

Assessing the potential of the Cardiff Strengthening Families Programme 10-14 (UK) as a national programme for Wales

Final report

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REPORT CONTENTS

	Page
Executive Summary	5
Acknowledgements	8
Chapter 1: Introduction	9
The Strengthening Families 10-14 (UK) Programme	9
Evaluating the SFP10-14 in Cardiff	9
Aims of Study	9
Outline of the report.....	10
Chapter 2: Background	11
Alcohol and Drug Misuse in young people	11
Development of the SFP10-14 Programme	12
The Strengthening Families Programme	12
The Strengthening Families Programme 10-14	13
Evaluation of the SFP10-14 in the United States	16
The SFP10-14 in the UK	18
Cultural adaptation of the SFP10-14 for use in the UK.....	22
Chapter 3: Methods	23
Research design.....	23
Data Collection.....	23
Outline of key methods used.....	23
Interviews with co-ordinating staff	24
Focus group with programme facilitators	24
Observation of home visits.....	24
Observation of programme sessions.....	25
Focus groups with families	25
Data analysis	27
Analysis of SFP Survey.....	28
Ethical Issues	28
Involvement of people with direct experience of the SFP10-14	29
Limitations of the research.....	29
Chapter 4: Development and implementation of the SFP10-14 in Cardiff	30
Origins of the SFP10-14 in Cardiff.....	30
Aims of the SFP10-14 in Cardiff	30
Organisation and staffing	32
Multi agency working and collaboration.....	32
Delivery of programme sessions	33
Programme Funding	35
Who the Programme is aimed at.....	36
Location of Programme	38
Recruitment and referral to the programme	38
Main reasons for referral by partner organisations	39
Main reasons for self referral	40
Retention and attrition	40
Engagement with families	42

Practical Support for Parents	43
Monitoring and evaluation	44
Monitoring.....	44
Programme Evaluation.....	45
Distinctiveness of the SFP10-14 in Cardiff.....	45
Chapter 5: Evaluating the success of the SFP10-14	47
Co-ordinators' evaluation of the programme	47
Outcomes for families.....	47
Multi agency working.....	49
What could be improved.....	49
Facilitators' evaluation of the programme	51
Outcomes for families.....	51
Programme organisation.....	53
Multi agency working.....	55
How the Programme could be improved.....	57
Workload and time issues.....	63
The experiences and views of parents and caregivers.....	64
Participants' backgrounds.....	64
Recruitment and referral.....	64
Parents'/caregivers' hopes and expectations of the SFP10-14	65
Evaluation of programme content.....	65
Evaluation of programme delivery.....	69
Outcomes from attending the programme	70
Practical support for families.....	73
Additional support during the programme	74
Accessing support after the programme ended.....	74
Ways in which the programme could be improved.....	74
Young people's views	77
Participants' backgrounds.....	77
Experience of attending the programme	77
Expectations of the SFP10-14	78
Evaluation of programme content and activities.....	78
Outcomes for young people from attending the SFP10-14	79
What could be better about the programme	82
Analysis of Programme Questionnaire	88
Results from the Parents and Caregivers Survey Questionnaire (PCSQ)	90
Result from the Young Persons Survey Questionnaire (YPSQ).....	100
The future of the SFP10—14 in Cardiff.....	107
Increasing programme provision	107
Reaching different ethnic groups within the city.....	108
Other issues.....	109
6. Implementing the SFP10-14 in other parts of Wales	110
Programme Aims	110
Organisation and Staffing	111
Referral, Recruitment and Targetting.....	112

Programme implementation	112
Monitoring and Evaluation	114
Training and Collaboration	114
7. Discussion and Conclusions	115
Aims and development of the Cardiff SFP10-14	115
Key outcomes from the Cardiff SFP10-14	116
Outcomes for families.....	116
Multi agency working.....	117
Programme organisation and delivery	118
Universalism and Targeting	119
Areas of the Programme which could be improved or developed	120
Cultural appropriateness.....	120
Delivering the SFP to children aged 10-14	121
Support for families.....	121
Increasing programme provision	122
Information provision before programme starts.....	123
The SFP10-14 as a national programme for Wales	123
Organisation and staffing.....	123
Universalism and targeting.....	124
Funding and resources.....	125
Reaching different ethnic and linguistic groups.....	126
Monitoring and evaluation.....	126
Bibliography	128
Appendix 1: List of abbreviations used.....	131
Appendix 2: Interview and focus group guides	132
Appendix 3: Project Protocol	145

Executive Summary

Introduction

The Strengthening Families Programme 10-14 (UK) is designed to prevent young people from misusing alcohol and drugs by strengthening protective factors and reducing key risk factors associated with substance misuse (Coombes, et al. 2006). The programme addresses three broad areas: family functioning, including communication between parents and children; strengthening parental skills; and helping young people to develop new skills in relation to resisting peer pressure, stress management, and goal setting. The programme seeks to achieve changes in these areas both as important outcomes in their own right, but also because they are protective factors that can help prevent young people engaging in substance misuse.

The SFP10-14 is a universal prevention intervention designed for delivery to all families with children aged between 10 and 14. The programme includes seven weekly sessions. The first hour comprises separate activities for young people and their parents. In the second hour of each session families work together. A series of four Booster sessions is sometimes offered to families who complete the main seven week course. The SFP10-14 has been operating in Cardiff since late 2005, and is coordinated by the Cardiff Alcohol and Drugs Team, based within the local authority's Social Services department.

Aims of the study

The project had three key aims, namely to:

- evaluate the Cardiff-based (SFP10-14), from the perspective of participating families, programme facilitators and the co-ordinating team;
- identify what mechanisms and resources needed to be in place for the programme to be introduced nationally across Wales; and
- make recommendations regarding the design and content of a monitoring and evaluation framework for any such national roll-out of the programme.

The research explores the experiences of families who have attended the programme, and identifies the key benefits which they have derived from participation. It examines how and why the Cardiff SFP10-14 has achieved these results, and considers ways in which the strengths of the programme in Cardiff can be transferred to other settings in Wales.

Methods

The research adopted a mainly qualitative approach, and used multiple methods (observation, interviews and focus groups). Six forms of data collection were used:

- four interviews with members of the programme's co-ordinating team, and one joint 'follow up' interview;
- observation of three pre-programme visits to participating families conducted by the programme co-ordinator;
- observation of five programme sessions;
- a focus group with 11 programme facilitators;
- four focus groups with families who had attended the programme (two with parents and two with young people); and
- analysis of anonymised data from the SFP10-14 Parent/Caregiver Survey Questionnaire (PCSQ) and SFP10-14 Young Persons Survey Questionnaire (YPSQ) which all families attending the programme are asked to complete.

Ethical approval for the research was obtained from the Cardiff University School of Social Sciences Research Ethics Committee.

Key findings

The findings of this evaluation, taken together with existing research suggest that the SFP10-14 has significant potential to prevent long term substance misuse and other anti-social problems in young people. It has also demonstrated its broader value as a family, parenting and youth intervention, which has positive impacts on family functioning, parental skills, and goal setting by young people.

The research identified two key outcomes which the Cardiff SFP10-14 has achieved – strengthening of families, and promoting multi agency collaboration.

Families who took part in the research had gained considerable benefits from attending the programme. Key changes reported included improved family functioning, better communication and understanding between parents and children, and strengthened parental skills and confidence. Young people had learnt new skills such as ways of resisting peer pressure, stress management, and setting goals. The majority of the changes reported by participants were closely aligned with the protective factors which the programme's theoretical models suggest can help prevent substance misuse in young people.

The Cardiff SFP10-14 has developed strong links with agencies from the fields of education, parenting and child welfare to deliver the programme on a multi agency basis. The involvement of programme facilitators from a range of professional backgrounds has had a positive impact on the quality of programme delivery. It has also acted as a catalyst for broader inter-agency collaboration, including new links between the substance misuse sector, and agencies working with parents, families and young people in the city.

Conclusions and Recommendations

The Cardiff SFP10-14 has succeeded in achieving many positive outcomes for families. These are outcomes in their own right, but are also protective factors against substance misuse. The programme has engaged successfully with families, and has developed strong links with a range of organisations across Cardiff.

The research identified a number of aspects of the Cardiff SFP10-14 which might be improved or developed. These included:

- reviewing the cultural content of the some programme activities in terms of their appropriateness for a British/Welsh audience;
- making programme delivery and language more relevant for young people;
- addressing the linguistic accessibility and cultural acceptability of the programme for different ethnic groups in the city, particularly those without English or Welsh as a first language;
- increasing the programme provision, including the delivery of booster sessions (subject to available funds);
- examining whether delivering programme sessions to groups of 10-14 year old children could be replaced by some form of 'streaming' whereby young people would be allocated to groups comprised of children of a similar age;
- examining the potential for extending the support provided to families, both in between formal programme sessions, and after programmes end; and
- providing more detailed and tailored information to young people about what to expect from the programme.

The report considers key issues which any future national implementation of the SFP10-14 across Wales might usefully consider. These include:

- where best to situate the programme in terms of identifying a coordinating organisation, and the most effective ways of organising programme delivery;
- ensuring sufficient funding for the programme. It is argued that sufficient resources should be allocated for a dedicated coordinator in each local area, the provision of practical support for families as an integral part of the programme package, and the inclusion of booster sessions for all families who complete the main seven week course; and
- the relative merits of delivering the programme as a universal prevention intervention versus using a more 'targeted' approach in relation to the families who attend.

The research recommends that any national implementation of the programme should be accompanied by a programme of research which examines its long term preventative effects in relation to substance use, the wider outcomes for families, and the merits of different approaches to programme delivery.

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Dr Jeremy Segrott, 12th November 2008

Chapter 1: Introduction

THE STRENGTHENING FAMILIES 10-14 (UK) PROGRAMME

The Strengthening Families Programme (SFP) 10-14 (UK) is an intervention designed to prevent young people from misusing alcohol and drugs. It aims to strengthen protective factors and to reduce risk factors associated with substance misuse by children and young adults (Coombes, et al. 2006).

The SFP10-14 is a seven week course, delivered through weekly sessions. Four 'booster' sessions are also normally offered to participants approximately 6-12 months after they complete the main course.

Programme sessions help parents/caregivers and young people to develop new skills, and work to strengthen family bonds and functioning. The SFP10-14 is a universal prevention intervention, designed for delivery to all families with children aged between 10 and 14. The SFP10-14 represents a substance misuse prevention programme which can be also delivered as a family and parenting intervention. There is growing interest in the programme from both these policy/practice areas.

Existing research (mainly in the United States) suggests that the SFP10-14 has significant potential as an effective long term strategy for preventing alcohol misuse (Foxcroft, et al., 2003). The SFP10-14 is now being used in the UK, and has been operating in Cardiff since late 2005.

EVALUATING THE SFP10-14 IN CARDIFF

The All Wales Alliance for Research and Development in Health and Social Care (AWARD) is a multi-disciplinary network of academics working to improve health and social care provision through high-quality research. Staff are based in the universities of Cardiff, Swansea and Bangor. AWARD is funded by the Welsh Assembly Government through the Wales Office of Research and Development for Health and Social Care (WORD). One of its functions is to work directly with the Welsh Assembly Government (WAG), by carrying out research to inform policy development. Each year WORD commissions AWARD to undertake a number of policy-related research and evaluation projects. Proposals for projects are put forward by policy officers working within WAG, with five projects normally selected by WORD. One of the projects selected for the 2007-2008 year was the evaluation of the SFP10-14 in Cardiff.

AIMS OF STUDY

The project had three key aims. Firstly, to evaluate the Cardiff-based SFP10-14, from the perspective of participating families, programme facilitators and the co-ordinating team. Secondly, it aimed to identify what mechanisms and resources needed to be in place for the programme to be introduced nationally across Wales. Thirdly the project was required to make recommendations regarding the design and content of a monitoring and evaluation framework for any such national roll-out of the programme. The project protocol is included at Appendix 5.

This report explores the experiences of families who have attended the programme, and identifies the key benefits which they have derived from participation. It examines how and why the project has achieved these results, and considers ways in which the strengths of the programme in Cardiff can be transferred to other settings in Wales.

OUTLINE OF THE REPORT

This report is divided into eight chapters. The next chapter (Chapter 2) examines the background to the development of the Strengthening Families 10-14 programme, including its aims and theoretical basis, previous research, and the extent of its use in the UK. Chapter 3 provides a description of the project's methods. It addresses the research design, data collection methods, data analysis and ethical issues. Chapter 4 describes the development and implementation of the SFP10-14 in Cardiff, including its main aims, who the programme is aimed at, and recruitment and referral processes. Chapter 5 examines how successful the programme has been in Cardiff. It explores the views of programme coordinators, session facilitators, parents, and young people. Findings from the Parents/Caregivers Survey Questionnaire and Young Persons Survey Questionnaire, which all families attending the programme complete, are presented. The future of the Cardiff SFP10-14 is examined. Chapter 6 considers key issues which will need to be considered if the SFP10-14 is extended to other parts of Wales on a national basis, including potential mechanisms for monitoring and evaluation. Chapter 7 discusses the project's main findings. It provides recommendations for possible improvements to the Cardiff-based SFP10-14, and a separate set of recommendations which should be considered if the programme is extended to other parts of Wales.

Chapter 2: Background

ALCOHOL AND DRUG MISUSE IN YOUNG PEOPLE

Substance misuse is an important problem in many Western societies including the UK, and the role of alcohol and drugs in the lives of young people is an issue which has acquired particular importance. Alcohol misuse, for example, has serious health implications, both in terms of physical and mental wellbeing and there are strong links with crime and social exclusion (Coles, 2006; NAFW, 2000).

A range of initiatives have developed to address substance misuse, both in terms of prevention and treatment. In Wales the Welsh Assembly Government's substance misuse strategy - *Tackling Substance Misuse in Wales – A partnership approach* (2000) highlights the importance of prevention interventions aimed at young people, and the importance of working with families and communities. A revised version of this strategy - *Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018* has recently been produced and underlines the need both to prevent substance misuse in young people, and to address the important role which parents and carers play in this area.

Both in the UK and internationally a large array of interventions have been developed which seek to prevent young people from misusing alcohol. As Coombes, et al. (2006) suggest, such interventions take many forms, and encompass significant variety in terms of the theoretical models they employ, the settings in which they take place, and the populations to whom they are addressed. In recent years there has been increasing recognition of the role of the family in shaping alcohol misuse (Foxcroft and Lowe, 1997; Highet, 2005), including the importance of parental communication and modelling of behaviours (Velleman and Templeton, 2007). Family interventions (which bring parents and young people together) use the family both as a 'setting' or context in which to address substance misuse, but also examine how family functioning can protect young people from substance misuse, or act as a precursor to it (set within a range of other complex factors).

The move to address alcohol misuse prevention through engaging with families has taken place in the context of wider political, social and moral debates about the role of the family in society, and changing ways in which the family is socially constructed. The positioning of the family as a key site through which society's social norms and moral values are maintained heightens its symbolic function. Equally, concerns over the 'breakdown' of the family have a wider significance, and in turn problems such as alcohol misuse can be associated with the failure of parents. For instance, recent media debates have been concerned with suggestions that young people's drinking might be seen as part of a 'crisis' in parenting and effective discipline. The locating of at least some factors relating to young people's substance misuse in the family, or the idea that the family can protect against key risks is thus not a neutral endeavour. Authors such as Beck (1992) and Giddens (1999) have argued that creation of a 'risk society' in Western society is concerned primarily with 'manufactured' risk, and that the management of such risks becomes

the responsibility of individuals within society. The move to address young people's substance misuse through the family thus frames the nature of the problem, and the place of the family within wider society, in particular ways. It is also important to note that recent decades have witnessed important changes in the nature of family life, which are tied up in complex ways with broader social and economic processes. Changing patterns of employment, such as both parents working, more complex patterns of working life, the increase in formal child care, and the reduction of time for families to spend time together are issues which have both complex origins and outcomes (Harris, et al. 2006).

DEVELOPMENT OF THE SFP10-14 PROGRAMME

The Strengthening Families Programme

The original SFP was designed by Dr Karol Kumpfer and colleagues from Utah University in the early 1980s, and drew upon their research into the impact of parents' drug use on family functioning (Coombes, et al. 2006; Kumpfer, et al. 1985). Coombes, et al. (2006: 22) describe how

the researchers established that disorganised stress in the household often resulted in [a] lack of consistent parenting (Kumpfer, et al. 1985). Parents spent relatively little time with their children, particularly 'quality time' enjoying activities. Stigma and fear of exposure lead [sic] to social isolation of the family and the children. The result was an impoverished social environment that lacked adult support. Family dysfunction took its toll on the children in the form of emotional stress, low self-esteem, under achievement at school, conflict at home and avoidance of intimate relationships.

The Strengthening Families Programme was designed as a substance misuse programme for 'high risk' children aged 6-12 years whose parents were currently misusing alcohol or drugs (NCCDP, undated). The aim was to reduce the children's risk and increase their resilience in relation to a number of problems, including alcohol and drug misuse, aggression, and school failure (Coombes, et al. 2006, Kumpfer, et al. 1996). The programme focused on improving family functioning and relationships, strengthening parenting, and developing young people's life and social skills. It comprised 14 sessions, each of which was divided into two parts. In the first hour parents and young people took part in separate sessions. The second section of each session brought families together, and involved parents and their children working jointly to consolidate their learning from the first hour, and to practice the skills they had been working on.

Coombes, et al. (2006) provide an overview of the various randomised trials and other evaluations which the developers of the SFP conducted. This included evaluation of its delivery to high risk families in a number of different settings, both rural and urban (Kumpfer, 1998). Evaluation of the programme indicated that the key impacts were better parenting skills, more effective family functioning, improved 'social skills' in children, and reductions in drug and alcohol use. One issue raised in Kumpfer's paper (and noted by Coombes, et al.) is that the inclusion of the family session appeared to make the programme more effective, compared to the inclusion of the parents and youth sessions in isolation. A further point concerns the

development of several different versions of the programme, including a 'culturally appropriate version' for Hawaii. Coombes et al. note Kumpfer's discussion of how this Hawaiian version was less beneficial because cultural modifications altered the programme's 'core content and principles'.

The Strengthening Families Programme 10-14

The Iowa Strengthening Families Programme (I-SFP) was the result of a major revision of the original SFP. Developed by the Social and Behavioral Research Centre at Iowa State University it was shortened to seven weeks and aimed at families with children aged between 10 and 14. Whereas the original SFP had been designed for and delivered to 'high risk families' the I-SFP was a universal intervention. It was delivered to families in 'economically distressed' areas of rural Midwestern America (Molgaard, et al. 2000). Its aims were to prevent alcohol misuse (both in terms of delaying the onset of drinking and reducing consumption levels) and other problem behaviours. Alongside this long term aim the programme had a set of 'intermediate objectives' which included "improved parental nurturing and limit-setting skills, improved communication skills for both parents and youth, and youth pro-social skills development" (Molgaard, et al. 2000, unpaginated). Some further alterations were subsequently made to the programme to increase its suitability for urban populations and ethnically diverse groups, and this updated version was named the Strengthening Families Programme (SFP) 10-14 (Coombes, et al, 2006; Molgaard, et al, 2000). The other major addition within the SFP10-14 was the inclusion of four 'booster sessions', which are delivered to families approximately 6-12 months after they complete the main programme.

Of the different versions of the programme it is the SFP10-14 which has been used in the UK, and the remainder of this report is concerned exclusively with this version, unless otherwise stated. Early implementers of the SFP10-14 in the UK used the American programme materials and videos. In 2005 Oxford Brookes University produced British versions of both the videos and programme paper resources (retaining the original content but making some cultural adaptations), and it would appear that these now form the standard version in the UK. The cultural adaptation of the programme materials is discussed in more detail below.

Aims and theoretical basis

Molgaard (2000) (see also Coombes, et al. 2006) describe the presence of three key theoretical models which inform and underpin the SFP10-14. These comprise:

- the biosychosocial vulnerability model, which suggests that the skills and resources possessed by families can 'buffer' other stresses (e.g. conflicts within the family). This model formed the basis of the earlier SFP;
- Kumpfer's and Richardson's resiliency model, which is concerned with 'protective processes', and the nurturing of life skills in young people in areas such as managing emotions, planning and solving problems; and
- the 'family process model' which theorises that the impact of 'economic stress' on parents and its subsequent effects on mental wellbeing, can have

negative impacts on parenting, which in turn has implications for young people.

Molgaard, et al (2000) indicate that the programme seeks to 'buffer' or reduce those factors originating in the family known to be precursors of alcohol and drug use, and to provide young people with "protective coping skills through positive rather than negative behaviors" (unpaginated). The programme seeks to address a series of risk and protective factors, and these are outlined in Table 2.1.

Table 2.1: Risk and protective factors addressed by the SFP10-14

Factors addressed		
Session	Protective	Risk
Session 1	Positive future orientation, goal setting and planning, supportive family involvement.	Demanding/rejecting behaviour, poor communication skills.
Session 2	Age-appropriate parental expectations, positive parent-child affect, empathy with parents.	Harsh and inappropriate discipline, poor child-parent relationship.
Session 3	Emotional management skills, family cohesiveness.	Harsh, inconsistent, or inappropriate discipline; poor communication of rules; child aggressive or withdrawn behavior.
Session 4	Youth reflective skills, empathy with parents, pro-social family values.	Poor parental monitoring; poor, harsh, inconsistent, or inappropriate discipline; youth antisocial behaviors.
Session 5	Cohesive, supportive family environment; consistent discipline; meaningful family involvement; empathetic family communication; social skills; peer refusal skills.	Indulgent or harsh parenting style, family conflict, negative peer influence.
Session 6	Positive parent-child affect, clear parental expectations regarding substance use, interpersonal social skills, peer refusal skills.	Poor school performance, negative peer influence.
Session 7	Positive parent-child affect, reinforcement of risk reduction skills addressed in the program, reinforcement of protective factors and youth assets.	Poorly managed adult stress, poor social skills in youth.
Booster Session 1	Pro-social peer interaction skills, effective stress and coping skills.	Ineffective conflict management skills, poorly managed adult stress.
Booster Session 2	Conflict resolution skills, positive marital interaction.	Peer conflict and aggression, hostile family interactions.
Booster Session 3	Cohesive, supportive family environment; empathy with parents; consistent discipline.	Harsh and inappropriate discipline, poor child-parent relationship, poor communication of rules.
Booster Session 4	Positive marital interaction, family cohesiveness, peer refusal skills.	Ineffective conflict management skills, negative peer influence, inappropriate parental expectations.

Source: Molgaard, et al. (2000)

Content and delivery of the SFP10-14

The SFP10-14 comprises seven 2 hour sessions. In the first hour of each session parents and young people undertake separate activities. The second hour comprises a family session in which young people and their parents work together, both as a whole group and individual families. Table 2.2 provides details of programme activities for each of the 7 weeks. Details are also included for the four booster sessions.

Young people or 'youth' sessions seek to build participants' skills in areas such as coping with stress, setting goals, and resisting peer pressure (which includes specific reference to alcohol and drugs). The importance of appreciating parents is another important topic. These messages and skill building activities are delivered through games and practical activities, and young people are actively engaged in discussion throughout the programme. Peer pressure skills are also addressed through a video - *Keeping out of Trouble and Keeping your Friends: A Road Map*, which is shown during two of the seven sessions.

Parent sessions focus mainly on developing parental skills (and strengthening existing ones), but also help participants to understand their children. The parent sessions use videos throughout the 7 week programme.

The family session (which forms the second hour of each week's session) provides an opportunity to consolidate learning from the first hour. Some of the key topics dealt with include communication between family members, recognising family strengths, and ways of dealing with problems. This second, family hour is designed to enable both parents and young people to practice skills. For instance, each family creates a 'family tree' which highlights strengths within their family.

The programme has a detailed facilitators' manual which includes all of the instructions and materials necessary to run the programme. Organisations and individuals are only able to purchase the manuals, videos and paper materials once they have attended an accredited training programme provided by the American developers of the SFP10-14, or other individuals who have been trained as trainers.

Table 2.2: Sessions topics

Primary sessions	Booster sessions
Parents	
Using Love and Limits	Handling Stress
Making House Rules	Communicating When You Don't Agree
Encouraging Good Behaviour	Reviewing Love and Limits Skills
Using Consequences	Reviewing How To Help With Peer Pressure
Building Bridges	
Protecting Against Substance Misuse	
Getting Help for Special Family Needs	
Young People	
Having Goals and Dreams	Handling Conflict
Appreciating Parents	Making Good Friends
Dealing With Stress	Getting the Message Across
Following Rules	Practicing Our Skills
Handling Peer Pressure I	
Handling Peer Pressure II	
Reaching Out to Others	
Family	
Supporting Goals and Dreams	Understanding Each Other
Appreciating Family Members	Listening to Each Other
Using Family Meetings	Understanding Family Roles
Understanding Family Values	Using Family Strengths
Building Family Communication	
Reaching Goals	
Putting It All Together and Graduation	

Source: Molgaard, et al. (2000)

Evaluation of the SFP10-14 in the United States

The Iowa SFP was evaluated for effectiveness as a primary prevention intervention in families living in rural, deprived areas of Midwestern America (Coombes, et al. 2006; Kumpfer, 2004; Molgaard, et al. 2000). Twenty two schools were randomly allocated to one of three groups. The first received the I-SFP, the second received another substance misuse intervention (Preparing for Drug Free Years). The third was a minimal contact group. A total of 446 families participated in the trial, and the intervention was delivered to families with children aged 11-12. The evaluation of effectiveness comprised pre/post intervention questionnaires, observation, and included long term follow-up of families at eighteen months, 30 months, and four years (Coombes, et al. 2006; Molgaard, et al. 2000).

The results from the trial indicated that families receiving the I-SFP had experienced improved parenting skills: “the four targeted parenting behaviours had indeed improved: communicating rules about substance use; managing the child’s anger; involving the child in family activities and decision making; and communicating

understanding of the child as well as the parent's wishes" (Kumpfer, 2004: 19; see also Molgaard and Spoth, 2001; Redmond, et al. 1999; Spoth, et al. 1998).

The trial also examined the impact of the programme on substance misuse, and overall the results suggested that, compared with the control group, the I-SFP delayed initiation of substance use, and led to lower levels of consumption in young people once they began to use alcohol (Molgaard, et al. 2000; Spoth, et al, 1998a, 1998b; Spoth, et al. 1999; Spoth, et al. 2000). These results appeared to be sustained over the longer term.

In a later study Spoth et al. (2002) conducted a trial using the SFP10-14 (not the I-SFP) in 36 schools in a rural mid region of the United States. Participating families had children aged 12-13. Schools were randomly allocated to one of three groups. The first received the SFP10-14. The second group received the SFP10-14 and the Life Skills Training programme, whilst the third formed the control group. Again, when compared with the control group, there was evidence that the SFP could delay the onset of drinking in young people. The programme has also been tested with African American families (Brody, et al. 2006) and this study suggested that the SFP delayed initiation of alcohol use and helped lower levels of consumption among young people. Recent work (Spoth, et al., in press) also indicates that the programme can have long term preventative effects in relation to substance use.

An important moment in the international development of the SFP10-14 came with the publication of Foxcroft et al.'s (2003) systematic review of longer term primary prevention interventions for alcohol misuse in young people. This highlighted the long term primary prevention effects of the SFP10-14 (>3 years), and called for further research, large scale trials, and evaluation of the programme in different settings. The review also pointed to problems with the literature in this area as a whole, including the use of different units of allocation and analysis, and high attrition rates.

Although the findings from trials in the United States on the I-SFP and SFP10-14 have produced encouraging results about their preventative effects, Coombes, et al. (2006) highlight the need to keep the limitations of this research in view:

... they derived from just over one third of the families asked to participate in the study. The remainder either refused to participate or their children did not complete the follow-up assessment. Results from these families may be a poor guide to the programme's impact in general, even in the same schools. Generalising the results beyond the rural, white, intact families in the area to the rest of the USA would be problematic, still more so to the UK with its different legal controls and cultural attitudes to alcohol and under-age drinking. (p27)

As Foxcroft, et al. (1997) point out, the goals of substance misuse prevention differ in important ways between these two countries. For instance, in the US alcohol interventions tend to promote abstinence, whereas in the UK the emphasis (for certain groups) is more around harm reduction and safe drinking. Gorman, et al. (2007) have criticised the "analysis and presentation practices" of recent published

evaluations of the SFP in the US by Spoth and colleagues, and question the “rigour of the findings” and their “practical significance” (see also Midford, 2008, and a response to both these papers by Spoth, et al, 2008).

The SFP10-14 in the UK

The Barnsley SFP10-14

One of the first areas in the UK to run the SFP10-14 was Barnsley in the north east of England in 2002. It was launched by parent training coordinators based in the local Children and Adolescent Mental Health Service (CAMHS) who were working within a health action zone. Other agencies also became involved in the delivery of the programme, including the Youth Offending Team, the Education Services’ behaviour support team and the local intensive prevention team (Coombes, et al. 2006).

The Barnsley SFP10-14 was evaluated by Coombes, et al. (2006). Their study explored the experiences of facilitators, and parents and young people who attended the programme, and examined the impact of the SFP10-14 on “family functioning, emotional health and wellbeing, young person’s [sic] behaviour and substance use” (p4). The study also considered whether the programme materials (developed in the United States) needed to be adapted for use in the UK.

The evaluation utilised a mixed methods approach, using both qualitative and quantitative data collection. Focus groups were conducted with facilitators, and with parents and young people who had attended the programme. Three brief one-to-one interviews were also held with young people. Analysis of quantitative and qualitative data from the Parents and Caregivers Survey Questionnaire (PCSQ) and Young Person’s Survey Questionnaire (YPSQ) was performed. These questionnaires measure changes in key protective factors which the programme seeks to address¹. Parents and young people attending the SFP10-14 were also asked to complete Goodman’s Strengths and Difficulties Questionnaire at the beginning and end of the programme.

In Barnsley the SFP10-14 was being used with relatively ‘high risk’ families. Many young people were experiencing problems such as poor school attendance, emotional and mental health issues, and alcohol and drug use. Some families were in crisis, or were experiencing disintegration or breakdown. A number of participating families were subject to parenting orders (which in some cases included compulsory attendance on the SFP). Some of the children attending the programme had been excluded from school, or were being dealt with through the criminal justice system. Adults often had low self esteem and lacked confidence or self worth as parents. The picture described is a complex one, with the authors noting the existence of broader patterns of economic ‘distress’ and social exclusion running alongside problems at the family level.

¹ The contents of the two questionnaires are addressed in more detail in chapter 5.

The evaluation found that the programme had many positive aspects, and in particular identified four key impacts which it had achieved for participating families. The first of these concerned substance misuse prevention. This had been addressed by providing young people with new skills in peer pressure resistance, helping them to learn about the effects of substance use, and reducing behaviours that might lead them to consume alcohol and/or drugs. Secondly the programme was seen to have brought about improvements in the emotional health and wellbeing of both parents and young people, including their ability to expression emotions and deal appropriately with feelings of anger. Thirdly, young people's behaviour had improved, both as a result of strengthened parenting, but also changes in young people themselves (such as through greater respect for parents' rules and limit setting). Finally, the authors suggest that the SFP had contributed to improved family functioning, particularly around effective communication between parents and young people, and greater appreciation of family strengths. It was noted that families with quite significant challenges had gained from attending the programme.

The report also deals with other aspects of the programme, such as its acceptability to participating families, their evaluation of programme content, referral and recruitment routes, and organisational issues, such as funding and staffing.

Parents/caregivers described the opportunity to share experiences with others as very helpful. It helped them to realise that other parents had similar problems, and this sometimes enabled them to identify solutions to difficulties they were experiencing. Some negative feedback was given on the tightly timed and structured nature of the programme sessions, and the authors note the difficult balance which facilitators must strike between keeping to time and providing sensitive support for participants. Analysis of the data also suggested that parental experiences of the programme content and approach were shaped by gender issues, with some men finding it difficult (at least initially) to engage with discussions around emotions and feelings. Some negative reactions were expressed to the creeds (or mottos) which participants say out loud at various points during each session, especially in relation to feelings of self-consciousness.

Coombes, et al. suggest that group dynamics were found to be very important factors in the success of the programmes delivered, and the levels of ongoing attendance by families. Some problems were encountered with negative attitudes and a lack of engagement, particularly in young people, which had the potential to impact on group outcomes. One suggestion made by facilitators was that the programme could be delivered to children younger than the current 10-14 age range. It was also noted that for some families the location of the programme in schools acted as a barrier to attendance, as this setting had negative associations (both for parents and young people).

Overall, participants suggested that voluntary referral or self recruitment (e.g. through publicity in schools) was preferable to compulsory attendance. This latter recruitment route tended to produce feelings of stigmatisation (at least initially) and could make a family feel labelled as a 'problem family'. School nurses were seen to

have an important role in engaging with families and providing positive information about the programme and its benefits. More broadly the evaluation suggested that prior engagement with families was very important, including the provision of written information to families before attendance. The report also found that the heavy emphasis upon reading and writing-based activities within the programme created problems for those with low literacy levels.

The need to provide adequate, long term funding and resources for the programme is an important theme which the authors discuss in relation to several aspects of its delivery. Some facilitators were organising and delivering the programme in addition to their normal workloads, and it is noted that significant amounts of preparation are required prior to each programme and individual session. The authors describe how the provision of practical support for parents (particularly in relation to child care and transportation) was found to be very important in enabling families to attend the programme. However in some cases the available funding for meeting these costs had been exhausted.

One final issue raised by the evaluation concerns the perceived need for some kind of ongoing support for families once they complete the formal programme session, such as 'drop in' sessions. The authors note that especially where facilitators were based in schools they were sometimes able to maintain contact with young people, and this was seen as very beneficial.

The authors highlight the need for further research into the effectiveness of the SFP10-14, including evaluation of its delivery to high risk families, and its use as a more universal prevention intervention. They suggest that future research should comprise both high quality randomized controlled trials, and qualitative research to explore participants' perceptions of the UK version of the SFP10-14 materials in development (and which have now been produced).

Programme implementation in other settings in England

The SFP10-14 has been run by the Kinara Family Centre in Greenwich, south London. No formal evaluation has been conducted of this programme.

In Norfolk the SFP10-14 is being delivered by the Family Solutions Team, based within the local authority's Children's Services Department, and is facilitated by tier 2 CAMHS (NCCDP, undated). The programme has developed strong links with schools (where programme sessions are delivered in many cases). Delivering the programme in rural areas has presented practical challenges due to the long distances which families have to travel to reach the programme in rural parts of the county. Holding sessions during school hours has helped address this issue. The programme arranges play provision for younger children in families (those not involved in the actual sessions) and also provides refreshments. Some difficulties have been experienced in obtaining funding to deliver the programme (NCCDP, undated).

Family Intervention Projects

Staff from Oxford Brookes University have recently trained approximately 300 practitioners (commissioned by the English Department for Children, Schools and Families) to enable them to deliver the SFP10-14 as part of the UK Government's Family Intervention Projects (FIPs) which form part of the Respect Agenda (further details are available at <http://www.communities.gov.uk/communities/respect/familyinterventionprojects/>). FIPs are a cross departmental initiative, are highly targeted, and are designed to reduce anti-social behaviour among families. A number of different interventions are included within FIPs, including the SFP10-14, and the overall projects comprise a combination of help, support and enforcement.

Rhondda Cynon Taf

The SFP10-14 is currently being run in the neighbouring local authority area to Cardiff of Rhondda Cynon Taf (RCT).

The SFP10-14 is one part of a package of services (Families First). Families First is delivered on a multi agency basis and provides a range of services for families affected by substance and alcohol misuse. It includes services for families with intermediate and higher needs. The SFP10-14 is part of the preventative arm of the package. It is used to help build bridges between parents and children.

The SFP10-14 is co-ordinated by a Strengthening Families Training Co-ordinator. Funding for the programme is provided by the local authority, a healthcare trust and a local voluntary sector drugs agency, Treatment Education Drugs Service (TEDS).

Staff working within FF have been trained as facilitators, and will also shortly receive training as trainers (both sets from staff based at Oxford Brookes University). This latter training will allow FF staff to train other facilitators. Training is now being provided for staff outside of FF (e.g. the Youth Offending Team) so that a greater range of agencies are feeding into it, thus ensuring long term sustainability.

Referrals are received from schools, statutory sector organisations and voluntary sector organisations, as well as the private sector. Families can self refer. Because the SFP10-14 forms the preventative component of the FF package, the presence of problems relating to alcohol or drug misuse is not a pre-requisite for attendance. For instance, families can attend if they feel they need help with parenting skills. Because RCT is a large area, programme location is arranged via RCT's model for the delivery of community-based support known as 'hub and spoke'. Three programmes have been run to date.

It can be seen therefore that the use of the SFP10-14 in the UK is characterised by a number of contrasts. These include the social and demographic nature of the areas being served (including rural and urban counties), the nature and degree of targeting of particular kinds of families, the broader services within which it sits, the type of organisations which coordinate the programme, and who facilitates individual sessions.

