

Parenting for Child Development

Pasin bilong lukautim pikinini gut

Evaluation Report

Pilot Program 2017



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Supported by the Australian Government in partnership with the Government of Papua New Guinea

Pasin bilong lukautim pikinini gut Parenting for child development

Evaluation report, pilot program

October 2017

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Acknowledgement

We are grateful for the warm and supportive way we have been welcomed by all those involved in developing the Parenting for Child Development Program, known in *tok pisin* as *Pasin Bilong Lukautim Pikinini Gut*.

The response of people in the communities, personnel in the archdioceses and dioceses of the church, and the way they answered our questions and assisted us to organise, plan and carry out the work has been extraordinary. We continue to be surprised at, and inspired by, the passion, intelligence and commitment that enabled a program for volunteers to be developed for families and communities in Papua New Guinea.

We are also grateful for the assistance and support of staff in the Child Protection Program of UNICEF PNG who managed the program funding, partnerships with the church and government, and the logistics and management of program activities.

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Executive Summary

Parenting for Child Development

Parenting for Child Development (P4CD) is a group parenting program that has been developed for Papua New Guinea (PNG) with the aim of reducing harsh parenting, child maltreatment and violence against children. Its further aims are to build sustainable capacity for volunteer workers to deliver a program that is consistent with child protection policies and that can be developed as a universal preventive program alongside and as part of services provided by the church and government. In PNG, child protection services are at an early stage of development, and there is a lack of capacity to sustain primary prevention and early intervention services for children, parents and families. Many social services are provided by churches rather than the government, and church networks are capable of mobilising powerful community response to social need. The implementation of P4CD rests on this capacity of churches and community networks of volunteers.

The approach to program development

In 2016, Menzies was commissioned by UNICEF to undertake qualitative research in remote communities in four provinces to assess the views and needs of parents, community members, community leaders, service providers and other stakeholders. An assessment of the readiness capacity of each of the participating provinces to join the pilot program was also made. Around 400 people responded to the invitation to join consultations. The research identified key themes that informed the development of the program and priorities for prevention of violence against children. With this information a review of evidence was conducted, identifying promising approaches, assessing the robustness of evidence for effectiveness, their relevance for PNG and the specific objectives to be addressed, their cultural suitability and the feasibility of their approach to implementation. The model developed thus rests on proven principles of effective interventions informed by social learning theory and reflective parenting programs, adapted for PNG on the basis of the team's research findings.

Development of format, resources and key messages

P4CD has been developed through an iterative process of research, consultation, training and review. The program's resources and content were piloted and tested for acceptability through workshops involving key stakeholders, partners and many volunteers joining the program as future facilitators. These are all people with experience in the communities and knowledge about the services and programs of the church and government.

At the end of the process of resource development and at the beginning of the major training workshop for the pilot program, participants could say that, as they had requested during initial research and consultation, "This is *our* program. It is not something brought in from the outside."

A similar process was followed for capacity building and clarification of roles and implementation processes. Each consultation and training workshop enabled clarification of capacities of local personnel, networks and organisations. They enabled identification of procedures that would be feasible and within the capability of volunteers in the church and its parish communities and of personnel seconded from government partners to assist the program.

Outcomes: Parents' learning and changes in parenting

Implementing the pilot program

At baseline, 207 parents provided data to the evaluation team. Attendance was recorded for 223 people. The mean age of parents attending the program was 38 years. More than 50 per cent of parents had no formal education, or had only primary school education. Around 60 per cent of participants were female, 40 per cent male.

More than two thirds of parents attended close to 100 per cent of sessions. There was some variation in the size of groups and average attendance across communities, suggesting the need to refine strategies to engage and retain parents, and to meet local circumstances and challenges.

The levels of attendance and retention of parents in the program were impressive, indicating that volunteer facilitators can successfully engage parents and sustain their involvement in a 12-session group parenting program held over six weeks.

Parents' responses

Parents' responses at focus groups held after completing the pilot program identified that there had been significant transfer of knowledge about parenting and child development: parents could identify key messages and themes from the program, and were able to link these convincingly to comments about their own family situations. This feedback confirmed key findings of the quantitative analysis and suggested that the program is a promising vehicle for educating parents about child development, particularly children's social-emotional and behavioural development. In parenting, it has the potential to lead to changes in parenting practices of significance for child and family wellbeing.

