

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

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## Abstract

Parents living in deprived communities are more likely to report lower parental self-efficacy and wellbeing. Poor parental wellbeing and self-efficacy are known risk factors in the development of a range of health and behavioural problems in childhood, adolescence and adulthood. Parenting interventions are key to prevent adverse outcomes in children, however, the mechanisms by which parents learn to understand and support their children are still not well understood. This study evaluated the acceptability of Kids Matter, a parenting intervention targeting parents who are struggling with financial adversity. Secondly, the relationship between parental wellbeing and self-efficacy was examined. The present is a retrospective, consecutive case series design study, comparing routinely collected data at pre-intervention, post-intervention, and at 3-month follow-up. Descriptive frequencies were drawn to explore parents' impressions of the programme. Multivariate analysis of variance and regression modelling were used to evaluate associations between parental wellbeing and self-efficacy at different time points. 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. This study provides evidence of the acceptability and effectiveness of Kids Matter.

## KEYWORDS

children, parenting, parents, programme, socioemotional skills: quantitative

## 1 | INTRODUCTION

### 1.1 | Background

Parenting interventions may 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 (Barlow et al., 2010; Duncan et al., 2017; Farrington & Welsh, 2007; Scott et al., 2001). Because of their effectiveness and likely economic cost-saving benefit, 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 an essential role in parenting practices (Bandura, 1977; 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; Slagt et al., 2012). Parent perceptions of their own PSE change in response to children's display of challenging behaviours at home and within the community (Glatz & Buchanan, 2015a; Slagt et al., 2012). It follows then that, rather than a constant, PSE is a function of context (Glatz & Buchanan, 2021). This unlocks the potential of increasing parenting self-efficacy through parenting interventions (Sevigny & Loutzenhiser, 2010).

Indeed, enhancements in PSE lead to improvements in parental wellbeing (PW) and reductions in parental stress (e.g., Bloomfield & Kendall, 2012). 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 et al., 2014; Bloomfield & Kendall, 2007; Bloomfield et al., 2010). Notwithstanding, systematic reviews of parenting programmes have revealed a strong focus on parents in clinical and school settings, with children experiencing specific disorders such as attention deficit, autism and conduct problems (Barlow et al., 2014; Kane et al., 2007). Therefore, community-based programmes which are accessible to the wider population remain underexplored (Scott et al., 2006).

A common limitation of parenting interventions, on the other hand, appears to concern engagement from parents facing financial hardship, who show higher levels of attrition from parenting programmes (Zeedyk et al., 2008). The detriment of such a lack of engagement is synergic with the fact that positive parenting practices are also more likely to be disrupted in these families (Cummings et al., 2000; Deater-Deckard & Dodge, 1997; Duncan et al., 2017; McLoyd, 1998). According to social cognitive theory, one explanation could be that contextual stress (i.e., poverty) and a lack of psychological resources to manage it lead 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 et al., 2017).

The main aim of this study is to both 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 PW and PSE. Specifically, we address the following research questions: (i) are parents satisfied with the Kids Matter programme?, (ii) what positive changes do parents report after taking part in the Kids Matter programme?, (iii) does the Kids Matter programme lead to significant improvements in parental mental wellbeing?, (iv) does the Kids Matter programme lead to significant improvements 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. Kids Matter is based on Social Learning Theory (Bandura, 1977) and Parenting Styles Theory (Baumrind, 1991); that is, through reinforcement, and modelling, this community-based intervention encourages parents to adopt an authoritative parenting style. Kids Matter is especially designed for parents living in areas of social deprivation in the United Kingdom. Nevertheless, participants were not excluded based on their sociodemographic information.

This is because the programme developers understand that objective measures of poverty often overlook the experiences of families on the margins of poverty. For example, completing higher education in their country of origin would not exclude immigrants from facing socioeconomic adversity in their current country of residence. Likewise, a middle-income household could also be affected by parental stress if such an income is the result of parents managing several jobs or long working hours. Instead of screening participants, facilitators of the intervention 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).

## 2 | METHOD

### 2.1 | Ethical considerations

The present evaluation adopted a retrospective, consecutive case series design, with no control group, comparing routinely collected data from parents engaging in the Kids Matter parenting intervention across England between February 2017 and February 2021. Because data were 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, 2021; Tripathy, 2013).