Cultural adaptation of the SFP10-14 for use in the UK

As has been noted, the early implementation of the SFP10-14 in the UK utilised the original American materials and videos. In 2005 the programme materials were adapted for a British audience and new UK videos were produced by Oxford Brookes University. The process of their development and the findings of an exploratory trial using the new materials are described in Allen, et al. (2006). The authors note that cultural accommodation involves addressing various issues, such as differences in language, but also taking into account the social and cultural context in which the original version of an intervention such as the SFP10-14 is developed. They suggest that “the challenge is to adapt the material and format without compromising theoretical and conceptual integrity and therefore potential effectiveness”.

The process of adapting the SFP10-14 involved forming a ‘nominal group’, including parents and young people, who were asked to review the existing US materials, and to identify changes that might need to be made for a British audience. Following analysis of the findings from this group the programme’s paper-based materials were revised, and new versions of the videos were produced. Some of the key changes made to the programme materials included:

- alterations to the language such as using UK specific terms, and including speakers in the DVDs with different regional accents;
- removal of religious connotations, such as renaming creeds as mottos;
- considering support for those with low literacy levels due to the emphasis on reading and writing within the programme;
- updating the videos to include more contemporary styles of dress and background music;
- making the videos more realistic, less patronising, and easier to relate to;
- examining the acceptability of ‘fun’ games and exercises to British parents; and
- addressing negative feedback concerning the programme creeds, such as whether British people would feel comfortable saying them.

Focus groups held in locations across England provided feedback following ‘taster sessions’ with the new materials and videos. The revised videos were seen as more realistic and engaging, with voiceovers and scenes shot in ‘real locations’ perceived as improvements on the American version which comprised studio scenes and actors speaking directly to camera. In summary the authors suggest that their revisions to the materials were a complex mix of changes to reflect cultural context, generic deficiencies in the quality of the original version, and the need to update the video due to the passage of time since its original production.

Chapter 3: Methods

RESEARCH DESIGN

The research adopted a mainly qualitative approach, and used multiple methods (observation, interviews and focus groups). The project aimed to explore the views of families and programme staff regarding the effectiveness of the SFP10-14 and to examine how it might be extended to other parts of Wales. It also looked at how the programme had been implemented in Cardiff. It was felt that these aims (with their emphasis upon process and experience rather than quantified measurement) would be best addressed through the use of qualitative methods. The project adopted a similar design to that used by Coombes, et al. (2006) who evaluated the implementation of the SFP10-14 in Barnsley, South Yorkshire.

DATA COLLECTION

The study took place over 13 months between May 2007 and May 2008. Observation of programme sessions took place during the course of two programme runs – a Booster programme delivered during October 2007, and a 7 week programme delivered during November/December 2007. All parents/caregivers and young people who participated in the research had attended one of these programme runs.

OUTLINE OF KEY METHODS USED

Six forms of data collection were used:

- four interviews with members of the programme co-ordinating team, and one joint 'follow up' interview;
- observation of three pre-programme home visits conducted by the programme co-ordinator;
- observation of five programme sessions;
- a focus group with 11 programme facilitators;
- four focus groups with families who had attended the programme (two with parents and two with young people); and
- analysis of anonymised data from the SFP10-14 Parent/Caregiver Survey Questionnaire (PCSQ) and SFP10-14 Young Persons Survey Questionnaire (YPSQ) which all families attending the programme are asked to complete.

This design differs slightly from that adopted by Coombes, et al.'s (2006) evaluation, which also asked participants to complete Goodman's Strengths and Difficulties Question (SDQ) at the beginning and at the end of their programme. The SDQ measures 'psychological attributes', 'emotional symptoms', 'conduct problems', 'hyperactivity/inattention', 'peer relationships', and 'prosocial behaviour' (Coombes, et al. 2006). One further difference is that the Barnsley study did not include observation of home visits or programme sessions, whereas this evaluation does.

Each method of data collection is described in more detail in the following sections, including how decisions were made regarding sampling and recruitment procedures. Interview and focus group guides are included in Appendix 2.

INTERVIEWS WITH CO-ORDINATING STAFF

The SFP10-14 co-ordinating team comprises four members of staff. All were approached to take part in an interview and agreed to participate. Participants were sent a letter inviting them to take part in the research, and provided with an information sheet.

These interviews explored the origins and aims of the programme in Cardiff and the way in which it had been implemented. This included issues relating to the recruitment and referral of families to the programme, collaboration with other agencies, and administration and evaluation systems. The interviews also explored how the programme in Cardiff might develop in the future, and participants' views on key issues that would need to be addressed if the SFP10-14 was extended to other parts of Wales.

Interview guides were developed for each individual interview, as the roles and responsibilities of programme staff differ. All interviews and focus groups were transcribed.

FOCUS GROUP WITH PROGRAMME FACILITATORS

Facilitators on the programme are drawn from a network of organisations across Cardiff. At the time of the focus group (September 2007) a total of 17 people had been trained as facilitators, drawn from nine organisations. All qualified facilitators were invited to participate in the focus group. Facilitators were sent a letter inviting them to take part in the research, and provided with an information sheet. This letter was then followed up with a telephone call. Eleven facilitators participated, representing a total of seven organisations.

OBSERVATION OF HOME VISITS

Before a SFP10-14 programme starts the coordinator visits all families who have applied to attend, or who have been referred. Initial discussions with the programme coordinating team indicated these home visits were important. The researcher therefore observed three home visits. Two were with families who were about to attend the Booster programme, and the third was with a family who would shortly be attending the main 7 week programme.

Families were asked in advance by the programme co-ordinator if they would be willing for the researcher to attend. They were provided with information sheets and a consent form in advance of the meeting. Separate materials were provided for parents/caregivers and young people. Families were asked at the start of the home visit if they were happy for the researcher to be present.

Fieldnotes were made during the observations, but these were used to build up a picture of the nature of home visits and how they fitted within the programme, not to collect detailed information about individual families.

OBSERVATION OF PROGRAMME SESSIONS

Two sets of observation were undertaken. The researcher observed two full sessions from the Booster programme delivered during September and October 2007. This included observing all of the three types of sessions that comprise the programme (parents', young people's and family sessions). The researcher also observed three full sessions from a 7 week programme. Again this included a mix of sessions.

Invitation letters and information sheets about the research were distributed to families prior to data collection commencing. The programme facilitators informed families about the existence of the research and what it would involve. The lead researcher also attended the programme before observation began to answer families' questions and explain what he would be doing. All families agreed to participate in the research and were happy for their sessions to be observed.

Detailed fieldnotes were made during the observations.

FOCUS GROUPS WITH FAMILIES

Four focus groups were held with parents/caregivers and young people. Families who attended the SFP10-14 Booster in October 2007 were invited to take part in focus groups a week after it finished. These families had originally attended a seven week SFP during 2005 or 2006. Parents/caregivers and young people took part in separate focus groups (held simultaneously in adjoining rooms). The focus groups were held in the same location as the programme itself, and using the same time slot. One parent who was unable to attend the focus group provided a written statement for inclusion in the research.

The second set of focus groups was held with families who completed the 7 week programme that concluded in December 2007. Again, separate focus groups were held with parents/caregivers and young people. The focus groups were held in the same location as the programme had been delivered, and utilizing the same time slot. However there was a longer gap of around four weeks between the end of the programme and the focus groups being held.

Parents/caregivers were asked to think about what they had been hoping to gain from attending the programme, the things that had been good about the programme, and anything that could be improved. Participants were also asked to reflect on whether anything had changed in their families as a result of attending the programme. One member of research staff facilitated the focus group whilst a second took notes, observed non verbal communication and assisted with practical arrangements.

The focus group with young people explored similar issues, and reference was made to the focus group design used by Coombes, et al. (2006) who talked to young

people about their experiences of attending the SFP10-14. Participants were asked to draw or write something that showed what it had been like to attend the programme, and this was then used as the basis for a group discussion. The young people were asked to talk about what they had liked about the programme (including programme activities), any aspects that could be improved, and whether anything had changed in their families as a result of attending.

Some changes were made to the structure of the second focus group held with young people. Most importantly, a specific question was included on the things participants had learnt on the programme, as the discussion in the first focus group was mainly concerned with changes that had happened at the level of participants' families as a result of attending the programme, rather than skills they had gained as individuals. In particular it was felt that more specific exploration needed to take place in relation to programme content on peer resistance skills.

The second focus group generated considerable discussion about what the young people had learned and the extent to which they had used the skills they had gained. To ensure that the research provided as comprehensive picture as possible in relation to this area the researcher was also granted access to anonymised, aggregated free text data from the PCSQ and YPSQ on the key thing participants had learnt on the programme.

The inclusion of focus groups with families who had recently completed a Booster programme was designed, in part, to capture medium term outcomes for families, as they had completed the main seven week programme some time ago. However this approach was not entirely successful as participants were being asked to think about both medium term impact of the seven week programme and short term impact of the Booster at the same time. Although parents/caregivers appeared to find it relatively easy to think back through the various stages of their involvement with the programme (including the period before they attended the seven week sessions), this was harder for the young people, and they sometimes found it difficult to remember programme content from the 7 week programme.

A number of arrangements were put in place to enable participants to attend the focus groups, and to thank them for their contribution to the research. Families' travel expenses were paid, and refreshments were provided. A free play scheme was offered for those families with children who were not involved in the research. All families were also given £10 to thank them for taking part. The decision to hold the focus groups in the same location as the programme that participants had attended (and using the same time slot) was also designed to make it easy for families to attend.

One major problem which was encountered was the small number of families which attended the focus groups, despite the considerable efforts made to engage with programme participants and the provision of the practical support described above. The 7 week programme session (from which participants were recruited for the second set of focus groups) experienced unusually high attrition rates, meaning that

the recruitment base was lower than expected. It was decided to invite a number of other families who had previously attended the programme to ensure that enough participants were present to form a focus group. A total of five families agreed to participate in the focus groups (including one from a previous programme run), but only two families actually attended. The second set of focus groups thus comprised two participants each. Whilst the data generated was valuable, these groups cannot strictly be termed focus groups, due to the small numbers involved.²

The relatively long period of three weeks between the programme ending and the focus groups taking place may be one reason for the lower than expected attendance. This delay was necessary because the programme concluded just before the Christmas holidays, meaning that the focus groups had to be scheduled for early January. It is also important to note that the family who agreed to act as project advisors to the research felt that leaving a reasonable gap between the end of the programme and the focus group was desirable. There were two reasons for this. Firstly, the last session brings the programme to a climax, with a review of the 7 weeks' activities, special food and drinks, and a 'graduation' ceremony when certificates of attendance are handed out. The family felt that having the focus group immediately after the end of the programme would feel a bit confusing because it would effectively create two 'final weeks'. Secondly, leaving a gap was deemed desirable because it gave families chance to reflect on what they had learnt and gained, and would make the research feel separate from the programme itself. This was particularly important because the focus groups effectively recreated the group sessions which the programme had comprised.

DATA ANALYSIS

Interviews and focus groups were audio-recorded (with the full permission of participants) and were transcribed. A thematic content approach was adopted. Each transcript was read several times so that the researcher became immersed in the data. The transcripts were re-read and key themes identified, which were noted along the margins of each page. These themes were then organized into an initial framework for analysis.

The software package QSR NVivo was then used to manage the data and facilitate further analysis. All of the identified themes in the data were entered into NVivo, and organized according to the analytical framework which had been developed. All of the transcripts were imported into NVivo. Project field notes and free text data from the PCSQ and YPSQ were also entered into NVivo. Transcripts and the other data sources were then read on screen and each section of text coded to relevant themes. NVivo collates all of the data coded to a particular theme in a single file (or 'node'), which can then be subjected to further analysis. The file includes data from all transcripts and other documents (e.g. field notes) which have been coded to the theme. It is also possible display data coded to a theme from a particular group of documents (e.g. all material relating to programme outcomes contained in the interviews with programme facilitators).

² However, the groups are referred to as focus groups throughout this report for the sake of clarity.

Once this initial coding had been completed each of the themes was explored by reading all of the data coded to that theme. Further coding was undertaken, with some themes merged, and others added or deleted. Changes were also made to the relationship between themes. For instance, 'DVDs' originally existed as a theme, but was later made a sub-theme of 'programme content'.

The process was iterative and involved regularly returning to the transcripts to re-read the data in its original context. NVivo facilitates examining the relationship between different themes, and also enables other tasks to be performed quickly, such as searching for a particular word or phrase in the data.

Analysis of SFP Survey

Quantitative data from the PCSQ and YPSQ was subjected to a descriptive analysis, showing figures for the programme as a whole since its inception in Cardiff.

ETHICAL ISSUES

Ethical approval for the research was obtained from the Cardiff University School of Social Sciences Research Ethics Committee (reference SREC/241). A number of ethical issues were raised by the project, including the importance of maintaining the confidentiality and anonymity of data provided by those taking part, and the involvement of children as participants.

All individuals who were invited to participate in the research were provided with an information sheet, and, where appropriate, a letter of invitation. Young people were given an information sheet written in accessible language. Advice was sought from colleagues with experience of undertaking research with teenage children, and the information sheet was also given to a young person to seek their comments.

Sufficient time was allowed for potential participants to decide whether or not they wished to take part. Information sheets provided for families stressed that non-participation in the research would have no impact on their access to the SFP10-14. Before observing the programme the lead researcher also attended a programme session to explain to families what the research would involve, and to answer any questions they had. All participants were asked to sign a consent form. Young people provided written assent, and their parents/caregivers also gave written consent for their children to take part.

Interviews with members of the programme coordinating team involved a very small number of individuals each of whom had a unique role. They were therefore potentially easily identifiable and the guarantees of anonymity which researchers typically offer participants could not be given. To address this issue members of the programme coordinating team were provided with a copy of the transcript from their interview to ensure that they were happy for the contents to be used in the research.

The focus groups with families did not ask participants to talk in detail about their personal lives or any problems that may have formed part of the reason for their attendance. However, parents/caregivers and young people did share personal stories, emotions and details of their life situation. It was important that such information was kept confidential and only used in an anonymised form.

All staff involved who worked on the project had undergone enhanced checks by the Criminal Records Bureau. The focus group with young people was run by two or three researchers (at least one male and one female member of staff).

INVOLVEMENT OF PEOPLE WITH DIRECT EXPERIENCE OF THE SFP10-14

The lead researcher invited two families who had previously attended the SFP10-14 to act as advisors to the research project. One family agreed to do so. They provided valuable ideas regarding the best way to explain the research to families, the timing of the second set of focus groups with families, and the clarity and effectiveness of specific questions in the young people's focus group guide .

LIMITATIONS OF THE RESEARCH

The aim of this research is to examine the implementation of the SFP10-14 in Cardiff, and to evaluate its success from the perspectives of programme staff and participating families. Other than basic data drawn from the PCSQ and YPSQ it does not include quantified outcome measures.

The key limitation of the research is the small number of families whose experiences are presented. It is not claimed that these families are representative of all those who have attended the programme. Families attending the programme come from a range of cultural and socio-economic backgrounds, and access it through differing pathways (e.g. direct referral, self referral and through publicity in local communities). Participants come from families with contrasting structures, such as single parent families, or those where relatives other than parents have primary caregiving responsibilities. The research does not include the experiences of parents/caregivers or young people who did not complete the programme.

It is acknowledged that the SFP10-14 in Cardiff has undergone a process of development since its launch in 2005, and that the coordinating team has sought to strengthen various aspects of its implementation over time. The current research cannot capture this process fully. To some extent (particularly in relation to the experiences of families) it provides a 'snapshot' of the programme at a particular point in its development.

One further limitation (referred to above) is the limited discussion around skills acquisition in the first focus group with young people.

Chapter 4: Development and implementation of the SFP10-14 in Cardiff

ORIGINS OF THE SFP10-14 IN CARDIFF

The SFP10-14 was established in 2005 by the Cardiff Alcohol and Drugs Team (CADT), which sits within the local council's Social Services department. A service manager working within the CADT had identified a number of gaps in service provision, particularly the absence of family-based interventions for the prevention of substance misuse in young people. A number of other related areas had been identified where service provision could be increased or improved. These included support for parents of teenage children, interventions to strengthen family bonds, and ways of helping young people develop positive goals and futures. The SFP10-14 was seen to address these needs and gaps in service provision. The emphasis which the programme places on the role of the family in the lives of young people was seen as particularly valuable, and fitted well with CADT's belief in the importance of engaging with families. The programme also had a strong evidence base. Research on the programme had demonstrated that it helped young people resist using alcohol and drugs and becoming involved in anti-social behaviour.

CADT has worked to develop a range of services for families and young people which addresses prevention, early intervention and higher intervention. The SFP10-14 is offered as a prevention programme within this multi-tier package of interventions. For instance, 'Option 2' is a crisis intervention which works with families when issues relating to substance misuse and child protection factors are present. While Option 2 addresses a very different level of need to the SFP10-14, both programmes use a strengths-based approach and work with whole families, rather than adults or children in isolation³.

AIMS OF THE SFP10-14 IN CARDIFF

The overarching aim of the SFP10-14 in Cardiff is to prevent substance misuse among young people. The programme does this by increasing the factors known to protect young people from engaging in substance misuse, and correspondingly reducing the risk factors. Most of these protective and risk factors are related to family functioning, including parental skills, life skills for young people, and strengthening communication and emotional bonds between parents and their children.

The programme therefore seeks to strengthen families in order to prevent substance misuse and other challenges which face young people:

The aim of the Strengthening Families Programme is to do exactly what it says on the tin and help people to think about what those key issues are, to build their family relationships through being clear about love and limits and communication and values in a way that creates an armoury shield that

³ Further information regarding Option 2 in Cardiff is available at:
<http://www.option2.org/option%20in%20cardiff%20and%20the%20vale.htm#contact%20details>

protects them from some of the harsher challenges in life that will come to their teenagers. So it literally creates the armour that families use as their resilience for facing the challenges that all our kids face.

(member of co-ordinating team)

It does what it says on the box, to strengthen the family but I think ... it doesn't only strengthen the family, it strengthens communities as well. You know, there are bonds made between families within the community by attending the programme. And in strengthening the family I mean it is about reducing the risk factors and increasing the protective factors. It's about improving communication within the family where families can talk to each other, where young people feel loved and supported and valued by their parents and vice versa um, the protective factors are increased massively. If you can have families talking to each other and sitting down and planning things together and having again shared goals, the prospects with those families all the research shows far outweighs that of other families that don't sit down and talk together. ... for teenagers to recognise that their parents are human and to recognise their parents' strengths, and for parents to recognise that teenagers are going through a difficult transitional time and looking at the best ways to support them through that. So the aim of the programme is to strengthen the family to make a stronger unit and in turn I believe from what I'm seeing strengthening communities as well.

(member of coordinating team)⁴

Changes in family functioning are seen as valuable because they protect young people from substance misuse, and they are also regarded as valuable outcomes in their own right. The programme seeks to address alcohol and drugs within the wider context of families' lives, rather than in isolation.

The SFP10-14 in Cardiff is marketed as a family programme to other agencies in the fields of family support, child welfare, education and youth justice. Through its focus on family functioning, parenting and young people's life skills, the programme offers potential outcomes that are directly related to the goals of such agencies that are located outside of the drug and alcohol field:

[The SFP10-14 is] on the family support strategy agenda ... because of the broad nature of the programme and because we're able to describe potential outcomes ... in all sorts of different ways depending on who you're talking to and it very much is regarded as a parenting, family support type programme, not solely a drug and alcohol prevention one. Because again the research evidence suggests that actually dealing with drugs and alcohol in isolation from other things is less effective anyway. The point is to deal with it amongst lots of other potential issues and in the context of the family so that's really good, that's great.

(member of co-ordinating team)

⁴ These two quotations are from different interviews, but are not numbered to maintain the anonymity of participants.

The SFP10-14 is also promoted to families primarily as a family programme. The aim is to communicate to families that the programme is not targeted at families with problems, nor is it solely about alcohol or drugs (with the negative connotations this might imply). Whilst the programme can be of benefit to families experiencing problems (e.g. poor school attendance), its strengths-based focus on strengthening families means it is seen as universally applicable, and of value to any family:

... it is beginning to emerge, if you like, in the parenting arena. It's strong here in Cardiff because we've pushed it in that direction, we've really pushed it hard in that direction so it's embedded in the family support strategy so it's going to be embedded in the parenting programmes, profile of parenting programmes within the city.

(member of co-ordinating team)

ORGANISATION AND STAFFING

The SFP10-14 is co-ordinated by a dedicated team of three staff (plus a service manager) who are based within CADT (henceforth referred to as the 'SFP team', 'SFP coordinating team' or 'coordinating team'). The Family Support Services Development Officer (FSSDO) is in overall charge of developing the programme, and works to build and maintain partnerships with other organisations across the city. A programme co-ordinator manages the delivery of the programme, including leadership of facilitators, receiving referrals, supporting and engaging with families, and practical arrangements for each programme run. Both the Family Support Services Development Officer and the Programme Co-ordinator lead programmes and facilitate programme sessions on a regular basis. A programme administrator manages and processes programme documentation relating to each stage of the programme, including referrals, attendance levels, and evaluation data. They also help prepare and maintain programme resources and materials. The Family Support Services Development Officer has been in post since the launch of the programme, but the programme co-ordinator's and administrator's posts were created in 2006 due to the expansion of the Programme.

Multi agency working and collaboration

The delivery and development of the Cardiff SFP10-14 through a multi-agency partnership has been a core aim since its inception. During the setting up of the Programme a steering group was formed of senior level representatives from a range of organisations working with families and young people across Cardiff, whose aims were reflected in those of the programme. The aim was to bring together organisations who shared similar goals and values, particularly a belief in the importance of the family unit, the importance of a strengths-based model, and the desire to build stronger, safer communities. This partnership also made new connections between organisations in the fields of substance misuse, education, child welfare and family services, using the SFP10-14 as a 'vehicle for collaboration'.

Programme staff described how the SFP10-14 had many potential benefits to offer potential partner agencies. At a general level, drug and alcohol misuse was a 'cross

cutting' issue, which was on the agenda of many health and welfare agencies in the city:

... our decision was to attempt to recruit the widest interest. Because [drug and alcohol misuse] is such a cross cutting issue, it addresses everybody's agendas. And we thought 'Is it possible to pull all those stakeholders into one group and then see if they want to play a part in delivering this service?'. And that each of their representatives would be delivering the aims of their own organisation. Because preventing drug and alcohol difficulties was an aim for school staff, EWOs [education welfare officers], health visitors, social workers, voluntary organisations - it was in their aims. This was a way of them meeting their aims and also delivering this programme with no extra cost than the co-ordination and the facilitation. So that seemed to be an excellent way forward ...

(member of co-ordinating team)

The programme also addresses specific areas that partner agencies were dealing with, such as parenting and young people's behaviour. It provided partner organisations with an additional resource, and a family programme to which they could refer clients they were working with. At the same time, the involvement of agencies already working with a cross section of families across Cardiff helped the programme to make links with potential participants:

I think we knew from the outset ... that if we'd just done this for ourselves as an organisation we weren't particularly well placed to attract families to the programme because we're in the drug and alcohol field and the drug and alcohol field isn't ... necessarily working with many families - it tends to work with individuals with a drink or drug problem. So from the outset it seemed a logical thing to do to draw in partner agencies and to say to them 'This could be really good for the families you're working with already'. So I think that's another thing that's unique about us, having that desire and that approach from the outset not to work in isolation, to collaborate from the outset and that has really stood us in good stead and I believe will continue to do so.

(member of Co-ordinating team)

SFP10-14 sessions are delivered by facilitators employed by these partner organisations, and the number of agencies involved has increased steadily. Partner agencies cover the cost of releasing staff members to work on the SFP. This has reduced the dependency on the programme's core funding, and allowed greater sustainability.

DELIVERY OF PROGRAMME SESSIONS

Programme sessions are delivered by trained facilitators from a partnership of 15 organisations (figures correct in September 2007) (see Table 4.1). Training for facilitators was originally provided by the American developers of the SFP10-14 – Lee and Virginia Molgaard. They subsequently returned to Cardiff to provide a further period of training. This included training existing facilitators as trainers, allowing the

Cardiff programme to sustain itself on an ongoing basis. New facilitators can now be trained by the Cardiff-based team. When it first started the Cardiff SFP10-14 used the original American DVDs and programme materials. The UK version - developed by Oxford Brookes University (see Coombes, et al. 2006), has subsequently been used.

Table 4.1: Organisations involved in the delivery of SFP10-14 sessions⁵

Cardiff CADT (including social workers, counsellors and support workers)
National Children's Homes (NCH) Children and Youth Parenting Team
Barnardo's 5 - 15 Project
Cardiff YMCA Youth Service
Cardiff Council Youth Service
Cardiff Community Addictions Unit
South Wales Police
Llanrumney High School
Michaelston Community College
Llanrumney Healthy Living Centre
Cardiff Women's Aid
Cardiff Education Welfare Service
Newlink Wales
Cardiff Council Children's Services

Around 40 facilitators have now been trained⁶. Most facilitators work on one programme run per year, each of which extends over 7 weeks. Facilitators are released by their employers to work on the Programme for one day per week for the duration of the course. As well as delivering the programme sessions, facilitators also meet each week to discuss issues arising from the previous session and to plan for the next session.

Approximately four programmes are delivered each year. In 2007 a Booster course was offered for the first time. However, due to resource limitations no Booster sessions will be offered in 2008. Five facilitators are normally needed for each programme. The first hour of each programme session consists of separate activities for parents and young people. Two facilitators normally work with parents, with the remainder allocated to the young people's group.

Facilitators are now allocated to four teams, each of which covers one quadrant of the city. The team structure is designed to promote greater cohesion, whereby facilitators work with the same group of colleagues on an ongoing basis. This is particularly important as facilitators are from a range of organisations and often do not come into contact with co-facilitators outside of the programme sessions. The co-ordinating team has recently undertaken team building sessions with each of the four geographical teams.

⁵ As at September 2007: this figure has since increased.

⁶ Again, this figure was correct in September 2007.

Each SFP run lasts seven weeks, and comprises weekly sessions of two hours, with a 30 minute meal break between the parents/young people's and family sessions. Planning and preparation normally commence approximately eight weeks before a programme is due to start. Key tasks include agreeing which part of the Cardiff will be served, coordinating publicity, referrals and recruitment, and practical arrangements (such as securing a location and providing refreshments), and engaging with families.

PROGRAMME FUNDING

Initial funding for the programme was provided by Communities Against Drugs (CAD) - a UK Government initiative to address drug use. The money was used to employ a Families Services Development Officer, whose role included setting up the SFP10-14 in Cardiff. CAD was subsequently superseded by Community Safety Partnerships (CSP)⁷. The SFP10-14 team later applied to the Cardiff CSP for funding for two additional posts, and this application was successful. These comprised a co-ordinator (who now manages the programme and engages with families), and an administrator.

The first wave of funding from the CAD initiative did not include the direct costs of delivering the programme (e.g. room hire, refreshments) and these were covered by a series of one off grants from organisations such as the Children and Young People's Partnership⁸ in Cardiff. Current funding from the CSP now includes a budget of approximately £1500 to cover these costs which enables future programme delivery to be planned with more certainty. Where programme sessions are delivered in schools the rooms can sometimes be hired at zero cost, thus offsetting the higher cost of room hire and catering in other venues. Local companies are also sometimes able to support the programme 'in kind', such as providing food and drinks, or by offering free tickets to local attractions, which can be used as prizes during the programme.

Programme funding currently runs until 2009. The CSP stipulates that at least four SFP programmes should be delivered per year across the city.

Separate funding was obtained from the Alcohol Education and Research Council to train the first group of facilitators, and was provided by the developers of the SFP10-14 programme.

Programme co-ordination, including the running of programme sessions and engaging with families, is undertaken by members of the co-ordinating team whose

⁷ Community Safety Partnerships were set up to address crime, anti social behaviour and disorder in local communities across Wales. They bring together a range of organisations, including the Police, local authorities and NHS bodies.

⁸ Children and Young People's Partnerships (CYPPs) comprise a range of different agencies which provide services for children and young people. CYPPs operate within each local authority area and develop strategies and action plans setting out how services which impact upon young people's lives will be delivered and improved.

salaries are funded by the CSP. Cardiff Alcohol and Drugs Team (within which the SFP10-14 programme is located) provides a number of facilitators to run sessions. As discussed above, staff working in a range of other organisations across the city also work as facilitators on the programme. Most facilitators from these external organisations deliver one programme per year, and are released by their employer (without cost to the SFP) for one day per week for the 7 weeks that a programme lasts⁹. This arrangement means that the SFP10-14 programme does not need to cover the cost of employing facilitators from external organisations, and gives the programme a certain degree of sustainability. If the core funding from the CSP was to be withdrawn some programme provision could continue, though this would be far more limited.

WHO THE PROGRAMME IS AIMED AT

Initially the programme was delivered mainly in socio-economically deprived areas of the city. It was identified that large numbers of young families were resident in such areas, and there were likely to be significant levels of need in relation to parenting support which were unmet. Although the Strengthening Families team has a city-wide remit, many of the agencies which it has sought to engage with serve specific areas of Cardiff. By locating the programme in such areas the SFP team was able to work more closely with these agencies, providing an additional type of support to families they were already working with. This ensured that relationships with key partner agencies were developed more quickly than if the SFP had been delivered citywide from the start. It was also felt by the team that, initially, at least, the programme was unlikely to draw large numbers of families on a self-referral basis, and that working with agencies who referred families with specific needs was the most sensible way of starting the programme. Working with partner agencies in specific areas of the city also helped with the task of securing venues in which to deliver the programme. A relatively high proportion of families attending early programme runs were those with higher needs, and who had been referred to the programme by partner agencies.

The co-ordinating team has sought to develop and promote the SFP10-14 as a universal prevention initiative, which is of value and available to all families living in Cardiff. Through doing this they have worked to reduce the stigma attached to parenting interventions. The programme continues to provide a valuable resource for families with higher level needs or problems, and the referral of such families to the SFP10-14 by partner agencies remains important. The SFP10-14 therefore combines a universal approach with some targeting according to need:

... to get this kind of programme going you have to have some families who will come and we're not culturally in a position where we can easily attract families in kind of a mainstream way to any kind of programme. So the starting point was to work with those agencies that were working with some families that had particular difficulties, particular challenges, just to get

⁹ There is some reciprocity in the sense that partner agencies can refer families which they are working with to the SFP at any time of the year, and therefore use it as a resource. Other agencies can also refer families to the programme.

the programme going and then attempt to broaden it out which is now where we are. ... So we've worked up if you like to a point where we have about half the families [which] are referred and half come self referred through one way or another.

(member of coordinating team)

... the programme is described as a universal primary prevention intervention and I can't really emphasise enough how universal the programme is. It's not a programme for particularly high risk families, it's not a programme for particularly, families with any particular certain characteristics.

(member of coordinating team)

JS: And is it for you, is it aimed at particular kinds of families or is there any kind of [?]

INT: Not at all ... I think any family could vote with their feet, go on this and find it enormously helpful. It deals with such key communication issues for dealing with young adolescents. It's a fantastic resource for any family, so no, it's not about identifying problems, it's about any family strengthening themselves against future challenges.

(member of coordinating team)

The aim is that on any individual programme there will be a mix of families, with approximately 30% having higher levels of need, and 70% with lower levels. This mix of families is seen to improve outcomes and satisfaction for those attending. It helps to promote positive role modelling and shared learning, and makes it easier to manage challenging behaviour, especially where young people (who may have been excluded from school) are working in a group setting¹⁰:

... what we've learnt is that it's useful for families with some challenges to come to the programme provided there's a blend of around seventy percent to thirty percent of families that don't have any particular difficulties or it, particularly with the youngsters, might present a challenge in a group setting. So for example if we've got a high proportion of young people who've been excluded from school or they're attending an inclusion unit usually that's because they've had difficulties in a group setting in school so they've been segregated. Now those difficulties won't disappear, they'll come back to the fore when they come to the Strengthening Families Programme because it's another group setting so we have to bear that in mind, we have to think about the welfare of the whole group and everyone's putting a big investment into this and the families [?], it's only right and proper that they get the best, get the most out of it that they possibly can. So what we now say is when we look at the make up of the referrals to any particular programme we assess that quite carefully. X does home visits to every family and talks to the referrers in quite huge detail and will assess

¹⁰ During observation of programme sessions some challenging behaviour and disengagement among young people was witnessed. The ability of facilitators to manage this, and the presence of sufficient members of staff, appeared important.

whether it's any particular, what the profile of any particular programme will be. So [we] try to create a situation where there's a mix of about seventy percent of the families where the youngsters won't present any particularly huge challenges to the group or the parents won't present any particularly huge challenges to the group and where there's a possibility amongst the other thirty percent that they may. What tends then to happen is those [...] tend to get pulled along in a positive way by those that haven't got a particular difficulty rather [than] it being the other way round.

(member of co-ordinating team)

The question of shared learning among families is discussed later in Chapter 5.

The SFP10-14 is not normally suitable for families with very high levels of need or challenges, such as where children are about to be taken into care. Nor is it designed to deal with current substance misuse by young people. The focus of the programme is on preventing such problems occurring.

LOCATION OF PROGRAMME

The programme moves around the city, and is delivered in schools, community centres and other locations, rather than from a central premises. Respondents described the importance of having a suitable venue which had sufficient space, and rooms for both the youth and parents' sessions. The programme co-ordinators have sought to actively develop links with schools, and locate the programme sessions in schools. Details of programme locations to date are shown in table 4.2.

Table 4.2: Programme locations used to date

Salvation Army, Ely
John Reynolds Centre, Llanrumney
Meadowlane School, St. Mellons
Michaelston Community College, Ely
The Beacon Centre, St. Mellons
St, Joseph's Primary School, Gabalfa

RECRUITMENT AND REFERRAL TO THE PROGRAMME

Initially recruitment was mainly through referrals from partner agencies, who identified families with difficulties or problems who might benefit from attending. Whilst this recruitment route has continued, and is still very important, the programme now receives self referrals from parents who have heard about the programme from friends. Essentially, the only criterion which families have to meet to be eligible for consideration is that they have at least one child aged between 10 and 14. All families who are referred or self refer to the programme undergo a needs assessment. Increasingly, the programme is developing links with schools, and publicising forthcoming sessions to all families who have children in relevant year groups. This forms an important part of the attempt to broaden the recruitment base and reach of the programme.

The SFP therefore has three main recruitment routes.

- **Referral by a professional/practitioner:** any agency in the city working with parents/young people can refer families to the programme;
- **Self referral:** families may refer themselves, having heard of the programme from others who have attended, or through other means;
- **Community recruitment:** when the programme is located in a school the SFP staff will normally distribute information leaflets to parents of children in relevant years, and also visit the school when parents are dropping off or picking up their children to raise awareness of the programme and talk to families who are interested.

The number of families who are referred by a practitioner/professional and those who self refer is roughly equal.

Main reasons for referral by partner organisations

Most families are referred to the SFP10-14 because problems or support needs have been identified in relation to family functioning, though the specific reasons vary widely. Co-ordinators and facilitators suggested that concerns around child behaviour or attendance at school were often important. In other cases, families may be referred due to support needs or problems that have arisen following traumatic events (such as bereavement or serious illness). Traumatic events are not normally appropriate referral criteria in themselves, and the programme does not deal with issues such as bereavement and trauma. However, where family issues arise in the context of such issues or situations (such as support needs in relation to parenting skills) this would be an appropriate reason for referral.

Most referrals to the programme are made by partner agencies (organisations that provide facilitators) who are therefore familiar with the aims of the programme, and the kinds of issues it can address. Referrers are encouraged to contact the Programme staff to discuss potential referrals at an early stage. They are provided with information about the programme and its aims (where necessary), and complete a referral form.

Inappropriate referrals are not common, mainly because referring organisations work closely with the SFP team and understand the aims of the programme, and who it is suitable for. Because of this they are unlikely to refer families with very high needs (such as those experiencing ongoing serious substance misuse problems). In the case of families with significant challenges, referrers will often discuss with the SFP team whether it would be appropriate for them to attend, before any formal referral is made. This 'screening in' has the effect of minimising the number of inappropriate referrals, and avoids the situation whereby families are invited to attend the programme, but it is then identified that they are not suitable. The engagement between the SFP team and referring organisations therefore forms an important aspect of the referral process. Actual 'paper' referrals are often the outcome of this process. Analysis of actual paper referral records in isolation would

not therefore provide a full picture of the needs and circumstances of all families with whom the SFP10-14 has contact.

The main reasons for inappropriate referrals include:

- the level of need or support within a family is too high. For instance a young person is already taking drugs or consuming large quantities of alcohol;
- the young person falls outside the programme age range (10-14); and
- families (or individual family members) do not want to engage with the programme. Parents cannot attend without their children.

Where a referral is deemed inappropriate, or where it is subsequently decided that it is not appropriate for a family to attend the programme, SFP10-14 staff will normally offer to signpost alternative sources of support.

Main reasons for self referral

Where families 'self refer' to the SFP it is less likely that they are experiencing significant difficulties, though it may address needs which parents feel they have, and the level of need among these families varies. For instance, some parents value the chance to receive support or reassurance in relation to their parenting skills. Parents are also attracted by the provision of advice on how to parent teenagers, and the sessions on helping young people to set goals and resist peer pressure. Where families self refer the initial interest in attending normally comes from parents, and there was no evidence to suggest that young people initiate the idea.

