

**A preliminary evaluation of Kids Matter: A community-based parenting
intervention**

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Abstract

Background and Aims: Parents living in deprived communities are more likely to report lower parental self-efficacy and wellbeing. Therefore, parenting interventions are key to prevent adverse outcomes in children. However, the mechanisms by which parents learn to understand and support their children is still not well understood. This study evaluated the acceptability of Kids Matter, a parenting intervention targeting parents who are at risk of poverty.

Methods: A retrospective, consecutive case series design study, comparing routinely collected data at pre-intervention, post-intervention, and at three-month follow-up was conducted. Descriptive frequencies explored parents' impressions of the programme. MANOVA and regression modelling was used to test associations between parental wellbeing and self-efficacy at different time points.

Results: Parents found the programme enjoyable and useful. The intervention led to significant improvements in parental wellbeing and self-efficacy. Improvements in parental wellbeing were significantly associated with improvements in self-efficacy.

Conclusion: This study provides evidence of the acceptability and effectiveness of Kids Matter.

Keywords: Parenting; Program Evaluation; Child

Introduction

Background

Low parental self-efficacy and wellbeing have been identified as risk factors for poor developmental outcomes in children (Andershed & Andershed, 2015; Devries et al., 2018). Parenting interventions have consistently shown to protect children from a host of negative psychological, social and economic outcomes in later life, including increased risk of future antisocial and criminal behaviour; early school leaving; substance abuse; and psychiatric disorders (Farrington & Welsh 2007; Scott, Knapp, Henderson & Maughan, 2001; Barlow et al., 2010; Duncan, 2017). Because of their likely economic cost-saving benefit and the importance of improving children's outcomes for their overall wellbeing and positive mental health, parenting interventions are increasingly recognised as key to the prevention of developmental, health and wellbeing problems in children (Stewart-Brown, 2008).

Parents' appraisal of their own parenting abilities, otherwise known as parenting self-efficacy (PSE; Teti & Gelfand, 1991) has been proposed to play a key role in parenting practices (Bandura, 1997; Jones & Prinz, 2005). Specifically, parents with higher levels of self-efficacy are more likely to apply positive parenting techniques which promote children's skills, talents and interests, and reduce negative adjustment (e.g., de Haan et al., 2009; Dumka et al., 2010; Glatz & Buchanan, 2015; Slagt et al., 2012). However, parental perceptions of their own PSE changes in response to children's challenging behaviours at home and within the community (Glatz & Buchanan, 2015a; Slagt et al., 2012). Therefore, rather than a constant, PSE is a function of context (Glatz & Buchanan, 2021). This opens up the potential of increasing parenting self-efficacy through involvement in parenting interventions (Sevigny & Loutzenhiser, 2009).

Indeed, improving PSE reduces parental stress and improves parental wellbeing (e.g., Bloomfield & Kendall, 2021). Previous research conducted both in the United Kingdom and internationally has provided evidence for the potential of a range of community-based parenting programmes to attain these results (Barlow & Coren, 2001; Bloomfield & Kendall, 2007; 2010). Notwithstanding, systematic reviews of parenting programmes have revealed a strong focus on parents in clinical and school-based settings, with children experiencing specific disorders such as attention deficit, autism and conduct

problems (Barlow & Coren, 2001; Kane, Wood & Barlow, 2007). Therefore, less is known about community-based programmes that are accessible to the wider population (Scott, O'Connor & Futh, 2006).

Parenting interventions have additional limitations, particularly with regards to engagement. Parents facing financial hardship show higher levels of attrition from parenting programmes (Zeedyk et al., 2008). The detriment of such a lack of engagement from this population is synergic with the fact that positive parenting practices are also more likely to be disrupted in these families (Duncan, 2017; Cummings, Davies, & Campbell, 2000; Deater-Deckard & Dodge, 1997; McLoyd, 1998). According to the social cognitive theory, one explanation could be that contextual stress (i.e., poverty) and a lack of psychological resources to manage it leads to a negative appraisal of parents' own parenting abilities (Belsky, 1984; Bloomfield & Kendall, 2012). Therefore, without appropriate interventions, low PSE increases the risk of poor mental and physical health outcomes in both adults and children (Duncan, 2017).