### 2.2 | Overview of Kids Matter

Kids Matter is a 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). It attempts to reach parents in the bottom 20% of the socioeconomic bracket by specifically addressing the barriers identified by research, including feelings of judgement, time constraints and inconvenient location (e.g., Garcia et al., 2018; Mytton et al., 2014a, 2014b; Owens et al., 2007). This makes Kids Matter a targeted selected early intervention, defined as an 'intervention offered to families on the basis of broad demographic risks, such as low family income, single parenthood, adolescent parenthood or ethnic minority status' (Early Intervention Foundation, 2021).

The primary outcome of the intervention is to reduce child behavioural, social and emotional problems. The mechanisms of change are PW and PSE. The implementation process is social learning (see Supporting Information: Appendix A for the intervention's theory of change).

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, schools or local authorities – to meet relevant parents, thus ensuring that all parents have some personal connection before starting the programme. The programme creates a safe, respectful and non-judgemental social environment in an informal setting with refreshments. To welcome parents from a range of cultural, ethnic, socioeconomic and religious – including nonreligious – backgrounds, each module begins with open questions to allow participants to share their own wisdom and experience of parenting. To reduce parental drop-out rates, the programme aims to address two main access barriers: childcare and location. A free creche is provided while parents take part in the sessions, and all groups are held in settings which are local and neutral, such as children centres or schools. The programme takes place over 6 sessions, delivered weekly as 2-hour sessions in groups of four to eight people. At the end of the 6 weeks, a social event is held. These sessions are followed by a booster follow-up session 3 months later, where parents evaluate, consolidate and celebrate what they have learnt, and are signposted to other services or community groups to meet any needs beyond those addressed by the programme.

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

The Kids Matter parenting programme was designed in accordance with the published guidance for parent training/education by the National Institute for Clinical Excellence (National Institute for Health and Care Excellence [NICE], 2013). These guidelines include: (i) developing group-based parenting programmes underpinned by social learning theory, (ii) incorporating ways of improving family relationships, (iii) helping parents identify goals, (iv) employ role play and homework, (v) utilising trained, skilled and supportive facilitators, and (vi) following the programme's manual to ensure consistency.

## 2.3 | 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 of 480 parents. Data were routinely collected from participants for the service evaluation while they were taking part in the intervention. Further information is provided in Table 2.

## 2.4 | Procedure

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

## 2.5 | Outcome measures

### 2.5.1 | TOPSE measures

The 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

**TABLE 2** Sociodemographic information of participants in [Parenting Intervention's Name]

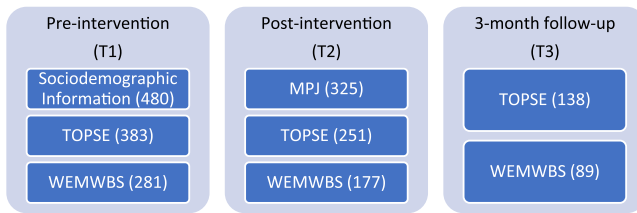
	T1	T2	T3
Total (n %)	480 (100)	169 (35.2)	139 (29.0)
Parent mean age (SD)	36.12 (7.51)	36.40 (8.17)	35.35 (6.76)
Sex	456 (95)	307 (64)	134 (27.9)
Female	416 (86.6)	147 (30.6)	126 (26.3)
Male	40 (8.3)	15 (3.1)	8 (1.7)
Ethnicity (n (%))	420 (87.5)	145 (30.2)	129 (26.9)
White	290 (60.4)	100 (20.8)	96 (20.0)
Black	38 (7.9)	10 (2.1)	14 (2.9)
Mixed heritage	23 (4.8)	7 (1.5)	5 (1.0)
Asian	56 (12.1)	22 (4.5)	11 (2.3)
Other	13 (2.7)	6 (1.25)	3 (0.6)
Religion (n (%))	418 (87)	143 (29.8)	127 (26.5)
Christian	214 (44.5)	71 (14.8)	69 (14.4)
Muslim	50 (10.4)	17 (3.5)	12 (2.5)
Other <sup>a</sup>	26 (5.4)	12 (2.5)	5 (1.0)
None	128 (26.7)	43 (8.9)	41 (8.5)
Education status (n (%))	384 (80)	137 (28.5)	120 (25)
No formal qualifications	10 (2.0)	7 (4.5)	5 (1.0)
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 (24.2)	38 (7.9)	36 (7.5)
Postgraduate degree	5 (1.0)	2 (0.4)	0
Marital status (n (%))	419 (87.3)	148 (31.0)	102 (21.3)
Single	118 (24.6)	35 (7.3)	35 (7.3)
Married/civil partnership	197 (41.0)	78 (16.3)	56 (11.7)
With partner/cohabiting	72 (15.0)	26 (5.41)	2 (0.4)
Divorced	10 (2.1)	0	2 (0.4)
Separated	18 (3.8)	8 (1.6)	5 (1.0)
Widowed	4 (0.8)	1 (0.2)	2 (0.4)
Employment (n (%))	417 (86.9)	147 (30.6)	125 (26.0)
FT	55 (11.4)	19 (4.0)	16 (3.3)
PT	102 (21.3)	40 (8.3)	30 (6.3)
Voluntary	10 (2.1)	1 (0.2)	2 (0.4)
Not in work or education	96 (20.0)	25 (5.2)	21 (4.4)

