success stories

Development of the YC5 intervention

Steering group members described how the YC5 programme was developed by the professionals who developed the adult Connect 5 Programme and it was then provided to MYA to deliver across Cheshire and Merseyside. An interview was undertaken with the developers/authors of YC5, in order to further explore the aims of the project and to understand if and how the delivery of YC5 in Cheshire and Merseyside had been adapted. The programme developers explained that the aim of the project was to empower the public-facing workforce to be more positive in their approach to mental health.

“How can we be more positive about mental health, how can we give the wider public-facing workforce more confidence, skills, access to recourses to promote a can-do self-help approach to mental health and not just reside and wallow in the illness conception of it.” (YC5 author)

“We were trying to empower people, give people the tools so they can do it for themselves.” (YC5 author)

“I would not by choice write a training that I didn’t test out. It would have been lovely to have been able to test that out and see if it worked and refine it through experience.” (YC5 author)

The programme developers/authors explained that the nature of the intervention meant that it had not been possible to fully test and refine the Programme themselves and communication was not maintained between the authors and MYA; the delivery service. However MYA did carry out extensive consultation work (detailed in introduction) with parents to test the programme before it was rolled out across Cheshire and Merseyside and the steering group discussed how further work was carried out across Local Authorities in collaboration with trainers and parents to further tailor and adapt the programme. This important communication and collaboration between areas to pilot and refine the programme, utilising feedback from trainers and parents was highlighted as key to the implementation.

The wider stakeholders (PH Leads, managers and trainers) who participated in the survey felt that the TTT model of delivery was an effective way to implement the YC5 programme.

“I believe it to be the most sustainable method for cascading learning.” (Survey respondent)

“Having delivered this course, you experience how effective and powerful it is.” (Survey respondent)

“I fail to see how the programme could be delivered more effectively.” (Survey respondent)

“This is a soft touch approach to help and supporting families which can be implemented without too much knowledge of mental health areas. Also is a tool to be able to identify if further professional interventions are needed.” (Survey respondent)

The role of the trainers

Steering group members described how trainers were recruited differently in each area through a number of routes including health improvement teams, schools and parent partnership for families. Trainers volunteered time and commitment, with permission from Line Managers. The trainers were expected to recruit parents and to commit to delivering two programmes each with a minimum of 10 parents and carers in each group. However this was adapted in some areas as a number of trainers decided to co-deliver sessions. The trainers were frontline professionals already working with parents and were expected to have experience of training and access to a group of parents. Overall, parents were impressed with the course. Parents described how it was important for the trainers to have

experience of working with the children/young people. Trainers were praised for being inclusive and insightful. One participant stated that the trainers were part of the course.

“The roll out of the YC5 course placed a significant, and unanticipated amount of work on Public Health Teams. Explaining the course to potential trainers and recruiting them may not sound like it would take long, but it was very time consuming and involved a lot of checking things with people and chasing them up for information and confirmation” (Steering Group member)

“No delivery budgets and a lot of work put onto the Public Health leads to identify and organise a large amount of trainers. This is a big exercise and we didn't really have the resources available that were required.” (Survey respondent)

“We had 12 (trainers) trained up but people leave jobs as well so it's hard to keep track on who's been delivering and if they're still in that role.....If people leave now there's no one to replace that trainer.” (Steering Group member)

“We were advised by management that we could deliver the programme if we could find the time within our caseloads. This means we will not be allocated time to deliver this course and other work will suffer. Consequently this is not sustainable for us. It makes me question why they agreed to us doing the course in the first place to become trainers.” (Survey respondent)

Findings from the wider stakeholder survey found that trainers described how the amount of course support varied by area; this included support and resources for trainers to advertise the course, time from work duties, suitable venues and refreshments. Some trainers reported having good communication and support from the YC5 team and Public Health Leads, whilst others just reported attending the training and using the manual to deliver sessions without input or support. Trainers carried out this role in addition to full time roles which placed a heavy workload on some. For the trainers working in schools, there was a concern about the administration time and resources of delivering the programme. Findings from the steering group focus group and survey with Public Health Leads, managers and trainers suggested that there was additional work involved in the recruitment and delivery of parent groups that had not originally been anticipated. Public Health Leads also discussed the difficulty in maintaining the engagement with trainers, with many trained who did not go on to deliver programmes.

“We haven't had to contact the Public Health leads as the manual has helped us deliver the course. We did know if we needed help we could contact them.” (Survey respondent)

“I have received regular updates and support when needed from public health and the necessary IT support has been given via YC5 when needed.”(Survey respondent)

“Amazing! Genuinely they have been so helpful in terms of support, even offering other opportunities within mental health initiatives for our school. Any issue they have been quick to respond and support. This is one of the reasons I have continued to run then courses.” (Survey respondent)

MYA gathered feedback from trainers regarding their satisfaction with the training they had received. In total, 205 (85.1%) trainers completed the programme feedback survey. The majority of trainers

were females (n=150, 88.2%)⁶. The trainers were asked if they enjoyed the training programme, with all 192 respondents⁷ rating the programme excellent (n=130, 67.7%) or good (n=62, 32.3%). Overall, the MYA trainers were rated as good and excellent, with trainer one receiving 74.2% (n=147)⁸ and trainer two receiving 68.0% (n=83)⁹ excellent feedback. The vast majority (n=197, 98.5%)¹⁰ of the trainers thought that the programme was useful, with just 1.5% (n=3) feeling that the course requires improvement. Some of the survey respondents (most of whom were involved in the delivery of YC5 as trainers) felt the training for trainers was too short and not in enough depth, especially for those without a grounding in mental health, delivering courses or experience with parents. Here, the stakeholder survey found that 22% stated that the training was 'Very Appropriate', 53% thought it was 'Appropriate', 10% thought it was 'Not Appropriate' and 15% did not answer.