Retention and attrition

As with any parenting/family intervention, some families who are initially referred to the SFP do not go on to attend the programme. In some cases this is due to inappropriate referrals (e.g. a family's support needs are beyond the scope programme or where the young person is over the age 14).

Attendance on the programme is completely voluntary, and no families are compelled to attend. Both parents/caregivers and young people therefore need to be motivated to attend. The SFP10-14 is a programme which encourages families to make positive changes in their lives, and not all families are ready to engage with such change when invited to participate.

One reason for non attendance of families is that young people do not wish to engage with it, even if their parents are motivated to do so. In other cases a family may be experiencing particular problems which mean that it is not the right time for them to attend the programme. In this situation a family may be offered other support, and participation in the SFP10-14 can be considered at a more appropriate point in the future. Practical barriers may also prevent families attending, such as other family commitments.

Around 85-90% of families who start the SFP10-14 in Cardiff complete the 7 week programme. Respondents suggested that this high retention rate compares

favourably with other parenting/family interventions. The appointment of a dedicated programme co-ordinator, who devotes a significant amount of her time to engaging with families, including the period before the programme starts, was seen as instrumental in achieving high retention rates. The practical support given to families (including help with travel costs, and the provision of crèche facilities and refreshments) was also considered crucial. One member of the co-ordinating team suggested that they had sought to remove both internal and external barriers to attendance:

... you have to think about every obstacle that people have to come to get on a programme like that. So there's the internal obstacles which is, 'Is this going to be any help? Do I really want to sit in a room with my mother and father? Is it going to be embarrassing, is it going to be awkward and difficult?' So people need skilled help to overcome those personal ambivalent feelings about going on it in the first place. So that's absolutely key and the pre interviews that Y carries out - and she's a very skilled communicator, help to break those barriers down. But then there's all the practical ones. You know, what do we do with the little ones if we're concentrating on the older ones and what do we do about the fact that this is tea time and children have to be fed? What do we do about transport, what do we do about money? All of those things have to be addressed in a way that makes this an attractive proposition both to the children and to parents. And so the preparation work is really, really important. It needs to be completely sensitively handled - non stigmatising, not implying in any way that people have been targeted because they've got problematic children. You know all of those kinds of things you have to be really, really careful about, and respectfully, genuinely deliver a service that breaks down all the obstacles to people attending. And having achieved that the levels of retention and engagement have been very high.

(member of co-ordinating team)

One respondent also felt that the involvement of multiple agencies in the delivery of programme sessions helped to maintain high retention levels. Families sometimes experience problems during the 7 week course which are unrelated to the programme topics, but which might mean that they drop out of the course. By being able to readily identify external sources of support for such families (especially those offered by organisations that provide facilitators on the programme) such families can be offered valuable help, and this often meant that they could continue with the SFP:

... what we now have is what I would describe as quite a rounded service for families that come to the programme. And whilst the Strengthening Families Programme is a brief seven week highly structured no case work model intervention, some of our partner organisations - I'm thinking particularly of the voluntary organisations who are involved, have other things that they can bring to that partnership. So if for example a family during the course of the programme encounters a particular difficulty outside of the programme - it could for example be a housing problem, a

debt problem, domestic violence or a substance misuse problem, working in the way that we have, in a very multi agency way, nine times out of ten one of our organisations can help in some way and we work with that family. One of us will work with that family outside of the confines of the programme to help them resolve that particular difficulty. And what we've found is that by being able to do that we've been able to keep the family in the programme. If we didn't work in that way and we weren't, not able to try and offer something helpful outside of the programme if someone has a housing crisis that then become all consuming and they don't, they wouldn't finish the programme because it would become so unimportant to them in the context of their life. So I think that's been a particularly positive outcome.

(member of co-ordinating team)

ENGAGEMENT WITH FAMILIES

Effective engagement with families is seen as a crucial element of the programme. The programme co-ordinator normally visits a family in their home once a referral or self referral has been received. Where relevant, the practitioner/professional who has referred a family will also be present if possible, so that the SFP staff can build upon the trust between the family and the referring organisation. Members of the co-ordinating team emphasised the importance of developing a relationship with families that was based on trust and partnership, and that this process started with the initial meeting or home visit. It was stressed that at the initial home visit the co-ordinator emphasises that the programme was not 'done to' families, but rather something in which families worked in partnership with the programme staff and other families. As one interviewee stated, "I think that's key in the referral process, that families are – it's not done *to*, it's done *alongside* [them] and that really helps with engagement."

At this meeting the co-ordinator talks to the family about their current life, including any identified support needs or problems, and this helps to establish whether attending the programme will be of benefit or appropriate. The co-ordinator also asks the families what they hope to gain from attending and how they will know at the end of the programme whether their attendance has been worthwhile. At this meeting it is also emphasised that the programme does not judge families or look at deficits, but rather is concerned with strengths and solutions. Home visits enable the programme coordinator to discuss challenges or problems which families are currently experiencing. In some cases these challenges might suggest that it may not currently be appropriate for a family to attend the programme. However, the home visit provides an important opportunity to identify if there are ways in which a family can be enabled to attend the programme, by providing support and discussing how any challenges can be addressed. Home visits are therefore important because they can make the difference between attendance being appropriate and inappropriate.

The Programme Coordinator maintains contact with participating families in between formal sessions.

PRACTICAL SUPPORT FOR PARENTS

The Programme co-ordinating team has put in place various forms of practical support to enable families to participate in the programme by removing practical barriers to attendance.

The Programme is delivered in different areas of Cardiff on a rotational basis so that all parts of the city are covered regularly. The aim is that families can attend a programme located close to them, so that travel is not a practical barrier to participation, and that families do not stop attending mid course because of the inconvenience of reaching the programme location. Once a programme run and location has been confirmed publicity will be targeted in the local area, and partner organisations will also be asked to refer suitable families who live within easy travelling distance. Schools provide a convenient location for the programme and a good base for recruitment, since many parents live within easy travelling distance of the school and are obviously familiar with its location.

Families are also offered financial assistance with travelling costs where this is necessary. Such assistance includes payment of taxi or bus fares and fuel expenses. Programme facilitators are provided with funds to pay families' taxi fares as they arrive at the programme, and other travel costs are also reimbursed immediately. This means that families are not left out of pocket. The programme co-ordinator provides information on this assistance in the home visit undertaken with families before the programme starts, so that needs can be identified and supported.

The most important practical support provided to parents is the child care¹¹ facility which is available to younger siblings of children who are attending the programme. Programme staff and parents indicated that many families could not attend the programme without the child care / play provision being in place. Focus groups with participating families also suggested that child care / play provision had a number of other benefits. These included the opportunity for parents in large families to spend 'one to one' time with their son or daughter who was participating in the actual programme sessions. A number of parents commented that it also helped younger siblings feel included and part of the programme even though they did not attend the sessions. Again child care needs are discussed with families during the co-ordinator's pre-programme home visit.

The final form of support offered to families is the food which is provided each week during the half time interval. This alleviates the need for parents to prepare a meal in the short period of time between collecting their children from school at 3.30pm and arriving at the programme just before 5pm, or later in the evening after the sessions finish. Parents also described how the inclusion of a meal break halfway through the programme sessions (at 6pm) allowed them to get to know other parents and share experiences and advice.

¹¹ Members of the coordinating team suggested that what was provided was more correctly described as 'play sessions' rather than child care. This is both because of the nature of the provision and the activities organized for the children, and due to the fact that parents remain responsible for their children at all times.

MONITORING AND EVALUATION

Monitoring

The programme coordinating team has developed a system of paper-based records and an electronic database to assist with recording and managing information relating to participating families.

Referrals to the programme (from partner agencies) are made via a standard referral form, which includes sections on the reasons for referral. An information sheet is also provided to organisations who are considering referring clients to the programme. It includes information on referral criteria, programme content, and what is expected of referring organisations once a family is accepted onto the programme. For instance, referrers are expected to maintain contact with the family in question, and provide ongoing support. Families are asked to complete an application form which includes questions on the reasons why they wish to attend, and what they hope to gain. Data on ethnic grouping and other important demographic information is requested on this form. Families are also provided with an information sheet.

The programme team completes a referral checklist and risk assessment form for each family which attends the programme, including sections on any child protection concerns, and factors which may impact on the running of group sessions. A separate form is also used to collate information gathered during pre-programme home visits to families, including any special support needs. During this visit parents/caregivers are asked to sign a form giving permission for photographs to be taken of their family during the programme. Photographs are used in the 'slide show' at the end of the programme which provides families with an overview of the sessions they have taken part in, and are also used for programme publicity.

The programme has a written child protection policy, and includes a form on which any child protection concerns can be recorded. Families are given a set of guidelines relating to the programme's confidentiality and child protection procedures, and asked to confirm in writing that they agree with these.

A file is created for each family which brings together completed copies of these various forms. However, detailed 'case notes' are not made on any family, as the SFP10-14 is not a 'one to one' intervention.

A dedicated administrative officer works as part of the programme coordinating team. She has developed a computerised database on which key data from the paper-based files is stored. This database allows statistics relating to participants, referrals and attendance to be analysed. Key data which is analysed includes:

- the number of families referred to the programme by each partner organisation;
- the numbers of families who self-refer;

- main reasons for referral and self referral;
- numbers of families who are referred/self refer and go on to attend the programme;
- retention and attrition data (including the number of sessions each family attends); and
- waiting list data.

This information can be examined by individual programme run or other key variables.

Programme Evaluation

The main form of programme evaluation is via the Parents/Caregivers Survey Questionnaire (PCSQ) and Young Persons Survey Questionnaire (YPSQ), which all participants complete at the end of the programme. They measure changes in key protective factors which the programme seeks to increase. Analysis of data from the PCSQ and YPSQ is presented in chapter 5. Participants also complete short evaluation forms each week during the programme, which ask them to provide feedback on individual sessions, and any aspects which could be improved.

Facilitators meet weekly on the morning after each programme session to review how well it went, address any problems or issues which may have arisen, and to plan for the subsequent week's session.

Members of the programme coordinating team indicated that they were keen to be involved in research studies that examined the long term impacts of the programme, including those relating to the prevention of substance misuse.

DISTINCTIVENESS OF THE SFP10-14 IN CARDIFF

The SFP10-14 is a highly structured programme, and the programme developers have produced detailed manuals and resources which set out the content of each session. The Cardiff team follow the manuals and guidelines produced by the original developers very closely, in terms of content, style of delivery, and commitment to the programme's broader values. Programme fidelity is therefore very high.

This research did not examine the implementation of the SFP10-14 in locations outside of Cardiff, and therefore cannot provide detailed comparisons between the Cardiff programme and its delivery in other UK settings. However, background research, and interviews conducted as part of the research indicated a number of variations in the organisation and delivery of the programme across the UK, and suggested that some aspects of the Cardiff SFP10-14 were distinctive.

Firstly, across the UK the SFP10-14 is run by different types of agencies and sits within differing institutional locations. In Barnsley the programme is coordinated by the Child and Adolescent Mental Health service, (CAMHS), whilst in Greenwich, south London, a family resource centre manages delivery. One research participant suggested that in England the SFP10-14 had tended to sit primarily within the

parenting field. The implementation of the programme in Cardiff from within the alcohol and drug sector is therefore distinctive, although the subsequent introduction of the SFP10-14 in the neighbouring county of Rhondda Cynon Taf replicates this positioning to some degree.

Secondly, interviews with members of the coordinating team suggested that the degree of emphasis placed on multi agency collaboration and delivery of the SFP10-14 from an early stage was distinctive:

I think ... the other thing that set us apart, the other unique feature I think of the Cardiff model was that very early strong multi agency approach drawing together those particular organisations at those particular levels, speaking to them in a certain way, getting them on board and then going from there and from the outset really wanting to make the whole thing sustainable.¹²

(member of co-ordinating team)

Thirdly, the Cardiff SFP10-14 has invested significant time and resources in engaging with families, and this aspect of the coordinating team's role is viewed as being very important. The appointment of a dedicated programme coordinator to engage with families at each stage of their involvement with the SFP10-14 was seen as being unique. Engagement with families was seen as comprising the building of a relationship of trust with potential participants, finding out what families hoped to gain from attendance, and ensuring that fears around being judged as parents were allayed. The Cardiff SFP10-14 has also looked closely at the practical needs of families, and put together a system of support including on-site child care / play provision, financial support with travel costs, and the provision of refreshments.

Finally, the Cardiff programme has been committed to delivering and promoting the SFP10-14 as a universal intervention. Background research suggests that in some other areas the programme is delivered in a more 'targeted way' to families who have particular needs or are experiencing some kind of problems. In Cardiff the programme is open to all families.

¹² Coombes, et al. (2006) appear to suggest that in Barnsley the SFP10-14 has sometimes been delivered by facilitators from a single agency, such as a Youth Offending Team. In Cardiff, multiple agencies have been involved in the delivery of each set of programme sessions.

Chapter 5: Evaluating the success of the SFP10-14

This chapter examines how successful the SFP10-14 in Cardiff has been. The views of co-ordinators and facilitators, parents, and young people are presented in turn.

CO-ORDINATORS' EVALUATION OF THE PROGRAMME

Four members of staff from the programme's coordinating team participated in interviews. One joint follow-up interview was also conducted. Interviews with co-ordinating staff identified two broad outcomes which the SFP10-14 in Cardiff had achieved: strengthening families, and multi-agency collaboration.

Outcomes for families

The primary outcome which the programme had attained concerned positive changes in families' lives. Improved communication and understanding between family members was highlighted as being very important. Familial relationships had become stronger and grown more empathetic. It was suggested that these changes led to households feeling calmer, with less arguing and tension. The programme co-ordinators also believed that there had been benefits for parents and young people as individuals. Parents gained new or strengthened skills, and gained confidence from seeing that issues or challenges in their family were normal:

... this mum wrote a quote for us and ... it talks a lot in there about how she ... could see a lot of herself in the material and the DVDs that were being presented and how she immediately related to some of the situations and it made things feel normal. What they were exploring was normal parenting life for the parents of ten to fourteen year olds and I think that was very reassuring for her.

(member of co-ordinating team)

Young people who attended sometimes started to think in more positive ways about their future goals, and also gained valuable skills in relation to resisting peer pressure:

... the biggest achievement [of the Cardiff programme] is that it strengthens the families that we work with. And it gives the children aspirations. It helps the parents understand the aspirations of the children. It prepares the young people to handle situations where they might be asked to do things that they don't want to do - the peer pressure resistance stuff. It's something that they remember time and again.

(member of co-ordinating team)

It was also suggested that the participants had gained from aspects other than programme content. For instance, families had also made new connections with other families, and also with resources or sources of support, and it was argued that the programme had a wider impact on the communities in which it was delivered. Though these impacts were often significant they were also subtle and hard to measure:

... a preventative service has not only those great effects that we see, I think it has many subtle effects as well. ... families make links with each other by coming to the programme and bonds are made within the community. And that has an effect, that washes out across the board.

(member of co-ordinating team)

It was felt that families who were previously rather isolated had gained the opportunity of accessing resources or sources of support within their community:

... there have been a few times where, for example [...] a couple of youngsters came to the programme and they were quite isolated youngsters. ... and post programme they were linked in to a youth group programme that was being delivered by one of our partner organisations and they've become quite involved in the youth forum. And you know, without that link having been made they would never have had that opportunity. So we've had that sort of feedback as well. So where you've had quite isolated, quite withdrawn young people at the start of the programme, towards the end they've been linked into something else which is kind of for them as young people. And then they've gone on and they've learnt other things and they've progressed as well and we've had some really nice feedback from that as well. So it isn't only about what people have gained directly from attending the programme, it's also what they've gained less directly and through other things than that they've become aware of through our way of working.

(member of co-ordinating team)

A crucial point raised in the above quotation is that the 'way of working' referred to is the involvement of multiple agencies in the delivery of the programme, which helps give families access to support and services from a range of organisations and sectors.

Two other comments were made in relation to outcomes for families. The first was that the programme had successfully recruited and retained families. Secondly, it was felt that the SFP in Cardiff had made some progress in de-stigmatising parent or family programmes, by providing a programme of this nature that was seen as both attractive and relevant to all families.

An important question raised during the interviews with coordinating staff was whether the programme had succeeded in preventing alcohol or substance misuse among young people. In common with other SFP10-14 providers, the Cardiff programme does not collect data on young people's use of alcohol or drugs. However, data is collected on key aspects of family functioning (via the PCSQ and YPSQ), each of which is a known risk or protective factor against drug and alcohol use. The SFP10-14's theoretical basis is that through increasing protective factors and reducing risk factors it prevents alcohol and drug misuse. Existing research on the programme provides some evidence that it achieves this. Coordinating staff pointed to the fact that families attending the Cardiff programme have increased their protective factors (as demonstrated through the PCSQ and YPSQ), and from this

it can be argued that the programme is likely to be effective in preventing young people in Cardiff from misusing alcohol and drugs.

Multi agency working

The second main outcome from the programme identified by programme coordinators was the collaboration and multi-agency working which it had achieved. The involvement of facilitators from different agencies (and who brought a range of skill sets and professional knowledge) was seen as having enhanced programme delivery. The involvement of facilitators from different organisations had also meant that a more rounded service could be provided to families. For instance, where support needs that fall outside of the programme content (e.g. housing issues, current substance use within families) are identified, programme staff often have colleagues working in the relevant area, and can make direct referrals.

Whilst multi-agency collaboration has enhanced programme delivery, it was also suggested this method of working had produced wider benefits that extended beyond the SFP10-14 itself. At a broader organisational level the programme had helped forge new, closer links between the substance misuse sector, and professionals working in the parenting, child welfare and education fields. Coordinators suggested that different agencies now had much greater understanding of the work each other did, and these organisations were consciously working within a set of shared values and a relationship of trust. This had led to an increase in cross referrals that extended beyond the individual practitioners involved in delivering the SFP10-14. For example, staff from external agencies who were not personally involved in facilitating the programme were more likely to refer clients to CADT. In summary, the SFP10-14 was seen to have acted as a successful vehicle for collaboration.

What could be improved

Co-ordinating staff felt that in general the programme had succeeded in its aims, and that whilst they were continually seeking to improve its implementation, there were no major areas where it had failed to deliver, or significant problems that had undermined the programme.

One key issue which had been addressed by the team concerned the challenging behaviour which sometimes occurred on the programme. For instance, where families were referred because young people were having problems at school (such as difficulty with working in a group setting) these problems were likely present themselves during programme sessions (which also comprised a group setting). Ensuring that each programme comprised a mix of families (some with higher level challenges, and some without) was seen to be essential in ensuring that such behaviour remained manageable, and did not act as a dis-incentive to other families. When this balance had not been achieved it had sometimes led to problems:

I think we had one programme where we had a particularly high proportion of families with particular challenges. And we had a larger dropout rate than we otherwise might experience, so that just reinforced to me those

notions of needing to have a mix. You know, we lost about half probably of the families in that particular programme. And unfortunately what tends to happen is if you have especially particularly challenging children on the programme you tend to lose some of the less challenging ones because they find the behaviour unacceptable. And try as you might you can't always control everything. People begin to feel as though 'We don't actually fit here. This really is a programme for families with big problems, so we're not going to come'. So you know it can have a really negative impact so we're much more - that's a big learning curve for us, [?] notions of needing that seventy-thirty split to be honest.

(member of co-ordinating team)

Coordinating staff suggested that they were constantly reviewing how the programme could be improved. After each programme session the team of facilitators involved meets to discuss what had gone well, and any issues that need addressing. These include dealing with challenging behaviour, and adjusting session games and activities to reflect the age of the young people taking part. Sometimes participants themselves make suggestions, such as requesting more time for discussion during the sessions. Whilst the structured nature of the programme restricts the extent to which sessions can be altered, such requests can be addressed by arranging additional meetings after the programme, for instance.

Generally, it was felt that over time the programme coordinating team had improved communication with facilitators and others, and had developed more effective and streamlined systems. For instance, the facilitators were now grouped into teams, and team building days had been organised to enhance collaboration between facilitators and provide them with updates regarding developments on the programme. Another example was the fact that facilitators had initially been given photocopied sheets from the programme prior to each session. This had been changed so that facilitators were loaned a copy of the entire manual before the programme started, thus ensuring that everyone was well prepared, and reducing the need to produce multiple copies of documentation each time the programme was run.

A broader issue raised in the interviews (and discussed as a limitation rather than a weakness) was that the Cardiff team cannot meet the current demand for the programme from within its existing financial and personnel resources. Because the programme moves around the city (visiting each geographical quarter annually), some families have to wait for up to a year before being able to access it. As one of the participants commented, "The biggest frustration is that I can't meet the need, I can't physically deliver enough programmes by myself or with the team that we have so far to meet the need within Cardiff." These constraints also mean that the Cardiff team is unable to provide Booster programmes during 2008.

A final set of issues discussed in the interviews with programme staff concerned their thoughts about where best to locate the programme. Although the coordinating team have their own office, the programme itself is delivered in the community, and moves around Cardiff, using schools, community centres and other

facilities. It was felt that the peripatetic nature of the programme was a strength in that it kept the programme close to the communities it served. However this set-up also meant that the programme staff spent considerable time transporting materials to and from their offices and the programme locations. The cost of renting rooms in buildings such as community centres could also be expensive. Whilst having a dedicated building for programme sessions was seen as an attractive option in many respects, no one location in the city would be convenient for all families who needed to attend, and it was felt that, on balance, moving the programme around the city was an effective way of working. However it was suggested that the co-ordinating team might benefit from having a larger office space where there was more room to store programme materials and files.

FACILITATORS' EVALUATION OF THE PROGRAMME

Eleven facilitators participated in a focus group. They came from a range of organisational backgrounds, representing a total of seven organisations.

Outcomes for families

The facilitators rated the programme highly, both in terms of what families had gained from attending, and the way in which the coordinating team had organised its delivery.

Facilitators described how families had experienced changes as a result of attending the programme, including the strengthening of communication and bonds between parents and children. Participants in the focus group were asked to write down what they thought the programme had achieved, and then to share these comments with the group:

I have picked up on communication and that's really what I found, what has stood out for me. What I liked about it is that the parents ... through the training, could see things from the child's point of view and vice versa. And I think that's really important and often, you know, when everybody got back together again [in the family session] it was just a nice feeling, parents and young people bonding with one another. You realise perhaps that there has been a 'light bulb moment' on both sides and now they can work together and sort out their own problems when they are in their own family. And there was a sense that 'Actually, our family is really important and means a lot', you know, when they were doing those art activities which were family centred. There was a very strong feeling, even if there was only two people in the family, when they were drawing those [family] trees and things. I found it quite moving how they valued what they had and they built on what they had, you know? So that's really about communication and a sense of being a family, however that was made up.

(facilitators' focus group)

... bridging understanding between parents and young people, allowing each other to see the other's loves and stresses and to understand each other's culture from another point of view. Up-skilling both parents and young people in how families work effectively, how to love each other in an

emotionally safe environment. ... an emotionally safe environment is very important from a learning point of view so that each part could see the other's vulnerabilities and from that resource, from understanding that you can then develop that, because it's quite important seeing that weakness I think.

(facilitators' focus group)

Facilitators also described how families had gained from spending one to one time with their children:

I think the thing that I was most struck by ... is that [for] some families - particularly bigger families, [the programme sessions] might be the only opportunity that child has ever had to spend time alone with their parents and they are encouraged to use their time in a really positive way and I think that in itself is a really important part of the programme.

(facilitators' focus group)

It was felt that a strength of the programme was that families actually got the chance to practise the skills they were taught during the weekly sessions. Some of the facilitators had been quite moved by the experience of sharing the families' experience of making positive changes in their lives. Facilitators also felt that families had gained a sense of community through making links with other participants. As a result they had sometimes become less isolated, and through sharing their experiences had gained support and trust from other families.

Some facilitators suggested that not all families actually used their new found skills in between programme sessions, but another argued that this should necessarily be seen as problematic:

.... I think lots of parents in the process of change in their relationship [it] is slow and you might not see that practice that week, or the next week or you might not see it for a year. Perhaps they don't have conflict with their ten year old. They turn eleven and suddenly that 'I' statement, and they think 'Right, now I know what they are talking about' and the practice can come at the most unexpected time. It doesn't mean it was lost, it's like an emergency stop on your driving test. How many times do you do it, but it's there when you need it. And I think perhaps just because the practice isn't done, it doesn't necessarily mean the lesson hasn't been learned.

(facilitators' focus group)

As well as enhancing family bonds the programme was also considered to have helped adults strengthen their parenting skills and feel more confident as parents, including expressing emotions:

I thought the programme gave a sense of confidence to the parents because very often through the programme, through the activities, 'I thought I would do it this way but I wasn't sure if I was doing it right sort of thing'. You know, we obviously say there is no right or wrong way for certain things

but it gave the parents confidence in lots of ways and also it is showing the young person as well that parents need help sometimes to bring them together and even to show them love.

(facilitators' focus group)

... because the other parents were doing similar things, it made them feel confident to express their emotions, so the parents were a bit sort of, I don't know, tight with their emotions, but then in view of the fact that all the other parents were doing the same thing, it sort of opened the door for them to say 'Well it's okay to say how you feel about your child and open out your feelings for your children.'

(facilitators' focus group)

Facilitators also felt that the programme had provided young people with new skills, including those around resisting peer pressure, and understanding their parents more.

Another positive feature of the programme for families was that they sometimes saw facilitators in a different light. Facilitators had referred some families to the programme when they were experiencing problems. Whereas facilitators' interactions with families may have previously focused on these problems/issues, in the context of the SFP the facilitator was engaging with them in a very different way that felt more positive and holistic:

... the programme is very special, it's a very special programme. And I think the fact that the families see people from different agencies actually facilitating together, because often, we will see families and they will say if they come, 'she's [the facilitator] telling me I have to go to school' and they see you in a different role, and I think that is only helpful for families to see that, everyone is in a helping role for them, a support.

(facilitators' focus group)

Programme content was seen as good, particularly family-oriented activities such as the family tree exercise and the opportunity to practise holding family meetings.

Programme organisation

Facilitators felt that programme organisation was very good, and made particular reference to the fact that the coordinating team ensured programmes were comprised of a mixture of families. This mix – of families with and without higher level challenges was seen to enhance the learning outcomes for families, increase retention levels, and aid the smooth delivery of programme sessions. It was generally felt that including a mix of families with different values and life situations enabled people to engage with different kinds of experiences and that it enhanced learning between families:

... there was a lot of good organisation that went on in the background which we didn't really see but it was evident. An example of that would be the mixture of families that were on our course. Because it is not simply

'problem' families - anyone can come, and so what you have is a range of different families which for me really helps the mix and dynamics within the group sessions. Because obviously there are different strengths and weaknesses and there is a lot of shared learning going on which I think is very powerful and understated.

(facilitators' focus group)

Where programmes were attended only by families with significant difficulties or problems there might be too many needs within the group, and the programme could prove too challenging for participants. It suggested to families that their peers were other families who had problems. Although the joint learning through the mixing of families worked in multiple directions a common theme in the discussion was that where families brought positive values to the programme these helped set the general dynamics of the programme and influenced other participants:

Participant 1: And it's very difficult I think to get that balance, it's an unspoken and unwritten optimum level of, and I don't even know how to describe them, almost values, within the group, right across the group, so that for families having difficulties, they are almost kept buoyant by the ambient value, are you with me?

Participant 2: Yes.

Participant 2: There are more positive than negative ratio.

Participant 1: It keeps them afloat in the group dynamic which is really important. And then as a facilitator you can just carry that group through the process.

Participant 2: Because if you have all negatives then it is not a very successful, it's pulling them down.

(facilitators' focus group)

Another facilitator felt that by having mixed groups, the programme made a powerful statement to families who came to the programme with problems that their peers were other families, rather than other families with problems:

Something I feel as a parenting worker, and that's my role, a big part of my role is boosting parents' self esteem and I was fortunate enough to facilitate a programme where this experience would have been learnt. But I think a danger of, or a risk of putting lots of families who have experienced a lot of difficulties together is you can compound their low self esteem, so they are thinking 'These are my peers', and that's very difficult. But if you keep that mix, then they are like, 'Actually these are my peers, my peers are just parents full stop', and I think that is again, really subtle but positive.¹³

¹³ The mixing of families in this way is clearly seen as a way of de-stigmatising attendance, and challenging the labelling of families. However, the reference to 'problem families' suggests that

(facilitators' focus group)

Other aspects of programme organisation were also noted as being well managed, including the preparation of materials for individual sessions, and provision of practical support for families:

Participant 1: Something that hasn't come up at all is the way the programme is run and facilitated. It's not just talk and chalk really is it, it's the way it's done. But it's all the other little bits as well - the food, the catering, the child care. All those are quite unique compared to any other programme I have come across at least, and I think that is what makes it work so well. So you know, that is a very important element that needs to be attached to the programme that's crucial to it to work really.

Participant 2: Logistical support?

Participant 1: Yes, exactly. And like I say, the coordination. Because everybody arrives there with everything they need and there is a lot of equipment and materials needed, and it is all prepared for us really before we get there.

Participant 3: It's very much a production isn't it? The background workers and the work that is done, the groundwork before it kicks off, the catering and all that. It is so important - especially for families because they have got to fit it in with the rest of their lives and if it doesn't fit, they won't come, and it's as basic as that.

(facilitators' focus group)

Multi agency working

Participants in the focus group were extremely positive about the multi agency working which characterised the SFP10-14 in Cardiff. Reference was made to the fact that when difficult or challenging situations arose during programme sessions they were able to draw on a range of skills which facilitators from different professional backgrounds brought. The handling of all administrative tasks by the central coordinating team was seen to be crucial, as it reduced the amount of time which facilitators needed to devote to the programme, and made being involved in the delivery of programme sessions manageable:

I'd say the one thing that it is really positive because it is multi-agency working, the more the organisation is done centrally, it's much easier to give up the time to facilitate. Whereas if there are huge requirements, for me personally, to participate in all the preparation that would be much more difficult to fit in with my day job as it were, [?]. You just come and use your facilitation skills and your skills with that group of service users rather than requirements of being tied up with the prep which is time consuming.

(facilitators' focus group)

achieving such a mixture depends on at least some characterisation of families in terms of problems/needs.

The SFP10-14 also represents a programme which the facilitators viewed as of value to the families they were working with, particularly because it was not something they would have been able to deliver from within their own organisations on a uni-organisational basis:

I think prior to the programme people were doing parenting for teenagers but it was hard to get groups up and running and to get the numbers really. I think certainly from my point of view it has helped me access a provision and ... it gives a venue and also the co-facilitators to run the programme. I wouldn't be able to do it on my own in terms of having a crèche and the venue and the staff ...

(facilitators' focus group)

During the focus group it also became clear that the multi agency working within the programme had achieved an impact that extended beyond programme delivery to broader organisational cultures. Through working on the programme facilitators had learnt more about the cultures of other organisations, and had gained an insight into the fact that they shared the same goals and values around the importance of strengthening the family unit:

Participant 1: ... I mean the multi agency thing has been very effective and very interesting, you know, because you get to understand other people's culture, other organisations' culture. It's very helpful in other parts of my work.

Participant 2: And you realise that you are all working towards the same goal but you are going about it in different ways you know, the ways that your organisation works.

Participant 3 [?]: Coming from a different perspective, aren't we really, but with a common aim in that sense?

(facilitators' focus group)

The facilitators described several ways in which the programme's ethos, and their experience of working outside of their normal day to day roles had helped them develop their professional practice. One facilitator explained that in delivering the programme they were working with their existing clients in a new context, and that this had enabled them see families in a different light:

... I can think of a family that we worked with on our Strengthening Families Programme. ... I deal with the particular family with my job ... so I knew the family for a couple of years. And to see them in a different situation, in a different area, outside the home was enlightening for me. Because I could see how the family were actually interacting with one another. When I was on the doorstep and actually into the home, father and mother were wielding a big stick as it were, you know - 'You must do this, you must do that'. But in the programme, and over a number of weeks, then I saw the family interacting with one another. It changed my view of the family because you

only see it in a negative way really with my job ... but seeing it then, the family working together and the love between the family was amazing, absolutely amazing. So I think we need to, well I do, ... need to think of the whole picture rather than the little window I go in with the family for the reason I am going there - quite amazing.

(facilitators' focus group)

A number of participants suggested that working on the programme had increased their self confidence, and taken them outside of their 'comfort zone' within a safe and supportive environment:

Participant 1: It does make you a more confident person as well. Before I started here I thought 'Am I going to be able to do this?' I was so scared, but then when push comes to shove, you are there, you have got to do it, so you do become more confident in yourself as well.

JS: As a facilitator?

Participant 1: Yes.

JS: Okay. [?] is that [what] other people you have found or? [?]

Participant 2: Yes, I have. I was in the comfort zone doing the parent group. And because I felt it was, there were a lot of videos to look at and you know, the pressure was off a bit. And they were less unpredictable for me than maybe the other group - the children. And so I thought I would stay in that group. But then the next time around I had a choice, but I opted to go with the youth group because I thought 'No, you have got to challenge yourself a bit, you have got to go in', and when you do feel a bit anxious, you have got to step up to the mark and do it, and so you will learn more that time. So you are absolutely right, it's a challenge for you as well to push your boundaries a little bit wider.

Participant 3 [?]: It's a challenge but it is also a safe place because, well, I thought it was a safe place anyway because you have the debriefing the next day and you are supported in that way, so you remain positive.

(facilitators' focus group)

Clearly, therefore, facilitators felt that the programme had produced many positive outcomes for families, and for themselves as practitioners, with some of these impacts affecting broader organisational cultures.

How the Programme could be improved

The facilitators' discussion of how the SFP10-14 in Cardiff could be improved focused around four main issues:

- the cultural appropriateness of the programme for different age and ethnic groups;

- allowing more time for parents to discuss issues which had been brought up during programme sessions;
- involving families in the delivery of the programme; and
- expanding provision to ensure fast access to the programme.

Cultural appropriateness of the programme

Facilitators' evaluation of programme content was generally very positive, but a number of possible improvements were put forward. One of the most important of these concerned what was referred to as the 'cultural appropriateness' of the programme, and how relevant and acceptable the sessions were to various groups. Cultural appropriateness was discussed in three contexts:

- the use of American English;
- making the programme relevant to young people (particularly in relation to language and style of delivery); and
- the acceptability and accessibility of the programme for members of different ethnic groups.

Each of these is dealt with in turn.

Although the Cardiff SFP10-14 uses UK versions of the programme materials, facilitators suggested that these contained some American English, and that some exercises still needed to be culturally 'translated' to make them more meaningful for a Welsh audience:

Participant 1: ... the other thing I would change in a perfect world is the language that is used there for some of the exercises. We tend to sort of translate it ourselves almost, but the way it is written is still very American and doesn't always fit into the sort of Cardiff cultures because it is only being used in Cardiff really at the moment so, you know, it wouldn't take much to be translated into Welsh Cardiff grammar really!

Participant [?]: The letter - the parents write a letter or the children write a letter to the parents. It was very, very Americanised the wording, and we did actually change that, it was rewritten.

Participant 1: Some are quite sickly almost if you are honest. But no, it's different cultures isn't it? Equally if there was a Welsh programme written in our language taken to another country I'm sure they would be saying 'Well what does this word mean? We don't speak like this'. And I know the first thing they changed was the DVD or the videos because they just wouldn't have applied but yet the pack is still written that way. I know it is being slowly changed, but as I say, in an ideal world it would be written - all the case studies, all the role plays would be things that happened locally and so people can apply those more naturally.

(facilitators' focus group)

The facilitators felt that some aspects of the programme could be made to feel more relevant to young people, and put across in their 'language'. It was suggested for instance, that the programme creeds could be texted to young people in between sessions to help reinforce the messages which they were promoting. Another idea was that contemporary pop music could be used for the 'countdowns' when session activities were coming to an end:

Participant 1: ... I just thought we should have had something really relevant that is in the charts now that they could relate to because they are so tuned into music, I know the track was changed every programme but something that they could relate to.

Participant 2: Like a jingle or something?

Participant 1: Well you know, something like that song 'Umbrella ella', that is in [the charts] at the moment. Then they would be able to relate to that, and that would grab their attention. But in six months time you would have to put something else in instead. But just something that is relevant to them because I think it makes them think 'This is for me' - it opens them up a little.

(facilitators' focus group)

The large age range of young people who attend the programme was also seen to represent a challenge in terms of ensuring that the activities and session content were appropriate to all participants. On one programme the older children attending had found the 'driving' game insulting, for instance. It was also felt that some of the programme content on drugs was not always appropriate for the younger children who attended the sessions. Although the large age range was seen as raising problems, one participant felt that mixed age groups on the programme could be helpful because they reduced the pressure on older children to be 'cool', and enabled them to participate more fully in group activities:

Participant 1: ... we had quite a mixed range and they did go right down to ten. And I was thinking how somebody wanted to appear cool, you know, if you are all fourteen.

Participant 2: Well that's true I think, a ten year old would be much more likely to join in.