(Continues)

**TABLE 2** (Continued)

	T1	T2	T3
Student	13 (2.7)	2 (0.4)	6 (1.3)
Homemaker	139 (29.0)	58 (12.1)	50 (10.4)
Retired	2 (0.4)	2 (0.4)	0
Household income (n (%))	100 (20.8)	35 (7.3)	40 (8.3)
Under 15,000	31 (6.5)	9 (1.9)	12 (2.5)
15,000–25,000	32 (6.7)	10 (2.1)	15 (3.1)
Over 25,000	37 (7.7)	16 (3.3)	13 (2.7)
Benefits (n (%))	134 (27.9)	43 (9.0)	22 (4.6)
Yes	77 (16.0)	26 (5.4)	14 (2.9)
No	57 (11.9)	17 (3.5)	8 (1.7)

<sup>a</sup>Other includes Hindu, Buddhist, Jewish, Sikh and any other religion.



**FIGURE 1** Flowchart to show timing and completion rate of participant self-report measures. MPJ, My Parenting Journey; TOPSE, Tool to Measure Parenting Self-Efficacy; WEMWBS, Warwick-Edinburgh Mental Wellbeing Parent Wellbeing Scale.

boundary setting, (7) pressure, self-acceptance and (8) learning and knowledge. Each of the items is scored on a five-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 (0.8–0.89) and overall reliability (0.94; Kendall & Bloomfield, 2005).

### 2.5.2 | Warwick Parent Wellbeing Scale

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al., 2007) measures subjective mental wellbeing and psychological functioning. All items are worded positively and address aspects of positive mental health. Each of the 14 items is scored on a five-point Likert scale, ranging from (1) none of the time to (5) all of the time. Higher scores indicate higher wellbeing, with 70 being the maximum score. Scores of 40 and 44 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).

### 2.5.3 | MPJ

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 to the programme (see Supporting Information: Appendix C for the complete questionnaire).

## 2.6 | Statistical analysis

Post hoc power calculations indicated that our multivariate analysis of variance (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  $V = 0.69$  and  $0.58$ , respectively), at  $p < 0.05$  (GPower 3.1; Erdfelder et al., 1996).

All statistical analyses were conducted using SPSS 25.0., and  $p < 0.05$  were considered significant (du Prel et al., 2009). Before 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 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.,  $\text{WEMWBS-Improvement} = \text{T2 WEMWBS} - \text{T1 WEMWBS}$ ). 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.

## 3 | RESULTS

### 3.1 | Descriptive statistics

The final sample of  $N = 480$  was comprised of mostly female ( $n = 416$ , 86.6%), ethnically White ( $n = 290$ , 60.4%) parents. Parents ranged in age from 17 to 66 years ( $M = 36.12$ ,  $SD = 7.51$ ). The majority were in a civil relationship

**TABLE 3** Parental information of participants in Kids Matter.

	T1	T2	T3
Total (%)	480 (100)	169 (35.2)	139 (29.0)
Targeted child mean age (SD)	6.35 (3.22)	5.42 (3.044)	7.42 (3.69)
Targeted child sex (n (%))	115 (23.9)	124 (25.8)	122 (25.4)
Female	69 (14.4)	72 (15)	53 (11)
Male	46 (9.6)	52 (11.1)	69 (14.4)
Relationship to child (n (%))	391 (81.5)	142 (29.6)	126 (26.3)
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)	0
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)	0	1 (0.2)

(*n* = 197, 41%), Christian (*n* = 214, 44.5%) and homemakers (*n* = 139, 29%) or in part-time employment (*n* = 102, 21.3%). Some of the parents had completed secondary education (*n* = 131; 27.3%), of which many of them also completed undergraduate (*n* = 116, 24.2%) degrees. Poverty indicators were not consistently recorded, but income brackets were varied, with at least 77 parents (16%) reporting that they were in receipt of benefits, and 31 (6.4%) reporting salaries below £15,000 per year. In terms of sociodemographic profile, there were no significant differences between parents who completed questionnaires at all three-time points and those who did not. An overview of the sociodemographic and parental characteristics of the sample is provided in Tables 2 and 3, respectively.