"I felt like I didn't receive enough training. I think that the training should have been delivered over a longer period of time as I did not have much prior knowledge of the topic of mental health. I felt that 2 days training was too rushed." (Survey respondent)

"The initial training should have been for longer as I struggled with the content of the programme and didn't feel confident to deliver the training on my own." (Survey respondent)

Course content and training materials

The importance of having varied locations and settings were highlighted as a success to the programme by parents, with some enjoying the groups being held separate to the school environment, and others preferring school based groups as it broke barriers down for engaging with schools and improved communication between parents, children and teachers.

"It is working particularly well for schools and some community organisations who have a continual cohort of parents/carers." (Survey respondent)

"Within a school environment, the parents will know of the member of staff and hopefully that staff will know the student. Since running the course, other parents have contacted me with issues." (Survey respondent)

"For me that was great because you go into a school and you almost feel like you're back there so the fact that they took it away from there was really good for us. [...] It was out of school which was great and it didn't threaten him and it didn't feel like I was going in and there were more issues." (Parent 1)

The programme was mostly run for five sessions over five weeks (with one area condensing the programme down to four sessions in order to make the programme more manageable) and many of the trainers decided to co-deliver the sessions (as recommended in the YC5 briefing document). This meant that fewer courses were run, but trainers could spend more time with parents, and the trainers could also learn from one another which was believed to boost delivery confidence. Whilst some courses were delivered over a shorter time, other trainers discussed adapting their programmes and

⁶ Gender missing for 35 (17.1%) parents

⁷ Programme enjoyment missing for 13 (6.3%) parents

⁸ Trainer one feedback missing for 7 (3.4%) parents

⁹ Trainer two feedback missing for 83 (40.5%) parents

¹⁰ Programme usefulness missing for 5 (2.4%) parents

removing a number of activities. Trainers appreciated the non-prescriptive approach, however it did mean there was no consistency in how groups were run between areas.

There were other differences in the delivery of the programme to meet the needs of the local areas. Sessions that were delivered were both open (e.g., opened up across the local authority area) and closed (i.e., specifically targeting parents where trainers were based). Two of the local authorities (Halton and Warrington) detailed that all of their programmes were closed. Trainers also adapted closed sessions, especially when working with specific groups including foster parents/carers, BME communities, teenage parents and young people. Adaptions were also made for those working with primary aged children. Wirral had their resource translated into additional languages for delivery to BME groups. A number of areas believed that promotional materials and programme materials were not accessible for all parents. Despite many stakeholders explaining the need to adapt the course materials, some described that they had been advised not to modify the course during the pilot.

The trainers used the YC5 workbook (described in the introduction) to deliver the sessions. The parents described how the course was delivered using a combination of PowerPoint presentations, media clips, paired working and group discussions. At the end of each session an A4 resource was provided to reference the content of the session and parents/carers were set a homework task to complete by the following week. The steering group and survey respondents were generally happy with the resources and praised that trainers could also use their own experiences to interact with parents. Some issues were raised around analogies during the training that parents might not understand or relate to. The group recommended that some resources, specifically the advertisement posters could be more accessible with simplified language.

“YC5 Training Manual is great and really easy to follow. The worksheet to give to parents are great, the flyers are ok quite ‘wordy’ so I’ve had to explain it more simply to parents/carers. The slide show is brilliant.” (Survey respondent)

“The resources have been ok - but not great. I feel we were left with working it all out for ourselves (training issue) - we didn’t know which inserts to use and when, and personally I didn’t understand the scaling questions - and still don’t.” (Survey respondent)

“We had refreshments and a chat at first. Started with how were we feeling, gauging where you were at, at that point. That was really good, you know if you’d had a bad week and were on a low but by the time the session had finished you could feel quite positive. I found that useful. You were not bothered what you said, I’d be cagey to tell anybody how I felt, in those sessions I was fine with it because I felt that’s what they were there for. They wanted to listen, they wanted to help and they wanted to show us what we could do to help ourselves.” (Parent 1)

“We tried to remain true to the course content and not stray too far away from the delivery.” (Survey respondent)

A key element of YC5 was the expectation that, following a referral, parents would log onto the YC5 website to book onto a programme. However, steering group members described how some parents did not have access to the internet or had difficulties navigating the site, meaning the trainer was entering this information on their behalf. Parents described the booking process as ‘simple’ and ‘easy to navigate’ registering via the YC5 website. After registering the general wait time for attending the course was two to three weeks, although two participants had to wait longer as the course was fully

booked. There were also some early technical issues with the website, meaning that trainers had a backlog of data to input. Trainer resource was also taken up helping parents to get set up on the internet system and complete evaluation forms.