The main goal of this study is to establish the acceptability and explore preliminary evidence of the effectiveness of Kids Matter, a community-based parenting intervention based on both Social Learning Theory (Bandura, 1977) and Parenting Styles Theory (Baumrind, 1991), and especially designed for parents living in areas of social deprivation in the UK. In doing so, we also attempt to explore the relationship between changes in parental wellbeing and parenting efficacy. Specifically, we address the following research questions: i) Does the Kids Matter programme meet the expectations of parents?, ii) what positive changes do parents report after taking part in a Kids Matter programme?, iii) does the Kids Matter programme lead to significant improvement in parental mental wellbeing?, iv) does the Kids Matter programme lead to significant improvement in parental self-efficacy?, and, v), are improvements in self-efficacy associated with improvements in mental wellbeing? To address these questions, we conducted secondary analyses of routine-collected data from 480 parents taking part in the programme. Parents were not excluded from participating based on their sociodemographic information. This is because the developers of the programme understand that objective measures of poverty often overlook the grey areas of poverty. For example, completing higher education in their country of origin would not exclude immigrants from facing socioeconomic adversity in the country in which they live currently. Likewise, a middle-income household could also be affected by parental distress if it reflects overworked

parents managing several jobs. Instead of screening participants, facilitators were trained to recruit in the community parents who showed indicators of deprivation across a range of domains (e.g., social, recreational, familial, household, and dietary deprivation).

Method

Ethical Considerations

The present program evaluation adopted a retrospective, consecutive case series design, with no control group, comparing parenting outcomes on routinely collected assessments on parents engaging in the Kids Matter parenting intervention across England between February 2017 and February 2021. Because data was anonymous and only accessible via password-protected platforms, and this project falls under the category of service evaluation; formal institutional ethical approval was not required (Health Research Authority, 2020; Tripathy, 2013).

Overview of the Kids Matter programme

The Kids Matter parenting programme is a six-session, skills-based, evidence-informed parenting programme developed in 2015 by EG and her colleagues at Kids Matter (registered charity). It is underpinned by Social Learning Theory (Bandura, 1977) and Parenting Styles Theory (Baumrind, 1991) and aims to reach parents in the bottom 20% of the socio-economic bracket by specifically addressing the barriers to engagement for parents facing disadvantages identified by the evidence base on this topic (e.g., Garcia et al., 2018; Owens et al., 2007; Mytton et al., 2014). To improve initial engagement, parents are personally invited by the facilitators, who offer a taster session to introduce parents to the programme. Facilitators either know parents from other community interventions such as toddler groups or food banks, or liaise with service providers in the community, such as children's centres, nurseries or schools or local authorities to meet relevant parents, thus ensuring all parents have some personal connection before starting the programme. In addition to using an informal setting with refreshments, the programme creates a safe, respectful and non-judgemental social environment. To reduce parental drop-out rates, the programme aims to address two main access barriers: childcare and location. A free creche is provided to parents participating in the intervention, and all groups are held local to parents in settings that aim to be neutral, such as children centres or schools. The programme takes place over six sessions, delivered

weekly as 2-hour sessions in groups of 4-8 people. At the end of the 6-weeks a social event is held. These are followed by a booster follow-up session three months later, where parents evaluate, consolidate and celebrate what they have learnt, and are signposted to other services or community groups. Facilitators are trained to sign-post parents to other interventions to meet other needs beyond those met by the programme. Finally, to welcome parents with both religious and non-religious background and parents from a range of cultural and ethnic backgrounds and socio-economic statuses, each module begins with open questions to allow parents to share their own wisdom and experience of parenting.

The programme topics covered in each session, are displayed in Table 1. A further breakdown of the content, parent activities, materials, objectives and short-term outcomes of each of the sessions (i.e., the intervention’s blueprint) can be seen in Appendix A.

Table 1.

Kids Matter Session headings

Session	Topic
1	Being a Strong Family
2	Loving our Children Well
3	Play, Encouragement and Listening
4	Routines, Choices and Rewards
5	Family Rules and Consequences
6	The Bigger Picture

The Kids Matter parenting programme was designed in accordance with the published guidance for parent training/education by the National Institute for Clinical Excellence (NICE, 2013). These guidelines include: developing group-based parenting programmes underpinned by social learning theory, including ways of improving family relationships, helping parents identify goals, including role play and homework, utilising trained, skilled and supportive facilitators, and following the programme’s manual to ensure consistency. Whilst the Kids Matter intervention aims to target parents from socially disadvantaged backgrounds, it still meets the criteria for a universal intervention, in that it aims to target an entire population irrespective of risk, as per the Mrazek and Haggerty (1994) classification: universal target an entire population irrespective of risk whilst there may be particular at-risk groups within the wider pool.