### 3.2 | Are parents satisfied with the Kids Matter programme?

A total of 325 parents completed the 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. None of the parents provided a negative response. However, seven parents (2.6%) indicated that they did not enjoy the group, while six parents (2.2%) indicated that they did not find the topics useful.

### 3.3 | What positive changes do parents report after taking part in the Kids Matter programme?

Positive changes reported by the sample ranged in frequency, but the most common newly acquired or improved skills were: listening to and encouraging their children better (*n* = 188, 70.14%), playing more with them (*n* = 175, 65.3%), managing them better (*n* = 165, 61.6% and spending more time with them (*n* = 161, 60.00%). Table 4 provides further details on the frequency of positive changes reported by parents.



**TABLE 4** MPJ responses

	Rate reported	Percentage
Listen and encourage better	188	70.1
Playing more with child	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 is 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

Abbreviation: MPJ, My Parenting Journey.

### 3.4 | 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 ( $F(1.65, 144.16) = 32.168, p < 0.001, \eta^2 = 0.268$ , observed power  $> 0.999$ ). Pairwise comparisons found that this main effect was driven by two overall significant differences across time points. First, a significant improvement in TOPSE scores between pre-intervention (T1,  $M = 178.98, SD = 25.74$ ) and post-intervention scores (T2,  $M = 191.98, SD = 17.31$ ) was observed ( $t(222) = -9.277, p < 0.001$ , Cohen's  $d = 0.621$ ). Second, this improvement remained significant at 3-month follow-up [T3, ( $t(117) = -6.41, < 0.001$ , Cohen's  $d = 0.590$ )], 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.

### 3.5 | 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 ( $F(2,126) = 14.69, p < 0.001, \eta^2 = 0.189$ , observed power  $> 0.999$ ). Pairwise comparisons found that this main effect was driven by two overall significant differences across time points. First, there was a significant improvement in TOPSE scores between pre-intervention (T1,  $M = 45.31, SD = 8.24$ ) and post-intervention (T2,  $M = 52.05, SD = 7.93$ ) scores ( $t(159) = -8.93, p < 0.001$ , Cohen's  $d = 0.709$ ). Second, this improvement remained

significant at 3-month follow-up [ $T3(t(77) = 4.439, p < 0.001, \text{Cohen's } d = 0.503)$ ], with follow-up (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) WEMWBS scores.

### 3.6 | 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 ( $r(77) = 0.396, Q = 0.001$ ), indicating that higher PW was associated with higher PSE.

## 4 | 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 PW and PSE. Parents were generally satisfied with the programme, with reports that they found it enjoyable and that the topics were useful. Furthermore, a considerable number of parents reported positive changes in parenting 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 PW using the mechanisms adopted in the Kids Matter programme, which were maintained at 3-month follow-up, however, the observed improvements between post-intervention and follow-up scores were not significant. Lastly, improvements in PW were positively associated with improvements in PSE.

Like in previous studies evaluating comparable parenting interventions (e.g., Ozbek et al., 2019), measure completion rates decreased over time. It is possible that parents attended the relevant sessions but were not able to complete the questionnaires, or that completed questionnaires were lost during handover or transposition to the digital database, however, it can be surmised that most missing data reflects dropout cases. Some could argue, then, that the intervention was not completely successful in retaining parents from deprived backgrounds. According to objective socioeconomic indicators of poverty, and consistent with our non-restrictive inclusion criteria, the affluence level of parents accessing and engaging with Kids Matter was varied. In the absence of biases in sociodemographic and parenting predictors of disengagement between parents who lived in fringe and deep poverty, this may as well indicate that the unique adaptations of Kids Matter addressed and minimised at least some of the established barriers to access and engagement with parenting interventions among parents facing economic hardship and social exclusion, such as childcare and location, by providing free creche services and accessible venues within the community, respectively; this finding is particularly encouraging in light of previous research highlighting challenges to do so (Zeedyk et al., 2008). It is also possible that parents who disengage are not yet ready or motivated for change. Nock & Photos (2006) found that parent motivation was positively associated with the perception of fewer barriers to participation in parenting programmes, which resulted in greater attendance. Thus, the recruitment process could be modified to include an assessment of parents' desire for change (e.g., the Parent Motivation Interview, Nock & Photos, 2006), and to prepare them for the intervention using motivational interviewing strategies where required.