“That’s a massive barrier when people were saying we can’t access online, we can’t go online. As a trainer that was meant to make it easier but it made it more work for the trainer. The trainers believe that there’s more work involved than they started to think there was at the beginning” (Steering Group member)

“On a double-edged sword of putting the information in yourself rather than it being done by the parent online is that the trainer is actually getting an insight as well of what work they are doing and getting the feedback.” (Steering Group member)

“I think the process of having to book/register a course, then expecting parents to register themselves on the course is not effective.... Lots of families do not have access to IT/internet facilities.” (Survey respondent)

Parents described how they felt the course should be delivered to a group of no more than ten people to enable parents/carers to build rapport and feel comfortable to share experiences. It was acknowledged that group discussions worked particularly well and more time could have been dedicated to these discussions. Some parents reported not being given enough time to speak to one another because of the programme session content. Wirral and Warrington Local Authorities had given parents and carers some time at the start of sessions to meet each other and the trainers.

Recruiting the parents

Steering group members discussed how they had originally planned to launch the programme and heavily advertise it, but realised they had the demand there in the services they were currently working in. As a result, steering group members described different approaches to recruiting parents to YC5, depending on local resources, capacity and delivery. For example, in Wirral, YC5 was a Universal intervention. In other areas, it was sometimes offered to all parents in a school, and for some it was targeted to specific families whom trainers believed would benefit from the programme. For some steering group members, this non-prescriptive approach had resulted in a lack of clarity regarding the target audience and focus for the intervention. Some steering group members described how the approach might have resulted in a lack of engagement from those most in need of the programme. One area discussed targeting schools that support children excluded from school, but said that they had not received any interest from the parents.

“Once it was launched it was quite quickly established that we didn’t need to promote it heavily because there were lots of families out there that were interested or professionals knew of families who would fit the right category.” (Steering Group member)

“Balance between promoting courses widely to parents/carers and having courses available to meet demand.” (Survey respondent)

“It wasn’t clear, because at the beginning we were saying this is a universal programme but then some people have used it with targeting parents and families’ particular difficulties but it was a bit conflicted about was it enabling people to deal with family’s members mental health problems or was it just a general universal welling, strengthening resilience and communication.” (Steering Group member)

This finding was also echoed amongst the respondents of the wider stakeholder survey, with some querying whether the training was reaching the parents who needed it the most. Findings from the stakeholder survey also described how a variety of approaches had been used to recruit parents onto the intervention. These included self-referral by parents (word of mouth), emailing all parents that attended a service/school, social media and also use of flyers. Lack of engagement, in both recruiting and retaining parents was mentioned by some. The wider stakeholders described how they felt the open approach to recruitment was very positive and reduced stigma.

“Some of the parents who were signed up on the course, well, their need was far greater than this course could meet. It created a real dilemma in terms of how do we offer these parents something when they don’t really want anything, at the same time as work with the parents that do.” (Steering Group member)

“Professionals are very quick to convey that this training is necessary to deliver to parents as the demand is very high. However it is how to engage the priority parents that may be more the challenge.”(Survey respondent)

It was also felt that there would be limited engagement with the programme from the parents due to low confidence, their own mental health issues and literacy issues. They also had to cancel one of the programme deliveries at a school as only one parent engaged. Other barriers that were highlighted by this area were availability of venues due to opening times; childcare issues for younger children; and general issues around the course and attendance that made it time consuming for the trainer who ran the programme.

In response to this, when asked how barriers may have been overcome a number of responses were given. These included increasing staff capacity and working in collaboration with other providers (e.g., Barnardo’s, Emotionally Healthy Schools Partnership) to deliver the programme across a wider area. This also included one area commissioning a team within the local authority (Knowsley) to deliver the programme.

Parents and carers described how they were referred onto YC5. Some parents/carers described how they were directly invited to the course via a targeted approach and believed this was to address child emotional/social issues or misbehaviour. In other instances the course was offered to all parents via a blanket email or invitation in the school newsletter. Some self-referred on to the course after recommendations from friends, others found out about the course through external agencies such as social workers and children services.

Some parents did not have a clear understanding of the course leading to discrepancies around the focus of the course. It was suggested that the overview of the course did not provide a clear indication of the contents of the course. Some suggested that the course was about understanding teenagers and young people. One participant suggested that although she enjoyed the course it did not fulfil its purpose and she had hoped to gain strategies to help build young people’s resilience. Others were surprised that the course had such a strong focus on the wellbeing of parents/carers. One participant explained that she was unaware the course focused on mental health and wellbeing.

“To be totally honest I didn’t really understand it was to do with mental health and wellbeing. I wasn’t bothered what it was at that point I just felt I knew it was something that would help him and possibly me I guess, which it did in the end. [...] I was glad that I wasn’t totally sure exactly what it was. Especially with the stigma around mental health but what I found was great, it was focused on wellbeing, not just mental health.” (Parent 1)

“The description that they gave was about youth/teenagers and helping parents understand them and guide them through a turbulent time and there was quite a bit around mental health.” (Parent 14)

Facilitators and barriers for parental engagement

Parents/carers expressed different motivations to attend the course. Those who had children/young people without pre-existing issues wanted access to general information and learning about how to support and engage with teenage children. Others wanted to learn about techniques and strategies to help them improve their relationship with their children. Those with children who have complex issues saw the course as a valuable way to help improve their situation. One participant felt that her parenting was failing her son and welcomed the opportunity to attend a course about parenting.