Participants

Parents accessing Kids Matter were expected to be from socioeconomically deprived areas. This was not ensured by systematically excluding participants based on objective measures of poverty (e.g., income), but rather by training facilitators to solely recruit from the community parents who were living in, or at the margins of, poverty. The final sample was composed by 480 parents. Data was routinely collected from participants for the service evaluation while they were taking part in the intervention.

Procedure

Parents completed the Tool to Measure Parenting Self-Efficacy (TOPSE, Kendall & Bloomfield, 2005) and the Warwick Parent Wellbeing Scale (WEMWBS; Tennant et. al., 2007) at three different time points: pre-intervention (T1), post-intervention (T2, i.e., after 6th session) and at 3-months follow-up (T3). The sociodemographic questionnaire and My Parenting Journey (MPJ) were only completed at pre- and post-intervention, respectively. Figure 1 depicts the flow of parents throughout the programme as indicated by completion of the outcome measures.

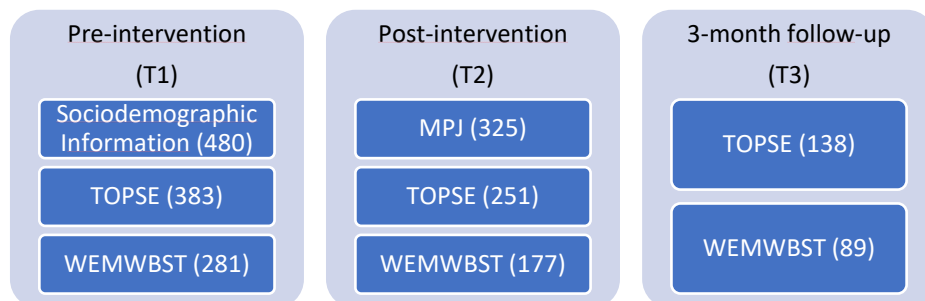


Figure 1.

Outcome measures

Tool of Measure Parenting Self-efficacy measures

The Tool to Measure Parenting Self-Efficacy (TOPSE, Kendall & Bloomfield, 2005) measures eight dimensions of parenting self-efficacy: 1) emotion and affection, 2) play and enjoyment, 3) empathy and understanding, 4) routines, 5) control, 6) discipline and boundary setting, 7) pressure, self-acceptance, and 8) learning and knowledge. Each of the items is scored on a 5- point Likert scale, ranging from (1) disagree a lot to (5)

agree. In the original TOPSE scale, six of the statements are negatively phrased, and thus need to be reverse scored before summing. However, to ease comprehension, we simplified the language use, and transformed the items into positively worded statements, so higher raw scores indicate higher parenting self-efficacy. For dimensions 1-5 and 7, the maximum score is 30. For dimensions 6 and 8, the maximum score is 20 and 15, respectively. The original TOPSE measure has demonstrated high internal reliability (0.8 to 0.89) and overall reliability (0.94; Kendall & Bloomfield 2005).

Warwick Parent Wellbeing Scale

The Warwick Parent Wellbeing Scale (WEMWBS; Tennant et. al., 2007) measures subjective mental wellbeing and psychological functioning. All items are worded positively and addresses aspects of positive mental health. Each of the 14 items is scored on a 5-point Likert scale, ranging from (1) none of the time to (5) all of the time. Higher scores indicate higher wellbeing with a score of 70 being the maximum score. Scores of 40 and 45 are taken as cut-off scores for probable and possible depression, respectively. The WEMWBS has demonstrated high internal reliability, with a Cronbach's alpha of 0.87 (Clarke et al., 2011).

My Parenting Journey

My Parenting Journey (MPJ) is a bespoke measure of parent satisfaction and parenting positive changes. The first section asks parents if attending the programme was helpful. The second section is a 16-item list where parents select as many statements as apply to them. Fourteen of these statements are positively worded (e.g., "My child behaves better at home"), whereas two are negatively worded (e.g., 'I did not find the topics helpful' and 'I did not enjoy being in the group'). The third section includes three free-text questions which sought to understand: i) what further areas parents would like to explore, ii) whether their hopes for the programme had been met, iii) whether they would recommend the programme to others, and iv) proposed improvements (see Appendix X for the complete measure).