Participant [?]: And the fourteen year olds might think 'Oh, we'll humour the kids', giving them the freedom almost to engage because I think sometimes when fourteen year olds are surrounded by other fourteen year olds, the pressure to be cool is horrendous, you know? It's going to be a real barrier to engaging and I think a wide spectrum of youth, perhaps with even more at a younger age does make engagement easier for everybody.

(facilitators' focus group)

The third aspect of cultural appropriateness discussed concerned the extent to which the programme was a universal one, particularly in relation to different ethnic

groups. At present the programme is delivered entirely through the medium of English in Cardiff, and all programme materials are in English (though a Spanish version also exists). Therefore, at present, the programme is only fully accessible to families who can understand English. A family in which one parent did not understand English had considered attending. They did not attend the programme, and although the reasons were unconnected to either programme language or content, the facilitators discussed the issues which had been raised:

For the parents' session [one parent was going to translate for the other] weren't they, and it just wouldn't have worked. We wouldn't have had time to discuss what we were going to discuss without the translating holding it up.

(facilitators' focus group)

The facilitators also discussed to what extent the programme was a universal one in the sense that families from some ethnic groups might not be happy with the inclusion of certain topics, such as those relating to drugs and alcohol. Again, this was not perceived as having been a particularly big problem in Cardiff, and the discussion was mainly focused around that of one family. But it raised the broader issue of how applicable the programme is to different ethnic groups, and some of the barriers to attendance that might exist:

Participant 1: It's a very valid point, the cultural significance, because we very nearly had a difficulty when a ... family [from an ethnic minority group] was going to join the group and that would have presented real difficulties just from a cultural point of view with language.

Participant [?]: Sex is mentioned. Drugs and alcohol.

Participant 1: I was just so pleased after that they didn't come, which is awful really but I don't know how we would have handled it, honestly, it would have been very difficult.

Participant 3: It would have been a real challenge.

Participant 4: So therefore the programme doesn't engage all families from all cultures. It's not multicultural certainly.

JS: What would be the potential solutions there do you think?

Participant 1: Well, we looked at having a translation written into the language and giving them that prior to each of the sessions so they could actually familiarise themselves with it but even that.

Participant 4: The subject matters that are covered in the course.

Participant [?]: Apparently [one parent in] the family was quite happy with the subject matters but the [other] wouldn't have been. I think [one parent] fully wanted the youngster to be aware of everything and wanted

them to participate in the whole programme but it was the [other parent] that was saying 'no' to this and 'no' to that. I think they still would have come, it was a different reason why they didn't come. It wasn't because of that, it was another reason.

(facilitators' focus group)

Allowing time for discussion

Facilitators felt that the highly structured and fast moving nature of the programme sessions sometimes left inadequate time for discussion. This was seen as problematic both in terms of limiting learning outcomes, and the fact that quite difficult issues were raised in the sessions, but there was not always time to explore these fully:

Participant 1: ... it's a very powerful programme and it raises a lot of issues for a lot of the parents. And sometimes it is like opening a can of worms and they want to discuss that further and then the time goes and you have to move on to the next. And that can close them down very quickly and that is not always very effective for people to do that as well.

Participant 2: There is a lot of lost learning. You know, it is such an effective programme that it does raise all these issues, and yes it is prescriptive, but it has to be because of the time limits. And that's double edged, because if we did have the discussion time it may be too long and others might get bored, so there are all sorts of spinoffs there. But there is a lot of lost learning. You know, when issues are raised, we have all talked about the shared learning and values and if we could just, you almost need a sort of parallel programme - not alongside it, but maybe after it, or, I'm not sure. But something to deal with all the other issues but in such a supportive way - it's very effective.

(facilitators' focus group)

It was suggested that one way to address this problem was to provide some kind of informal 'drop in' sessions at which parents could meet with fellow participants and some of the programme facilitators. Facilitators who had referred families to the SFP10-14, and continued working with them outside of the programme, felt that this had helped to provide time for parents to discuss issues which had arisen during the formal sessions. Another possible addition suggested was the provision of more structured ongoing support after the programme ended.

Involving families in the delivery of the programme

Another suggestion made in the focus group was that parents and young people (who had received appropriate training) could be more involved in delivering programme sessions, and the value of peer learning among young people was mentioned. At present, young people who have practical experience of dealing with peer pressure or who have had interactions with the criminal justice system are invited to one programme session to answer participants' questions as 'youth mentors'. One facilitator described very positive experiences of these sessions, but another felt it had not been successful, mainly due to problems in finding people to

take part. An interesting discussion took place regarding the challenges of involving young people in the delivery of programme sessions. Inviting young people to attend programme sessions and share their views with participants was seen as having the potential to make the delivery of key programme messages more effective. However it inevitably meant that facilitators had to relinquish some control over the content of such sessions. A connected issue was that the views and experiences described by 'youth mentors' might be appropriate for older children attending the programme, but inappropriate for the younger participants.

Other issues relating to programme delivery

A number of other issues relating to the delivery of the programme sessions were discussed. One person disliked the programme creeds and felt they were a waste of time, but another saw them as a valuable psychological technique which got participants to internalise positive affirmations. It was suggested that the programme sessions provided the opportunity to promote healthy eating, and that this could be considered in the context of the prizes and rewards given out (which in some cases had been sweets). Discussion took place regarding the appropriateness of asking families to complete both sections of the PCSQ/YPSQ at the end of the programme. Both sections of the questionnaire contain the same questions. The first section of the questionnaire measures participants' behaviour/attitudes before they attended the programme; the second section measures these behaviours/attitudes after completion of the programme. Some facilitators felt that the first part of the questionnaire (measuring parents'/young people's attitudes/behaviours before the programme) should be completed prior to their attendance, and it was suggested that asking participants to complete both the 'before' and 'after' scales at the end of the programme did not necessarily provide a true picture of the changes that might have taken place. The home visit was felt to be a suitable opportunity for families to complete the first section of the questionnaire. However it was also pointed out that asking families to complete section 1 of the questionnaires before attending the programme might reinforce negative aspects of their current situation, and that families were more able to compare their behaviour/attitudes at the beginning and end of the programme once they had completed attendance.

A final suggestion made by the facilitators was that it would be a good idea to produce a DVD for families to explain what the SFP10-14 would be like, and the kinds of activities and sessions they could expect.

Access to the programme

Several comments were made about the need for more programmes to be provided so that fast access to the SFP10-14 for families could be guaranteed. More frequent delivery of the SFP would also allow families to re-join the programme if they had to stop attending mid course, or to access sessions they had previously missed. It was also argued that the booster programme needed to be offered to families approximately two months after the end of the main seven week programme to help

reinforce what families had learnt. Access to the programme for grandparents was put forward as an important issue.¹⁴

Although not discussed in the focus group, increased provision along these lines would clearly raise the issue of the additional funding which would be required.

Workload and time issues

The facilitators discussed the large commitment which they made to the programme whilst working on a seven week programme. Some felt that they needed greater recognition from their employer of the amount of time they devoted to the SFP, or to be released for an increased amount of time. For instance, several facilitators had been released from their normal duties to attend the programme planning meetings on a weekday morning, but had not initially been given time off in lieu of the hours spent actually facilitating programme sessions (though this had subsequently changed). And although facilitators were released from their normal duties, this did not always mean that their actual workloads were reduced. The fact that the organisation and co-ordination of the programme was handled centrally (and not by them) meant that the amount of time they had to contribute could generally be accommodated. However, it was felt that if further demands were to be placed upon facilitators that this might begin to place a strain on the successful multi agency working which had characterised the programme:

I know it has been mentioned but I think I need to reiterate it. At the moment, the success of the programme at all relies on basically the goodwill of interested agencies and I think maybe that will outlast the limit, which is why I said at the beginning that without that central core organisational support, and it would then take up two extra hours of my time and suddenly my boss would have me in and say 'I can't give you up that much'. So I think, specifically, that the facilitators are central. Without the facilitators it wouldn't happen. I think you need to be really sensitive to the multi-agency approach which depends on the fact that those agencies are willing to give up their staff and I think at the moment the programme does that perfectly, the level of support it offers facilitators, but I think if anything more was demanded of them it might just tip the balance.

(facilitators' focus group)

One interesting tension to emerge from the data however was that because facilitators are not normally asked to facilitate more than once per year it can be difficult to become familiar with programme content:

The problem there is you get facilitators that, well, it's the same with myself, that haven't done it for a long time. And it takes a while to get back into it, whereas facilitators who are doing it on a regular basis, every few months, does well then because you get somebody who knows that programme inside out and can do it without thinking and that's what makes it

¹⁴ A member of the SFP coordinating team confirmed that the main carer(s) of a young person can attend the programme, regardless of their biological relationship. The programme is therefore open to grandparents if they meet this criterion.

gel really nicely isn't it? But it's very difficult, the way it is set up in this area for anybody to become that personal, with the exception of perhaps the coordinator. So I don't know how you deal with that, it's just logistics.

(facilitators' focus group)

THE EXPERIENCES AND VIEWS OF PARENTS AND CAREGIVERS

Participants' backgrounds

A total of six parents (from six families)¹⁵ participated in the research – five mothers and one father. Two focus groups were conducted. Four parents attended the first focus group, and two attended the second group. Participants were asked to complete a background information sheet before the focus group, including information on employment status, reasons for attending the programme, and age. The age of participants was as follows: between 20 and 29 (1); 30-39 (2); 40-49 (2); and 50-59 (1). Participants attending focus group 1 (FG1) had all recently completed the same SFP10-14 booster programme together. Participants in focus group 2 (FG2) had completed the main 7 week programme but at different times and locations. Neither had attended Booster sessions.

Recruitment and referral

Parents had accessed the programme for different reasons, and their experiences of referral or recruitment also varied. Five parents had been encouraged to attend the programme by a practitioner who was working with their family, including school staff, a healthcare professional, an education welfare officer, and an NCH worker. One of these parents had already decided to attend after receiving a leaflet that was distributed at school to pupils in her child's year group. Referrals to the programme had been made with the aim of helping families who were experiencing some kind of problem or difficulty. The sixth participant had been encouraged to attend by a programme facilitator, and advised that the programme would be a helpful way of preparing for parenting a teenager; this was not in response to any specific difficulty.

Focus group participants described having had rapid access to the programme, and that the time between being offered a place and attending the sessions was short. This was felt to be very positive. In some cases this experience had been a favourable contrast with other services, where parents had felt 'let down'. As discussed in chapter 4, when a programme run is organised and a location confirmed, the co-ordinating team will normally contact partner agencies with a view to receiving referrals from the relevant local area. Therefore, referrals are often made shortly before a programme starts. Information leaflets are also often distributed within the local school, especially when the programme is situated in a school. Other families who are referred to the SFP10-14 (not in response to details

¹⁵ The aim of the focus groups was to explore parents'/caregivers' experiences of attending the programme, and we did not ask them to talk in detail about their personal circumstances. At the time that participants were recruited into the research project they were not attending the programme with a partner or co-parent/caregiver. We did not ask participants to discuss why partners or co-parents/caregivers had not taken part in the programme.

of an upcoming course) may have to wait significantly longer, particularly if a programme is not scheduled to take place in their local area.

Given the small numbers taking part in the research, it is not claimed that the experiences of participants are representative of all families, including the experiences of families who 'self refer' to the programme.

Parents'/caregivers' hopes and expectations of the SFP10-14

Overall, participants did not appear to have embarked on the programme with a detailed set of expectations, and several described feeling uncertain about what to expect. One parent was concerned that her skills as a mother might be criticised. Most participants identified things which they hoped to gain from attending the SFP, and in some cases these were tied into information about the programme which had been provided by referrers or programme staff. Three key areas appeared important: to gain a better understanding of their children; support with managing family life, especially following recent problems or upheavals; and developing enhanced parenting skills.

Evaluation of programme content

Programme DVDs

Parents' evaluation of programme content and activities was generally very positive.

The DVDs shown during the sessions were singled out for praise, and were seen as very effective. Parents had found them interesting, and felt they put across key messages in a way that was easily understood and entertaining:

Int 1: I think it was a hell of a lot better having a DVD rather than somebody stood there

Int 2: Mmm

SB¹⁶: Mmm

Int 1: you know like this and you're just like, like with a DVD it was like proper actors. You wasn't listening to the same voice constantly over and over again like a lecture. And you was like more entertaining.

SB: Yeah, yeah, yeah.

Int 1: So I think that was really important as well, and that's what I think what kept me going, knowing that I haven't gotta sit there and listen to somebody going on, the same person over and over again ... you know we had [a] DVD and then we had a talk, and a DVD, and then we discussed it. And that was really important as well.

(parents' focus group 1)

¹⁶ Stephen Burgess, who facilitated both of the focus groups with parents.

Two specific positive aspects of the videos were highlighted. Firstly that parents had found it easy to relate the scenarios in the DVDs to their own parenting experiences, something which had helped to normalise their feelings about themselves as parents. Secondly, the parents felt that the DVDs had enabled them to see things from their children's points of view:

Int 2: They showed the video clips here and we'd sit down and have a discussion about what we just seen and it did ... seem to sort of make you understand like you know, well, if you did it that way then you might get ...

Int 1: How many times did you look at the DVDs on the first instance, right, where a parent was doing something wrong and see yourself there over, and over, and over. I thought 'I do that.'

Int 2: Yeah

Int. 1: And then you'll be sat there waiting, 'Now how am I supposed to handle this?'

Int. 2: Yeah.

Int. 1: And I ... so many times, you know [thought] 'Oh I do exactly that, or 'I don't walk out of the room and I stay there', and 'Don't you have that word on me'.

(parents' focus group 1)

Int. 2: ... it did, it made you look at it from the child's point of view

Int. 1: Yeah

Int. 2: and, and like 'Oh God is that me?', I shout like that, oh no'

Int.: 1: Yeah [laughs]

Int. 2: 'Cause what, until you can see it looking outwards

SB: Right

Int. 2 you can only then, it's like looking at a film or something. [?] You can only then put yourself in that position and how the child is then feeling because of your actions.

(parents' focus group 2)

A general observation is that the DVDs had enabled parents to reflect critically on their own parenting skills and the perspectives of their children in ways that would not have happened (or happened to the same extent) if the programme content was comprised entirely of interactions with facilitators.

Programme activities

Participants appeared to have found the parts of the programme which dealt with parenting skills extremely valuable. These included:

- using 'I statements' (in which the parent indicates how a situation such as bad or good behaviour makes them feel)¹⁷;
- learning to listen to and understand their children more effectively;
- dealing with stressful situations, such as leaving the room rather than engaging in shouting/arguments;
- setting consequences for bad behaviour; and
- asking young people questions when they wanted to go somewhere by themselves (What?, Where?, With who?, Why?, etc.)

Participants had also found the family activities (where parents and children worked together) enjoyable and valuable. This included 'fun games', and the sessions in which families created family shields and trees. These activities were described as positive both because they allowed parents and children to work on something together (often on a one-to-one basis) and because parents learnt to view their family in more positive ways:

Int. 1: I liked the activities we did ... when we had to go into the kids' room, 'cause we had to do a family tree and,

Int. 2: Yeah, that was good actually

Int. 1: you know and a family shield and things like that

Int. 2: Yep

Int. 1: Erm, actually I gotta be fair, I enjoyed doing it with him [my son] and he enjoyed doing it with me like, you know. It weren't 'Ooh' [huff/ sigh type sound]. It really, like got, it really like, how can I put it, 'cause I got the other four [children] as well, it's hard to have time like, you know. ... do you know it weren't like, 'Come on I have to rush now because ... I've gotta go and do this and I gotta do' [pauses] You know we had time to do it together, and, I gotta be fair, that was good.

Int. 2: Yeah. You're right yeah, those activities they made you, like your family tree and stuff, they made you look at positive things about your family, didn't they?

Int. 1: Yeah.

Int. 2: And, alright, we might shout and we might do this, but, you know, we're good because we do this or your dad's good because he does that, or you're good, and you know, it made you look at things positively, didn't it?

¹⁷ For instance, 'I feel sad when you are naughty'.

(parents' focus group 2)

The distribution of slips of paper each week (which helped parents to remember and practice new skills or statements) was seen as useful, especially as parents were also given fridge magnets on which they could be fixed.

A final view which was expressed in relation to programme content concerned the age appropriateness of certain sessions for children at the lower end of the age range the programme is delivered to. In FG2 the two parents felt that some of the information on alcohol and drugs was not necessarily appropriate or relevant for their children who were at the younger end of the programme's age spectrum.

Programme creeds

The programme creeds generated significant discussion in both parents' focus groups. Overall, the parents seemed to feel that the creeds had a place in the young people's and family sessions. The inclusion of the family creed at the end second hour was seen as helping bring the sessions to a natural conclusion. But participants did not find the parents' session creed particularly helpful. Indeed, this was the only aspect of the programme content on which parents had consistently negative views. One parent in FG2 described feeling 'a bit of an idiot' while saying the creeds, whilst another in FG1 had experienced the creeds as 'belittling':

Int 1: Well yes we are trying to bring up kids. We know that, and we don't really need - well I don't really need a little plaque to [trails off]

Int 2 and Int 3: Yeah

Int 1: to [...] remind me what we...

Int 2: We were on that, we're on that course, and we stayed there

Int 3: So that shows enough, don't it?

Int 2: So that just shows enough, we don't need to - to read out something

Int 1: Mmm

Int 2: to - to erm [pauses] say we care and then innit

Int 3: Mmm

SB: Mmm OK

Int 4: I t's almost a case of when it came you sorta go 'Ooo nooo' [groan]

Int 3: [groans in agreement]

Int [?]; Ooooooh, you know? You gotta be fair

[some laughter]

Int 2: That's one negative thing about the course

Int 3: Yeah

Int 2: ... it's only one thing I can think of on the course that I didn't really like - that's that one

(parents' focus group 1)

Two further comments were made about the creeds which helped to explain parents' generally negative experience of them. Firstly, one parent felt that the creeds reflected the American values that were present in the course, and that these needed to be 'culturally' translated for a Welsh or British audience:

Int 1: It's British people in the actors on the DVD

Int 2: It's British...mmm[?]

Int 1: But you can't still tell it's Americanised.

SB Sure. OK.

Int 1: So get rid of the creed and it won't be so obvious.

(parents' focus group 1)

Secondly, the creeds use a predetermined set of words, rather than a statement which has specific relevance for parents, or is produced by them:

Int. 1: ... if you could write, if you sort of had your own it would have been, but it's just, it's, you're, its, kinda [whispers 'pants?'] it was, it's like, 'oh no'

[all laugh]

SB: But your own might have been a different thing

Int. 1: Yeah, because, someone else's words perhaps don't, you know, it doesn't relate to your particular circumstances, sort of thing, you know?

(parents' focus group 2)

Evaluation of programme delivery

There was universal praise for the way in which the facilitators had delivered the programme and interacted with families. Parents initially felt nervous about attending the programme, but were made welcome, and described programme sessions as taking place in a relaxed atmosphere, which made them feel comfortable. One key area of satisfaction was that participants had felt encouraged to express an opinion, and that different views had been respected. Another aspect of the programme which was seen as positive was that it had been delivered in a non-judgmental way. Whilst some participants had been concerned that their

parenting skills might be judged by the facilitators during the programme, such fears were soon allayed:

Int 1: ... it's good because you come into the group ... [and] nobody knows anybody

Int 2: Yeah

Int 1: Nobody can judge anybody

Int 2: No, no [agreeing at same time as Int 1 talking]

Int 1: Nobody knows what you're problem is.

Int 3: no

Int 1: 'Cause none of us ever discussed, you're just a normal person,

Int 2: Mmm

Int 1: trying to bring up your child,

SB: Sure

Int 1: who's got problems, but you're not being judged. No one's being judged.

SB: Sure.

Int 4: You can divulge as little or as much as you want to.

(parents' focus group 1)

Int 1: ... it was a very relaxed atmosphere [which] made both me and my children feel sort of comfortable instantly really ... [The] sort of apprehension I had coming ... completely vanished as soon as we came through the door ... It was, you know, all fun and friendly

SB: So is that

Int 1: non-judgemental.

(parents' focus group 2)

Outcomes from attending the programme

When asked what they gained from attending the programme, all participants described positive outcomes. The key impact of the programme appeared to be on parental skills and family functioning.

A strong and recurrent theme in the data was that communication and understanding between parents and their children had improved. Parents were

calmer, had learnt to listen more effectively, and tried to understand their children's point of view:

Int 1: I'm just calmer, so I don't jump down her throat straight away now. I can stop and listen

SB: OK, OK. So generally it's sort of managing situations?

Int 1: Mmm [confirms]

SB: OK, is ... there anything you just wanted to add, to that? ...

Int 2: Erm, what, what Int 1 said then. Instead of jumping down their throats, erm, if you really, really, if they really, really have done your head in you leave the room, you know? But I would never have thought of doing that before [I came on the programme].

SB: Right

Int 2: I'd go on and on and on and on,

SB: OK

Int 2: You know, if they've done something really bad

SB: OK

Int 2: and erm, the listening as well -

SB: Mmm

Int 2: listening to them first and then you give them your reaction and then they can do, they can do the same to you.

(parents' focus group 1)

... I listen to him [my son] more, he listens, ... to me more so [pause] it's better all round because we were always screaming and fighting and, you know, ... we just weren't, I just weren't getting nowhere.

(parents' focus group 2)

In general, these changes appeared to make participants feel more confident and positive as parents.

Parents described having acquired specific skills, such as setting clear limits and consequences, expressing how they felt (through using 'I statements') and dealing with stressful situations or conflicts at home in a calmer manner. Analysis of the data suggested that parents had continued to use at least some of the skills and insights gained on the programme over the longer term. Resources such as folders and fridge magnets had helped remind parents of techniques and phrases they had

learnt on the programme. It appeared that parents had used the techniques with their other children (who had not been on the programme). There was evidence that some participants had shared the knowledge and skills gained on the programme with their friends. Parents in FG1 were keen to attend the programme again with their younger children, once they reached 10 years of age, but this issue was not discussed in FG2.

One parent in FG2 suggested that they had forgotten quite a lot of the topics and techniques covered in the programme. Whilst they felt that this was mainly down to them as an individual, they suggested that it would be better if the programme covered less topics but in more detail, and the session topics formed part of a logical flow or structure (with a distinctive beginning, middle and end to the programme). One other important point raised by parents in relation to outcomes was that participants had to be motivated, and want to be on the programme if they were to gain from attending.

Participants who attended the Booster programme had found it very helpful, particularly in refreshing and reinforcing techniques and skills learnt during the main seven week sessions.

Strengthening parental skills and family communication were therefore important outcomes for the parents. Significantly, most of the parents' broad aspirations and hopes before attending the programme had been fulfilled.

They also suggested in several cases that they had seen changes in their children as a result of participation on the programme. One parent felt that the experience of attending had transformed her child:

All they [healthcare professionals] did was whack her on medication. She wouldn't leave the house, she wouldn't go outside the door ... She hasn't half been through it, that girl. And she's come on this [...] and since the first week we came, and she's been going out and that now. In all fairness I still say that's down to this [programme]. She was coming in, she was meeting new ... people, she was getting to know people, she was getting to like people, she was chatting with people. And what it's done for her is far more than a couple of pills down her throat every day would be doing, I'm telling you now. Because she has become outgoing, she loves ... coming here now. You couldn't even get her in the car before.

(parents' focus group 1)

I understand some things, like you know, why he [my son] has his mood swings, and you know, erm, and I realised that that was down to me not listening. ... so more often than not he used to kick off all the time, and ... he kicked the door or he'd slam it. Or you know, he'd be nasty to one of his brothers or sisters as he's walking past. Erm, he don't do that now, or, he have done it, but it's not as frequent like, or it's not every day.

(parents' focus group 2)

The final outcome which was identified during the focus groups was the support and friendship that participants had found during their involvement in the programme. Parents had made new friends through attending the programme, and this had been valued. But they also described how the opportunity to share their experiences with other participants during programme sessions was very important. They realised that their own feelings and problems as parents were 'normal', and gained a sense of reassurance:

Int. 1: I found support and friendship.

Int 2: Yeah

Int 1: Um, with everyone, 'cause we can all talk to each other when we have our little breaks which is super. And we discuss each other's problems and what's going on and it's nice to know other people are there going through the same.

(focus group 1)

Int 1: ... it sort of made me realise, and more my daughter realise, that we're just like every other family. ... That I'm not the only one that shouts and she's not the only one that misbehaves.

Int. 2: Yeah, yeah.

SB: OK.

Int. 1: Everyone's the same.

Int. 2: Yeah.

Int. 1: So you don't feel then isolated like you're the only one who has this

Int. 1: has bad kids.

(parents' focus group 2)

Overall, therefore, parents felt that the programme had produced significant and lasting outcomes, both in terms of parental skills, and broader family functioning.

Practical support for families

Child care / play provision for younger siblings of young people attending the programme was highly valued by parents. Several parents indicated clearly that if this provision had not been available they would not have been able to attend the programme. The provision of child care for parents' younger children also had two other benefits. It meant that the whole family were involved in the programme, and that younger children did not feel 'left out' or that they were being 'dragged along' to an activity that was for the benefit of an older sibling. The child care / play provision was perceived to be of high quality, and the friendly staff were praised.

The children themselves looked forward to going to the play sessions when their brothers or sisters were attending the programme.

Parents praised the fact that free refreshments were provided. This was seen to make attending the programme much easier, as parents did not have to cook meals in the short time between the end of the school day and the start of the programme, or later during the evening when programme sessions finished. Parents also valued the fact that the meal break created a chance to speak to other parents and develop their social networks. It also meant that they were able to find out from the facilitators who were working in the young people's session what they had covered.

Parents did not discuss the assistance provided with travel costs.

Additional support during the programme

One participant in focus group 1 described positive experiences of accessing additional support whilst attending the SFP10-14. A programme facilitator who worked as a youth worker had arranged for a participant's children to get involved with a youth forum:

[there's] further help available if you ask ... [He] got the kids involved in some groups. So I said [on my list of positive things about the programme] 'friendly workers'. Helpful advice - not just about what we were talking about [on the programme]. ... you knew there was somebody in the group to tell you what the problem is - they could either send you in the right direction ... or could help you there and then.

(parents' focus group 1)

Another programme facilitator noticed that the family was experiencing problems, and arranged a series of counselling sessions, which again was outside of the programme.

Accessing support after the programme ended

In general participants felt that they had good access to ongoing support after the formal programme ended, though this was mainly of an informal nature. They suggested that they could contact programme staff for further advice or support, and did not feel 'left to get on with it' once the last session ended.

Ways in which the programme could be improved

Programme content

Parents did not feel that the programme had any major weaknesses, but did suggest a number of ways in which it could be improved. Most of these suggestions related to the content of the programme rather than the delivery in Cardiff. The main criticism made by parents related to the programme creeds (discussed above). In summary, participants had found the parents' creed awkward and of limited value, and some suggested it could be removed. In FG1 the parents discussed how the American origins and values within the programme were evident, including in the

DVDs and creeds. Although not stated explicitly there seemed a clear implication that undertaking some further 'cultural translation' of the programme materials might be of benefit. One further criticism about the DVDs made by a participant in FG1 was that they tended to depict two parent families, and some of the scenarios (such as parents arguing) did not reflect the lives of single parent families.

One parent in FG2 commented that the pace of the programme was very fast, and sometimes did not allow sufficient time for discussion or absorption of key messages or skills. Observation of programme sessions also suggested that on occasions participants' discussions on a topic were cut short by the use of a timer within the DVDs. However, no other parents commented adversely on this issue.

As discussed above, parents generally felt that they had effective ongoing support from the programme team once the formal sessions came to an end. But there was also a view expressed that there was scope for providing some kind of more formal ongoing support, particularly written reminders that would help parents continue to use new skills that they had acquired over the longer term. One participant suggested, for instance, that "it'd be good if they send you a ... little information pack – 'I hope you're keeping it up, erm, don't forget to use your 'I statements', don't forget to use this' (focus group 1). Another parent felt that it would be helpful to provide participants with a manual at the end of the programme (which brought together the different resources distributed), to complement the individual pieces of paper which were handed out during the sessions.

Other comments

Participants discussed two other changes that they felt could be made to the programme. Firstly, there was general agreement that it would be of value to extend the programme to include younger children (i.e. below 10 years of age), and, by extension, to offer the programme to parents of such children. Most parents appeared to be envisaging extending the age range to include eight and nine year olds. Extending the age range downwards was seen as of value both to young people (who could attend before they had started to pick up bad habits at school), but also to parents, who could gain new skills and knowledge before their children embarked on their teenage years.

A second point of general agreement across the two groups was that the programme should be publicised more widely, and that the SFP10-14 coordinating team deserved greater recognition for the work they did. In FG2 one participant suggested that the SFP10-14 could be more actively promoted as a programme for all families (not just families with problems), and this would help to reduce the potential stigma of attending such a programme.

However, some of the parents in FG1 also believed that if the programme was promoted widely this could be problematic. Increased demand for the programme might mean that there would be waiting lists, and families who most needed access to the programme (e.g. those experiencing problems) might not be able to access it quickly. As noted above, the participants had been able to access the programme

very quickly once they had been referred, and this was seen as a very positive aspect of their experience. There was also discussion about the need to ensure that the programme attracted those families who needed it, or who were motivated to attend, rather than those who might come for the free child care and food, or were just generally not interested in engaging:

SB OK. So, do you think, do you think it's publicised enough then?

Int 1: No.

Int 2: No.

Int 3: No.

Int 2: No, I wouldn't say so, no.

Int 4: I don't think

Int 2: But there again you find that because if everyone knows about it, the people who really need it and want to, you're gonna have lists

Int 1: Mmmm

Int 2: You're going to have waiting lists

SB: Mm, right.

Int 2: you know [chuckles], you're gonna go back to that again aint you ... so we don't really want people to know how good it is ...

(parents' focus group 1)

One other issue discussed in FG1 concerned the disruptive behaviour of certain young people during the programme, which some participants had found off putting. During these discussions a parent put forward several suggestions as to why some young people misbehaved, which revolved around two separate issues – young people's perceptions of themselves and the programme, and the information provided to them before it started:

I think maybe a lot of the children think they're here 'cause it's all their fault. ... And maybe it's just the way I interpret it, [the] way I saw things, but [pauses] maybe something like this feel[s] like it's not their fault. I think some kids do come in their heads 'cause it's their fault and that's why ... some of them do play up still.

(parents' focus group 1)

I know they've [the programme organisers] got enough work, but I think [pauses] it was all explained to us as adults but I think [pauses] when this first starts it's not exactly explained to the children what's going on. ... I think maybe they should spend more time, before it starts, actually talking

to the children – ‘This is what happens, this is what we, how we’re gonna help you. ‘Cause they come here and it’s like ‘Oh my God’. ... I think there’s a way of explaining what exactly is going on ‘cause I think that’s why the kids play up, ‘cause they don’t know what’s going on.

(parents’ focus group 1)

Overall, the parents’ evaluation of the programme was extremely positive, and they described feeling sad when the sessions ended. They found the programme had brought tangible benefits to them, both as parents and families, and had appreciated its style of delivery and way in which programme staff engaged with them. They were also able to suggest ways in which the programme could be improved.

YOUNG PEOPLE’S VIEWS

Participants’ backgrounds

A total of six young people participated in the two focus groups (four in the first and two in the second). Young people from across the age range of 10-14 were included in the research. The participants in the second group were younger than most of those in the first. Where conflicting views about the programme existed among the young people these tended to reflect the age differences of the children at the time they had attended it.

Experience of attending the programme

Overall the young people described the experience of attending the programme as very enjoyable and highlighted many positive aspects. Programme sessions were described as fun (especially by younger participants), and many of the activities had been enjoyed.

A key appeal of the programme was that participants had made new friends. More generally the programme sessions had created a positive environment and atmosphere in which people got to know each other and felt able to share their views. The young people also said that the chance to work on activities together with their parents had been enjoyable. For young people who had brothers and sisters the programme sessions provided a valued chance to spend ‘one to one’ time with their parents, as younger siblings were being looked after by the Playbus. This highlights the value of the play provision, not only in removing practical barriers to attendance, but in enhancing the young people’s experience of the programme.

On the whole the young people enjoyed the food provided during the programme, but there were differing views about how it could be enhanced. Some participants felt that the programme’s ‘ground rules’ made the sessions more enjoyable and successful, but others said they disliked them and found them boring.

Expectations of the SFP10-14

Most of the young people said that they had not known what to expect from the programme. They described feeling nervous before the first session, which was partly linked to not knowing who else would be attending. One strong theme which emerged from the data was that the young people did not feel that they had received much information about the programme before it started. Although a member of the co-ordinating team had visited their house before the programme began they felt that most of the discussion had been with their parents.

When asked what kind of information they would like to receive the young people felt it was important to be told who else would be attending the programme, and which schools they went to. Some participants also felt that they should have been more involved in deciding when the programme sessions were held.

Evaluation of programme content and activities

Participants enjoyed many of the programme activities. They had particularly enjoyed creative activities involving drawing or making things, games involving physical activity, and parts of the programme in which they worked together with their parent(s).

Specific activities which participants felt were good included:

- drawing 'family trees', which highlight strengths within families;
- making family shields that represent families' values;
- creating treasure maps (also referred to as collages) in which young people are asked to express their dreams and goals in relation to career plans, hobbies and leisure, family and friends and health and fitness;
- the 'driving game', in which young people learn about the importance of rules; and
- the 'masked paper man' exercise through which young people had the chance to express their feelings.

Participants in FG1 did not discuss the videos used in the programme sessions. In FG2 the content of the videos was discussed in some detail, and was positively evaluated. One participant said that the videos helped her to see that her family was like other families: "We got to watch these videos about families. About different families with like, family problems and stuff. And they were arguing all the time and everything. But it was good to see that you're not the only family that argues all the time." A general observation from FG2 was that the programme had succeeded in communicating learning outcomes (e.g. the importance of rules) through games and activities which had been experienced as fun.

Participants in FG1 generally felt that the seven week programme had been better than the Booster. The Booster had felt less relaxed, with many activities tightly timed, and less activities involving physical exercise (e.g. running around). There had also been less time to get to know people and make new friends.

Outcomes for young people from attending the SFP10-14

Data from the focus groups and YPSQ indicated evidence of clear learning outcomes directly related to programme content. Participants in both focus groups talked about the sessions where they had learnt skills to help them resist peer pressure, and it was frequently mentioned in the YPSQ as the most important thing learnt. Some participants in FG1 felt that the teaching of this part of the programme could be improved. The specific techniques taught to the children when faced with peer pressure included asking questions, trying to find a way out of the situation, and persuading the other person not to undertake the activity in question.

One focus group participant described actually having used the peer pressure resistance techniques in a specific situation, and also talked about the way in which attending the programme had helped him change his behaviour more broadly: "Yesterday X said 'Oh let's go and get [steal] something from the shop' and I said 'No'." In a later part of the discussion the participant described some of the specific techniques which he had learnt and was now using:

JS: So what do you do now that is different since you came on the programme?

Int: I just try and find another way out of it. I asks [?] questions why, and then I [?] consequences, and then I'll try and find another way out of it, and then I try and to help them get them out of it.¹⁸

(young people's focus group 2)

Other skills or awareness that young people had gained included knowledge about the dangers of taking drugs, how to deal with stress, the importance of setting goals for the future, and developing better communication skills (especially in the context of their family).

Participants in both groups described having made new friends during the programme. The young people in FG1 suggested that the new friendships they formed were important in terms of what they gained from attending the SFP10-14.

One of the most important themes in the data from the focus groups was that young people had experienced changes in family life since attending the programme. Most described an increase in understanding and communication between parents and young people, and suggested that their parents now listened to them more:

JS: And then you said here [on the drawing], 'made my mum understand me more', so how did that kind of work?

Int: Um, [pause] don't know, [pause] she just listens to me now.

¹⁸ The participant's voice is hard to pick up in the digital recording of the focus group. However, it is clear that the skills that they refer to (such as asking a question, pointing out the consequences of the activity the other person wants them to engage in, 'finding another way out', and then trying to influence the other person) are drawn directly from the programme content.

(young people's focus group 1)

JS: And you said it [the programme] helped in the end?

Int: Me and my dad understood each other more.

(young people's focus group 1)

Where parents utilised new skills as a result of attending the programme these also had a direct impact on the young people, for instance where parents were calmer and shouted less. The following extract illustrates that whilst such changes were positive they could also be experienced in different ways:

JS: How about in your family X? Has anything changed for you since you came on the programme d' you think? Anything

Int 1: Well my mum asks me in a weird way if if she [?] one of the kids be naughty or something, she'll say instead of shouting and that she'll go like, she'll [?] [Orhh] ...Oh I can't remember what she said, oh she says something she makes it sound weird 'cause she, it says like I can't remember what she says like. [?] about what

JS: So if you're doing something she doesn't shout, she says something calmly? OK. And it does

Int 1: Half the time I can't understand it. [slight laugh]

JS: Right. But is it better than before then? Is that better than shouting?

[silence]

(young people's focus group 2)

Participants in FG1 described how their parents had become stricter after the programme had ended, and it was clear that this was linked to parents developing skills during the sessions relating to setting limits, having house rules and using consequences for bad behaviour:

JS: So I mean just tell me now, in your family do you think some things have changed because you've come on the programme?