“We just wanted some information or some tools in case we started having issues.” (Parent 3)

“Parenting is one of the hardest tasks in the world and any help that you can get and everybody does it differently, some people want to Google it and look at blogs I personally would rather do something like a course and meet other parents and discuss.” (Parent 2)

“The way I saw it was if there was anything that would help him, or understand what he’s going through or why he’s doing it then yes I was prepared to do it.” (Parent 1)

“At the time I felt like I wasn’t parenting properly. I felt like I was failing him, I didn’t really know what was happening.” (Parent 1)

One parent described how they felt worried about attending the course and the perception of other parents towards her and the problems her child experiences. Some suggested running the course on a week-day could be a barrier to parents who work fulltime. Others stated that their local course was fully booked which resulted in them travelling to a course further away. The course was offered to groups of up to 10-12 people but most groups consisted of four to six people. One participant expressed her disappointment that only two people attended her group. She suggested that the stigma around mental health could be a potential barrier to course participation.

“I was slightly worried before I went that I would feel a bit different to the other people on the course because it’s not designed for parents with children with any problems. The course is designed to help you prepare for it really. So I was reticent that I would feel everyone else is fine I have these big problems. Some people are fine and some aren’t and everyone was completely understanding.” (Parent 14)

“The ones who don’t turn up do they get a follow through, do they get signposted somewhere else? Because it could be a family in need if they were registered anyway and just to not get the provision and nothing else following it up is missing a trick as they’re clearly parents who might need the support.” (Steering Group member)

“I couldn’t get my head round why parents didn’t want to help their children....maybe the parent didn’t know enough about it, maybe they were working. [...] Or maybe it was the stigma and they thought they were going to be judged. I felt it was sad.” (Parent 1)

Steering group members described how some of the groups had low attendance. Here, members described how trainers could email the parents who did not attend. However, this was not a specific requirement communicated to all trainers, and this contact was not always followed up, meaning there was no information recorded around why parents were dropping out. Some steering group members discussed how groups with smaller numbers appeared to work better for parents and created a good learning experience.

“The course did go ahead but then the trainer because they have a commitment to train that number of parents, they then have to go and run another course and find new people.” (Steering Group member)

“I think there have been quite small numbers. Whether that’s parents who haven’t turned up to ours or whether they’ve just started off as small groups, but I was emailed from one of those groups and it was delivered to just 4 parents. It would be good to find out from the trainers do they start off as small groups or was it more the parents didn’t turn up.” (Steering Group member)

“One of my YC5 courses had very poor uptake, as we targeted families for further support so I feel this was an ineffective way of recruiting. So now we offer the course universally within a school to all parents and the learning mentor discusses the course also with families needing extra support.” (Survey respondent)

“A major barrier has been parent drop-off or DNA's (Did Not Attend). Parents will sign up to the course and then not turn up which is a great shame. Advertising and promoting course can also be a long difficult task.” (Survey respondent)

Collaborative working and monitoring the impact of YC5

As part of the delivery of YC5, MYA produced newsletters which were sent out to all trainers, updating them on any YC5 news, training courses and feedback from parents/good news stories. Whilst many trainers found this useful, the steering group believed that there was a need for more regular, formal feedback; for trainers to provide details of their courses and numbers trained so that PH Leads could monitor the number of courses being delivered ; and for trainers to receive parental feedback and hear success stories. There were also communication difficulties because of the difference in approaches between the areas and because of difficulties receiving email responses, with some

reporting good communication and others reporting limited communication between leads, trainers and the YC5 team.

Some of the steering group were not sure how YC5 was monitored, and described that they found it difficult to get information around numbers accessing YC5. Although the website allows MYA to run surveys based on number of programmes, trainer satisfaction and pre and post assessments with parents, the steering group members described that this information was not always fed back to the steering group or trainers on a regular basis. Collection of evidence of change post-course varied greatly between areas. Some collected feedback from trainers and parents (by interview or questionnaire) some spoke to the young people. Others used validated tools. With others information was collected in an ad hoc/informal way or not at all. Impact was also not routinely collected by local authorities. It was also acknowledged by more than of the local areas that it was frustrating not being able to access the feedback forms to see what parents/carers had thought of the programme.

It was highlighted that communicating with the trainers was sometimes difficult as they did not always respond to e-mails that request information about the delivery of the programme. Closed sessions taking place (i.e., those sessions that were targeted and only open to specific members of the community), also made it difficult for the Public Health lead to know what was going e.g., who was being targeted, where/when the sessions were being held etc. Sending e-mails to the trainers personal e-mail accounts was seen as one way to overcome this. Closed groups were also not recorded on the YC5 online system, making it difficult to evidence the work undertaken.

One area discussed the additional work they carried out to improve communication flow, including developing a 'whole group network' to allow trainers, managers and leads to email all stakeholders involved, and organising an information and support event to bring trainers together to share experiences and advice. When looking at best practice within this area, Wirral used network events and a mailing list was seen to encourage communication between area leads and trainers. Regular contact with the parents before, during and after the programme was also seen to encourage repeat attendance to the programme.