Statistical Analysis

Post-hoc power calculations indicated that our MANOVA tests had over 99% power to detect a moderate effect size difference (0.61 and 0.48, respectively) between T1, T2 and

T3 on the TOPSE and WEMWBS total scores (Pillai's $V=.69$ and $.58$, respectively), at $p<.05$ (GPower 3.1; Erdfelder, Faul & Buchner, 1996).

All statistical analyses were conducted using SPSS 25.0., and p -values <0.05 were considered significant (Du Prel et al., 2009). Prior to any further analyses, independent t -tests were conducted to compare the characteristics of the parents who completed the questionnaires at T1 but not at T2, and at T1 and T2 but not T3 (see Table 2), to check for bias regarding attrition across the time points. No systematic biases were present in terms of attrition or format from the post- or follow-up data.

Responses to list-items were summarised by counting the frequency of reported negative experiences, and positive changes. Sociodemographic and parenting information was summarised using descriptive statistics. The normality of interval data was assessed by observing histogram distributions and examining kurtosis and skewness. Values between -2 and $+2$ were considered acceptable in order to indicate normal univariate distribution (George & Mallery, 2010).

One-way repeated measures MANOVA were used to investigate changes in parental mental wellbeing and self-efficacy at the three time points (i.e., start (T1), end (T2), and Booster (T3)). The assumptions of linearity and multicollinearity were tested using a scatterplot matrix and correlation tests, respectively. Nine outliers were observed and excluded from the sample. Greenhouse-Geisser values are reported where the assumption of sphericity is not met. Post-hoc analyses were performed between time points, where a significant main effect of time was found.

Regression modelling was used to test the association between improvements in parental outcome measures. Improvement variables were computed by calculating the increase (i.e., improvement) in standardised scores for each of the variables of interest (e.g., $\text{WEMWBST -Improvement} = \text{T2 WEMWBST} - \text{T1 WEMWBST}$). Linearity assumption was tested with a scatterplot between the dependent and independent variables. A Q-Q plot showed whether errors between observed and predicted values were normally distributed. Variable Inflation Factors (VIF) values were used to check for multicollinearity in the data and scatterplots of residuals versus predicted values were used to examine homoscedasticity.

Results

1. Descriptive Statistics

The final sample of $N=480$ was comprised of mostly female ($n=416$, 77.35%), ethnically White ($n=290$, 60.4%) parents. Parents ranged in age from 17 to 66 years with the mean age being 36.12. The majority were in a civil relationship ($n=197$, 41.04%), Christian ($n=214$, 44.5%), and homemakers ($n=139$, =28.95%) or in part-time employment ($n=102$, 21.25%). Some of the parents had completed secondary education ($n=131$; 27.29%), of which many of them also completed undergraduate ($n=116$, 24.17%) degrees. Poverty indicators were not consistently recorded, but income brackets varied with at least 77 parents (16%) reported that they were in receipt of benefits, and 31 (6.4%) reported salaries of below £15,000 per year. In terms of the sociodemographic profile, there were no significant differences between parents who completed questionnaires at three time points and those who did not. An overview of the sociodemographic and parental information is provided in table 2 and table 3, respectively.

Table 2.

Sociodemographic information of participants in Kids Matter.

	T1	T2	T3
Total	480	169	139
Parent Mean Age (SD)	36.12 (7.51)	36.40 (8.174)	35.35 (6.76)
Sex			
Female	416 (86.6)	147 (30.6)	126 (26.3)
Male	40 (8.3)	15 (3.1)	8 (1.6)
Ethnicity (n (%))			
White	290 (60.4)	100 (20.8)	96 (20)
Black	38 (7.9)	10 (2.1)	14 (2.9)
Mixed heritage	23 (4.7)	7 (1.46)	5 (1.04)
Asian	156 (32.5)	22 (4.5)	11 (2.29)
Other	13 (2.7)	6 (1.25)	3 (0.6)
Religion (n (%))			
Christian	214 (44.5)	71 (14.8)	69 (1.44)
Muslim	50 (10.42)	17 (3.5)	12 (2.5)
Other*	26 (5.4)	12 (2.5)	5 (1.04)
None	128 (26.7)	43 (8.9)	41 ()
Education status (n (%))			
No formal qualifications		7 (4.5)	5 (1)
GCSE/O-level Equivalent	122 (25.4)	45 (9.4)	33 (6.8)