Changes in parenting practices

Quantitative analysis of questionnaire data found that at baseline, harsh parenting, including corporal punishment and verbal abuse were widespread across all demographic groups, and that this was associated with low family cohesion and high levels of family difficulty. Parents reported feeling that their children were not always well cared for and a significant majority reported family violence by a spouse 'sometimes' (80 per cent) or 'all the time' (12 per cent).

After the program:

- There were statistically significant reductions in parent reports of harsh parenting, including verbal abuse, corporal punishment, psychological control or abuse, and of neglect.
- There were statistically significant improvements in family wellbeing, including both improvements in parent confidence and self-efficacy, and in reports of children being well cared for
- There were statistically significant reductions in reports of violence by a spouse

These improvements were across all demographic groups, including men, women and caregivers of different ages and educational backgrounds.

The evaluation findings suggest that P4CD is a promising program that is potentially capable of achieving significant improvements in parent knowledge and positive changes in parenting practices.

It appears to be potentially effective for both men and women. The strategy of including men and women in the groups appears to have been highly successful. In summary, P4CD has clear promise as a preventive intervention that with further research may prove to be effective in reducing child maltreatment and violence against children and in contributing to improving family wellbeing.

Implementation

Through training and capacity building and clarification of processes for the pilot program, a model for ongoing implementation of P4CD has been developed.

A review of the program was conducted after each phase of delivery and feedback from facilitators and parents informed a review of resources and procedures. Work to develop resources and material with prompts in *tok pisin* has been undertaken.

Capacity to take to scale

A group of facilitators has now been identified to take on the role of team leader for future implementation. Of this first group of team leaders, candidates for the role of trainer have been identified and are currently attending training-of-trainer workshops and workshops for all facilitators. Strategies for building capacity have included delegating responsibility for training and support previously carried out by the two coordinators to the trainers and team leaders.

Some new facilitators recruited to the training program were parents in the pilot program, while facilitators from the pilot program have been identified to take on the role of team leader. Trainers who are currently undergoing their own training were recruited from the team leader group and from other partners, including Divine Word University and government child protection and health services in participating provinces. It is expected that by the end of 2018, a small number of expert or 'master' trainers, together with the remaining group of trainers, will be able to provide training of sufficient quality to support the expanding implementation of the program.

The program has attracted interest from other partners and can be expected to expand to additional archdioceses and dioceses of the Catholic Church from 2018-2019, and potentially to expand its reach through participation of other churches and provincial partners. Reaching significant scale of implementation will require continued commitment of resources to support the coordination of partnerships and new entries to the program by UNICEF for the coming period, and consolidation of the system of planning and management by provincial leadership that has been established.

Sustainability

An initial framework for the ongoing implementation of P4CD has been established. This has included the involvement of regional child protection officers from the Department of Community Development and Religion. This participation and collaboration can be significantly strengthened. Greater collaboration with government agencies responsible for health, education and child protection can help secure the involvement of capable people with relevant training and experience in service delivery, and strengthen the overall capacity of the teams and networks responsible for implementing the program. It will also strengthen the connection of P4CD with other services for children and families.

Collaboration and integration with government agencies and their programs will be important for securing resources, building capacity and strengthening the funding base to support the program into the future.

This report sets out a detailed plan for implementation and scale up over the coming two years and a plan for monitoring, evaluation and reporting, based on consolidation and continuation of the framework developed for the pilot program.

The main general recommendations for the next phase of program implementation are:

Recommendations

- The priority for scale up should be consolidation of processes and resources, followed by continuation and expansion of implementation in existing provinces to meet detailed targets provided: these will include participation of more than 100 facilitators in training by mid-2018, and 4,700 parents in the program in 2018 with the aim to further increase participation in 2019.
- New partners and provinces should begin to plan to join the program in 2018 for commencement in late 2018 or 2019.
- There should be a coordination group for each archdiocese/diocese to oversee planning, training and implementation, with the aim of developing a national approach to coordination between church and government partners.
- General recommendations for training to support the expansion of P4CD are:
 - Training for facilitators is conducted twice yearly to allow for new facilitators to join
 - Teams should aim to deliver two programs per community per year
 - Trainers, facilitators and team leaders need to attend the main training workshops twice, as well as deliver the program at least once in order to independently carry out their role.
- Implementation should follow an annual plan, following the steps of Plan, Train, Do and Review.
- Budgets need to be secured to support the resources needed for coordination, management, travel and training.
- Securing resources for rigorously designed research should be a priority.
- The pilot evaluation project has established that reliable and valid research methods are available that can measure changes in parenting practices and in family and child wellbeing that are consistent with the aims and logic of the P4CD program.
- Further research is needed to strengthen the evidence for the effectiveness of the program, to clarify best practice, and to gain further information about the effectiveness of the program with specific groups, including men, women, people from different family backgrounds and from different regions and linguistic or cultural contexts.
- Planning for a rigorously designed research program should be included in the next phase of consolidation of the program in 2018.