Moreover, Kids Matter was acceptable from the perspective of parents who completed questionnaires post-intervention. A vast majority of participants found that the programme was helpful, enjoyable and recommendable—key aspects defining acceptability standards (Sekhon et al., 2017). Although over a third of participants did not provide a response for the item measuring this latter parameter 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 paper forms; a replication study with this amendment is required.

The theory of change modelling Kids Matter proposes that changes in parental confidence and wellbeing mediate child wellbeing, the ultimate outcome. As such, it is reasonable that parents reported more changes in their own behaviour as opposed to their child's, as the latter would indeed be a long-term outcome. Altogether, we have provided evidence to support that the programme's implementation processes, mechanisms of change and long-term outcomes can indeed be connected logically in the way set out by our theory of change (Davies et al., 2010).

Specifically, parents who took part in the intervention described replacing behaviours with ones aligned more closely with parenting styles which promote support and warmth, and which have been associated with improved child outcomes, such as reduced conduct problems (Bean et al., 2006; Dretzke et al., 2009). These new and enhanced skills included listening skills, and ability to praise and encourage their children. The intervention also led to a significant improvement in overall PW. Thus, our results not only are consistent with the well-established, evidence-based potential of parenting programmes to improve parenting quality – which, in turn, has a positive impact in child wellbeing (Duncan et al., 2017) – but they also add to the growing body of research showing that these benefits extend to PSE (e.g., de Haan et al., 2009; Dumka et al., 2010; Glatz & Buchanan, 2015b; Slagt et al., 2012).

Prior studies had already noted a link between PSE and stress (Bloomfield & Kendall, 2012). Our study adds to this finding by providing evidence of an association between PSE and emotional wellbeing. While prolonged stress may at times exceed an individual's ability to cope effectively, which consequently affects their mental wellbeing, it has been recognised that subjective wellbeing is a state of frequent positive affect and cognitive evaluations, and not merely the absence of negative affect (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.

The intervention also led to significant improvements in both PSE and PW using the mechanisms adopted in the Kids Matter programme, which were maintained at 3-month follow-up, however, the observed improvements between post-intervention and follow-up scores were not significant.

Unlike previous studies (e.g., Barlow et al., 2005), this evaluation revealed that improvements at follow-up remained significant when compared to baseline, but not to postintervention scores. This indicates that the learning curve of parenting skill acquisition was shorter during the programme without further improvement once the intervention finished, presumably due to regular encouragement and feedback, and lack of thereof, respectively. It could be worth conducting further assessments after a longer follow-up period, since 3 months may not be enough for some beneficial outcomes to emerge (Llewellyn-Bennett et al., 2016).

While 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 routinely collect 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, teachers and nursery staff 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. By implication, 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 have been explored in further detail had in-depth interviews

been conducted with parents who did not attend all sessions. Offering incentives or following up regardless of level of engagement could facilitate the collection of such data. Doing so could reveal helpful suggestions that may inform valuable improvements to the Kids Matter intervention.

#### 4.1 | Clinical and practical implications

By confirming the effectiveness of Kids Matter, the present evaluation responds to calls to provide reliable evidence in the development of parenting interventions which aim to promote child development (Bloomfield & Kendall, 2012). Our findings also support recommendations to increase the availability of parenting interventions, particularly to underrepresented populations (Scott et al., 2006), which may collaterally reduce inequalities across the social gradient (Public Health England, 2014). Indeed, socioeconomic deprivation puts parents at risk of low PW and PSE which are, in turn, associated with the development of adverse outcomes in children. Although addressing contextual stress remains necessary, we have provided evidence for the potential of parenting interventions to protect vulnerable families while government interventions and plans aimed directly at reducing poverty are developed and implemented. That the programme was also acceptable from parents' perspective should further encourage other programme developers to consider some of the practical strategies incorporated in the Kids Matter programme to overcome barriers to engagement in this population. Finally, the observed association between PW and PSE contributes to a limited but growing body of research which highlights how these constructs can positively impact child development (Glatz & Buchanan, 2015a; Slagt et al., 2012).

## 5 | CONCLUSION

The present evaluation has provided preliminary evidence that Kids Matter, a community-delivered parenting intervention, is acceptable, and beneficial to 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 both Kids Matter and diverse parent populations. Additional studies should also examine the efficacy of Kids Matter to enhance outcomes in children.