A-Level Equivalent	131 (27.3)	45 (9.4)	46 (9.5)
Undergraduate degree	116 (24.1)	38 (7.9)	36 (7.5)
Post-graduate degree	5 (1)	2 (0.4)	
Marital status (n (%))			
Single	118 (24.6)	35 (7.3)	35 (7.3)
Married/Civil partnership	197 (41.0)	78 (16.25)	56 (11.7)
With partner/Cohabiting	72 (15)	26 (5.41)	2 (0.4)
Divorced	10 (20.8)		2 (0.4)
Separated	18 (3.75)	8 (1.6)	5 (0.1)
Widowed	4 (0.8)	1 (0.2)	2 (0.4)
Employment			
FT	55 (11.4)	19 (4)	16 (3.3)
PT	102 (21.3)	40 ()	30 (6.3)
Voluntary	10 (20.8)	1 (0.2)	2 (0.2)
Not in work or education	96 (20)	25 ()	21 (4.4)
Student	13 (2.7)	2 (0.4)	6 (1.3)
Homemaker	139 (28.96)	58 ()	50 (10.4)
Retired	2 (0.4)	2 (0.4)	
Household income			
Under 15,000	31 (6.5)	9 (1.9)	12 (2.5)
15,000-25,000	32 (6.6)	10 (2)	15 (3.1)
Over 25,000	37 (7.7)	16 (3.3)	13 (2.7)
Benefits			
Yes	77 (16)	26 (5.4)	14 (2.9)
No	57 (11.9)	17 (3.5)	8 (1.7)

*Other includes Hindu, Buddhist, Jewish, Sikh and any other religion.

Table 3.
Parenting information of participants in Kids Matter.

	T1	T2	T3
Total	480	169	139
Targeted Child			
Mean Age (SD)	6.35 (3.22)	5.42 (3.044)	7.42 (3.69)
Targeted Child Sex			
Female	69 (14.4)	72 (15)	53 (11)
Male	46 (9.6)	52 (1.1)	69 (14.4)
Relationship to child			
Biological mother	350 (72.9)	126 (26.3)	118 (24.6)
Biological father	28 (5.8)	11 (2.3)	5 (1.0)
Parent's partner/	1 (0.2)	1 (0.2)	
Other adult relative	2 (0.4)	1 (0.2)	1 (0.2)
Foster parent	4 (0.8)	3 (0.6)	1 (0.2)

Adoptive father	6 (1.2)	1 (0.2)
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2. Does the Kids Matter programme meet the expectations of parents?

A total of 325 parents completed the My Parenting Journey (MPJ) questionnaire. To the statement, ‘I have found coming to the group has helped me’, 239 (73.5%) parents answered ‘yes’; the remaining parents (86, 36.5%) did not provide a response, and none of the parents provided a negative response. However, seven parents (2.61%) indicated that they did not enjoy the group, while six parents (2.23%) indicated that they did not find the topics useful.

3. What positive changes do parents report after taking part in a Kids Matter programme?,

Positive changes reported by the sample ranged in frequency, but the most common newly acquired or improved skills were listening and encouraging their children better (n=188, 70.14%), playing more with their children (n=175, 65.30), managing their children better (n=165, 61.57%9 and spending more time with them (n=161, 60.07%). Table 4 provides further details on the frequency of positive changes reported by the parents.

Table 4.
MPJ responses

	Rate reported	Percentage
Listen and encourage better	188	70.1
Playing more with children	175	65.3
Managing child better	165	61.6
Spending more time	161	60.0
Better routine at home	157	58.6
Calmer	148	55.2
Show love to children	144	53.7
Looking after myself more	132	49.3
Family life more enjoyable	55	20.5
Family team is stronger	53	19.8
Child listens to me more	48	17.9
Child behaves better	40	14.9
Shout less	27	10.1
Child behaves better at school	25	9.3
Did not enjoy the group	7	2.6

4. Does the Kids Matter programme lead to significant improvement in parental self-efficacy?

A one-way repeated measures MANOVA with a Greenhouse-Geisser correction revealed that there was a statistically significant difference in TOPSE scores between T1, T2 and/or T3 ($F(1.65,144.16)=32.168$, $p<.001$, $\eta p^2=.268$, observed power $>.999$). Pairwise comparisons found that this main effect was driven by two overall significant differences across time points. Firstly, significant improvements in TOPSE scores between pre-intervention (T1, $M=178.98$, $SD=25.74$) and post-intervention (T2, ($M=191.98$, $SD=17.31$)) scores were observed ($t(222)=-9.277$, $p<.001$, Cohen's $d=.621$). Secondly, this improvement remained significant at 3-months follow up ($t(117)=-6.41$, $p<.001$, Cohen's $d=.590$), with TOPSE scores ($M=190.69$, $SD=18.54$) remaining higher than at pre-intervention. No statistical improvement between post-intervention (T2) and follow-up (T3) TOPSE scores was found.