"I've seen how nine authorities work totally differently. It's all about the resources that are available to each authority and how they are being used, everybody has to do things in a different manner and in a different way to get it to work and it is really hard." (Steering Group member)

"There were significant ongoing communication barriers." (Steering Group member)

"The other thing we've tried to do is do an information and support event where all the trainers will come back together. It's really informal but it's familiar faces again and to see how each other is getting on, ask questions, build those partnerships and relationships and keep that network going. It's easy as well once you've had that training to feel quiet isolated and if you are a bit nervous and you're not used to delivering courses or working with parents and things it's easy to let the time roll by without delivering and then be too nervous to get started again. So that keeps that communication going." (Steering Group member)

Some stakeholders also agreed that communication and partnership working between organisations involved in YC5 could be improved. However, there were a number of examples of best practice that were highlighted across the local authorities that focussed upon, for example, the setting in which the programme was delivered, facilitation of meetings for trainers to share experiences and how this might improve delivery.

“There doesn’t seem to be any way of monitoring the quality or consistency of the training delivery. This is something which the trainers themselves raised several times.” (Steering Group member)

“We will have a list of our trainers but I don’t know how many parents have been on their courses. One thing we don’t collect which it might have been beneficial was how many children are in their family and the ages of the children. That would have been useful”. (Steering Group member)

“We’ve said to every trainer that it’s their responsibility to make sure it’s downloaded on the website. We can’t really monitor that so I think that has caused us an issue because there’s two ways of doing the pre and post. So if you’re a parent you can either sit down with me and do it on paper and then as the trainer I would have to put that onto the website or you could say I’ll do it myself. But I don’t know whether or not you’ve done it or if there are any issues that I might need to be aware of.” (Steering Group member)

“We have not collected evidence of the above due to low uptake numbers and we have not had further service involvement with the families who have completed the course.” (Survey respondent)

“Still waiting for a list of trainers and trying to map where and when YC5 is being delivered in the local area.” (Survey respondent)

4. Learning from the YC5 Programme pilot

Learning from the outcomes of the YC5 pilot

Peer support

Parents benefited greatly from peer support they provided and received through accessing YC5. This peer support and established support network was seen as key to the success of YC5 by both stakeholders and parents. The parents themselves discussed sharing their experiences with other parents and realising they were experiencing similar situations to others. The groups offered a safe and confidential space to discuss issues and share experiences. Some formed friendships within the group and remained in contact after the course. A number of parents expressed a desire to attend training to deliver the programme to other parents.

Recommendations:

- Parents benefited greatly from peer support and being able to support each other. This peer support and increased support network was seen as a key part of the YC5 Programme. Further roll out of the programme should ensure **peer support** is promoted and encouraged
- Parents continued to meet following completion of the programme. YC5 should encourage **parents to continue to meet regularly** following the programme to maintain peer support
- Parents were keen to take part in the train the trainer model and deliver sessions to fellow parents. YC5 should consider rolling out the programme for **parents to become trainers**

Knowledge

Parents benefited from an increase in their parenting knowledge, through learning new techniques from the programme, from learning from peer support, learning about their children and from an increased confidence in their parenting skills. Having access to course materials, along with specialist advice from trainers and further signposting increased their access to services and advice and information. Building on their knowledge helped them to promote and increase resilience for themselves, their children and their families.

Recommendations:

- Parents benefited from learning and trying out activities at home. The ‘homework’ that they were given each week was seen as key to the success of improved relationships at home. YC5 should continue to encourage parents to **adapt activities and techniques at home** with their children, these techniques need to be sustainable beyond the programme, so that parents can refer to and use in the future
- YC5 provided parents and their children with invaluable access to support, advice and information. YC5 should continue to ensure that parents have easily **accessible information and support**

Wellbeing

The quantitative and qualitative findings both demonstrate the impacts of the YC5 Programme for parents accessing the programme. The parents who attended the weekly sessions reported experiencing a number of benefits. This included an improvement in wellbeing reported by parents during the interviews. The analysis of secondary data collected through the YC5 survey, and pre and post-test assessment, also demonstrated an improvement in wellbeing, with improvements in mean scores across the seven SWEMWBS questions and five knowledge, confidence and resilience questions.

Parents benefited from the programme having a focus on parental needs, with many parents acknowledging the importance of addressing their own health and wellbeing. Parents reported an increase in their general confidence and self-esteem. Others commented that they were more confident in their parenting abilities since attending the course. There was also increased family resilience; parents had increased ability to cope with their children's issues and wellbeing as well as their own. This in turn demonstrated systemic change with improved wellbeing of the children and wider family for many of the families who participated in the evaluation.