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### CONFLICTS OF INTEREST

CES was honorarily employed by Kids Matter (registered charity) at the time this paper was written. EG is the executive director of Kids Matter (registered charity) and the principal developer of Kids Matter (parenting programme).

### DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

### PEER REVIEW

The peer review history for this article is available at <https://publons.com/publon/10.1002/jcop.22917>

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## REFERENCES

- Bandura, A. (1977). *Social learning theory*. Prentice Hall.
- Barlow, J., Parsons, J., & Stewart-Brown, S. (2005). Preventing emotional and behavioural problems: The effectiveness of parenting programmes with children less than 3 years of age. *Child: Care, Health & Development*, 31(1), 33–42. <https://doi.org/10.1111/j.1365-2214.2005.00447.x>
- Barlow, J., Smailagic, N., Ferriter, M., Bennett, C., & Jones, H. (2010). Group-based parent-training programmes for improving emotional and behavioural adjustment in children from birth to three years old. *Cochrane Database of Systematic Reviews*, (3). <https://doi.org/10.1002/14651858.cd003680.pub2>
- Barlow, J., Smailagic, N., Huband, N., Roloff, V., & Bennett, C. (2014). Group-based parent training programmes for improving parental psychosocial health. *Cochrane Database of Systematic Reviews*, (5), CD002020. <https://doi.org/10.1002/14651858.CD002020.pub4>
- Baumrod, D. (1991). Effective parenting during the early adolescent transition. In P. A. Cowan, & E. M. Hetherington (Eds.), *Family transitions* (pp. 111–163). Lawrence Erlbaum Associates, Inc.
- Bean, R. A., Barber, B. K., & Crane, D. R. (2006). Parental support, behavioral control, and psychological control among African American youth. *Journal of Family Issues*, 27, 1335–1355. <https://doi.org/10.1177/2F0192513X06289649>
- Belsky, J. (1984). The determinants of parenting: A process model. *Child Development*, 55(1), 83–96. <https://doi.org/10.2307/1129836>
- Bloomfield, L., & Kendall, S. (2007). Testing a parenting programme evaluation tool as a pre-and post-course measure of parenting self-efficacy. *Journal of Advanced Nursing*, 60(5), 487–493. <https://doi.org/10.1111/j.1365-2648.2007.04420.x>
- Bloomfield, L., & Kendall, S. (2012). Parenting self-efficacy, parenting stress and child behaviour before and after a parenting programme. *Primary Health Care Research & Development*, 13(4), 364–372. <https://doi.org/10.1017/S1463423612000060>
- Bloomfield, L., Kendall, S., & Fortuna, S. (2010). Supporting parents: Development of a tool to measure self-efficacy of parents with learning disabilities. *British Journal of Learning Disabilities*, 38(4), 303–309. <https://doi.org/10.1111/j.1468-3156.2009.00607.x>
- Clarke, A., Friede, T., Putz, R., Ashdown, J., Martin, S., Blake, A., & Stewart-Brown, S. (2011). Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Validated for teenage school students in England and Scotland. A mixed methods assessment. *BioMed Central Public Health*, 11(1), 487. <https://doi.org/10.1186/1471-2458-11-487>
- Cummings, E. M., Davies, P. T., & Campbell, S. B. (2000). *Developmental psychopathology and family process: Theory, research, and clinical implications*. Guilford Press.
- Davies, P., Walker, A., & Grimshaw, J. (2010). A systematic review of the use of theory in the design of guideline dissemination and implementation strategies and interpretation of the results of rigorous evaluations. *Implementation Science*, 5(1), 14. <https://doi.org/10.1186/1748-5908-5-4>
- Deater-Deckard, K., & Dodge, K. A. (1997). Externalizing behavior problems and discipline revisited: Nonlinear effects and variation by culture, context, and gender. *Psychological Inquiry*, 8(3), 161–175. [https://doi.org/10.1207/s15327965pli0803\\_1](https://doi.org/10.1207/s15327965pli0803_1)
- de Haan, A. D., Prinzie, P., & Deković, M. (2009). Mothers' and fathers' personality and parenting: The mediating role of sense of competence. *Developmental Psychology*, 45(6), 1695–1707. <https://doi.org/10.1037/a0016121>
- Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95(3), 542–575. <https://doi.org/10.1037/0033-2909.95.3.542>
- Dretzke, J., Davenport, C., Frew, E., Barlow, J., Stewart-Brown, S., Bayliss, S., & Hyde, C. (2009). The clinical effectiveness of different parenting programmes for children with conduct problems: A systematic review of randomised controlled trials. *Child and Adolescent Psychiatry and Mental Health*, 3(1), 7. <https://doi.org/10.1186/1753-2000-3-7>
- Dumka, L. E., Gonzales, N. A., Wheeler, L. A., & Millsap, R. E. (2010). Parenting self-efficacy and parenting practices over time in Mexican American families. *Journal of Family Psychology*, 24(5), 522–531. <https://doi.org/10.1037/a0020833>
- Duncan, K. M., MacGillivray, S., & Renfrew, M. J. (2017). Costs and savings of parenting interventions: Results of a systematic review. *Child: Care, Health and Development*, 43, 797–811. <https://doi.org/10.1111/cch.12473>
- du Prel, J. B., Hommel, G., Röhrig, B., & Blettner, M. (2009). Confidence interval or p-value?: Part 4 of a series on evaluation of scientific publications. *Deutsches Arzteblatt International*, 106(19), 335–339. <https://doi.org/10.3238/arztebl.2009.0335>