5. Does the Kids Matter programme lead to significant improvement in parental mental wellbeing?

A statistically significant difference was also observed in WEMWBS scores between the three time points ($F(2,126)=14.69$, $p<.001$, $\eta p^2=.189$, observed power $>.999$). Pairwise comparisons found that this main effect was driven by two overall significant differences across time points. Firstly, there were significant improvements in TOPSE scores between pre-intervention ($M=45.31$, $SD=8.24$) and post-intervention ($M=52.05$, $SD=7.93$) scores ($t(159)=-8.93$, $p<.001$, Cohen's $d=.709$). Secondly, this improvement remained significant at 3-month follow up ($t(77)=4.439$, $p<.001$, Cohen's $d=.503$), with T3 WEMWBS scores higher ($M=49.27$, $SD=8.08$) than pre-intervention (T1). There was no statistical improvement between post-intervention (T2) and follow-up (T3) WEMWBST scores.

6. Are improvements in self-efficacy associated with improvements in mental wellbeing?

Results of a Pearson's correlation test showed that there was a positive association between WEMWBS-improvement and TOPSE-improvement ($r(77)=.396$, $Q=.001$), indicating that higher parental wellbeing was associated with higher parental self-efficacy.

Discussion

The main aim of this study was to establish the acceptability and provide preliminary evidence for the effectiveness of Kids Matter. Secondly, we attempted to contribute to the growing body of research examining the relationship between parental wellbeing and PSE. Parents were generally satisfied with the programme, with reports that they found it enjoyable and that the topics were useful. Further, a considerable number of parents reported positive changes in behaviours, such as, more efforts in listening and encouraging, playing, managing and spending time with their children. The intervention also led to significant improvements in both PSE and parental wellbeing using the mechanisms adopted in the Kids Matter programme, which were maintained at 3-month follow-up. However, the observed improvements between post intervention scores and the 3-months follow up were not significant. Lastly, improvements in parental wellbeing were positively associated with improvements in PSE.

According to objective socioeconomic indicators of poverty the level of affluence of parents accessing and engaging with Kids Matter was varied. Still, a considerable proportion of parents received benefits or an income below the £15,000 threshold. Like other studies evaluating comparable parenting interventions (e.g., Ozbek et al., 2019), questionnaire completion rates decreased over time. While in some cases parents attended the relevant sessions but were not able to complete the questionnaires, or, questionnaires were lost during handover or transposition to the digital database, it can be surmised that missing data likely reflects dropout cases. Preliminary independent t-tests comparing the sociodemographic and parenting characteristics of participants who completed the questionnaires at T1 but not at T2, and at T1 and T2 but not T3 uncovered no biases in terms of attrition from the data. This suggests that parents from deprived backgrounds were not at increased risk of dropping out. Kids Matter appears to have successfully addressed the barriers of its intended population to access and engage with parenting programmes. This finding suggests that the intervention is fully reaching its intended population. This result is encouraging in light of previous research which suggests that engaging parents from lower SES groups may be challenging (Zeedyk et al., 2008). Arguably, non-differential rates of engagement from parents facing financial hardship in our study provide preliminary evidence for the efficacy of the unique adaptations of Kids Matter to minimise the impact of barriers such as childcare and location, for instance, by providing free creche services and accessible venues within the community, respectively.

Moreover, the Kids Matter programme was acceptable from the perspective of parents who completed questionnaires post-intervention. A vast majority of participants found the programme was helpful, enjoyable and recommendable, which are key aspects to meet acceptability standards (Sekhon et al., 2017). Nevertheless, it is important to note that over a third of participants did not provide a response for this item on the MPJ. On reflection, this could have been due to the inconsistent visual layout of the questionnaire, which means that the question was not clearly displayed on the page.