Recommendations:

- Parents discussed a wide range of benefits they had experienced through attending YC5, with many of them feeling confident that they had the tools and support to maintain changes longer term. It is important to ensure parents have ongoing support in the long term. YC5 could explore **ongoing access to support and resources** through the YC5 website

Learning from the approach and delivery process

Communication

The YC5 delivery model highlights the importance of the multiagency approach. Strong collaboration between Local Authorities and the YC5 team (in consultation with parents) to tailor and roll out the programme across Cheshire and Merseyside demonstrates a positive relationship between organisations and local communities. Having local and accessible programmes engaged and connected parents and the wider community. There were a number of communication barriers highlighted during the evaluation including limited ongoing communication between the YC5 developers and YC5 delivery providers, inconsistent communication between trainers and Public Health Leads and a need for clearer definition of roles during the implementation of the programme, and more formal feedback throughout the programme regarding delivery outcomes. Stakeholders across the programme worked hard to overcome challenges and implemented a number of initiatives to improve communication. An example of best practice provided by Wirral and Warrington included the development of network meetings to maintain good communication with trainers, bring everyone together to share experiences and learning, and to promote engagement and retention of trainers.

Recommendations:

- Communication barriers during the implementation stages of the programme meant that not all stakeholders were clear on their roles and responsibilities. Whilst some stakeholders were also not clear on the extent of the work involved within the implementation and delivery of YC5 meaning their workload was heavier than anticipated. **Clarification around roles and responsibilities** at the beginning of any further roll-out would be advised, to ensure stakeholders all receive the same, clear and consistent message. This clarification would ensure stakeholders have a full understanding of the commitment needed and workload involved in YC5 before committing to deliver the programme
- Communication barriers were reported throughout the management and delivery of the programme, with stakeholders including trainers and managers/leads not always receiving information or feedback in a timely or consistent way. **Improved communication between all**

stakeholders involved in the development, management and delivery of the programme is invaluable to ensure the programme runs smoothly

- Networking events to improve communication, promote learning and engage trainers had a positive impact on communication between trainers and the programme. For any further development of YC5, it is recommended that **routine networking events are held across the Local Authorities and wider programme**. Resources need to be considered when implementing events, including consideration of whether Public Health Leads or the YC5 Team have the funding or capacity or organise and facilitate the events
- A **collaborative multiagency approach** demonstrated the positive relationships for engaging with communities across Cheshire and Merseyside. This was seen as a key to the success of YC5 and must play an important role of any further delivery of the programme

Target approach and parental engagement

The YC5 Programme was originally developed as a universal programme, however it was quickly identified that trainers were working with or knew of parents that were in need of the programme, and the programme became targeted in many of the Local Authorities. Whilst this did meet the demand in the organisations that the trainers were based in, the approach did potentially miss parents who were harder to reach. However it was acknowledged that it was difficult to engage parents with programmes if they are not ready to engage, are too chaotic, mistrusting of services or if the YC5 programme was simply not appropriate for them and their needs. The course needs further promotion to ensure that all parents/carers know about it and know how to access it. Several participants recommended redesigning the marketing information/overview of the course. The overview of the course must provide a clear indication of the contents of the course.

Recommendations:

- The YC5 Programme was originally developed as a universal programme and then adapted to target families who would benefit most from the programme. Whilst it is important to target those most in need, it is important to consider the fidelity of the model and consistency of delivery. Again, consistent decisions need to be made across the programme. Work should also be undertaken to **identify any hidden populations** that the programme might reach. It is also important to consider the feasibility and capacity to meet demand created by widening advertising
- A number of parents did not understand what the programme would involve before signing up and asked for clearer advertisement of YC5. There also appeared to be mixed messages on the aims of the programme. The programme would benefit from **adaptation of promotional materials to tighten the aims and focus of the programme** to provide parents with a clear overview of what the programme is, who it is designed for and how they could benefit from attending. This information should be accessible, clear and easy to understand and include information on how parents can access YC5
- There appeared to be some confusion around the target age of YC5 with the programme originally developed for secondary school aged children. However, some areas also delivered to parents of primary school aged children, and stakeholders and parents generally agreed that parents with younger children would benefit from accessing YC5. The programme may benefit from **broadening the scope of the target population**, further work is needed to explore the feasibility

of expanding YC5. It is important to consider whether this would involve only expanding the advertisement or whether it would require adaptation of the content for a younger audience

- Some parents struggled to commit to all of the five sessions, with reasons including work and childcare making it difficult to attend daytime sessions. Trainers did offer evening sessions in some areas and could consider also further extending **sessions for parents**
- Currently parents who disengaged with the programme receive an email but no further work is undertaken to follow up on why they disengaged and whether they need another form of support. Work should be undertaken to **routinely contact disengaging parents** to identify whether YC5 can further accommodate their needs within the YC5 Programme, or provide a referral/signpost the family for further support

Capacity/support for trainers

Trainers were recruited differently in areas across Cheshire and Merseyside from health improvement teams, schools and parent partnership for families. Having specialist trainers delivering the programmes was of great importance to parents, who discussed the positive relationships they formed with their trainers and other parents on the programme. Whilst it is important to acknowledge that the YC5 Programme was rolled out at very little cost to the organisations, it should be remembered that the trainers volunteered their time in addition to their regular full time job roles. This meant that sessions needed to fit in around trainers' capacity and availability, as well as around organisations and venue timetables. Whilst a number of local authorities did provide extra funding for additional staff to help coordinate the programme, lack of funding to deliver the programme was identified as a barrier (for example this also included the cost of venues and refreshments). The administration work in addition to the session delivery produced a heavy workload for trainers who were already struggling with limited capacity. Public Health Leads also found the administration workload of the coordination and recruitment of the programme more challenging than expected. Steering group members requested additional support for coordination and management in terms of a central resource; however it is important to understand how this differs from the MYA YC5 Team role. Further support, including refresher training for trainers was also acknowledged as important for retaining trainers and to further develop their skills and confidence in delivering YC5.