- Early Intervention Foundation. (n.d.). *What is early intervention?* Retrieved 17 February 2021, from <https://www.eif.org.uk/why-it-matters/what-is-early-intervention>
- Erdfelder, E., Faul, F., & Buchner, A. (1996). GPOWER: A general power analysis program. *Behavior Research Methods, Instruments, & Computers*, 28(1), 1–11. <https://doi.org/10.3758/BF03203630>
- Farrington, D., & Welsh, B. (2007). *Saving children from a life of crime: Early risk factors and effective interventions/David P. Farrington and Brandon C. Welsh (Studies in crime and public policy)*. Oxford University Press.
- García, A. R., DeNard, C., Ohene, S., Morones, S. M., & Connaughton, C. (2018). "I am more than my past": Parents' attitudes and perceptions of the Positive Parenting Program in Child Welfare. *Children and Youth Services Review*, 88, 286–297. <https://doi.org/10.1016/j.childyouth.2018.03.023>
- George, D., & Mallery, P. (2010). *SPSS for windows step by step: A simple guide and reference; 17.0 update/Darren George, Paul Mallery (4th ed.)*. Allyn and Bacon.
- Glatz, T., & Buchanan, C. (2021). Trends in parental self-efficacy between 1999 and 2014. *Journal of Family Studies*, 1–16. <https://doi.org/10.1080/13229400.2021.1906929>
- Glatz, T., & Buchanan, C. M. (2015a). Over-time associations among parental self-efficacy, promotive parenting practices, and adolescents' externalizing behaviors. *Journal of Family Psychology*, 29(3), 427–437. <https://doi.org/10.1037/fam0000076>
- Glatz, T., & Buchanan, C. M. (2015b). Change and predictors of change in parental self-efficacy from early to middle adolescence. *Developmental Psychology*, 51(10), 1367–1379. <https://doi.org/10.1037/dev0000035>
- Health Research Authority. (2021). Retrieved 2 December 2021, from [http://www.hra-decisiontools.org.uk/research/docs/definingresearchtable\\_oct2017-1.pdf](http://www.hra-decisiontools.org.uk/research/docs/definingresearchtable_oct2017-1.pdf)
- Jones, T. L., & Prinz, R. J. (2005). Potential roles of parental self-efficacy in parent and child adjustment: A review. *Clinical Psychology Review*, 25(3), 341–363. <https://doi.org/10.1016/j.cpr.2004.12.004>
- Kane, G. A., Wood, V. A., Barlow, J. (2007). Parenting programmes: A systematic review and synthesis of qualitative research. *Child: Care, Health & Development*, 33(6), 784–793. <https://doi.org/10.1111/j.1365-2214.2007.00750.x>
- Kendall, S., & Bloomfield, L. (2005). Developing and validating a tool to measure parenting self-efficacy. *Journal of Advanced Nursing*, 51(2), 174–181. <https://doi.org/10.1111/j.1365-2648.2005.03479.x>
- Llewellyn-Bennett, R., Bowman, L., & Bulbulia, R. (2016). Post-trial follow-up methodology in large randomized controlled trials: A systematic review protocol. *Systematic Reviews*, 5(1), 214. <https://doi.org/10.1186/s13643-016-0393-3>
- McLoyd, V. C. (1998). Socioeconomic disadvantage and child development. *American Psychologist*, 53(2), 185–204. <https://doi.org/10.1037/0003-066X.53.2.185>
- Mytton, J., Ingram, J., Manns, S., Stevens, T., Mulvaney, C., Blair, P., & Stewart-Brown, S. (2014a). The feasibility of using a parenting programme for the prevention of unintentional home injuries in the under-fives: A cluster randomised controlled trial. *Health Technology Assessment (Winchester, England)*, 18(3), 1–184. <https://doi.org/10.3310/hta18030>
- Mytton, J., Ingram, J., Manns, S., & Thomas, J. (2014b). Facilitators and barriers to engagement in parenting programs: A qualitative systematic review. *Health Education and Behaviour*, 42(2), 127–137. <https://doi.org/10.1177/1090198113485755>
- National Institute for Health and Care Excellence (NICE). (2013). *Antisocial behaviour and conduct disorders in children and young people: Recognition and management*. <https://www.nice.org.uk/guidance/cg158/chapter/1-Recommendations#psychosocial-interventions-treatment-and-indicated-prevention>
- Nock, M. K., & Photos, V. (2006). Parent motivation to participate in treatment: Assessment and prediction of subsequent participation. *Journal of Child and Family Studies*, 15(3), 333–346. <https://doi.org/10.1007/s10826-006-9022-4>
- Owens, J. S., Richerson, L., Murphy, C. E., Jagelewski, A., & Rossi, L. (2007). The parent perspective: Informing the cultural sensitivity of parenting programs in rural communities. *Child & Youth Care Forum*, 36(5–6), 179–194. <https://doi.org/10.1007/s10566-007-9041-3>
- Ozbek, A., Gencer, O., & Mustan, A. (2019). Which parents dropout from an evidence-based parenting programme (Triple-P) at CAMHS? Comparison of programme-completing and dropout parents. *Clinical Child Psychology and Psychiatry*, 24(1), 144–157. <https://doi.org/10.1177/1359104518792294>
- Public Health England. (2014). *Local action on health inequalities—Good quality parenting programmes*. UCL Institute of Health Equity. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/355768/Briefing1a\\_Parenting\\_programme\\_health\\_inequalities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/355768/Briefing1a_Parenting_programme_health_inequalities.pdf)
- Scott, S., Futh, A., & O'Connor, T., Joseph Rowntree Foundation. (2006). *What makes parenting programmes work in disadvantaged areas? (The PALS trial)*. Joseph Rowntree Foundation.
- Scott, S., Knapp, M., Henderson, J., & Maughan, B. (2001). Financial cost of social exclusion: Follow-up study of antisocial children into adulthood. *British Medical Journal*, 323(7306), 191–194. <https://doi.org/10.1136/bmj.323.7306.191>
- Sekhon, M., Cartwright, M., & Francis, J. (2017). Acceptability of healthcare interventions: An overview of reviews and development of a theoretical framework. *BMC Health Services Research*, 17(1), 88. <https://doi.org/10.1186/s12913-017-2031-8>