?: Yeah

JS: How about you Int 1?

Int. 1: My mum want me in earlier and everything. Now my mum's more like stressed

Int 2: And my mum is she's like what!

JS: Okay, so you're...

[all talk at once]

Int 3: I know, I have to sit on the stairs just to speak on the phone

[all talk at once]

Int 3: 'cause we've got free calls on from six o'clock and every hour we've gotta hang up and phone back again. It's like I'm not, I'm sitting on the stairs for like an hour just talking to my friend 'cause everyone calls mobiles and that.

JS: So your parents, you're saying that your parents [are] maybe stricter then?

Int 3: No that was like before the course but

JS: Okay, so what's cha...

Int. 1: Mine's stricter now

Int 3: Is she

Int. 1: Yeah

JS: So your mum's stricter then? Okay.

(young people's focus group 1)

Therefore, some of the changes which the programme seeks to bring about in families are not always experienced in a positive way by young people.

A number of other issues were raised by participants. One said that after the programme their parent had wanted to talk about things more, but they did not always feel comfortable about this. Another suggested that whilst young people were encouraged to give their views during programme sessions, parents might be critical of this once back at home: "... it's OK and all that in here, [but] you go home, they're like 'And what was you on about in there?]' [in moaning voice]. Oh my God" (FG1).

Whilst the young people indicated that some of these changes in family life were sustained, they were also disappointed when parents stopped using skills or approaches from the programme that they had found positive:

She understood me a bit more, but like she just didn't accept that we got peer pressure as well, and I don't know, after you finish it's just like, she just like, [pause] she just like didn't bother no more, it's just like she forgot everything what we was talking about.

(young people's focus group 1)

Well when we ... left family training... they gave us out these charts where you arranged days out. We did that for a couple of months and then we sort of stopped doing it.

(young people's focus group 2)

What could be better about the programme

Both focus groups were asked to think about ways in which the programme could be improved. Participants in focus group 2 felt that everything had been good, and could not suggest any ways in which it could be improved when asked. However they did raise issues during other parts of the discussion.

The young people in focus group 1 had clear views on how the programme could be improved. However these views were not always homogenous, and different views emerged within the group. There were also differences in opinion *between* the groups. For instance, some of the aspects of the programme raised as negative issues in group 1 (such as programme ground rules) were seen as positive or satisfactory in group 2.

A general observation is that some differences in opinion were related closely to the age of the children. The SFP10-14 is delivered to mixed age groups, with children aged 10-14 participating together. This age range includes children with potentially diverse levels of maturity, tastes and attitudes. Crucially, it straddles the transition from primary to secondary school. Most of the participants in focus group 1 were older than the participants in the second group. Although the numbers who participated are very small, it appeared that the younger children had enjoyed some aspects of the programme more.

An important issue raised in the focus groups concerned the information which the young people had received about the programme before it started, including details of the kinds of activities which would take place, and the treats such as food and prizes, which would be provided. A key point made by the young people was that they would have liked to have known more about the other people who would be attending, and that this was linked to their feelings of nervousness before the programme started¹⁹:

JS: Nervous, yeah?

Int 1: Yeah when I was first coming

¹⁹ Observation of home visits suggested that the coordinating team were effective in engaging with families, including young people. However, of the two home visits observed where young people were present, both were prior to Booster programmes. The young people were therefore familiar with both the programme and the coordinating team. The views of young people in relation to this issue are clearly important, and could be explored in more detail in future research. It is also acknowledged that the SFP coordinating team has (independently of this report) sought to strengthen engagement with families, including the work done during home visits. A DVD which explains what attending the programme will be like is now given the families. A youth-focused DVD is currently being produced by the Cardiff SFP team.

JS: Okay, so could you tell me a bit more about that? So I think you mentioned that as well didn't you Int 2? That you were nervous before you came on the programme?

Int 2: Yeah

JS: What was that like?

Int 2: They never told us anything like what it was going to be like or what we was ...

Int 1?: [cutting in] We didn't know who was going to be there so

JS: So you didn't know who was going to be there?

Int 2?: No

JS: No, OK. So would you have liked to have known a bit more about who was going to be here then?

Int 2: Yeah

JS: And what would you have liked to have known?

Int 2: Like well, um, just like what they were like

Int. 1: [cutting in] What school they went to

Int [?]: What school they were in, yeah. I would like to know their names

Int 3: Age and all that

JS: So like a list then of the names of every ...

All: yeah

Int 1: [?] like schools

JS: So, and which schools they go to?

All: yeah

JS: Okay, and why is that important about which school they go to?

Int 2: Because if you know someone that's going that'll make you like ease up. You're more likely to go.

JS: So it would be if it was your school

Int 2: If it was just like someone else from my school I'd have been more likely to go like wouldn't have went, I would have been, probably would have been because I didn't know anyone

JS: So that was why you were nervous you think yeah? And how about you Int 1? You said you were nervous. Was that about the same things or different things?

J: Yeah, because I didn't know anyone
(young people's focus group 1)

Although participants in FG2 did not specifically suggest that more information should be provided on other children who were attending, their discussion of the home visit their family had received drew out similar themes to those in FG1:

JS: OK. And so you came for seven weeks [Int 1: Yeah]. And before you came on the programme did someone come to your house? To tell you

Int 2: X came to our house.

Int 1: X came to our house and talked to my mum about it.

JS: So what did they say about the programme when they came

Int 1: Erm, I wasn't erm, I wasn't downstairs when my mum was talking to them, so I didn't hear what they was saying, so I didn't know what they said.

JS: OK. And did, so what did X sort of say to you about the programme before you started?

Int 1: Um [uncertain] ...

JS: When they came to your house what kinds of things did they tell you about the programme?

Int 1: Who my mum, or X?

JS: When X came to your house what did they tell you?

Int 1: I don't - they didn't talk to me - they talked to my mum, so, I don't know.

JS: And Int 2, when they came to your house did they tell you about the programme?

Int 2: Yeah, they told us things - it was going to be fun and ...

JS: So fun.

Int 2: They mostly talked to my mum.

JS: And when you first came on the first night, what were you expecting, d' you think?

Int 1: Um, I was a bit nervous because I didn't know who would be there, and, I didn't

(young people's focus group 2)

In FG1 there was also some discussion about the timing of the programme (e.g. the day of the week on which it was held, and the start and finish times). Some of the participants felt they could have been given a greater say in which nights were convenient for them (especially in relation to sporting commitments and social engagements): "They're like 'Your mum have said blah blah's fine' and like well it aint fine for me." There was some discussion in this group about whether the sessions could be moved to later in the evening, but some participants pointed out that they might still clash with other commitments, and that this would not be suitable for younger children attending the crèche.

A second suggestion (made in FG1) was that young people could be more involved in the delivery of programme sessions, particularly those dealing with resisting peer pressure. They would be young people who had already attended the programme and had received suitable training. Participants felt that peer facilitators would have a greater understanding of the realities of what life was like for young people today, and would be able to talk about how they had used some of the skills taught during the SFP10-14:

Int. 1: They [facilitators] don't understand us - if they had more kids working as like the leaders it would be better 'cause they understand us more. ... if they just had like one or two teenagers standing up at the front each session to help along with them like say they'd understand it more.

Int 2: So like um our age people just joining in and that and saying how, what they're feeling and that

(young people's focus group 1)

Int. 1: Well they'd be able to understand the kids more like, say they'd tell us 'This helped for me' or whatever and then 'This didn't help for [me] because I didn't apply it or whatever

(young people's focus group 1)

Part of this discussion also related to how some of the young people had been asked for their personal views during the programme, but then felt criticised if they had not given the kind of answer that was being looked for.

In FG1 the participants suggested that there could be more physical activities included in the programme sessions, especially during the Booster programme.

In this group opinion was divided on the quality of the food provided during the programme. Some people would have liked more 'fast food', whilst others suggested providing more healthy options. Although not explicitly suggested by the participants, they seemed to highlight an opportunity for greater links to be made between programme aims and activities, and the food on offer (e.g. making choices about healthy eating). This issue was also raised during the facilitators' focus group. Two other requests were made - for more variety in the food provided, and the provision of hot drinks and fizzy drinks.²⁰ Participants in FG2 were happy with the food that had been provided, and one described the party food arranged for the final week's session as excellent.

Participants in FG1 described the programme's ground rules as a negative aspect of the SFP10-14:

JS: So, we've got 'bored' [in the pictures participants were asked to draw]. What was boring about the programme?

Int 1: Just moaning to you about the same thing over and over.

Int 2: Repeating themselves like we're retarded

JS: So what kind of things did they keep repeating?

Int 1: The rules

JS: What kind of rules are they?

Int 1: I don't know, can't remember

JS: Do you mean rules about like confidentiality and things or rules about things you were meant to learn?

Int 1: Rules about [loud car noise outside] we weren't allowed to mess around with each other or nothing.

However, in FG2 the programme rules were highlighted as a positive aspect:

Int 1: Oh, I remember what was good actually. Erm, you told the people like we made rules. Like 'No running around' and stuff, and we wrote it on the board like that, and then

Int 2: Rules, consequences.

²⁰ The programme coordinator explained to the researcher that hot drinks had not been provided during the programme in question because of health and safety issues. One of the young people in the focus group pointed out that providing cans of fizzy drink would cost a lot of money and was probably not practicable.

Int 1: Yeah, and then if you broke the rules - if you broke the rule three times you'd have to go and sit down and um, you would have to not join in the, one of the activities. So you had to have time out.

Int 2: [?] or you'd get sent home.

JS: And did anyone get sent home during the programme?

Int 1: No.

Int 2: [?]. But it was me and X that got sent out for like time out.

JS: OK. So you thought it was quite good that there were rules then.

Int 1: Yeah.

JS: So why was that then?

Int 1: Well, erm, if there were, if there wasn't rules, people would be running around, and maybe they wouldn't be listening. And it's better to listen.

(young people's focus group 2)

A similar contrast in views was identified in relation to the prizes which are given out to the young people each week, and the difference in the age of the young people in the two groups seemed an important factor. Some of the older participants in FG1 felt that the prizes were 'babyish', but the younger children in FG2 were highly enthusiastic about them:

JS: OK, so there was the lucky dip. What d' you think about that then?

Int 1: It was good, it was cool

Int 2: It was like there was loads of stuff in there.

Int 1: Yeah, to choose from.

(young people's focus group 2)

JS: So they were like prizes were they?

Int 1: Yeah

JS: OK, and what did you think of those?

Int 2: Oh I can't be assed

Int 3: Rubbish. They were all for babies 'cause they had like little diaries and all that

Int 1: Like Dr Who and all that

Int. 4: What the lucky dips

JS: With the lucky dips, yeah

[talk at once]

Int 3: We go in and what we're gonna get glo sticks and diaries, oh my God.
Don't seem worth it.

(young people's focus group 1)

The final theme to emerge from the young people's focus groups concerned what happened after the end of the programme. There was near universal agreement that participants had felt disappointed that the programme had to come to an end, and this underlined the fact that despite some of the criticisms described above, they appeared to have found the sessions enjoyable.

A number of the young people felt it would be good to offer some form of 'after care' once the programme had finished, whereby facilitators contacted families to see how things were going. For some people the programme had ended, but there did not seem to be any sense of continuing support. A second, very important issue was that participants had made new friends, but when the programme ended it was not always easy to keep in touch with them. This was true where young people lived in different parts of Cardiff and it was difficult or inappropriate for them to travel to each others' houses. The idea of a club (held in the same venue as the programme sessions) at which participants could meet up again was suggested as one way of addressing this issue. Distributing participants' phone numbers/email addresses was also mentioned.

ANALYSIS OF PROGRAMME QUESTIONNAIRE

All families who complete the seven week programme are asked to complete the Parents/Caregivers Survey Questionnaire (PCSQ) or Young Persons' Survey Questionnaire (YPSQ). The two questionnaires ask respondents to indicate to what extent they undertake certain actions, all of which are attitudes or behaviours which the programme seeks to reinforce. For instance, parents/caregivers are asked to state how often they let their child know what the consequences of breaking rules are. All of these behaviours are protective factors against substance misuse in young people.

The questionnaires are divided into two sets of columns. The first asks respondents to indicate how often they undertook the action in question before attending the programme. The second set of columns asks them to indicate how often they do the same action after attending the programme.

The data has four limitations which should be noted. Firstly, both parts of the questionnaire are completed at the end of the programme, and the responses to

questions in the first column are therefore provided retrospectively. Secondly, as presented in this report, the aggregated data shows the overall shift in responses, rather than how this change is comprised. For example, an increase in the extent to which parents spend 'one to one' time with their children could be because parents who were already doing this some of the time are now doing it most of the time - parents who were not doing this at all have not changed their behaviour. Equally the opposite situation might be true, whereby most of the total change in parental practice is comprised of parents who were not undertaking the activity at all making a big change in their practice. Thirdly the questionnaires use broad indicators of frequency, rather than specific measures. The term 'a good bit of the time', for instance, is not quantified, and might mean very different things to different individuals who complete the questionnaire. Fourthly, the questionnaires ask for a response based on frequency, but some of the skills and knowledges appear to be more absolute changes. For instance, young people are asked to indicate if they know how to tell if they are under stress.

At the end of the questionnaire respondents are asked to provide a free text answer outlining the most valuable things which they had learnt on the programme. Answers given in response to this question were analysed with the other qualitative data from the project.

Figures 5.1–5.20 display the responses provided by all parents/caregivers who have attended the programme to date (seven runs in total)²¹. Each figure contains the data for one question. A total of 44 parents/caregivers completed the questionnaire, though in some cases not all questions were answered. The red columns represent the extent to which respondents were undertaking the relevant action before attending the programme, whilst the blue columns represent the extent to which they undertake the action after completing the programme (questionnaires are completed during the final week's session). Figures 5.21–5.35 display the responses provided by all young people who have attended the programme to date. A total of 49 young people completed the questionnaire, though in some cases some questions were left unanswered. It should be noted that the graphs represent the sum of responses provided by participants, but that no statistical analysis of the figures has been undertaken.

²¹ Thanks are due to Jo Price from the SFP coordinating team who supplied data for each programme run and dealt speedily with numerous queries relating to the information.

Results from the Parents and Caregivers Survey Questionnaire (PCSQ)