1. Evaluation of the Pilot Program

Introduction

The research for this evaluation report was conducted by a team based at the Menzies School of Health Research in Darwin, together with a research team in Papua New Guinea, including staff and students of Divine Word University and staff of the Catholic Archdioceses of Madang and Western Highlands.

Ethics approval was granted by: the Human Research Ethics Committee of the Northern Territory Government and the Menzies School of Health Research No. 2016-2605; and the University Research Ethics Committee of Divine Word University, UREC/2-2017.

P4CD: Program development

P4CD is a community parenting program based on a partnership between the Catholic Archdioceses of Madang and Mt Hagen, the Diocese of Kundiawa and UNICEF. The Catholic Church is responsible for implementing the program. UNICEF is the fund holder and coordinator of P4CD through its Child Protection Program. Funding was provided by the Australian Government through the Department of Foreign Affairs and Trade (DFAT), Pacific Women Shaping Pacific Development program. Collaboration and support was provided by staff of the PNG Government through the Department of Community Development and Religion and the National Office of Child and Family Services.

UNICEF contracted the Menzies School of Health Research to develop the program and its resources, and to implement a monitoring and evaluation framework, to provide training, and to pilot and test the evaluation methods during the first stages of the consultancy. Training was designed and led by Menzies with the eventual aim of building local capacity to provide training in PNG to support wider implementation of the program.

The program was developed in a cycle of research, consultation, training and review leading up to an evaluation of the implementation of the program in communities selected for the pilot.

The program development process commenced with an initial review of available research evidence to identify appropriate models for implementation in the PNG context. Qualitative research (Phase 1) was then conducted in three provinces to: a) assess the suitability of the design and approach of the program, b) assess the readiness and capacity to undertake a pilot, and c) hear from stakeholders about needs and priorities of caregivers and families.

Following feedback from partners, the plan to commence a pilot of the program in Mt Hagen and Madang Archdioceses from February to April 2017 was adopted (Phase 2).

Phase 1: Program development

- Qualitative research in four provinces July 2016
- Consultations with program leaders Oct 2016
- Community engagement, key messages, planning Nov 2016
- Recruitment of parents Jan 2017

Phase 2: Pilot program:

- Training for workshops 1-3 and monitoring and evaluation Feb 2017

- | | |
|--|------------|
| ○ Pre-program data gathering | March 2017 |
| ○ Workshops 1-3 | March 2017 |
| ○ Review and training for workshops 4-6 | April 2017 |
| ○ Workshops 4-6 | April 2017 |
| ○ Review and post-program data gathering | May 2017 |

This report reviews aspects of research evidence informing the development of the program. It outlines the evaluation framework and methods, and presents the findings of the evaluation with selected recommendations concerning future program development and evaluation.

Qualitative research in four provinces

From June to August 2016, a team of Menzies researchers conducted consultations through community meetings and focus groups with community members and other stakeholders in the four provinces participating in the partnership: Western Highlands, Jiwaka, Chimbu and Madang. More than 400 people responded to the request to attend meetings in towns and local communities, including adult caregivers, groups of adolescents, community and church leaders and staff of health services and schools. There were similar numbers of men and women.

Topics explored interest in and awareness of parenting programs, knowledge of child development, needs and concerns of parents and families, impacts of social change, parenting knowledge and discipline practices, including corporal punishment and other forms of harsh parenting. At the same time, some ideas for the program were tested with the intended audience to gauge what might work with levels of literacy and language likely to be encountered. The readiness and capacity of partners in each region to conduct the pilot was assessed.

Briefly summarised, the findings suggested that there was considerable uncertainty about parenting, coupled with a strong desire to embrace a program that could help parents learn more about child development. While there remains a strong commitment to traditional values and family in PNG, there is also something of a gap between the values and understanding of the older and younger generations of parents, and between educated and less well-educated parents, including more traditionally oriented parents.