Recommendations

- Stakeholders discussed the high workload of the administration role involved in the delivery of the programme and suggested incorporating a **central YC5 administration lead to centrally manage and coordinate the administration of YC5**. It is recommended that the feasibility of a central administration role is explored. It is important to understand how this would differ from the resource provided by the YC5 delivery organisation and whether this additional role would benefit the programme and reduce trainer and management administration
- Stakeholders believed that additional support should be made available for the agencies in which the trainers are employed. This needs exploring as to whether this is resource support and/or pastoral support. YC5 should work more closely with fellow organisations and agencies to ensure all trainers receive the support needed to deliver YC5. Routine **refresher training** should also be made available

Resources

The importance of having varied locations and settings was highlighted as a success of the programme by parents, with some enjoying the groups being held separate to the school environment, and others preferring school based groups, as it broke barriers down for engaging with schools. There were a number of initial issues with the use of the YC5 online resources, including accessibility, engaging parents with the online element and difficulties logging onto website. Although early consultation work was carried out by MYA with parents to tailor recruitment materials and programme resources, it was highlighted that material needs to be further developed to be more accessible to parents, using simple, easy to read and understand flyers that include clear aims of the programme. Most stakeholders described how they had adapted the course, especially those working with particular groups.

Recommendations:

- Steering group members reported that a number of trainers removed activities to deliver the programme within the 5-week programme duration, and parents asked for longer sessions to provide further time for group discussion. The programme may benefit from a **longer duration or extended session times**. However, some parents struggled to engage due to time constraints and trainers found the programme difficult to accommodate around school timetabling, meaning an extension of the programme may not be feasible. It is also important to consider the feasibility of trainers being able to commit to longer term courses, especially those working full time in other roles
- A number of issues were reported with using the YC5 website, including technical problems and difficulty in parents accessing online materials. Further roll-out should consider the logistics of using **online resources** and include the availability of additional methods of booking on the course and using session resources
- Whilst a number of courses were developed differently and adapted for different areas, trainers felt that they would benefit from more autonomy to make decisions and make changes to the programme format and resources. Whilst it is important to have the ability to **tailor resources and content** for individual need and demand, it is important to consider the fidelity of the programme model and consistency of delivery. Consistent decisions need to be made across the programme
- A number of trainers co-delivered sessions (as recommended in the YC5 briefing document), whilst this did impact on the number of parents accessing the programme, this co-facilitation provided peer support for trainers, which was thought to increase confidence and provided the opportunity to upskill. Roll out of the programme should consider continuing to use **co-delivery** for future programmes

Monitoring and evidencing impact

Whilst MYA did provide newsletters for trainers, a need for more formal feedback for trainers, managers and Public Health Leads was identified. This ongoing communication and monitoring would allow leads and trainers to identify areas where numbers are low or further targeting is required for recruitment. It would also allow MYA and PH Leads to identify where additional resource and capacity is needed. Parental feedback would also allow trainers to identify areas for delivery improvement; and sharing information around good news stories/positive outcomes would promote good working relationships. Closed (trainers working in their own organisation) groups were also used which allowed the targeting of specific groups (for example foster carers), however this information was not formally recorded meaning vital information on course delivery was not recorded. Pre and post assessments

had a good follow up rate for parents completing the course and indicated increased wellbeing. Pre and post assessments could be further promoted and carried out with all parents to further demonstrate impact of the programme.

Recommendations:

- Numbers of trainers and parents trained, groups established and trainers' and parents' assessments were all recorded and monitored using the YC5 website and reports run using Survey Monkey. However, this information and feedback was not provided to trainers and managers on a routine basis. YC5 stakeholders would benefit from **regular feedback and monitoring of outputs** to identify progress made and what further work is needed to achieve goals. It is recommended that YC5 create monthly feedback reports for managers and trainers
- All YC5 courses (open or closed) should be input onto the YC5 website to ensure **all programme activity is recorded and monitored**
- Whilst delivery differs across areas, the monitoring of outputs and outcomes needs to be consistent across the programme. It is recommended that a **standardised outcomes framework** is developed for YC5 to consistently monitor the service activity and outcomes achieved. This framework needs to be accessible for all areas and trainers to use to ensure routine data collection

Conclusion

Cheshire and Merseyside have demonstrated their commitment to supporting the emotional health and wellbeing of children and young people through the development and delivery of the Youth Connect 5 programme Pilot. Investment in supporting parents to improve their parenting confidence and own wellbeing has shown to be an effective model in promoting resilience for the children and families. The Train the Trainer model allows for a large number of professionals to receive training to deliver the programme and YC5 uses a collaborative approach to bring parents together to support them to improve their own and their children's wellbeing. Whilst a number of process issues and challenges were experienced and overcome during the delivery of the programme, the outcomes experienced by the parents and their families demonstrates that the YC5 delivery model is an effective way of delivering a parenting intervention. Six main recommendation action points have been developed in collaboration with the YC5 Steering Group:

Recommended action points:

1. The multi-agency collaborative approach between Champs, Local Authorities and the provider organisation should be sustained to provide this coordinated sub-regional emotional wellbeing programme.
2. Refresher training and ongoing support for trainers and organisations are important to retain trainers, promote programme validity and to ensure a wider workforce continue to be trained utilising the train the trainer model.
3. Parental/carer engagement and peer support should continue to be integral to the further development of this programme.
4. Clear communications are required for parents and carers on the aims and content of the programme and for professionals on their role in the programme delivery.
5. The project management and administrative support required from Local Authorities needs to be recognised and accounted for in the further roll-out of YC5.
6. Ongoing monitoring and evaluation is required for evidencing the impact of the programme

5. References

- Aunola, K., Ruusunen, A., Viljaranta, J., Nurmi, J. (2015) Parental affection and psychological control as mediators between parents' depressive symptoms and child distress. *Journal of Family Issues* 36 (8) pp. 1022-1042.
- Barlow, J., Smailagic, N., Huband, N., Roloff, V., Bennett, C. (2012) Group-based parent training programmes for improving parental psychosocial health (Review) *Cochrane Database Systematic Reviews*.
- Bornstein, L., & Bornstein, M. (2007) Parenting Styles and Child Social Development. *Encyclopedia on Early Childhood Development* [Internet]. Available from: <<http://www.child-encyclopedia.com/parenting-skills/according-experts/parenting-styles-and-child-social-development>> [Accessed October 13th 2017]
- Cabinet Office, & Wilson, R. (2016, July). Launch of Life Chances Fund: Rob Wilson speech. [Internet] Retrieved from <https://www.gov.uk/government/speeches/launch-of-life-chances-fund-rob-wilson-speech>.
- Cameron, D. (2010, December). Speech on families and relationships. Speech. [Internet] Retrieved from <https://www.gov.uk/government/speeches/speech-on-families-and-relationships>
- Clarke, B. and Younas, F. (2017) *Helping Parents to Parent*, Social Mobility Commissioning.
- Childcare Act (2006). London: Her Majesty's Stationary Office.
- Children Act (2004). London: Her Majesty's Stationary Office.
- Department for Children, Schools and Families (2009) *Healthy Child Programme From 5–19 years old*. London: Department for Children, Schools and Families.
- Department for Education and Skills (2003) *Every Child Matters*. London: Department for Education and Skills.
- Department for Education and skills (2004) *National Service Framework for Children, Young People and Maternity Services Core Standards*. London: Department for Education and skills.
- Department for Education and Skills (2005) *Guidance on the Children and Young People's Plan- Every Child Matters, Change for Children*. London: Department for Education and Skills.
- Department of Health (2015) *Future in mind-Promoting, protecting and improving our children and young people's mental health and wellbeing*. Department of Health.
- Ehrensaft, M., Knous-Westfall, H., Alonso, T. (2016) Web-Based Prevention of Parenting Difficulties in Young, Urban Mothers Enrolled in Post-Secondary Education, *Journal of Primary Prevent*, 37, pp: 527–542
- Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Smith, S. M., and Donnelly, M. (2012) Behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years. *Cochrane Database Systematic Reviews*. CD008225. doi:10.1002/14651858.CD008225. Pub2.

Koenig, J., Barry, R., & Kochanska, G. (2010) Rearing Difficult Children: Parents' Personality and Children's Proneness to Anger as Predictors of Future Parenting. *Parenting, Science and Practice*, 10 (4) pp.258–273.

Lindsay, G., & Cullen, M. (2009) Evaluation of the Parenting Early Intervention Programme A short report to inform local commissioning processes, Research Report DFE-RR121(b), Department for Education.

Nowak, C., & Heinrichs, N. (2008) A comprehensive Meta-Analysis of Triple P-Positive Parenting Program Using Hierarchical Linear Modeling: Effectiveness and Moderating Variables. *Clinical Child and Family Psychology Review*, 11, pp.114–144.

Stewart, K. (2013) Labour's Record on the Under Fives: Policy, Spending and Outcomes 1997-2010. *Social Policy in a Cold Climate Working Paper No. 4*.

Tanner, E., Agur, M., Hussey, D. (2012) Evaluation of Children's Centres in England (ECCE) Strand 1: First Survey of Children's Centre Leaders in the Most Deprived Areas. Department for Education.

6. Appendices

Table 1. Parent engagement

Local Authority	Interviews
	Number
Cheshire East	10
Cheshire West & Chester	1
Halton	0
Knowsley	0
Liverpool	1
Sefton	0
St Helens	0
Warrington	2
Wirral	6
Total	20

Table 2. local Authority and role of survey respondents (trainers, managers and PH Leads)

Local Authority	Surveys		Role	Surveys	
	Number	Percentage		Number	Percentage
Cheshire East	6	15.4	Public Health	8	20.5
Cheshire West & Chester	4	10.3	School/Education	7	17.9
Halton	1	2.6	Family/Children's worker	13	33.3
Knowsley	4	10.3	Mental Health	4	10.3
Liverpool	3	7.7	Community worker	2	5.1
Sefton	2	5.1	Other	5	12.8
St Helens	2	5.1	Total	39	100.0
Warrington	5	12.8			
Wirral	11	28.2			
Unkown	1	2.6			
Total	39	100.0			