Figure 5.1

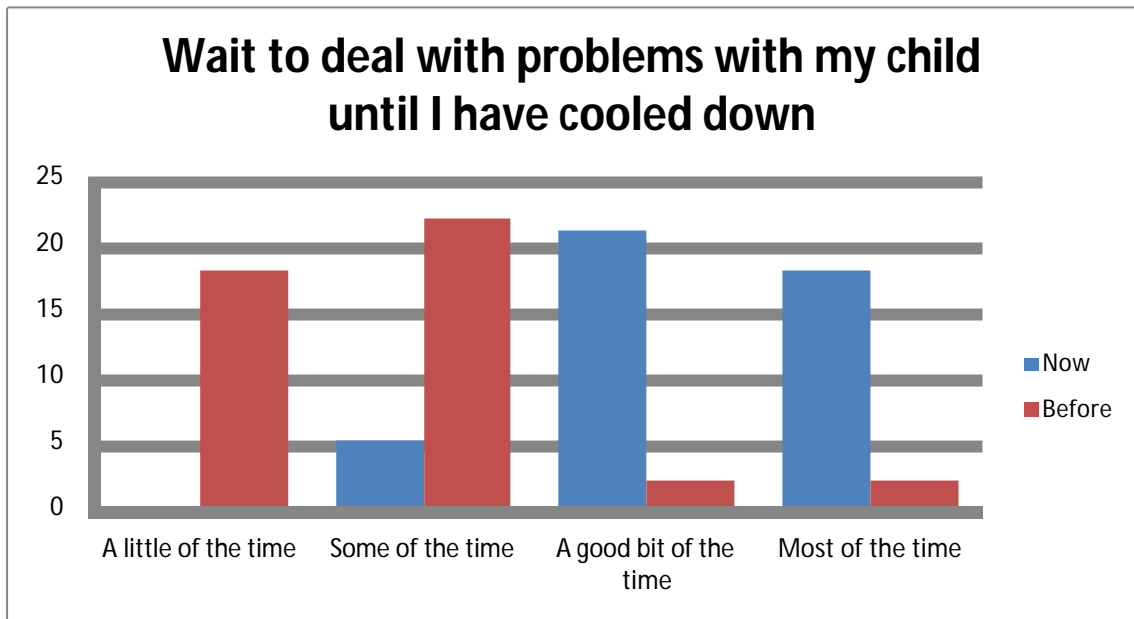


Figure 5.2

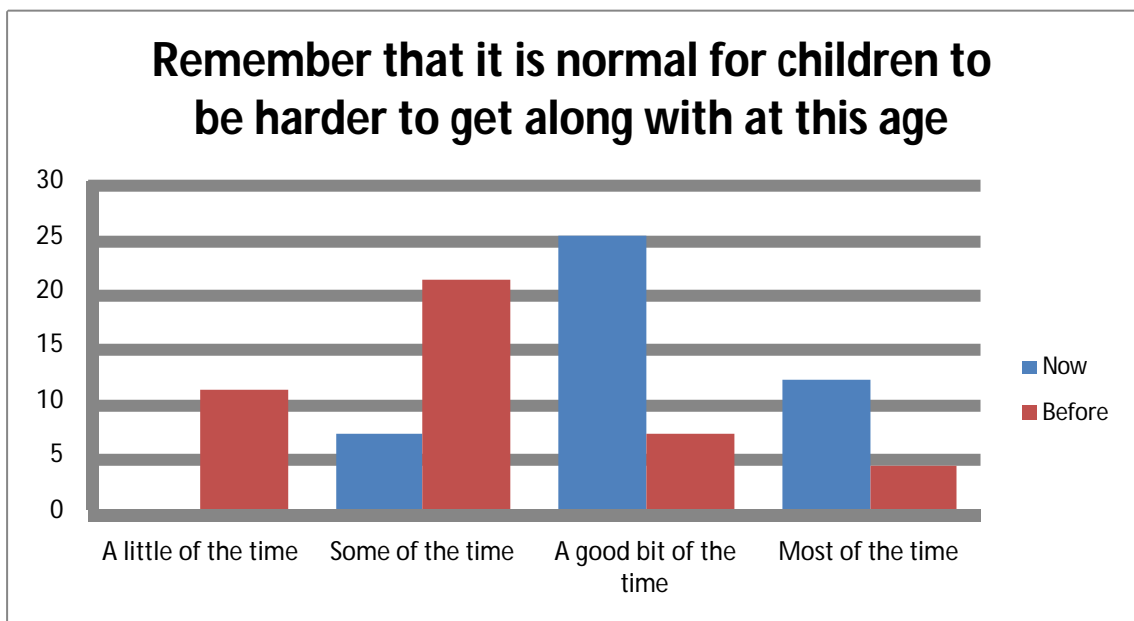


Figure 5.3

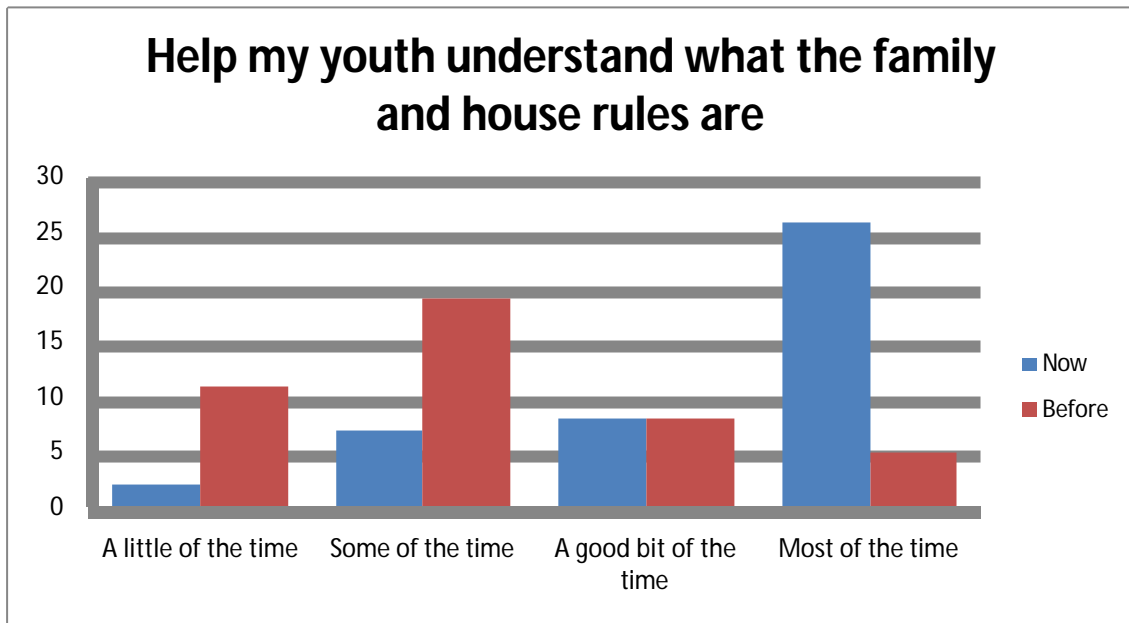


Figure 5.4

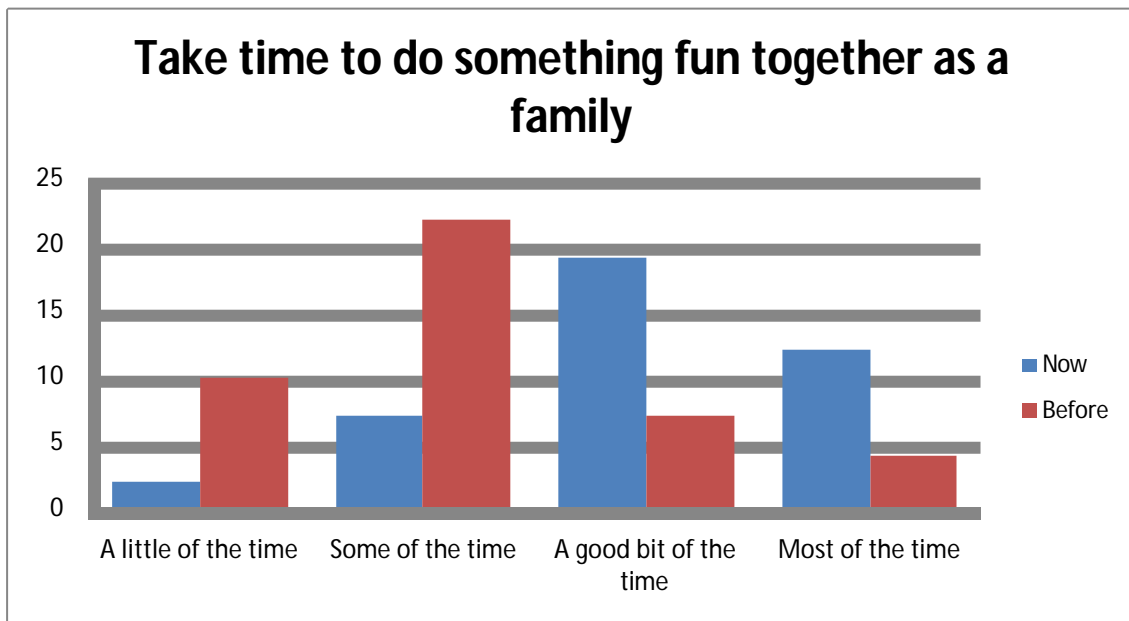


Figure 5.5

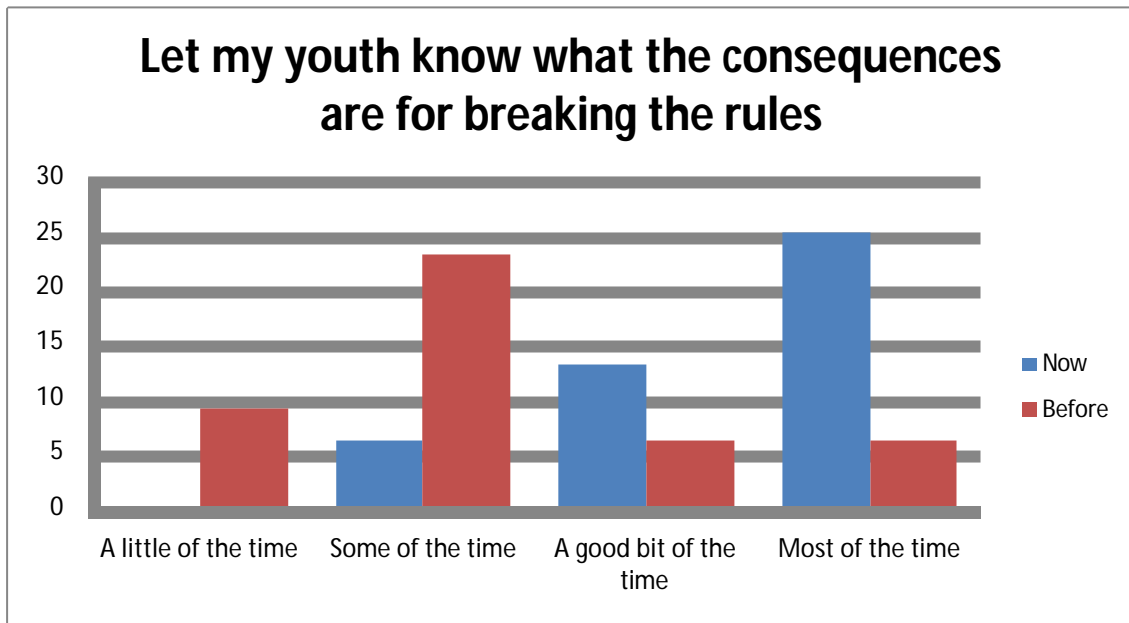


Figure 5.6

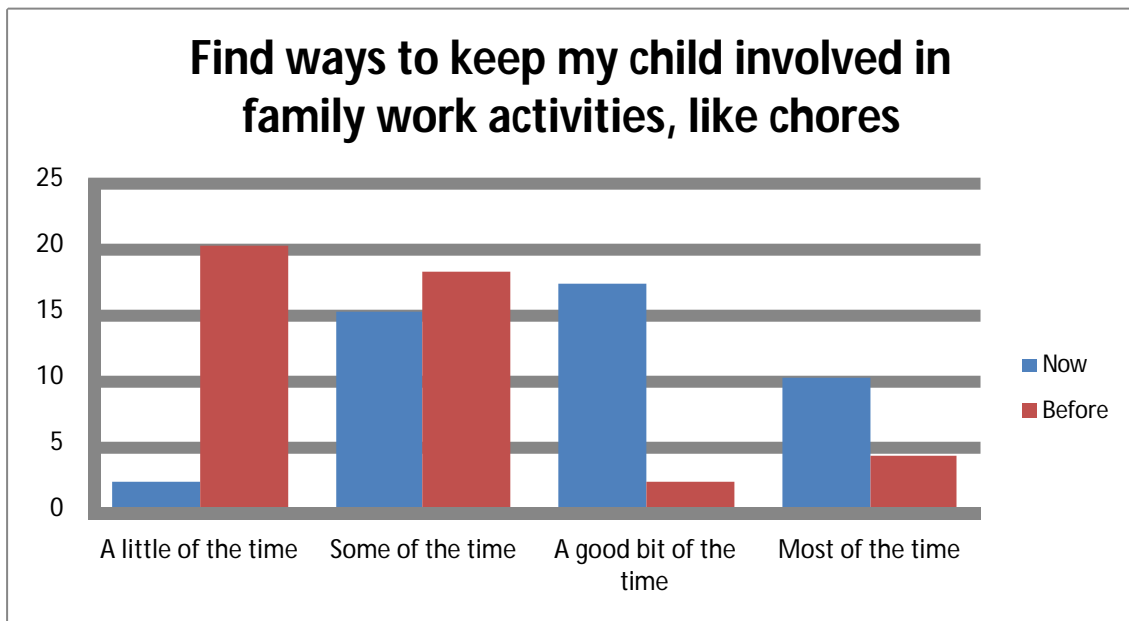


Figure 5.7

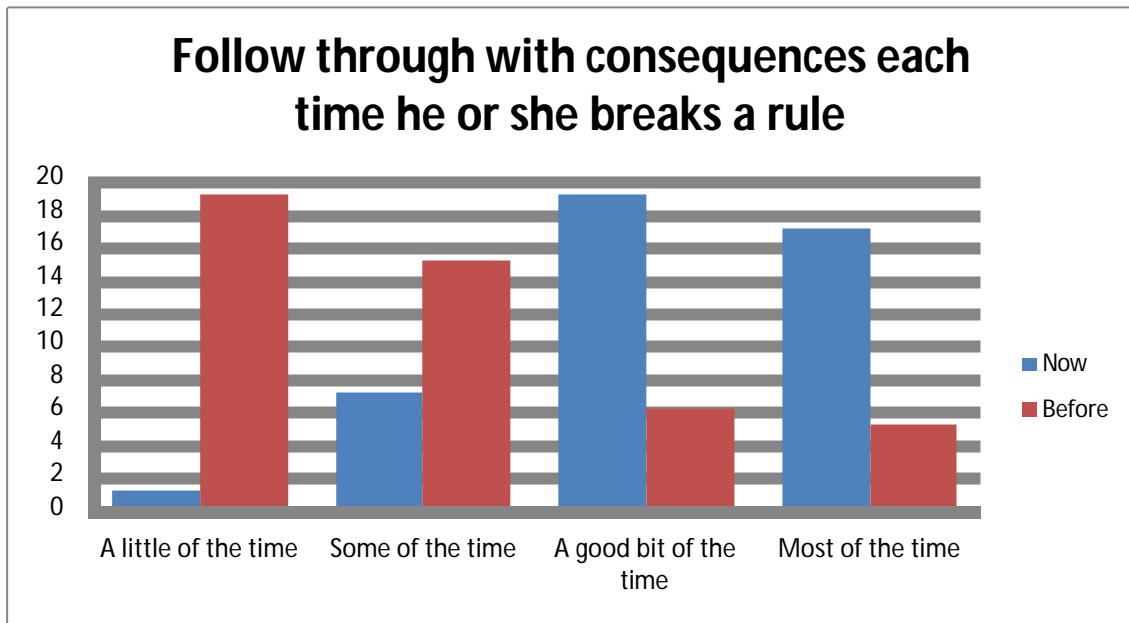


Figure 5.8

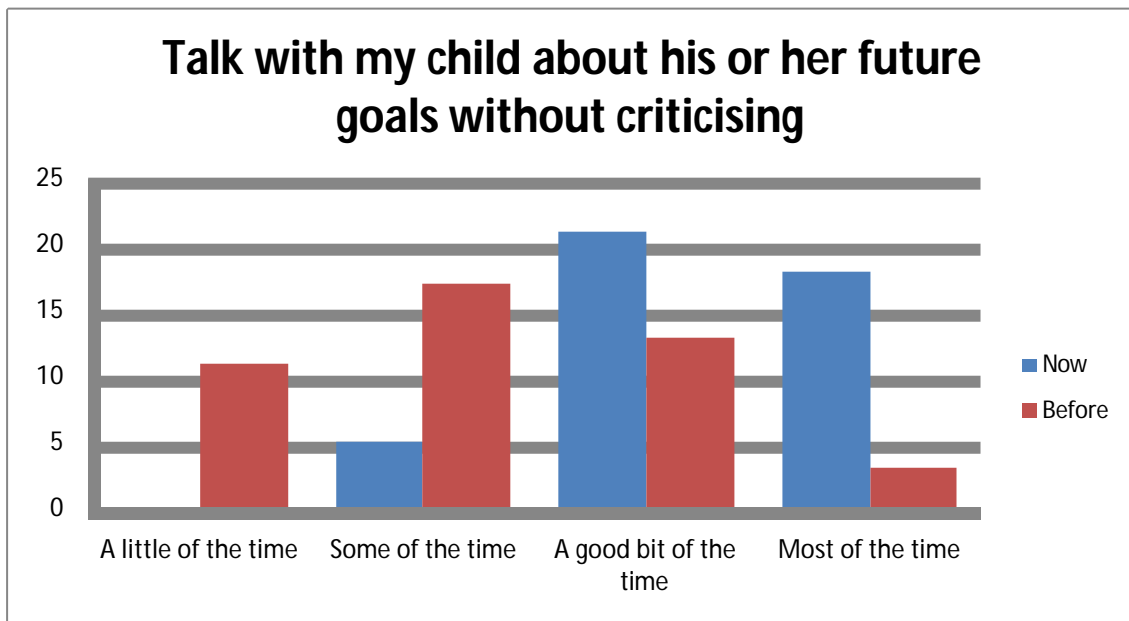


Figure 5.9

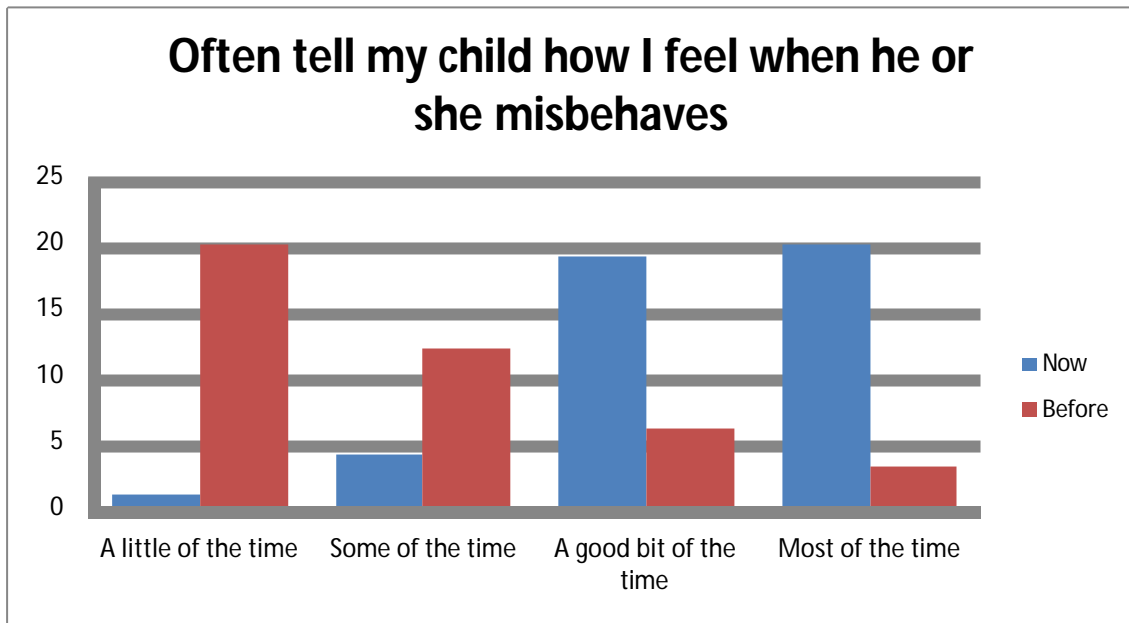


Figure 5.10

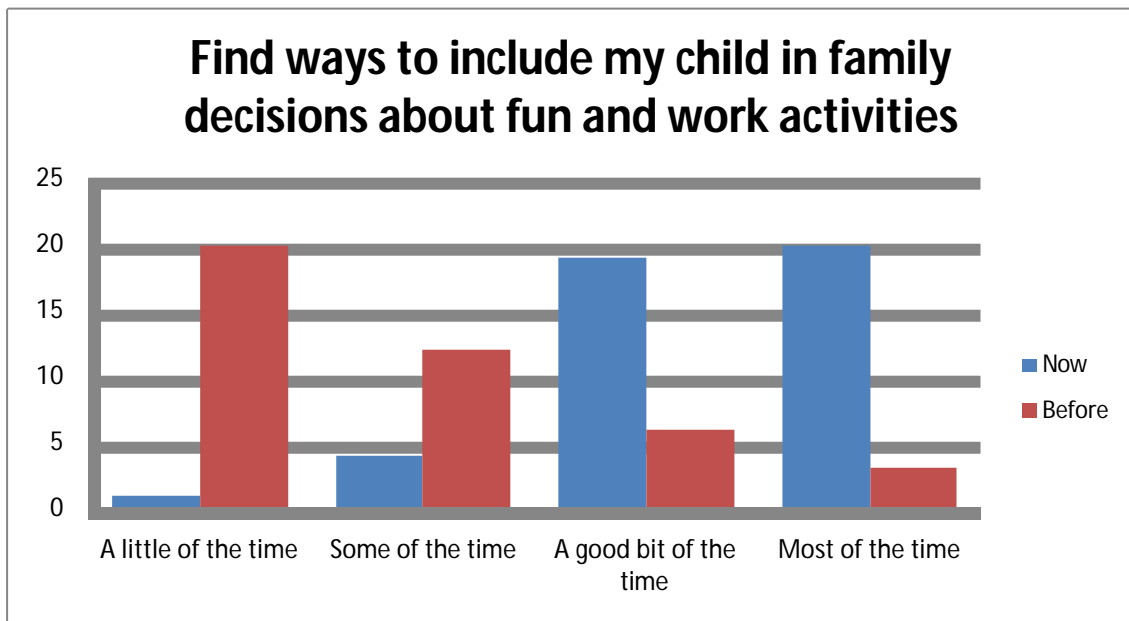


Figure 5.11

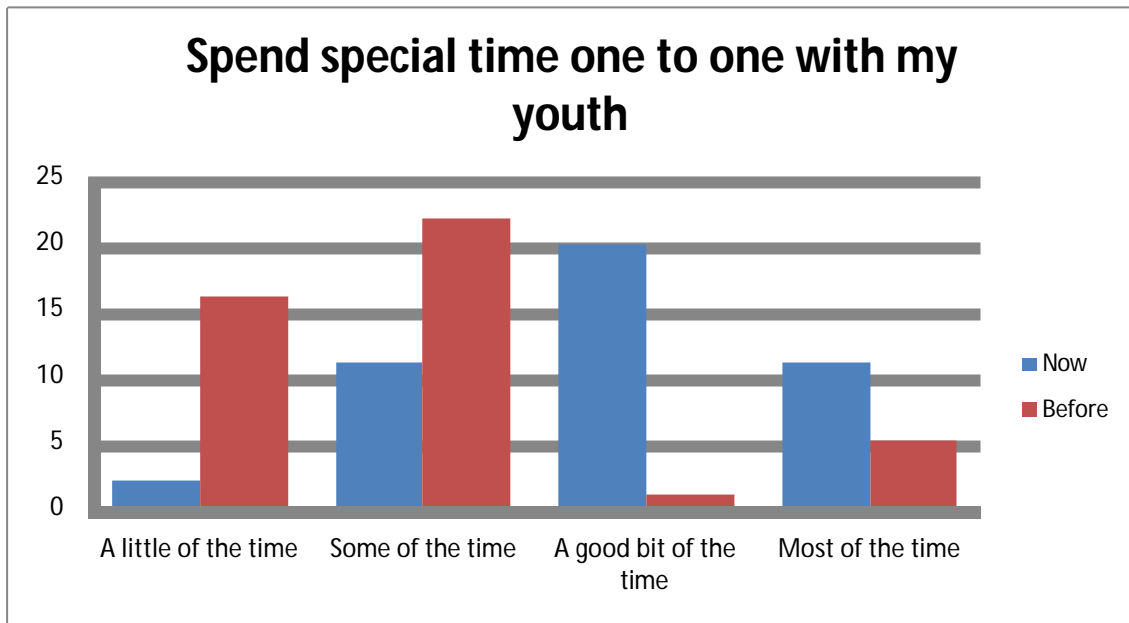


Figure 5.12

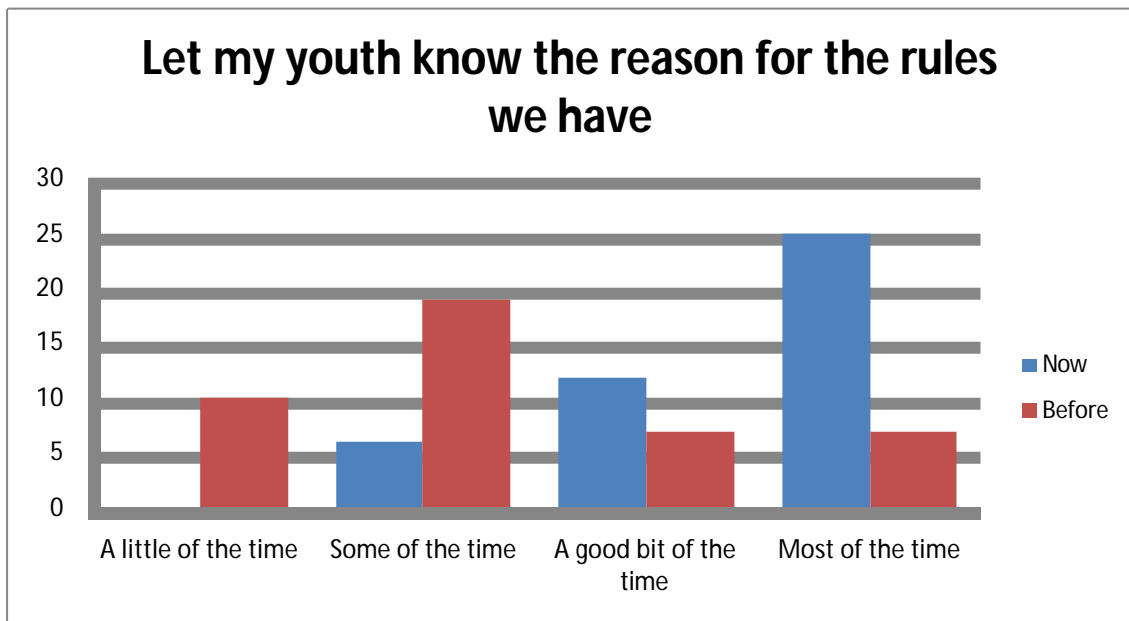


Figure 5.13

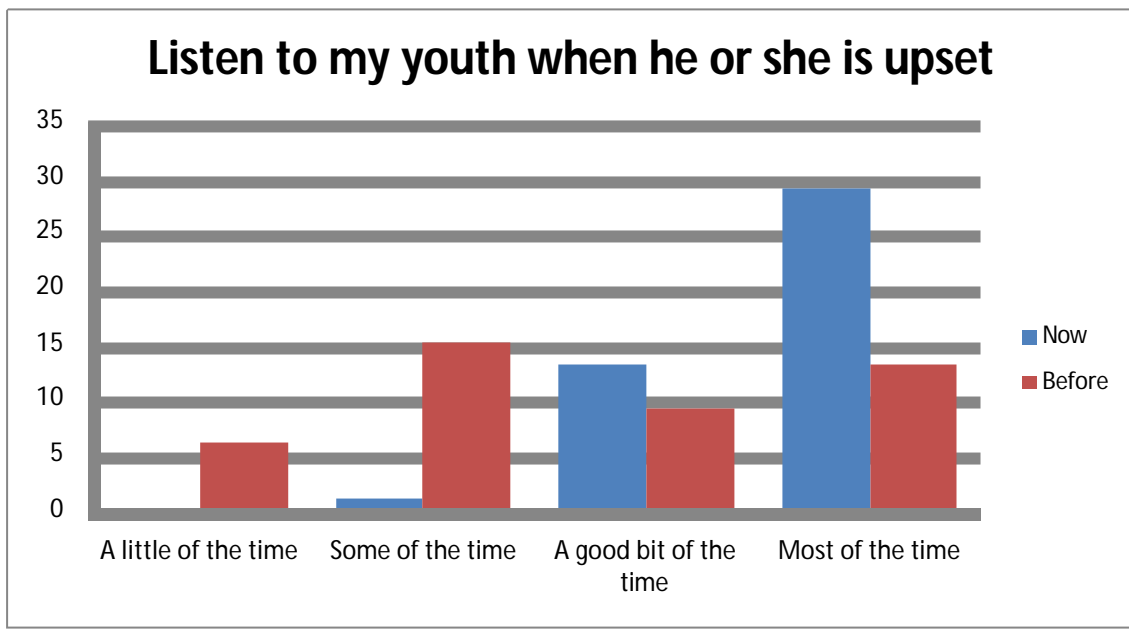


Figure 5.14

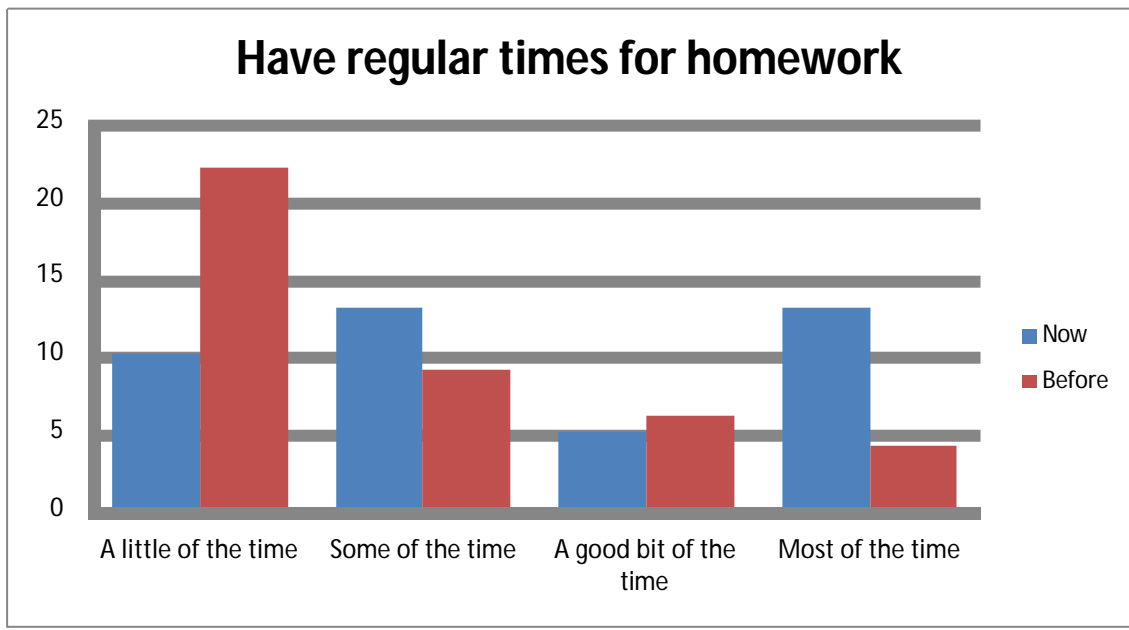


Figure 5.15

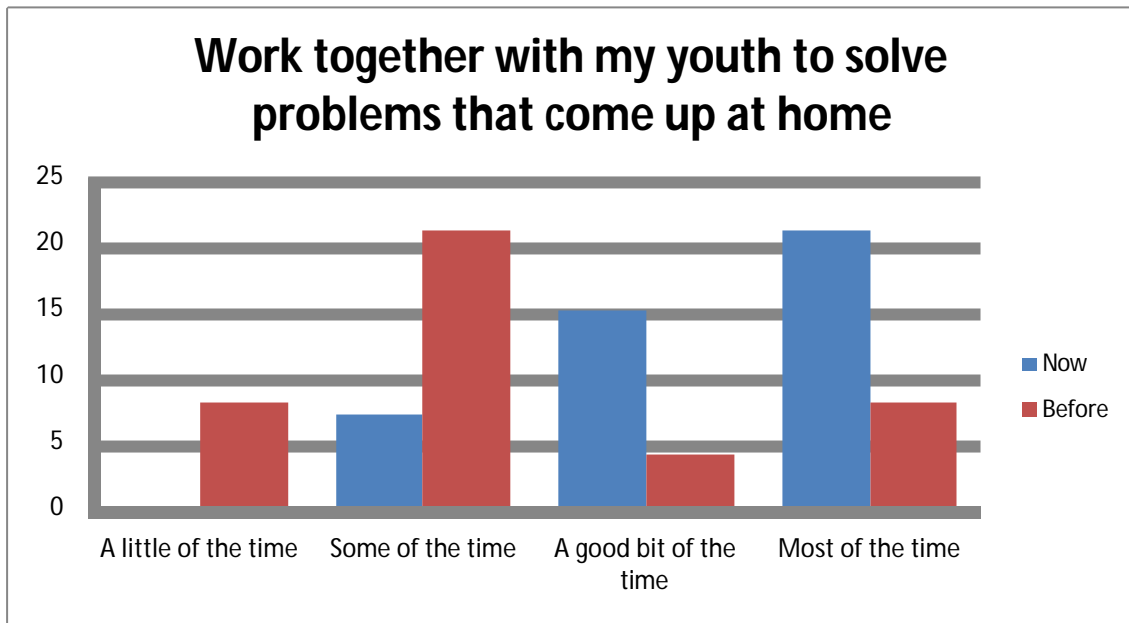


Figure 5.16

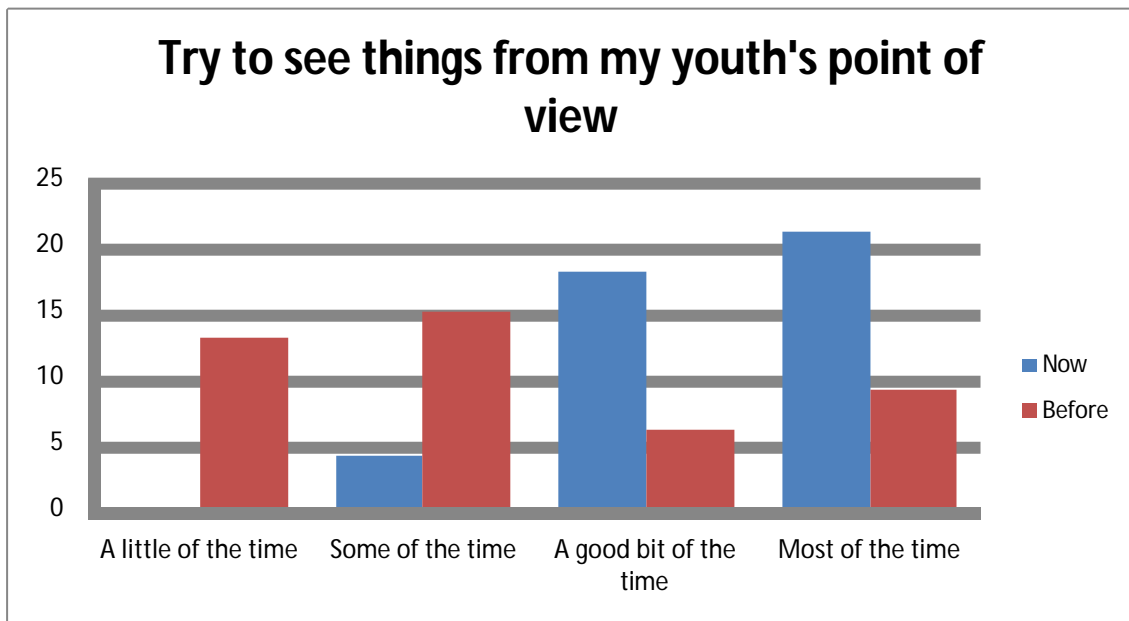


Figure 5.17

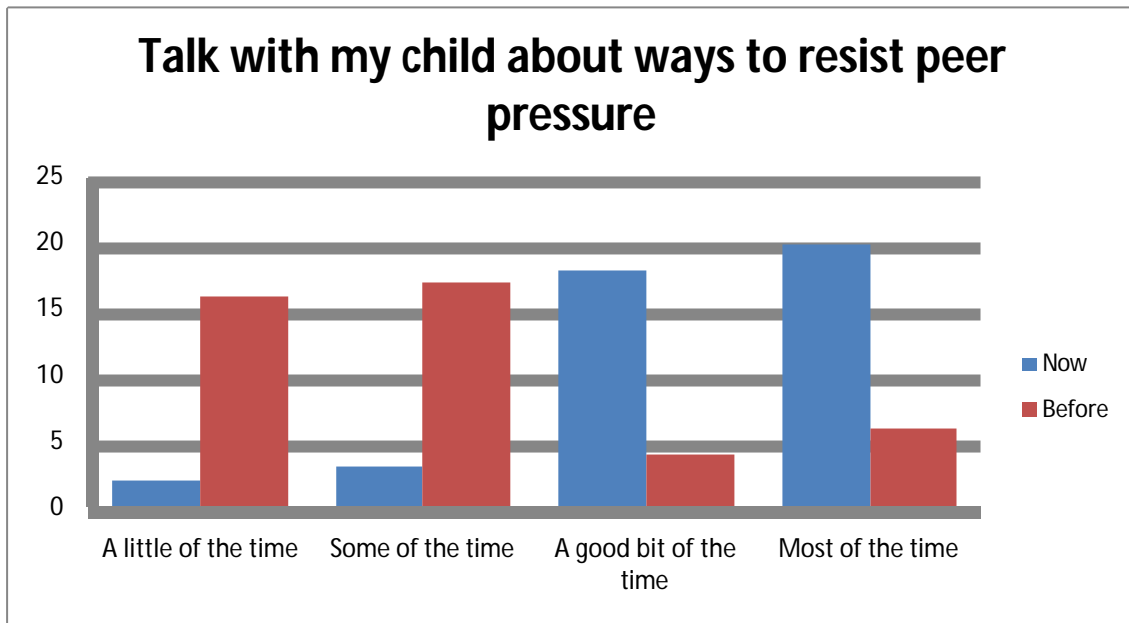


Figure 5.18

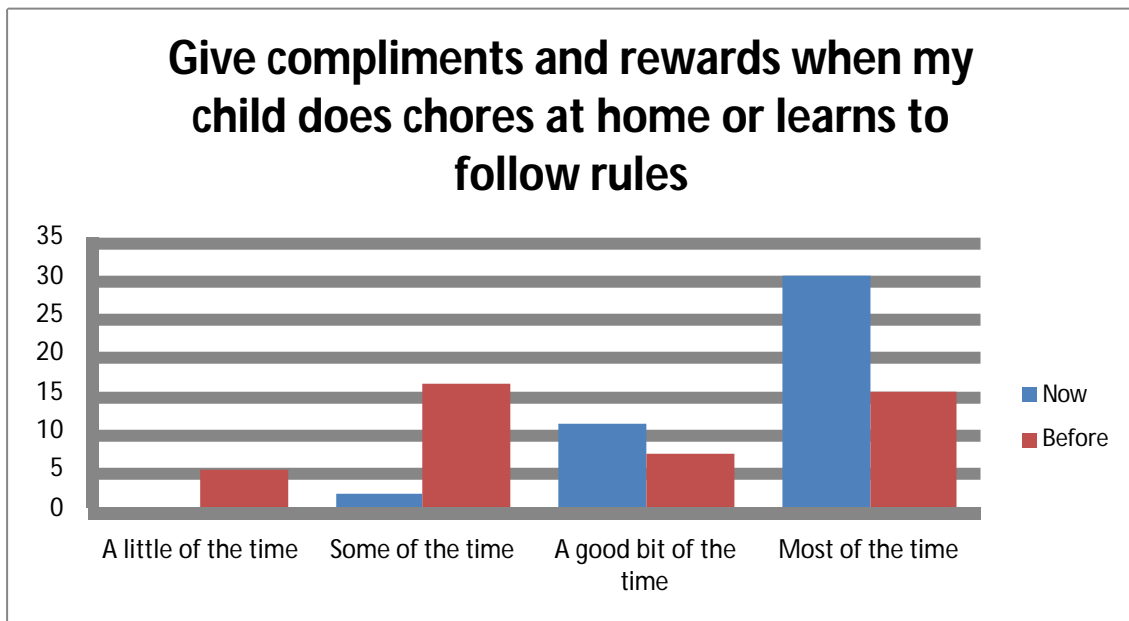


Figure 5.19

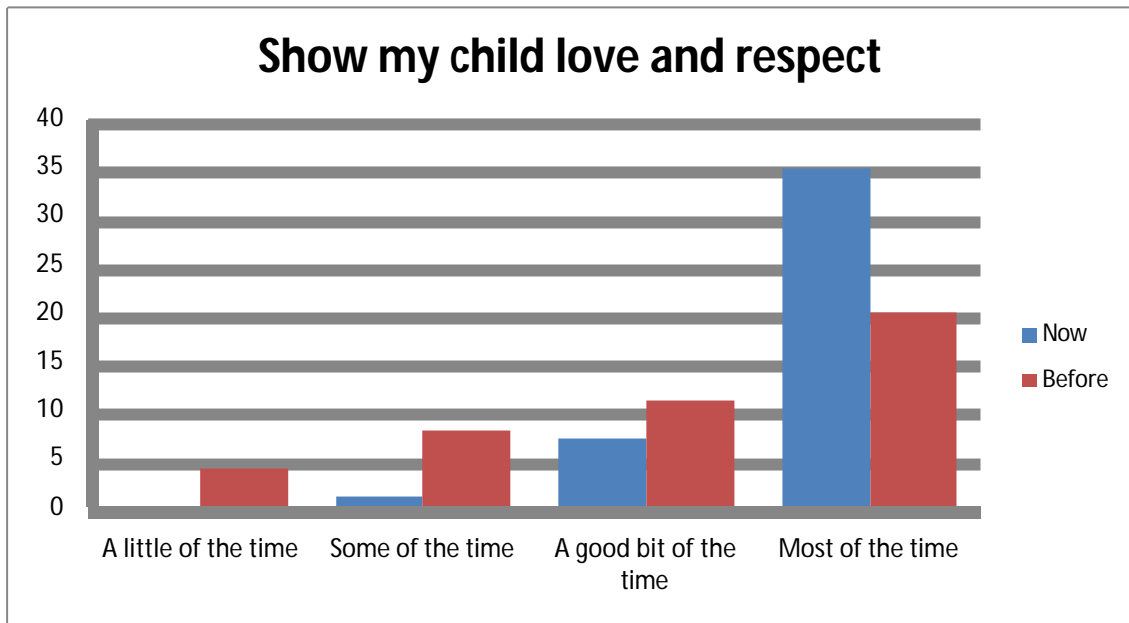
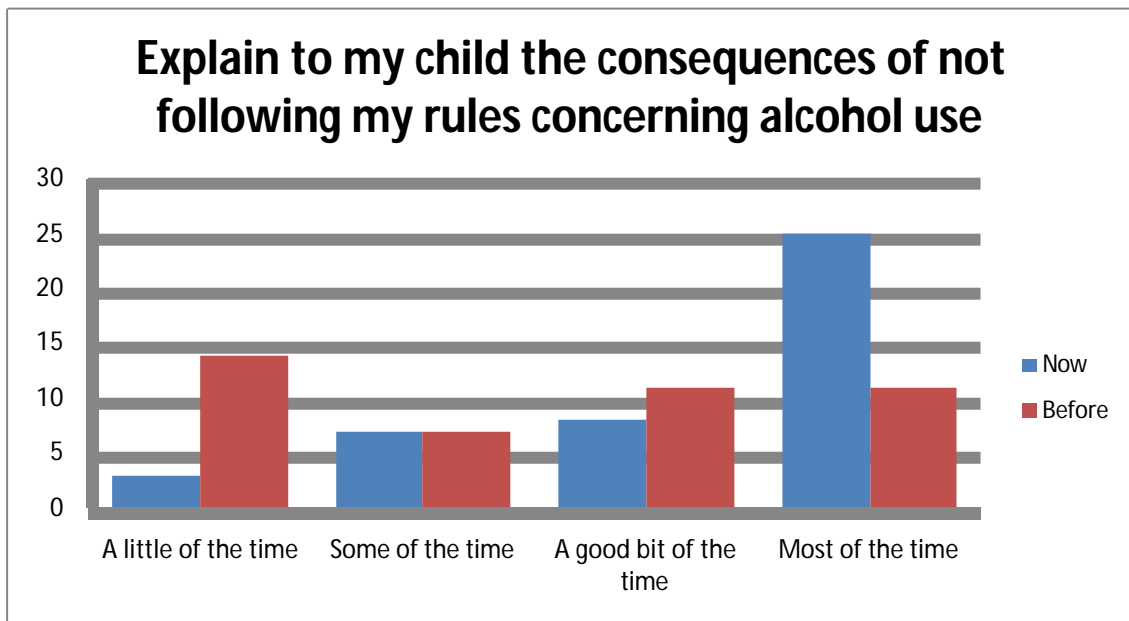


Figure 5.20



In general the results from the PCSQ appear to show a consistent increase in frequency of the behaviours which the programme seeks to reinforce. This trend seems weakest in Figure 5.14 (setting of regular times for homework).

Result from the Young Persons Survey Questionnaire (YPSQ)