- Sevigny, P., & Loutzenhiser, L. (2010). Predictors of parenting self-efficacy in mothers and fathers of toddlers. *Child: Care, Health & Development*, 36(2), 179–189. <https://doi.org/10.1111/j.1365-2214.2009.00980.x>
- Slagt, M., Deković, M., de Haan, A. D., van den Akker, A. L., & Prinzie, P. (2012). Longitudinal associations between mothers' and fathers' sense of competence and children's externalizing problems: The mediating role of parenting. *Developmental Psychology*, 48(6), 1554–1562. <https://doi.org/10.1037/a0027719>
- Stewart-Brown, S. (2008). Improving parenting: The why and the how. *Archives of Disease in Childhood*, 93(2), 102–104. <https://doi.org/10.1136/adc.2006.113522>
- Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., & Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Development and UK validation. *Health and Quality of Life Outcomes*, 5(1), 63. <https://doi.org/10.1186/1477-7525-5-63>
- Teti, D. M., & Gelfand, D. M. (1991). Behavioral competence among mothers of infants in the first year: The mediational role of maternal self-efficacy. *Child Development*, 62(5), 918–929. <https://doi.org/10.1111/j.1467-8624.1991.tb01580.x>
- Tripathy, J. P. (2013). Secondary data analysis: Ethical issues and challenges. *Iranian Journal of Public Health*, 42(12), 1478–1479.
- Zeedyk, M., Werritty, I., & Riach, C. (2008). One year on: Perceptions of the lasting benefits of involvement in a Parenting Support Programme. *Children & Society*, 22(2), 99–111. <https://doi.org/10.1111/j.1099-0860.2007.00080.x>

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Additional supporting information can be found online in the Supporting Information section at the end of this article.

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