Parents who took part in the intervention described replacing behaviours with ones which align more closely with parenting styles promoting support and warmth has been found to improved child outcomes, such as reduced problem behaviour (Bean et al. 2006; Dretzke, et al., 2009). These new and improved skills included listening skills and ability to praise and encourage their children. The intervention also led to a significant improvement in overall parental wellbeing. Thus, our results are consistent with the well-established, evidence-based potential of parenting programmes to improve parenting quality which could impact child outcomes (Duncan, 2017), and add to the growing body of research showing that these benefits extend to PSE as well (e.g., de Haan et al., 2009; Dumka et al., 2010; Glatz & Buchanan, 2015; Slagt et al., 2012).

Prior studies had already noted a link between PSE and stress (Bloomfield & Kendall, 2012). Our study extends this finding by providing evidence of an association between PSE and emotional wellbeing. While prolonged stress may at times exceed a person's capacity to cope effectively and then affect their mental wellbeing, it has been recognised that subjective wellbeing is more than the absence of negative affect, but incorporates frequent positive affect, and cognitive evaluations (Diener, 1984). Therefore, as well as reducing parenting-related stress, our findings indicate that effective parenting interventions could also be grounded on promoting parent wellbeing. Unlike previous studies (Barlow et al., 2001), this evaluation revealed that the findings at the follow-up period remained significant when compared to baseline, but not between post-intervention and follow-up. This could indicate a need for further investigations as some outcomes may require a longer term follow up and more rigorous methodologies (Llewellyn-Bennett, Bowman & Bulbulia, 2016).

Whilst the current findings are encouraging, some important methodological issues should be considered. A case could also be made that the recruited population was not

representative of the intervention's target population (i.e., parents facing socioeconomic deprivation). Indeed, despite facilitator training, no single or multiple indicators can be regarded as evidence of general deprivation. Deprivation remains difficult to detect at the margins.

Due to the study design, an evaluation of the direct impact of the programme on the children was not possible. However, some researchers suggest that parent outcomes may be a more reliable measure of parenting programmes' effectiveness than child outcomes in short term evaluation (Bloomfield & Kendall, 2012). Still, future evaluations of Kids Matter should attempt to collect routine-collected data on children's behaviours at home and in other community settings (e.g., school), to gain a more holistic view of the impact of the intervention over time. To that end, teaching staff and nurseries could be involved. The study was also limited in that there was no control group. As a result, no causal claims can be made. Another limitation could be our measure of satisfaction and acceptability. User satisfaction surveys often provide highly subjective information (Sekhon et al., 2017). This is because users tend to respond positively to surveys, unless they are extremely disappointed – in which case they usually leave the intervention before it is time to complete the survey. This means that the findings from most user satisfaction surveys are highly skewed towards the views of satisfied participants. Lastly, the features which result in programme attrition remain unclear. This issue could be explored in further detail if depth interviews had been conducted with parents who did not attend all sessions. Offering incentives or by following up regardless of their level of engagement could assist to collect such data. This could reveal helpful suggestions that may inform valuable improvements to the Kids Matter intervention.

Clinical and practical implications

Given the growing evidence around the importance of parental wellbeing and parental competences and the effects on children's developmental outcomes, the Kids Matter programme may be uniquely positioned to contribute to parental wellbeing in deprived communities. In addition, the observed association between parental wellbeing and parental self-efficacy which is generally viewed as contributing to positive child outcomes (Glatz & Buchanan, 2015a; Slagt et al., 2012) is a key finding. Specifically, such effective parenting programmes can have a positive impact on child behavioural problems (Dretzke et al., 2009). The findings on the level of acceptability for Kids Matter

is also important as it may be advantageous for other programme developers to consider some of the practical strategies incorporated in the Kids Matter programme to overcome engagement barriers. The current findings also respond to calls to provide reliable evidence when developing parenting interventions that will support child development (Bloomfield & Kendall, 2012). These findings also support recommendations to increase availability of parenting interventions by making evidence-based programme more widely available (e.g., under-represented populations) (Scott, O'Connor & Futh, 2006) that may also reduce inequalities across the social gradient (Public Health England, 2014)

Conclusion

The present evaluation has provided preliminary evidence that Kids Matter, a community-delivered parenting intervention, is acceptable and supports parental self-efficacy and wellbeing. In addition, the intervention also fosters positive parenting skills and parent self-confidence. This study lays the foundation for further research into Kids Matter and to then begin more rigorous testing with diverse populations. Additional studies should also examine the efficacy of Kids Matter for enhancing outcomes in children.

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