Figure 5.21

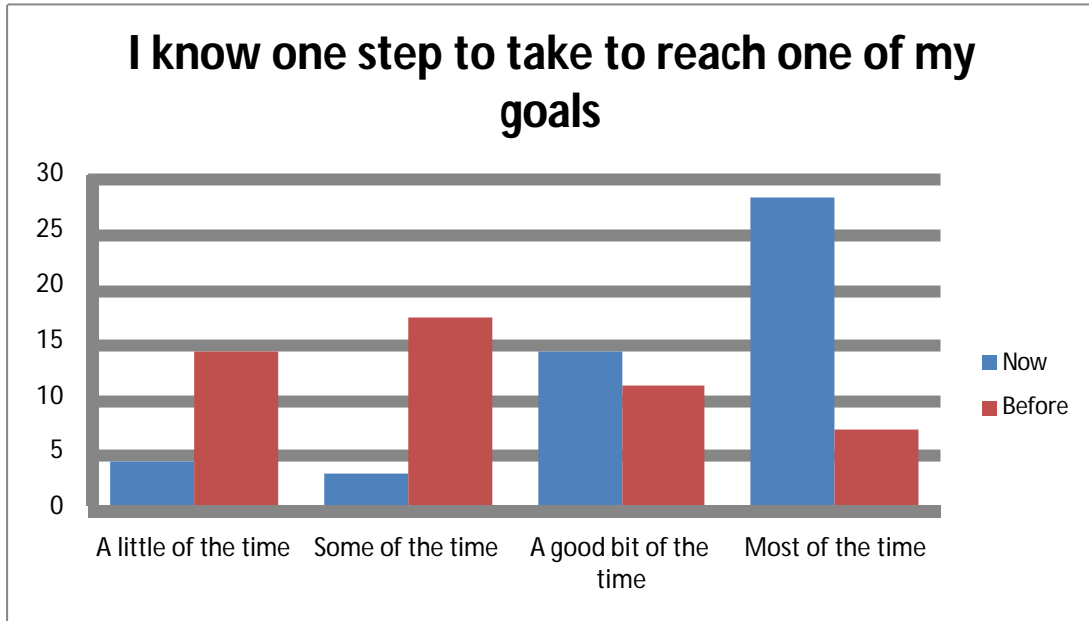


Figure 5.22

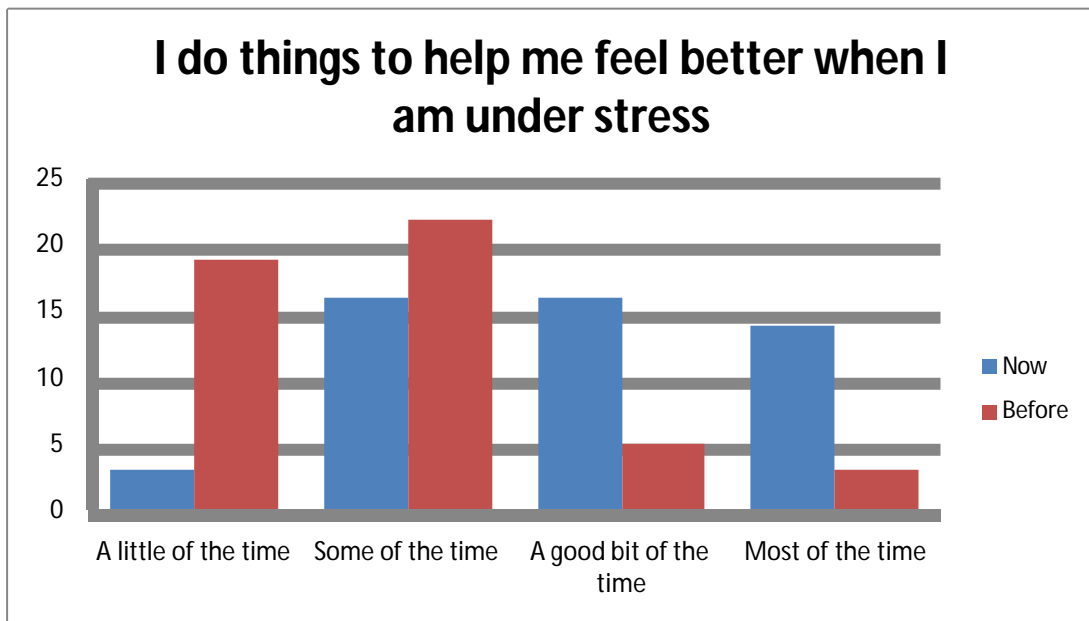


Figure 5.23

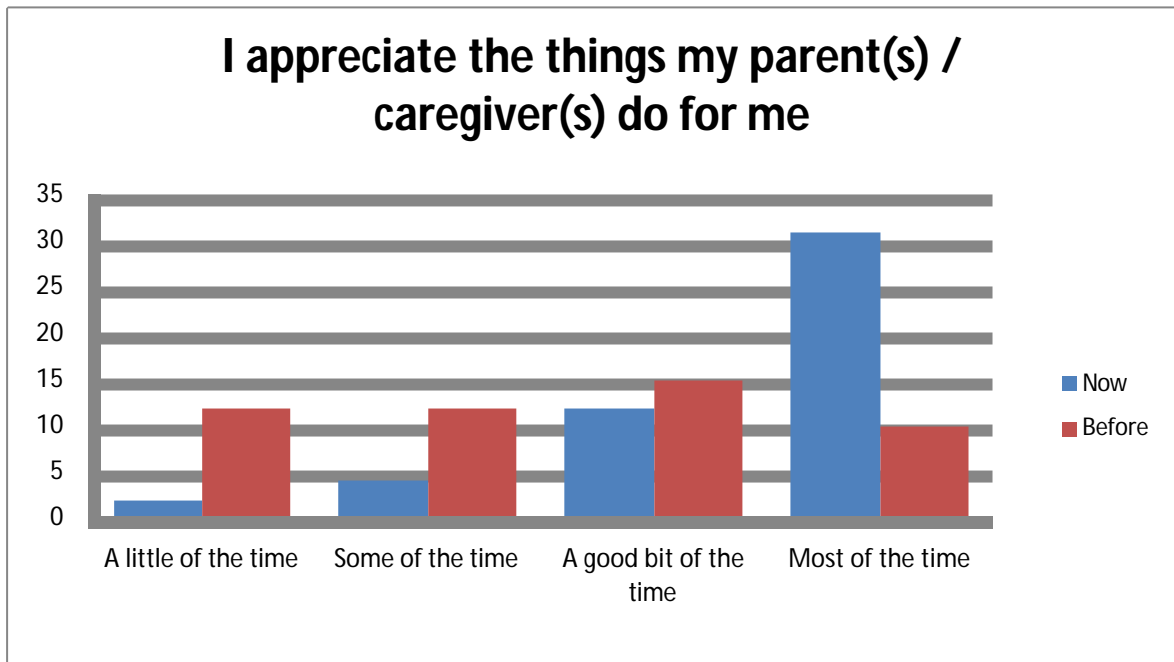


Figure 5.24

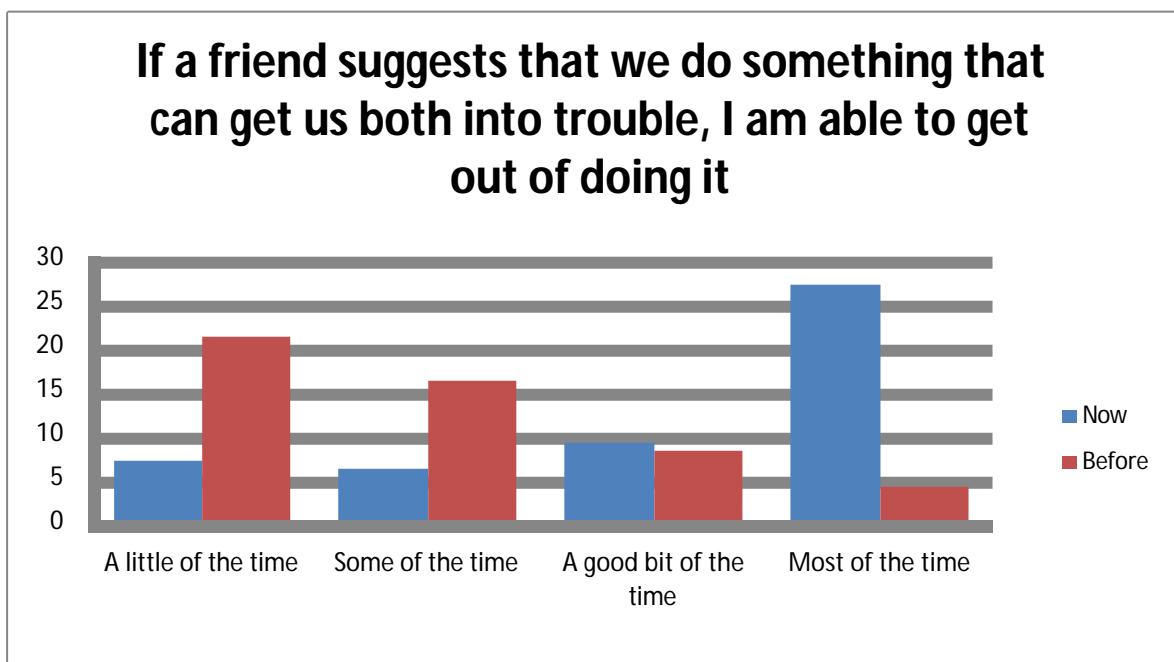


Figure 5.25

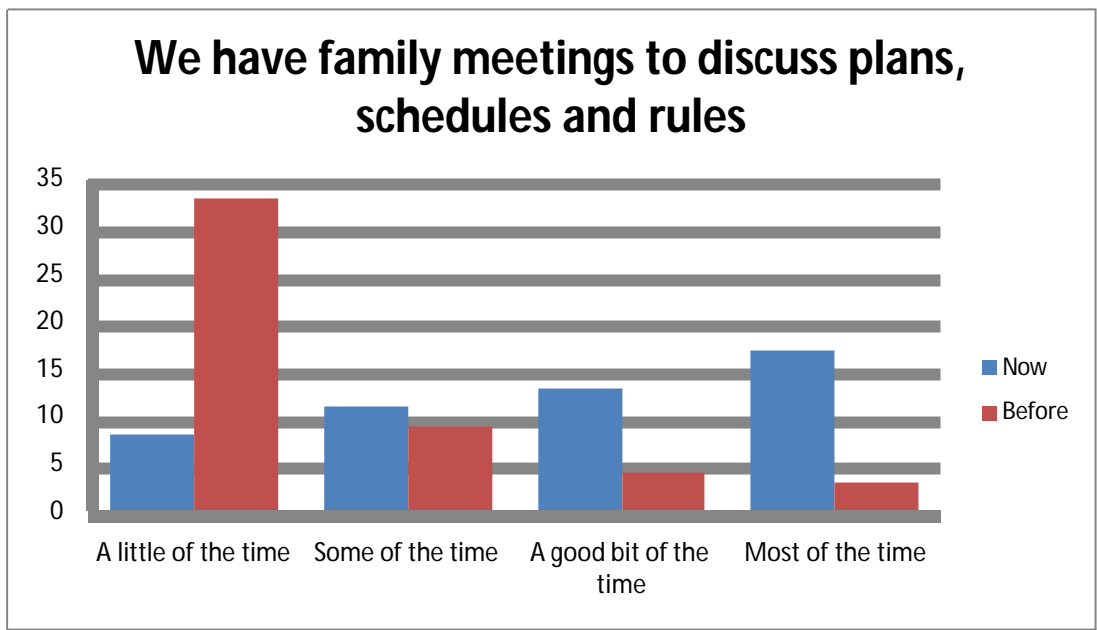


Figure 5.26

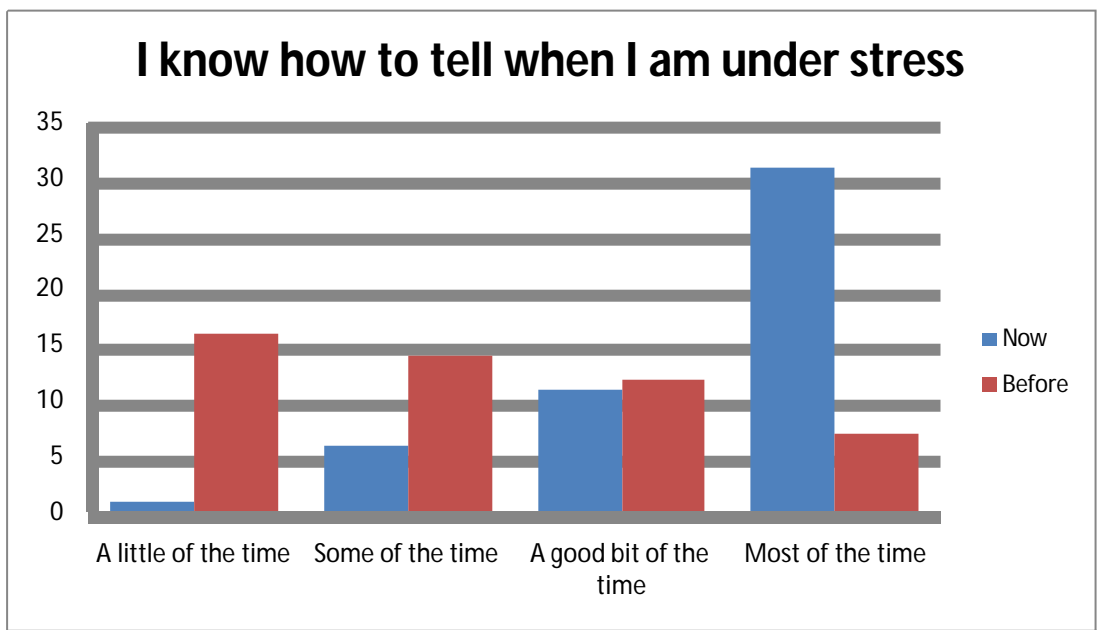


Figure 5.27

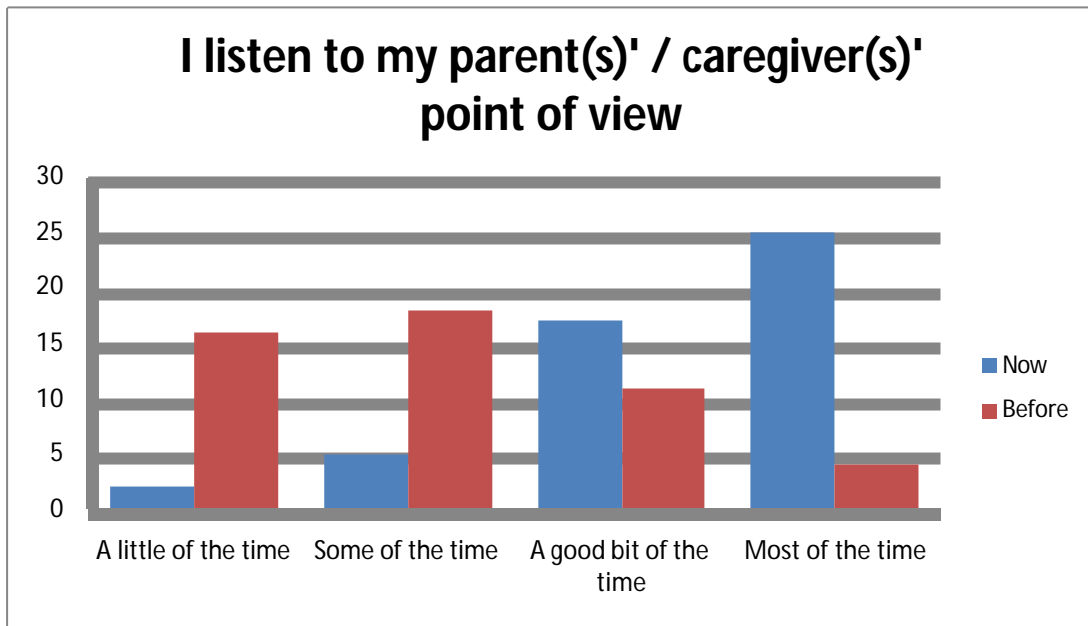


Figure 5.28

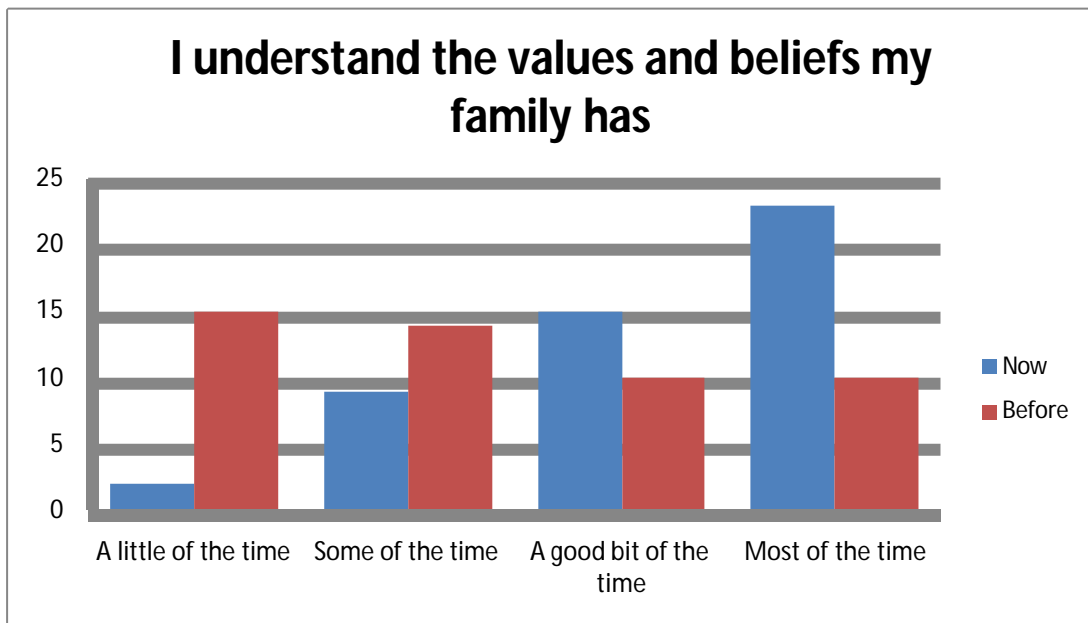


Figure 5.29

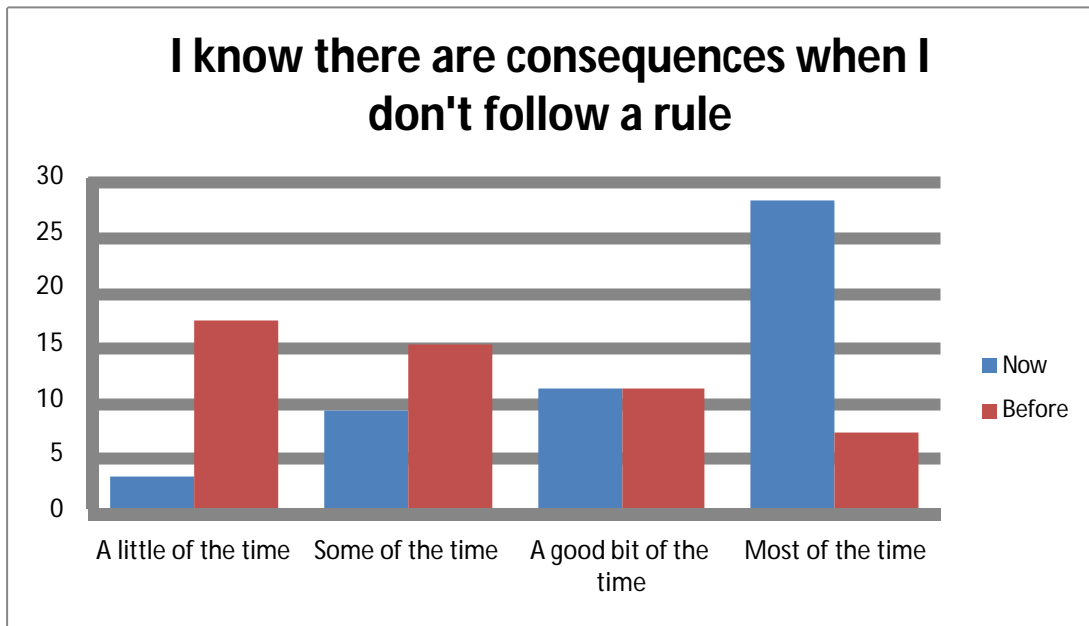


Figure 5.30

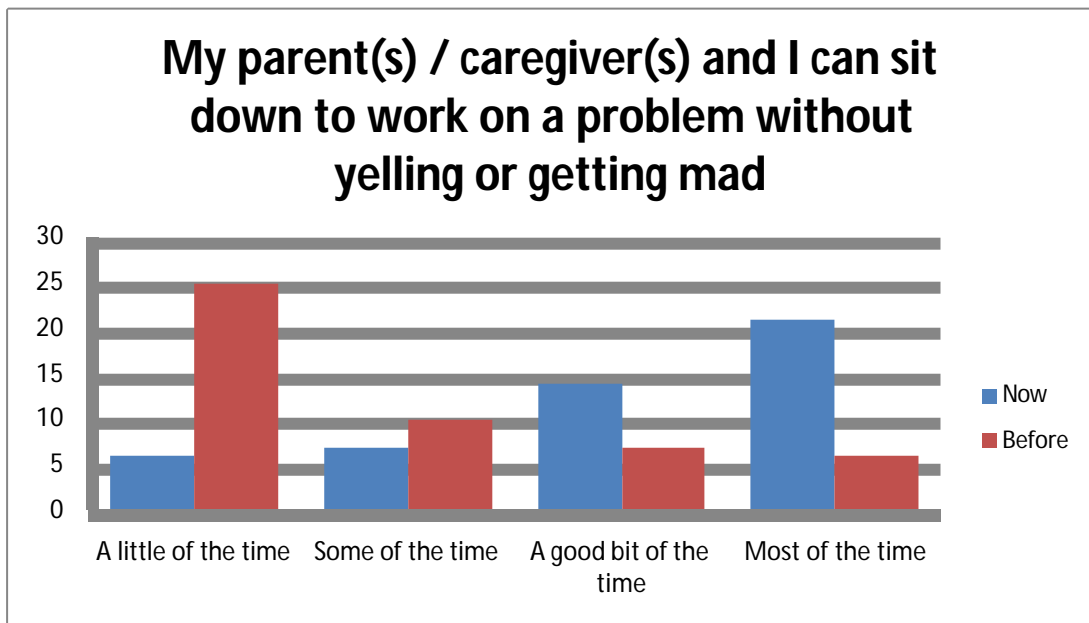


Figure 5.31

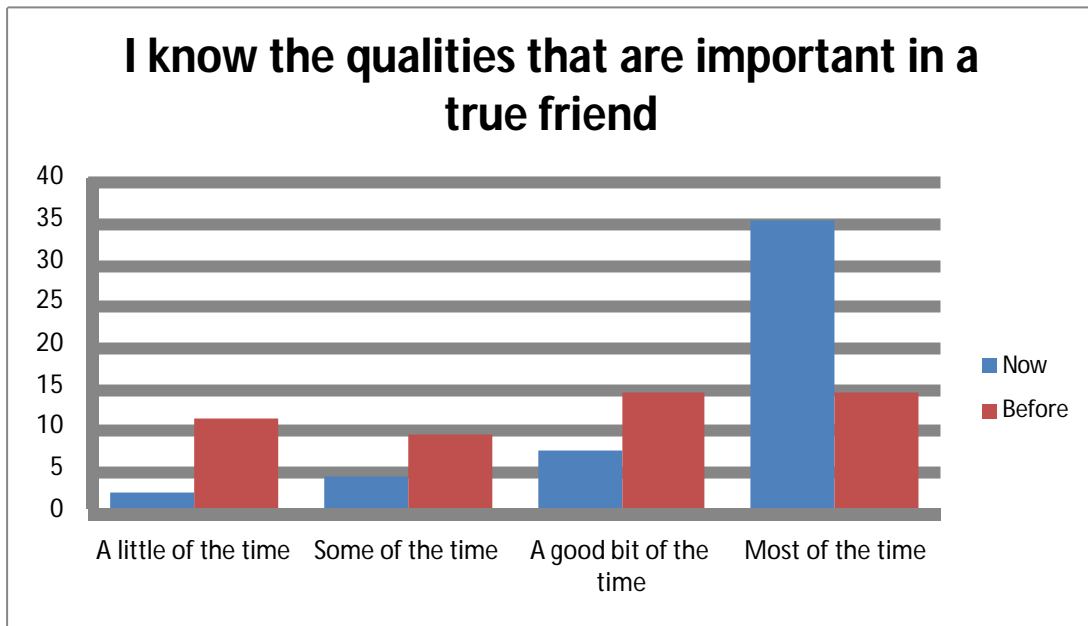


Figure 5.32

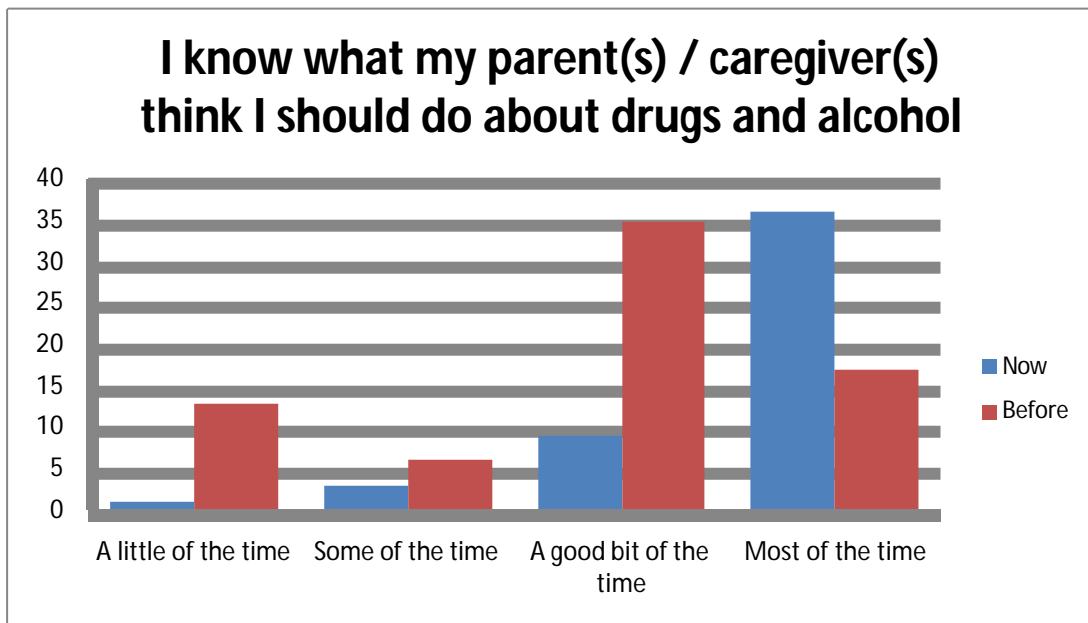


Figure 5.33

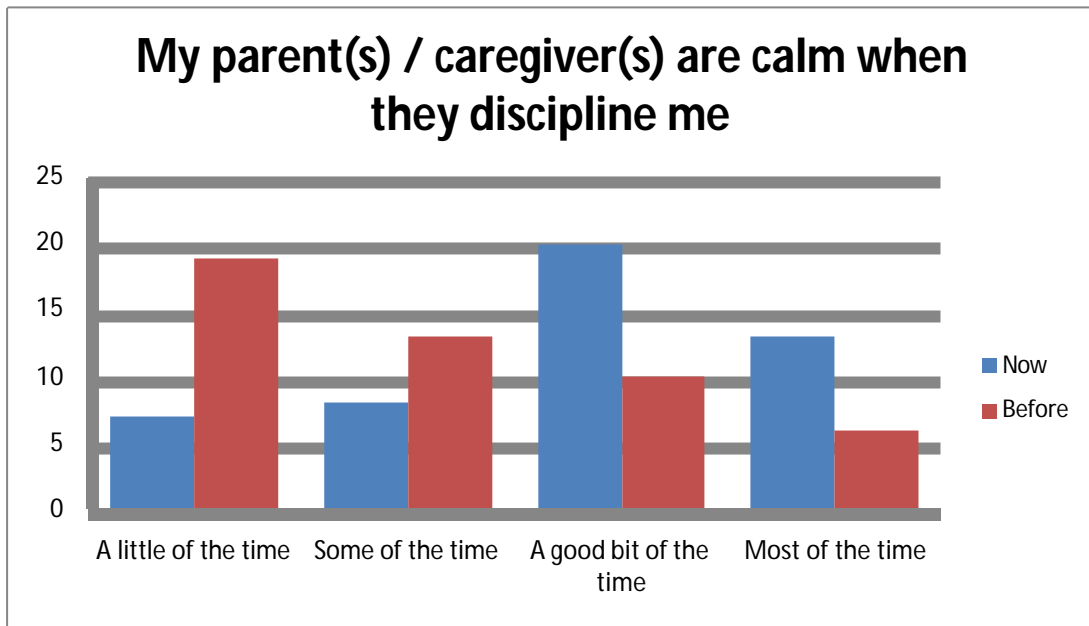


Figure 5.34

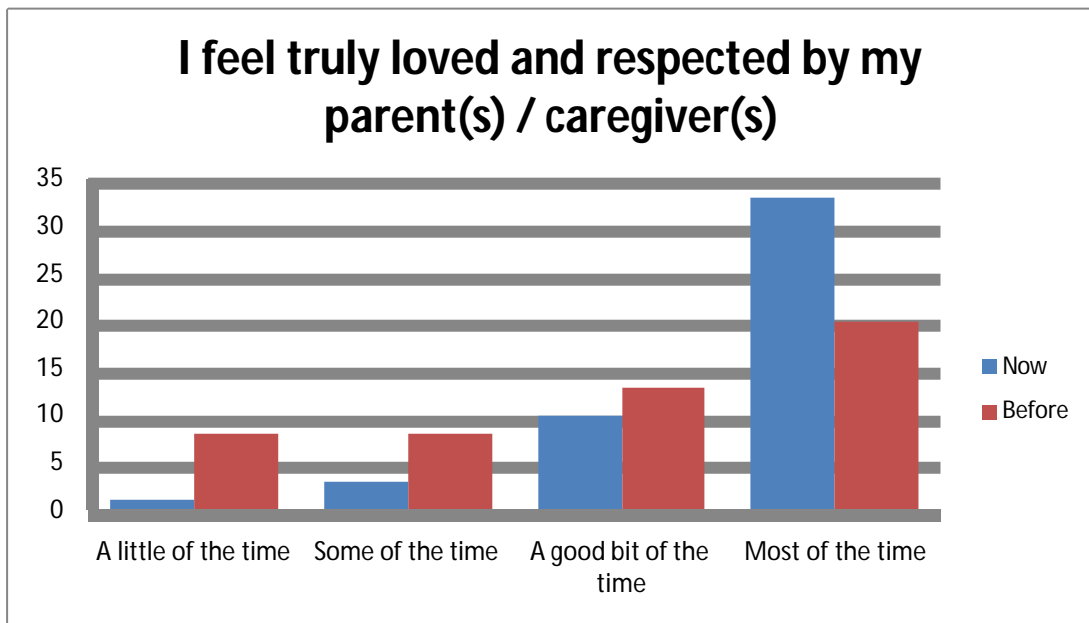


Figure 5.35



Like the PCSQ, data from the YPSQ appears to show a consistent increase in the frequency of behaviours and knowledges which the programme seeks to strengthen. In Figure 5.32 it is interesting to note that a large proportion of respondents (35) knew 'a good bit of the time' what their parents thought they should do about drugs and alcohol before the programme started.

THE FUTURE OF THE SFP10—14 IN CARDIFF

Interviews with members of the programme coordinating team included a specific question which asked participants to set out how they saw the Cardiff SFP10-14 developing in the future. Two key issues were highlighted: aspirations to increase programme provision; and reaching out to different ethnic groups in the city. Each of these issues (and some other points made during the interviews) are dealt with in turn.

Increasing programme provision

The most important issue raised by participants was that there was a need to increase service provision to meet current and expected future demand. One participant described how:

The biggest frustration is that I can't meet the need, I can't physically deliver enough programmes by myself or with the team that we have so far to meet the need within Cardiff.

As well as needing to offer more seven week programmes, the programme staff also described how at present they did not have the resources to provide booster programmes. In terms of the core seven week programme a broad aim was to double current provision from four courses per year to eight:

As discussed in chapter 4, the facilitators who deliver the programme have been grouped into four geographically based teams, with the intention that they should work together on a regular basis to offer the SFP in a particular area of Cardiff. Some team building sessions have been held with these facilitators. As already discussed, these teams are comprised of facilitators who are drawn from a range of agencies across Cardiff.

The main way in which the programme team envisaged expanding programme provision was through these teams moving towards being able to coordinate and deliver the programme on a more independent basis. This was seen as a medium to long term aspiration, in which teams of facilitators (led by one partner agency) could gradually take on more of the coordination work relating to a programme run. This would allow the central programme coordinator to run two programmes at a time, and ultimately would enable semi-independent teams across the city to deliver their own programmes. The SFP coordinating team would remain in overall control of referral and recruitment, and could continue to provide support in relation to programme coordination, as well as coordinating programmes itself. A larger coordinating team with more staff would be required, so that each programme would have a lead worker.

What we're hoping is in the sort of, medium to longer term, that we can work with those employing organisations of those ten people [in each team] and see if we get them to commit a little bit more to the programme on that basis and maybe that team could become a little less dependant upon our co-ordinator for every programme that then involved them. So within that team somebody would take a bit more responsibility for making some of the arrangements for the programme and that would be the thing that would probably enable us to move forward and run more than one programme at a time. Because currently our co-ordinator is entirely responsible for every programme. If we can, if we can get those teams to be a little more autonomous of us then potentially our co-ordinator could work with maybe two programmes at the same time offering a different type of support to each of those programmes.

(member of coordinating team)

Several issues were discussed in relation to these plans, including the need to manage effectively the links between the central coordinating team and semi-autonomous teams delivering the programme, and the importance of ensuring that programme sessions were delivered to a consistent, high standard.

Reaching different ethnic groups within the city

Alongside increasing programme provision members of the coordinating team also discussed how they were seeking to ensure that the programme was accessible to, and linguistically and culturally appropriate for, the many different ethnic groups living in Cardiff. Some initial work had already been done in relation to this, with the holding of a focus group to explore key issues with relevant stakeholders.

Interview participants indicated that achieving these goals was more complex than ensuring that the SFP10-14 was delivered in the right geographical areas and that facilitators from relevant ethnic groups were recruited to work on the programme. It was seen more as a 'project within a project' which would examine a number of different issues. These included the lack of time within the highly structured programme sessions to translate the discussion from English into other languages, the need to provide programme materials in different languages, and the importance of examining cultural issues, such as whether programme content would need to be changed for particular groups:

... there's some stuff within the programme that we might need to think about and get some advice on through a working group, say, about certain aspects of the programme and how well that sits in a particular culture and then [?] working with the [original] programme developers a little bit as well to find out [to] what degree we could alter this aspect of the programme to make it sit more comfortably in terms of [that] culture without undermining the efficacy of the programme.

(member of coordinating team)

In the short term the programme coordinating team described how they were looking to run the programme in an ethnically diverse area of Cardiff as a way of beginning the process of actively engaging with different groups in the city. An area with large numbers of young Afro Caribbean families had been selected, where issues of language (and delivering the programme sessions through the medium of English) were unlikely to be a problem. The intention was to liaise closely with a local school, a form of community engagement which mirrors the approach of the wider programme. Another idea being considered was a suggestion by a community worker that the programme could be delivered over an extended period, with longer sessions each night, which would allow for translation facilities to be provided.

Other issues

Two further issues were raised during the interviews regarding the future of the SFP10-14 in Cardiff. Firstly, it was suggested that the SFP coordinating team were committed to maintaining the universal availability of the programme, whilst also offering a more 'targeted' provision to those families with higher levels of need referred by partner agencies. The programme was seen as developing in the future through being located as part of a package of family and parenting interventions in Cardiff. Thus whilst the SFP10-14 will retain its clear aim of preventing alcohol and drug misuse, it will continue to be promoted as a programme with broad benefits for families, parents and young people, in which substance misuse is addressed within a wider context.

Secondly, it was stated that the Cardiff SFP10-14 team was keen to develop opportunities to be involved in research studies (such as randomised controlled trials) that would help provide information on long term outcomes from the programme.

6. Implementing the SFP10-14 in other parts of Wales

Members of the coordinating team were asked during their interviews to think about what issues would need to be considered if the SFP10-14 was implemented in other parts of Wales, including how best to monitor delivery and evaluate outcomes.

PROGRAMME AIMS

One of the most important themes to emerge from these discussions concerned the programme's identity and the kinds of aims that would be set for it. This issue of what aims the SFP10-14 would be harnessed to achieve was closely linked to the questions of which organisations should deliver the programme, and what kinds of families it should be targeted at (if anyone).

Several participants expressed the view that the SFP10-14 should be seen as a family, parenting and young people's intervention which had the capacity to impact on families' lives in a many different ways, and that it should not be viewed in narrow terms as a substance misuse programme, even though this is an important aspect (both in terms of content and outcomes). A second, related view was that the SFP10-14 should be conceptualized as a mainstream, strengths-based preventative programme that had universal applicability and could benefit any family. It should not be seen either as a problem-focused programme, or as being able to resolve very high level needs in families experiencing problems (such as current substance misuse):

JS: So I guess, um, if the programme was to be rolled out, so to speak, across Wales or to other parts of the country what kind of things do you think would be important for the people that are implementing it in other parts of Wales to bear in mind based on your experience here?

INT: I think to bear in mind that any family would stand to benefit from this programme. To maintain that universal approach to delivering the programme and not to have an inverted commas 'problem family' focus particularly.

(member of coordinating team)

[The SFP10-14] is beginning to emerge ... in the parenting arena. It's strong here in Cardiff because we've pushed it in that direction - we've really pushed it hard in that direction so it's embedded in the family support strategy, so it's going to be embedded in the ... profile of parenting programmes within the city. So I'm happy with that, but I think that elsewhere there's a risk that if that work doesn't happen it would continually be viewed as a programme which has a problem focus - i.e. it's about helping families with big difficulties, its only about substance misuse and I just think that's unhelpful.

(member of coordinating team)

ORGANISATION AND STAFFING

Participants did not believe that any single *type* of organization or agency needed be given the responsibility for coordinating and delivering the SFP10-14 in each area of Wales. There was general agreement that the programme did not need to be led from within the drugs and alcohol sector. Some participants indicated that this was because they believed that the SFP10-14 should not be 'segregated off' into the substance misuse field, a move which would limit the potential appeal and benefit of the programme for families and potential partner agencies. However, there was general agreement that in each local area one organization should take overall responsibility for coordinating and leading the programme.

One suggestion was that the SFP10-14 could be managed from within existing local authority partnerships, such as the community safety partnerships. This would allow the SFP10-14 to become embedded within family and parenting provision and strategies. Such a move would signal the broad aims of the programme described above, remove potential barriers to attendance, and help engage a wide cross section of agencies to become involved in programme delivery.

In terms of which specific organisation should coordinate and manage the SFP10-14 participants appeared to be in broad agreement that this could be decided locally, and would depend on where most managerial support for the programme existed. To some extent it was believed that commitment and enthusiasm for the programme (and the existence of 'champions') was more important than the focus of the organisation in question:

... my experience of these kinds of services is it's your champions that you want. The energy and the commitment comes from the champion. So like in Barnsley it was those CPNs [community psychiatric nurses] who heard Lee and Virginia [Molgaard] who took it up and fought for it and made it work. And for anything that isn't required of us to deliver to the public you know, required public services, for anything that isn't laid down by commissioners that has to be there then you need your champions. And it's those champions' passion and commitment usually that makes something work. So I would say in any area have a look for where your champions are, float these ideas, have an idea that you want your very minimum, this hub of expertise and you have some high standards for that. But then look at what bubbles up from the natural strengths in your own community to build on.

(member of coordinating team)

One point of common agreement was that the programme should be delivered on a multi agency basis, as this brought sustainability and enhanced the quality of the service being provided to families. It can also be seen that the issue of multi-agency delivery is closely related to the question of the programme's aims, and the view that it should deal with drug and alcohol issues within the broader context of family life, parenting skill and youth skill development. One further point made by a participant was that such multi agency working and collaboration would be most effective if it was initiated at a strategic commissioning level:

If you're thinking about it strategically and you're already in a commissioners group you can get sign up to the programme and new staff to add in from that level. You know, we started with the [family support development] post [within CADT] and then went out and invited people in. But if I was on a commissioning group and I already had the partners sitting round the table, [and] they agreed to Strengthening Families and to fund a co-ordinator post then I'd already have the engagement of those groups you know in saying 'OK, yes well I'll give a member of staff because it fits, you know? And they can do one day a week for seven weeks every now and then as part of this facilitation group.' So if it started at strategic commissioning level rather than bubbling up from the ground then you're streets ahead, aren't you really, in terms of commitment?

(member of coordinating team)

In terms of staffing and resources there was general agreement that the Cardiff programme's approach of employing a dedicated programme coordinator (part of whose role was to engage with families) should be replicated if the SFP10-14 was implemented in other areas. This coordinator should have adequate administrative support, and sufficient resources

REFERRAL, RECRUITMENT AND TARGETTING

In the interviews that addressed this issue it was felt that the SFP10-14 should be promoted as a universal intervention and not as a programme specifically designed for families with problems. One participant believed that when new programmes were launched in other parts of Wales it would be best to adopt a 'dual recruitment process' from the outset, and accept both referrals from practitioners and self referrals from families. The importance of working with schools was also highlighted, both because it would help reach broad sections of local communities, and because school facilities could sometimes be used relatively cheaply.

PROGRAMME IMPLEMENTATION

An interesting set of themes emerged in the data in relation to the set of beliefs and values which underpinned the SFP10-14. It was felt that individuals and organizations seeking to implement the programme should be able to commit to these values (such as a strengths-based approach, and the importance of engaging with families):

For me it is about the culture and philosophy, and if you've got that right and you've got the network and the team of people to work with. For me it will always come down to the values. If you get the values right and the approach to working with people right, you know, everything that I've said about the way of working and being aware of people's needs throughout. Keep it humanised you know, don't mechanise it, don't turn it in to numbers, keep the families as families, as real people in your mind. Keep an eye on meeting their needs and not fulfilling the needs of - you have to fulfil the needs of funders, but you have to remember that you're dealing with people.

(member of coordinating team)

It was also noted that to be effective the integrity of the programme needed to be maintained, and its core content could not be deviated from to any significant extent.

The importance of ensuring that programmes in each area had a skilled coordinator was stressed in several interviews. They were seen to need strong interpersonal skills, and the ability to engage effectively with both families and facilitators, to ensure that the programme was delivered a high standard:

INT: ... bear in mind that there's a significant lead in time needed for each programme and that's a really good investment. So ... not sort of trying to start with six or eight programmes in a year. Be realistic and think to yourself 'OK just take one programme at a time' and if you can get four in a year you're doing well.

JS: So the preparation again?

INT: Preparation is everything, you can't you know. I think if people skimp on that you lose that quality engagement with families, you lose the time that you would spend strengthening those relationships with your colleagues and you lose the quality within the programme. And those three things would undermine it significantly. You really do need to think about that a lot.

The coordinator's post was also regarded as important because the quality of programme delivery depended on effective and detailed preparation, both in terms of practical organisation, and the contact made with families before programme sessions commenced:

... although you end up with this vision of a vast number of professionals who can be trained to deliver this programme and they can come from every setting, you do have to have the skilled co-ordination and that hub to be a catalyst for it. ... you can't go forward without having a co-ordinator post. But then that the ideology within that post needs to be about looking for the strengths in their own community and the skills and getting a sign up to facilitators and then training them well. But I would also say that the co-ordinator needs to have the whole emphasis of skills that engages families as well as the skills that co-ordinate the facilitators and trains the facilitators. So it's kind of making sure you pitch that co-ordinator post at the right level of skill and experience but that hub has to be there.

(member of coordinating team)

Members of the coordinating team suggested that removing external barriers to attendance through providing practical support for families (e.g. covering travelling expenses and providing play facilities for younger children) would be very important. It was noted that recruiting families to the programme and providing such practical assistance might be more challenging (and expensive) in rural areas where families were widely dispersed and had to travel long distances to weekly sessions.

Overall, participants appeared to believe that newly created SFP10-14 programmes should start out with clear aims and targets, but that these should be kept manageable, and that the number of courses being offered could grow over time. It was suggested that the importance and value of providing Booster programmes should not be overlooked.

A final issue which was discussed with members of the coordinating team concerned how to provide a Welsh language version of the programme. In terms of programme materials it was suggested that there were two ways of enabling the sessions to be delivered in Welsh. The first (cheaper) option would be to dub the existing English language DVDs, and to translate the written materials. Alternatively the DVDs could be remade (though there would costs associated with this).

MONITORING AND EVALUATION

Members of the coordinating team were asked for their thoughts on how best to monitor programme delivery and evaluate its effectiveness. Participants indicated that the PCSQ and YPSQ were important tools in examining the kinds of changes families experienced as a result of attending the programme. It was also suggested that the evaluation forms which families are asked to complete at the end of each session provided valuable feedback on aspects which had been helpful or could be improved, and their experience of session delivery, such as whether they had found it respectful.

The other key suggestion made was that SFP10-14 programmes should record statistics relating to referral and recruitment patterns as well as attrition rates. This would be helpful in monitoring the programme on an ongoing basis, but would also assist future development of programmes by providing information on which organizations referred families to the programme, key referral reasons, and whether recruitment and referral patterns shifted over time.

TRAINING AND COLLABORATION

Organisations wishing to provide the SFP10-14 for the first time would need to receive training from either the American developers of the programme, or a small number of accredited trainers in the UK (which includes staff from the Cardiff and Barnsley SFPs). One participant argued strongly that if the programme was extended to other parts of Wales training should form part of a broader package, along the lines of the model used by Oxford Brookes University in England to provide training to new SFP10-14 sites in England. This would involve prior engagement with those who were to receive training in each local area (and who would in turn train facilitators), including discussing the aims of the SFP10-14 and its applicability. It would also include providing support and consultancy during early implementation, and some external evaluation.

It was suggested that the Cardiff coordinating team might be willing to play some role in this process, and would be keen to promote the development of a network linking programmes across Wales so that coordinators and facilitators could exchange ideas, offer support and advice, and share best practice.

7. Discussion and Conclusions

This chapter provides an overview of the project's key findings and is divided into two main sections. The first section examines the Cardiff SFP10-14. It addresses the key achievements of the programme, the way in which it organises and delivers the SFP, and considers aspects of the programme which might be developed or improved. A set of points for consideration is provided.

The second section is concerned with some of the key issues surrounding the possible development of the SFP10-14 as a national programme for Wales.

AIMS AND DEVELOPMENT OF THE CARDIFF SFP10-14

In one sense the SFP10-14 is a highly standardised programme, whose aims, content and structure are relatively uniform across different settings. All organisations that deliver the programme must receive accredited training, and programme content is highly prescribed. The programme comes as a package, both in terms of its content, but also the set of values and beliefs which underpin it, and the theoretical models which predict how it will work.

Yet this should not detract from the fact that the programme is a highly complex and subtle intervention. Its core aim is to prevent substance misuse, which it achieves by addressing protective and risk factors within the family, as well as enabling young people to develop positive behaviours and practical skills that will help them avoid misusing alcohol and drugs in the future. At the same time the programme has the capacity to bring about more immediate changes in family functioning, parenting and young people's life skills which are of value in their own right. The complexity of the SFP10-14 and the way in which it both focuses and 'defocuses' on alcohol and drugs is neatly captured by Kumpfer (2004: 20-21), when she states that it prevents substance misuse

... by defocusing almost entirely from substance misuse to concentrate instead on the processes which sustain family life and promote healthy development. In the process it recommends itself not just (or not even) primarily as a substance misuse programme, but as a generic approach of equal interest to mental health, crime prevention, education, child welfare, and family services.

A further layer of complexity is that the protective factors which the programme seeks to promote are both outcomes in their own right, and mechanisms for achieving the programme's long terms aim of preventing substance misuse.

These characteristics of the programme (and its potential to achieve different, though related, primary goals) make it hard to categorise neatly, crossing as it does the boundaries between substance misuse, health, education, crime, parenting, child welfare and the family. Despite its original development as a universal prevention intervention the programme has also been used in a targeted way (with families experiencing higher levels of need). Ways of organising, staffing and delivering the

programme differ between settings, and these have the potential to impact on recruitment, retention, and the final outcomes for participating families.

In Cardiff the SFP10-14 has been developed as a universal prevention intervention that is of benefit to any family. Simultaneously it also offers more targeted support for families who are experiencing specific problems or have identified needs.

The programme has been strategically positioned as a family, parenting and young people's intervention, in which alcohol and drugs form part of a much broader set of activities. By doing this it seeks to give the programme a broad appeal. And by stressing an emphasis upon strengths rather than deficits or notions of problem families, it aims to play a part in de-stigmatising such programmes.

KEY OUTCOMES FROM THE CARDIFF SFP10-14

The project's findings suggest that the Cardiff SFP10-14 programme has achieved significant results in two broad areas – outcomes for participating families and the promotion of multi agency collaboration. Each is dealt with in turn.

Outcomes for families

Analysis of data from the project provides strong evidence that families had gained considerable benefits from attending the programme. Both parents and young people described important changes. Overall, parents were more positive about the programme than young people. Importantly, there are strong similarities between what the programme coordinating team believed the programme was trying to achieve, and the outcomes which participating families described having gained from attending. Based on the findings from this research it therefore appears that the programme has been broadly successful in achieving its own specific aims. Families had enjoyed attending the programme, and many aspects were both informative and fun.

The single biggest impact of the programme would appear to be the fact that it strengthens families. The key aspects of this strengthening effect include improved family functioning, with better communication between parents and young people, and a growth in empathetic relationships between family members. Parents reported increased understanding of their children, and developed new awareness of the strengths within their families. They also described having developed new and improved parental skills, which were linked to a general increase in feelings of confidence. A key strength of the programme is that it allows parents and young people to actually practise the skills they are taught during the programme sessions. Importantly, these changes are closely aligned to the protective factors which the programme's theoretical models suggest protect against substance misuse. The research found clear evidence that parents in particular had continued to use skills they had learnt on the programme.

There was also evidence that changes in family functioning and parental practices had brought about positive change in the lives of young people. Young people

themselves had also developed new skills and awareness, including in relation to peer pressure resistance, stress management and the importance of goal setting. One young person described having already used peer pressure resistance skills to avoid being drawn into shoplifting. Overall the data in the focus groups relating to young people's skill development was more limited, but this may be due to the use of a focus group approach and the design of the groups (which were primarily concerned with the participants' experience of attending the programme rather than exploring their individual lives in detail). Further research (perhaps including one-to-one interviews) might usefully examine changes in young people's lives, attitudes and skills over the long term, and explore the extent to which they implement knowledge and skills they learn during the programme.

In addition to the skills and knowledge gained directly from programme content, both parents and young people had derived other important benefits from attending the programme. For adult participants, the experience of sharing experiences with other parents had helped them realise that their problems and feelings were normal and not unique to them. The building of new friendships was a very important outcome for the young people, and parents also described having made new friends. Analysis of the data also indicated that the programme facilitators and coordinators were able to access or signpost sources of support for families for needs that were unrelated to the aims of the programme itself.

Multi agency working

Alongside the many benefits which families had gained from attending the programme, it is also clear that the multi agency working achieved by the SFP10-14 in Cardiff is an outcome of some significance. Perhaps most importantly, the programme has brought about new forms of collaboration between agencies or sectors that have historically tended to work separately. In particular it has built new links between practitioners working in the alcohol and drug field, and those based in the education, parenting and child welfare sectors. This approach has also been instrumental in achieving the programme's desire to address the issue of alcohol and drugs within the broader context of family life, and to position the SFP10-14 as a parenting, family and young people's intervention, rather than defining it narrowly as a substance misuse programme. In summary, the SFP10-14 has acted as a successful catalyst for multi agency collaboration which has spread beyond the programme itself and has impacted on broader organisational cultures and working.

Evidence from the research suggests that the multi-professional background of facilitators has enhanced the quality of programme delivery and enabled families to access other resources or additional sources of support. The use of facilitators from a range of agencies across Cardiff has also helped to reduce the costs which need to be borne by central programme funds, and ensures some sustainability and security should core funding be withdrawn. However, it should be noted that the role of the coordinating team in managing the programme is crucial, and without this 'hub' programme delivery would be extremely limited. An important point made by facilitators during their focus group was that the time commitment expected of them

was manageable because preparation and paperwork was handled centrally by the SFP coordinating team. It is unlikely that facilitators would be able to undertake significant additional work in relation to coordination and planning as well as facilitating programme sessions.

Facilitators had also gained from working on the SFP10-14 as individual practitioners. They described acquiring new skills and confidence through working outside of their 'comfort zone' and had also valued the way in which they had been prompted to view their clients in new and more positive ways.

PROGRAMME ORGANISATION AND DELIVERY

There was clear evidence that programme organisation and delivery are well organised and highly effective in helping the SFP10-14 to achieve its aims. The development of a coordinating team (or 'hub') which manages the programme and provides leadership for facilitators works well. The employment of a dedicated coordinator who can devote significant time and energy to engaging with families (particularly in the period before they attend the programme) is important. The programme administrator also plays a key role within the team, ensuring that accurate records are maintained, and that effective systems are in place for monitoring demographic data, referral patterns, retention rates, and outcome data from the PCSQ and YPSQ.

The detailed attention which the programme team has paid to providing practical support for families is also of importance. The research found clear evidence that the provision of facilities such as a crèche, free food and assistance with travel costs had removed many barriers to attendance. Indeed, they were used as a model for the arrangements during this research. It should also be noted that these forms of support for families had other benefits. For instance, the provision of a crèche helped make younger siblings of children attending the programme feel included rather than excluded. And the inclusion of a meal break mid way through each session created an important opportunity for parents to share experiences with each other, and to talk to programme facilitators in a more informal setting.

It is clear that the staff involved in the SFP10-14 have sought to deliver the programme in a sensitive, supportive, and positive way, both in terms of initial engagement with families, and during the actual programme sessions. The emphasis of the programme upon strengths, and the inclusion of families from different backgrounds had been clearly communicated to participants. None of the families who took part in the research felt that they had been 'targeted' as problem families, or had felt stigmatised in any way. The way in which programme sessions were delivered was praised universally by parents, who felt able to express their opinions. The programme had been experienced as non-judgemental and different views or perspectives had been valued and respected. Some young people were less positive about this aspect of the programme. The importance placed on engaging with families and the efforts to remove practical barriers to attendance stand out as two key strengths of the Cardiff SFP10-14. The adherence of the Cardiff programme to

the SFP0-14 strengths-based model also seems have made the programme attractive to parents.

A general observation from the data is that families had found the programme more beneficial when only one young person in each family participated. Especially for larger families, the opportunity for parents to spend 'one to one' time with one of their children (often the eldest) was valued, and it can be argued it is of direct relevance to some of the aims of the programme itself.

UNIVERSALISM AND TARGETING

As discussed above, the Cardiff SFP10-14 has been developed strategically as a universal prevention intervention, from which any family can gain. It also offers more targeted provision for families who are experiencing relatively low level needs, particularly in relation to family functioning and young people's behaviour (e.g. poor school attendance). In general, this approach appears to work well, and has succeeded in broadening the appeal of preventative work around alcohol and drugs misuse, as well as de-stigmatising attendance.

Programme staff and facilitators felt that the policy of achieving a mix of families in each course, which included approximately 30% with higher needs or challenges worked well. It was seen as improving group dynamics, increasing the amount of positive learning which took place, and led to higher retention rates. Limiting the number of children who found working in group sessions difficult was seen as important. By mixing families in this way it was suggested both that families with problems were influenced positively by parents who did not have such problems, but also that they viewed their peers as other parents, rather than other parents with problems.

Overall the research suggests that this approach has paid significant dividends in terms of families' satisfaction and outcomes. Previous research by Coombes, et al. (2006) indicates that group dynamics have an important influence on the outcomes which families gain from attendance.

The operation of the Cardiff SFP10-14 as a universal intervention and its inclusion of families with different needs, and experiences are clearly aimed at de-stigmatising attendance and moving away from a focus on problems and labelling families. The mixing of families within each course does however involve some categorisation of families in relation to needs and problems. Another point (raised by parents) was that although promoting the programme more widely to families across the city was a good step, rapid access needed to be maintained for families who were currently experiencing problems, as well as those most motivated to attend. The balancing of this rapid access alongside promoting the universal nature of the programme and achieving a mix of families in each course to maximise outcomes is clearly a complex issue.

AREAS OF THE PROGRAMME WHICH COULD BE IMPROVED OR DEVELOPED

In addressing areas of the Cardiff SFP10-14 which might be improved or developed, two important points should be noted. Firstly, there is need to distinguish between comments related to programme delivery and organisation in Cardiff on the one hand, and issues concerned with programme content or broad aims on the other, which extend beyond the Cardiff SFP10-14. Secondly, some of the suggestions put forward by participants regarding how the programme could be improved would require additional funding.

Cultural appropriateness

A key theme to emerge from the research is that some aspects of the SFP10-14 could, and should, undergo some further cultural adaptation. Participants described the need to make the programme materials and messages more relevant for a Welsh audience, and that some aspects of the American cultural origins and norms present were unhelpful. This included the use of American terms, and more generally, games or activities that did not seem to quite 'fit' within a British context. For parents, the programme creeds were the key negative aspect of the programme, and some participants associated them with the American cultural values which underpinned the programme.

Facilitators in particular felt that some aspects of the programme could be made to feel more relevant to young people, and put across in their 'language'. It was suggested for instance, that the programme creeds could be texted to young people in between sessions to help reinforce the messages which they were promoting. Another idea was that contemporary pop music could be used for the 'countdowns' when session activities were coming to an end. It was also suggested that families (who had attended the programme and received appropriate training) could become more involved in delivering sessions, and again, this would help to make certain aspects of the programme more meaningful and relevant for those taking part, particularly young people.

The need to reach different ethnic groups in Cardiff was raised as an important issue by both programme coordinators and facilitators. At present the tightly timed and highly structured nature of the programme, and its heavy reliance on reading and writing-based activities, makes it very difficult to provide translation facilities (and therefore access to the programme) for families whose first language is not English. Although the SFP10-14 has been developed as a universal intervention (suitable for different ethnic groups), participants in this study considered that engaging with different groups in Cardiff would need to address both issues of language, and the acceptability of some aspects of programme content. Cultural adaptation of the session content and materials would need to ensure that the effectiveness of the programme as a whole is not compromised. The need to address the accessibility of the programme to different ethnic groups (and its acceptability to them) is clearly an issue with wider relevance beyond the Cardiff SFP10-14. The coordinating team's plans to address this issue may have important implications for other organisations

who deliver the SFP10-14, and this work could be linked in some way to any future expansion of the programme across Wales (perhaps with dedicated funding).

Delivering the SFP to children aged 10-14

In common with other organisations providing the SFP10-14 the Cardiff programme is delivered to a mixed age group, with children aged 10-14 participating together. This age range includes children with potentially diverse levels of maturity, tastes and attitudes. Crucially, it straddles the transition from primary to secondary school. The task of making the programme sessions and activities relevant and age specific is clearly a challenging one. The findings from the research suggest that some older children found certain parts of the programme rather 'babyish', and the inclusion of much younger children can also sometimes act as a disincentive to attend. A related point is that some participants felt that programme sessions related to alcohol and drugs were not always wholly appropriate or relevant for children from the lower end of the 10-14 age spectrum. Though the numbers who participated in the research are small, in general younger children seemed to have enjoyed the programme more than their older counterparts. Both parents and facilitators appeared to be in general agreement that there would be merit in exploring whether the programme could be offered to families with children younger than 10 years old.

The appropriateness of delivering of the SFP to a 10-14 age group in a UK context, and the possibility of extending the age range downwards are issues which would benefit from further investigation, including the extent to which programme content might have to be altered. In terms of the Cardiff programme, several strategies could be explored (though this might require additional funding). One option would be to run parallel young people's session alongside each other within the same programme – one for children aged 10-11, and the other for those aged 12-14. This might require one or two extra facilitators to be provided, and would also need extra space. A second option would be to provide dedicated programme for families with children from different age groups. This would probably only be a practical option if more courses were provided in the city.

Support for families

Parents in particular described feeling well supported by the SFP10-14 team after formal programme sessions ended. However the findings of the research suggest that there is scope to increase the support provided to families both during and after their attendance at the programme. Facilitators expressed the view that because the programme sessions were highly structured and tightly timed there was sometimes lost learning due to insufficient time for discussion or to explore issues that the sessions had thrown up. One way of dealing with this would be to provide some sort of structured support during the programme, such as a series of 'drop in sessions', a suggestion echoed in earlier research on the SFP10-14 by Coombes, et al. (2006).

Both parents and young people suggested that it would be helpful to provide more formal support or 'aftercare' once the programme they were attending came to an end. For the parents this was seen to include written reminders that would help

them to practise the skills they had learnt during the sessions. Young people identified the value of organising some kind of club, to which participants could be invited. This was seen as an important way of helping them to stay in touch with friends that they made during the programme, but who they found it difficult to see once the programme sessions had come to an end.

Increasing programme provision

There was general agreement among participants that the Cardiff SFP10-14 needed to be expanded to enable it to provide more courses. This was identified as important both to allow current and future demand to be met, but also, crucially, to ensure that families could gain rapid access to the programme, especially when they had been referred by partner agencies. This was a key issue for parents.

Members of the programme coordinating team described how one of their key strategies to achieve increased provision was to explore how the four groups or teams of facilitators in the city could become more autonomous and manage at least some aspects of programme organisation and engagement with families. This medium to long term goal was seen as crucial in the move to expand the number and frequency of programmes that could be delivered. As discussed above, it was envisaged that a key part of programme expansion would be an increase in the size and capacity of the central coordinating team, to maintain current levels of support and leadership for facilitators and families.

Participants in the facilitators' focus group described how their current involvement in the programme (which was in addition to their core duties) comprised delivering sessions and attending weekly de-brief meetings. This was seen to be a broadly manageable commitment because organisation of programme sessions, engaging with families and the compiling of paperwork was handled by the central coordinating team within CADT. Some participants suggested that if they (or their employing organisations) were asked to increase the level of their input into the programme this might prove challenging. Although this issue was not explored in detail, the findings from the research suggest that increasing programme provision through creating more autonomous teams may require additional staff that can provide assistance with preparation, engaging with families and organising programme delivery.

One other important issue concerns the value of providing booster sessions. To date the Cardiff SFP10-14 has only run one booster programme, and current resource limitations mean that it will not be able to provide any such programmes during 2008. Families, and particularly parents, who attended the single booster programme held to date, had found it helpful in reinforcing the skills and knowledges they had learnt during the original programme. Inclusion of booster sessions would help to maximise the outcomes for parents who attend the seven week programme, and also go some way to providing an additional form of support for families. It is strongly recommended that additional funding should be made available to allow delivery of booster sessions to all families who participate in the

main seven week programme. Such booster programmes should ideally be timed to take place approximately 3-6 months after the end of the seven week programme.

Information provision before programme starts

One of the key areas of the SFP which young people felt could be improved was the provision of more information (specifically for young people) before the programme started. In general the young people suggested that they had not really known what to expect before attending the programme, and many were nervous prior to attending the first session. This was attributed in part to not knowing which other children would be there, and which schools they attended²². They thought that this information could be communicated to young people when programme staff visited families' homes prior to attendance taking place. In some cases they also felt that they could have been told more about the kinds of activities that were included in the programme, and the inclusion of prizes and other incentives.

There are a number of ways in which the young people's ideas in this area might be implemented. For instance, one facilitator suggested that a DVD that provided an introduction to the programme could be produced, and included with the information given to families before they attended²³. Another idea (though not drawn from the data) would be the creation of a 'buddy' system, whereby young people who are about to attend the SFP10-14 are put in touch with other children who have already completed the programme. Such a system would allow young people to find out 'first hand' what participating in the programme would be like.

THE SFP10-14 AS A NATIONAL PROGRAMME FOR WALES

The findings of this evaluation, taken together with existing research suggest that the SFP10-14 has significant potential to prevent long term substance misuse and other anti-social problems in young people. It has also demonstrated its broader value as a family, parenting and youth intervention, which has significant impacts on family functioning, parental skills, and goal setting by young people. The final section of this chapter discusses a number of issues which any future development of the SFP10-4 as a national programme for Wales may need to consider.

Organisation and staffing

The approach adopted by the Cardiff SFP10-14 to organise and deliver the programme has proved itself to be very effective. There are many aspects of this approach which could be used as a model for any wider implementation of the SFP10-14 across Wales.

The decision to locate SFP10-14 organisation and delivery within a local authority setting in Cardiff offers an effective template which other developers may wish to replicate. The integration of the programme within broader local authority

²² The coordinating team have pointed out that it is not possible to disclose the names and schools of other participants, particularly due to the data protection issues which would be involved.

²³ This is now being done, and a DVD designed especially for young people is being produced.

frameworks (e.g. the Community Safety Partnerships) and the city's family and parenting strategy also has much to recommend it. In this way the SFP10-14 can become part of a broader package of services, and is also likely to gain support from a range of agencies, such as those working with parents and young people. Based on the findings from this research it can be argued that the SFP10-14 is likely to be more effective when it is delivered as a family/parenting intervention, rather than being narrowly defined as a substance misuse programme. But it should also be noted that the Cardiff SFP10-14 forms part of a broader, tiered set of interventions in relation to drug and alcohol use in the city, which ranges from prevention, through early intervention to treatment of ongoing substance misuse.

A local authority partnership might be able to provide strategic leadership for the SFP10-14, but it is also crucial that one identifiable organisation takes overall responsibility for managing and developing the programme in each local setting, particularly during its early implementation. This need not necessarily be an organisation within the alcohol and drug field, though there is no reason why it could not be. What seems more important is the way in which the programme is delivered, both in terms of how engagement with families takes place, and the extent to which coordinators build support from other agencies for the programme.

One of the key strengths of the way in which the Cardiff coordinating team works is that it includes staff who can focus on three distinct areas of programme delivery – the development of strategic partnerships with other agencies, coordination of individual courses (particularly engagement with families and liaising with facilitators), and effective administration systems, including recording data on recruitment and other demographic data.

Multi agency delivery of programme sessions has brought many benefits to the implementation of the Cardiff SFP10-14, and it is recommended that consideration should be given to using a similar approach in other parts of Wales.

Training for programme staff could come from a number of sources, including the original American programme developers. However, it would make sense for new SFPs in Wales to draw on the experiences and expertise of the Cardiff-based team, as well as those in neighbouring Rhondda Cynon Taf. A related point is that although the SFP10-14 should ideally develop organically in each area, some national coordination might be of value. For instance, it would make sense for programmes across Wales to use similar systems to record referral, recruitment and retention data, so that national statistics could be produced. The creation of a network to provide links between different SFPs should also be considered, so that expertise, knowledge and best practice can be shared. Again, it would make sense to involve the Cardiff coordinating team in developing such a network, given their experience of running the programme.

Universalism and targeting

Although the Strengthening Families 10-14 Programme is a universal intervention the extent to which it is targeted at specific population groups or families with

particular needs varies between different sites that have used it. In broad terms there are two approaches which new programmes in Wales might adopt. The first would be to focus the programme on families with some kind of identified problems or needs (e.g. poor school attendance or issues surrounding family functioning). Attendance on the programme would be exclusively via referral from a practitioner such as a teacher or social worker. Alternatively, the SFP10-14 could be developed as a universal prevention intervention (to which all families could self refer), but could also offer more targeted support to families experiencing specific problems who would be referred. On balance, this latter approach, which has been used in Cardiff, would appear to offer a preferable model. Using this form of 'targeted universalism' has the potential to make attendance on the SFP a more attractive proposition, and to de-stigmatise referral to a family or parenting programme. The promotion of the SFP10-14 as a universal prevention intervention also seems to signal its broad based identity as a family/parenting intervention (rather than focusing exclusively on alcohol and drugs) which may help gain the support of different agencies. The findings of the research also suggest that including families from different backgrounds (and with differing needs levels) improves group dynamics and families' outcomes and their satisfaction with the programme. But this approach does also raise issues around how families are prioritised for attendance, and the need to provide fast access to the programme where families are experiencing problems.

One option might be to use any future roll out of the SFP10-14 across Wales to evaluate different methods of programme delivery, with some sites offering the programme mainly to families with specific problems. However, participants in this research were clear that it is beyond the scope of the SFP10-14 to address very serious problems or higher level needs within families, such as where young people are using alcohol and drugs, or where serious family breakdown has already occurred. The SFP10-14 is best delivered as part of a coordinated and tiered set of services for families, within which it sits at the preventative level.

It is recommended that any national implementation of the programme across Wales should examine the effectiveness of delivering sessions to the 10-14 age group, and if some kind of 'streaming' (as discussed above) might enhance young people's experiences of attending. Consideration could also be given to the merits of extending the programme's age range downwards to include children aged nine (and possibly) eight. Extending the age range of the programme downwards might involve altering some aspects of programme content (perhaps creating a specific version), but this would need to ensure that the integrity of the programme as a whole was not undermined, and might need to involve discussions with the original authors of the SFP10-14.

Funding and resources

Sufficient funding would need to be provided for any national implementation of the SFP10-14 to ensure that the programme is delivered to a high standard, and that the potential outcomes for families are maximised. Funding would need to cover the cost of employing a programme coordinator in each local area, as well as some

administrative support. Depending on the way in which the programme is organised it might also be necessary to cover the cost of employing facilitators to deliver weekly sessions.

The provision of practical assistance to families should be seen as an integral part of the programme, and sufficient resources would need to be available to enable play provision, refreshments and assistance with travel costs to be provided. Levels of funding needed to provide assistance with travelling expenses may be higher in rural areas where families live further away from the locations where the programme is delivered.

It is recommended that Booster sessions are included as a standard, integral part of SFP10-14 programmes, and that funding should allow for this. Where possible, programmes should also examine providing some sort of ongoing support for families once they complete its formal sessions, though it is acknowledged that some limits may need to be placed on this support.

Reaching different ethnic and linguistic groups

Although the SFP10-14 programme has been developed as a universal intervention which is applicable for different ethnic groups, the current research has identified a number of areas which may need further consideration. To reach different ethnic and linguistic groups in Wales the SFP10-14 will have to address the needs of those who need or wish to access the programme through languages other than English. Some cultural adaptation of the programme materials and content may also be necessary. Any future national implementation of the SFP10-14 could draw on the experiences of the Cardiff SFP10-14 where work is currently ongoing to address issues of linguistic and cultural accessibility and acceptability.

A Welsh language version of the programme materials will also need to be produced, and the existing DVDs either dubbed or remade. Ideally, these Welsh language materials and DVDs should be piloted in a manner broadly similar to that undertaken with the current UK version of the programme (Allen, et al. 2006).

Monitoring and evaluation

The Cardiff SFP10-14 has developed clear systems for monitoring the key demographic characteristics of participating families, referral and recruitment patterns (including reasons for referral), and data on retention and attrition. It is recommended that other SFP10-14 programmes in Wales undertake similar monitoring. If the programme is implemented nationally a single monitoring framework could be produced that allows data to be compared on an all-Wales basis.

At present the Strengthening Families Programme undertakes ongoing evaluation through the use of the PCSQ and YPSQ. Whilst these produce useful data on changes in key protective factors, there are a number of limitations in the way they are constructed and used. Consideration could be given to producing revised versions of these questionnaires (perhaps in conjunction with the original developers of the

SFP10-14) and examining whether collecting data on other aspects of families' engagement with the programme might be useful. The possibility of participants completing the first section of the questionnaires before they actually attend the programme should also be explored. The use of the PCSQ and YPSQ (whether in their current or revised form) as part of a national implementation of the SFP10-14 would provide an important opportunity to collect data at a national level.

A future roll out of the SFP10-14 across Wales would offer an important opportunity to conduct further research into its long term effectiveness as a substance misuse programme. The current evidence base for the programme is derived mainly from trials conducted in the US, and a randomized controlled trial in Wales would provide new knowledge about how the programme works in a very different national context. A number of methodological issues would need to be resolved, such as composition of control groups.

A programme of qualitative research should also play an important part of any future evaluation of the SFP10-14 as a national programme, to help capture the complex and often subtle outcomes from the programme, and the process of its implementation in different settings. Such a programme of research could investigate the experiences of different kinds of families, and assess the contrasting approaches to delivering the SFP10-14. The degree of targeting used by the programme in relation to recruiting families, the selection of uni or multi agency session delivery, and the organisational location of those coordinating the programme all have an important influence on the nature of the intervention which is delivered to families.

This study has also identified the need for further qualitative work which looks in detail at the longer term impacts of the SFP10-14 on family life, including the extent to which young people use the skills and knowledges which they acquire on the programme.

The potential development of culturally and linguistically adapted versions of the SFP10-14 for Welsh speakers, and for ethnic minority groups in Wales would also benefit from some form of research and evaluation.

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Appendix 1: List of abbreviations used

AWARD	-	All Wales Alliance for Research and Development in Health and Social Care
CAD	-	Communities Against Drugs
CADT	-	Cardiff Alcohol and Drugs Team
CSP	-	Community Safety Partnership
CYYP	-	Children and Young People's Partnership
PCSQ	-	SFP10-14 Parent/Caregiver Survey Questionnaire
RCT	-	Rhondda Cynon Taf
SFP10-14	-	Strengthening Families Programme 10-14
WORD	-	Welsh Office for Research and Development in Health and Social Care
WAG	-	Welsh Assembly Government
YPSQ	-	SFP10-14 Young Persons Survey Questionnaire

Appendix 2: Interview and focus group guides

Interview with member of coordinating team: interview 1

Participant's background

Background to the Cardiff SFP10-14

- Reasons for launching the programme
- Organisation and staffing
- Funding
- Fit with other programmes / resources

Aims of SFP10-14

- Who is SFP aimed at?

Participants

- Recruitment
- Who has attended SFP?
- Why do they attend?
- Reasons for non participation of 'recruited' families?

Evaluation

- Key achievements
- Main areas of success
- Areas which could be improved or have not gone well
- Key reasons for these successes or areas that could be improved
- How is success measured?
- Distinctiveness of the Cardiff SFP10-14?

National implementation

- Issues
- Transfer of success?
- Monitoring

Final points

- Future of the Cardiff SFP10-14
- Most important issue
- Any other issues?

Interview with member of coordinating team: interview 2

Participant's Background

- How did you first get involved in SFP?
- What does role involve?

Running of Programme

- What goes into organising and running a typical programme?
- How many facilitators do you need?
- What range of skills do you need?
- Systems

Aims of the SFP10-14?

Interaction with facilitators

Participants

- how do they come to take part in the programme?
- Who refers families?
 - Why do they refer families?
- contact with families
 - Home visits
 - Whose idea was it to have them?
 - What is the aim?
 - What do they achieve?
- Who has attended SFP?
- Is it aimed at specific groups?
- Why do they attend? (**parents / children**)
 - What are they looking to get from the programme?
 - Differences between referred and self-referring families
- Reasons for non participation of 'recruited' families?

Work in schools re recruitment

Significance of the location in which the programme takes place

Engaging with local businesses / use of facilities

Evaluation

- What has the programme achieved?
- What things have not gone so well
- Why?
- How is success measured?
- Distinctiveness?
- Challenges encountered

National implementation

- Issues
- Transfer of success?
- Monitoring

Final points

- Future
- Most important issue
- Any other issues?

Interview with member of coordinating team: interview 3

Role

Background to SFP10-14

- How did the SFP start in Cardiff
- Process of obtaining funding
- Fit with other programmes/resources

Aims of SFP?

- Who is SFP aimed at?

Implementation

- How was it implemented?
- Contact with other organisations?

Evaluation

- What has it achieved?
- Why?
- How is success measured?
- Distinctiveness of the Cardiff SFP10-14?
- Challenges
- improvements

National implementation

- Issues
- Resources
- Transfer of success?
- Monitoring

Final points

- Future – funding
- Most important issue
- Any other issues?

Other issues

- Universal intervention / families with particular kinds of issues?
- Substance misuse / strengthening families programme

Interview with member of coordinating team: interview 4

Participant's Background

- How did you first get involved in SFP?
- What does your role involve?

Running of Programme

- What goes into organising and running a typical programme?
- Systems

Evaluation

- Success/changes

National implementation

- Issues
- Monitoring

Final points

- Future
- Most important issue
- Any other issues?

Facilitators' Focus Group

Question 1

Participant's Organisation

Question 2

What has it been like to work on the SFP10-14?

Question 3

What has the SFP achieved?

Question 4

If you could change anything about the programme what would it be?

Question 5

Advice for people setting up the programme elsewhere?

Question 6

Most important issue

Question 7

Have we missed anything?

Parents' Focus Group (October)

- Ice breaker – name and favourite animal

Thinking back to the 7 week programme you attended ...

- Before you came on the 7 week programme what were you hoping to get out of attending?
- What was good about the programme? *[writing activity]*
- If we gave you a magic wand, and you could change anything about the programme, what would you change?
- Looking back what did you get out of attending the SFP?
 - *Has anything changed for your family as a result of attending the programme?*
- Looking back on everything we've talked about this evening, what for you is the most important issue?
- Is there anything else you would like to say? Have we missed anything?

Parents' Focus Group (January)

- Ice breaker – name

Thinking back to the Strengthening Families Programme you attended ...

1. Before you came on the programme what were you hoping to get out of attending?
2. What was good about the programme? *[writing/drawing activity]*
3. What did you get out of attending the SFP?
4. If we gave you a magic wand, and you could change anything about the programme, what would you change?
5. Has anything changed in your family as a result of attending the programme?
6. What was the best thing about programme?
7. Is there anything else you would like to say? Have we missed anything? (10)

Young People's Focus Group (October)

- Introductions + game
- Think back ...
- Draw or write something that shows what it was like coming to the SFP
- Discussion
- What did you like about the SFP? [*writing activity*]
- If you could change anything about the SFP, what would you change?
- Has anything changed in your family because you came to the SFP?

Young People's Focus Group (January)

- Introductions + game
- Think back ...Draw or write something that shows what it was like coming to the SFP
- Discussion

Small group activity

- What did you like about the programme?
 - *What things did you learn?*
- If you could change anything about the SFP, what would you change?
- Has anything changed in your family since you came on the SFP?
 - *Writing activity?*
- Best thing
- Anything else?

Appendix 3: Project Protocol

AWARD Year 4 Projects

Assessing the Potential of the Strengthening Families 10-14 Programme as a national programme for Wales

Draft Protocol

Policy Lead: Cathy Weatherup / Chris Tudor-Smith

Principal Investigator: Dr Jeremy Segrott, AWARD Research Fellow

1. Background

Substance misuse is a serious and complex problem which has consequences for individuals, families and their communities (Welsh Assembly Government, 2000). The Strengthening Families Programme 10-14 (SFP 10-14) is a 'primary prevention' intervention that aims to build family skills and to reduce risk factors associated with the misuse of alcohol by children and young adults (Coombes, et al. 2006). It helps parents / caregivers and young people to develop new skills, and aims to strengthen families and family bonds (Howard, G / National Assembly for Wales, 2006). Existing research (mainly in the United States) has suggested that the SFP10-14 has significant potential as an effective long term strategy for preventing alcohol misuse (Foxcroft, et al., 2003). The SFP10-14 is now being used in the UK, and has been operating in Cardiff since late 2005.

The SFP10-14 is a 7 week course, delivered through weekly sessions. Four 'booster' sessions are also normally offered to participants approximately 6-12 months after they complete the main course. The Cardiff-based Programme is co-ordinated by the Cardiff Alcohol and Drugs Team (CADT) (based in the local council). Programme sessions are delivered by facilitators from a partnership of 14 local organisations. Some families 'self refer' to the programme, but others are referred by a diverse range of organisations and professionals, including social workers, voluntary agency staff and education welfare officers.

This research will evaluate the Cardiff-based SFP 10-14 programme and establish what mechanisms and resources need to be in place for any future national implementation across Wales. The findings from the project will inform the development of Welsh Assembly Government policy in the area of substance misuse, including the new Substance Misuse Strategy (2008-2011) the 'Public Health Strategy', and current work focusing on alcohol prevention.

2. Project Aims

The project will:

- i. evaluate the Cardiff-based Strengthening Families Programme (SFP10-14), from the perspective of participating families, programme facilitators and the co-ordinating team;

- ii. identify what mechanisms and resources need to be in place for the programme to be introduced nationally across Wales; and
- iii. make recommendations regarding the design and content of a monitoring and evaluation framework for any such national roll-out of the programme.

The project will explore the experiences of families who have attended the programme, and identify the key benefits which they have derived from participation. It will examine how and why the project has achieved these results, and consider ways in which the strengths of the programme in Cardiff can be transferred to other settings in Wales.

3. Research Design and Methods

The project will utilise a mainly qualitative design, comprising focus groups and interviews. This is a similar approach to that adopted by Coombes, et al. (2006) who evaluated the SFP 10-14 being delivered in Barnsley, north east England. The chosen design has been selected to allow the researchers to identify the benefits which participants have derived from the programme, and to understand how these have been achieved.

The project will comprise four stages:

1. interviews with members of the co-ordinating team who adopted and implemented the programme;
2. a focus group with a cross section of facilitators who deliver the programme;
3. focus groups with parents / caregivers and young people who have participated in the programme; and
4. descriptive analysis of existing data from surveys which SFP10-14 participants are routinely asked to complete.

- ***Stage 1***

Staff from the Cardiff Alcohol and Drugs Team responsible for the initial adoption and subsequent implementation of SFP10-14 will be asked to participate in interviews. These interviews will explore: why the Programme was initially adopted; the key aims of the Programme as it is run in the city; the effectiveness of the Programme; and key factors which may need to be considered in any national roll-out of the programme. A total of 3-4 interviews will be conducted.

The project is not an observational study, but it is proposed that the principal researcher will observe 2-3 SFP sessions in order to gain a detailed understanding of the programme and to help inform the design of the focus groups. If possible, 2-3 pre-session visits which the SFP co-ordinator makes to potential participant families will also be observed.

- ***Stage 2***

A focus group will be conducted with a cross section of facilitators who deliver the programme. This will explore their experiences of delivering the Programme, and their evaluation of its effectiveness.

- **Stage 3**

Four focus groups will be conducted with families who have undertaken the programme to explore:

- what families hoped to gain from attending the programme;
- the benefits they have gained from undertaking the programme;
- the programme's key strengths; and
- any aspects of the programme which they feel could be strengthened.

The four focus groups will be comprised as follows

- i. one focus group with the young people who complete the 7 week SFP course commencing in November 2007;
- ii. one focus group with parents / caregivers who complete the 7 week SFP course commencing in November 2007;
- iii. one focus group with parents / care givers who have completed the SFP within the preceding 12 months, and who complete the September 2007 'booster sessions' programme; and
- iv. one focus group with young people who have completed the SFP, and who complete the September 2007 'booster sessions' programme.

Focus group participants will be asked to provide the researchers with key demographic data (e.g. age, gender, occupational background, and the reasons why families initially attended the programme) (Coombes, et al., 2006).

Parents / caregivers and young people who attend the focus groups will be given a £5 gift voucher in appreciation of the time they give to the project. Arrangements will also be put in place to assist with travel to the focus groups, and if necessary (and feasible), child care arrangements for younger siblings not involved in the study.

- **Stage 4**

All young people and parents / caregivers who participate in the SFP10-14 routinely complete pre- and post-programme surveys, which measure self-reported changes in key risk and protective factors relating to alcohol misuse. The research team will have access to the anonymised, aggregated data from these surveys for all families who have undertaken the programme to date (circa 50 families), and those families who undertake the programme during the life of the study. Analysis of this quantitative data will complement the qualitative data that is the main focus of the study.

4. Ethical Issues

Ethical approval will need to be obtained for the project from the relevant committee.

The project will involve undertaking focus groups with young people (ages 10-14). The focus group facilitator will have been subject to the appropriate checks by the Criminal Records Bureau.

The research team are aware of the need to conduct the study in a sensitive manner, and to pay particular attention to issues of anonymity and confidentiality in relation to the data being collected.

5. Data Analysis

Data from each set of focus groups and interviews will be subjected to a thematic content analysis. The findings from the different sets of focus groups/interviews will then be compared. The overall findings from the qualitative data collection will then be examined in relation to the results from the survey data.

6. Outputs

The main output from the project will be the final report, to be delivered by the end of April 2008. It is not anticipated that it will be possible to provide an interim report. This is because data collection has to be timed to coincide with the delivery of the Programme, and will not be completed until early in 2008.

The final report will provide a detailed evaluation of the Cardiff-based Programme, drawing on the experiences of participants, facilitators, and the co-ordinating team. It will outline key mechanisms and resources that may be needed for any future national implementation of the Programme across Wales. The report will also make recommendations regarding the design and content of a monitoring and evaluation framework for any such national implementation, including the long term evaluation of the programme. Following completion and acceptance of the final report, at least one journal article will be written for publication in a peer reviewed journal. The principal researcher will also give a presentation to the policy lead and other relevant colleagues in the Assembly Government.

The principal researcher will organise a workshop to feed back some of the key findings from the study to local stakeholders (e.g. the co-ordinating team, research participants, and agencies who provide facilitators for the Programme).

There is also the possibility of organising an all-Wales seminar on completion of the project for policy makers in the Assembly Government and partner organisations. This would be an 'add on' to the project, and separate resources would need to be identified to organise such an event, based on discussions between AWARD, WORD and the relevant policy lead(s).

7. Project Management and Reporting

Dr Jeremy Segrott will be the principal researcher and the main point of contact for WORD and the policy lead(s). He will provide regular progress updates via email, and will ensure regular communication with the policy lead. He will also be available to discuss the project as and when issues arise.

Dr Segrott will draw upon expertise and assistance from other members of the AWARD team, who will assist with data collection and analysis where necessary. In addition Professor David Foxcroft of Oxford Brookes University has agreed to act as an advisor to the project.

The project team also propose to build user involvement into the study by inviting two families who have previously attended the Cardiff SFP10-14 to advise the project team at key points (e.g. drafting of information sheets, formulation of focus group schedules). The Cardiff Alcohol and Drugs Team (CADT) has kindly agreed to facilitate identifying suitable individuals.

8. Outline Timetable

The project timetable has been designed with close reference to the timetable for the SFP programme in Cardiff. Over the next 12 months the 7 week SFP will be delivered in June 2007, November 2007 and January 2008. A series of 4 booster sessions (which are part of the SFP10-14) will be offered in September 2007.

Approval of research protocol	May / June 2007
Submission of applications for ethical approval	June 2007
Interviews with members of CADT	July / August
Observation of pre-programme home visits	August
Focus group with SFP facilitators	August / September
Recruitment of families for focus groups with programme participants (September course)	
Focus groups with parents / caregivers and young people (booster session participants) (September course)	October
Recruitment of families for focus groups with parents / young people (November course)	November
Focus groups with parents / caregivers and young people (November course)	January 2008
Completion of transcribing / data analysis	March 2008
Submission of draft final report	30 th April 2008

Jeremy Segrott

June 2007

9. References

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