In terms of parenting practices, corporal punishment and harsh parenting of children were widely practiced, often in severe forms. This was not limited to parents of children, but was also practiced by extended family members. There was evidence of a pattern of escalating severity from early childhood through to middle childhood and adolescence. This appeared to be associated with anti-social behaviour and poor conduct of some young people who rebelled against parental and community authority. Young people interviewed spoke of their sadness and distress at harsh parental authority, at their parents' insistence on obedience and the lack of warmth and positive communication with them. In short, for many youth, a gap between parents and teenage children was the result of harsh parenting beginning early in life. These findings supported the idea that a program should target parents of children from age 3 upwards that would moderate parents' responses to children's behaviour, and reduce the prevalence of behavioural problems and further harsh parenting and maltreatment of children.

There were reports of parental emotional volatility often leading to extreme punishments, including corporal punishment, verbal abuse, locking children outside or tying them up. This highlighted that parental emotions and emotional self-awareness should be an important focus for intervention. In the cultural context of PNG, public recourse to violence is common as an expression of anger or distress, both in households in cases of family violence, and in the wider community. Punishment leading to violence towards children was not restricted to parents, but could be exercised by other extended family and community members. In the words of one informant, “There is no limit to punishment.” The program should therefore not simply focus on parental punishment, but on building parents’ capacity to moderate the actions of others in the family environment.

These themes were common in all provinces. However, there were local variations in terms of the influences of matrilineal and patrilineal social organisation, persistence or experience of polygamy, and other issues. There were voices stressing the need for education about parenting as a necessary part of modernisation in PNG, and voices that clearly stressed the need for a program that respected culture and tradition, that was developed from within and not simply imported from outside.

Assessment of the readiness of partners to conduct the pilot identified the existence of sufficient capacity in the Catholic Archdiocese of Madang where the church was in a position to recruit teams and build capacity; and in the Archdiocese of Mt Hagen, where there was significant capacity and experience in delivering programs through the church’s existing Family Life Program. After further consultation with partners, 10 communities were selected: five communities in easy reach of Madang itself, and five in the Western Highlands and Jiwaka.

Overview of evidence

Investing in prevention

Children subject to child maltreatment are at increased risk of experiencing multiple adversities later in life, as adolescents and adults. These include mental and physical health problems, risks of suicide ideation and behaviour, and exposure to future violence, including partner violence as either victim or perpetrator (Fry, McCoy and Swales, 2012).

International evidence has clearly established that investing in prevention to support healthy child development has the potential to improve education, health and social outcomes in later life. Investing in the early years can reduce the economic and social costs of major problems such as child maltreatment, anti-social behaviour and crime. Systematic reviews of evidence have found that some parenting programs may be effective in reducing rates of reported child maltreatment and in reducing emotional and behavioural problems in children (Chen, M. and Chan, K. L., 2016; Knerr et al, 2013; Butchart, 2006; Barlow et al, 2006). There is evidence that parenting and parent education programs can reduce the prevalence and impacts of violence against children (Altafim and Linhares, 2016; Knerr et al, 2013). As a result, parenting and/or parent education programs are now increasingly prominent among public health approaches to violence prevention (WHO, 2010; Mikton and Butchart, 2009).

Evidence-based programs in the developing country context

In designing an approach to a preventive intervention in PNG, a non-systematic review was done of reviews of parenting interventions. A review of some relevant programs delivered by other international consortia, including leading NGOs, was also done.

A systematic analysis of reviews of child maltreatment prevention programs noted that 99 per cent of published evidence on program effectiveness comes from high-income countries and concluded that, "It cannot be assumed that current evidence about the effectiveness of universal and selective child maltreatment programs applies outside high-income countries." (Mikton and Butchart, 2009).

Developers of many evidence-based programs in high-income countries promote the idea that their programs are valid and effective in any social or cultural context, if only they were implemented according to existing protocols, resources and standards, i.e. by trained professionals and without any adaptation. However, the unwillingness to entertain or license any adaptation effectively protects them from having to deal with circumstances in which evidence for their effectiveness does not yet exist. One systematic review of positive parenting approaches for low- and middle-income countries notes the very small number of programs in developing countries with some evidence of their effectiveness, but suggests that commercial evidence-based programs from high-income countries are the solution—if only their license conditions could be waived (Knerr et al, 2013: 361). This displays a lack of understanding of the requirements for developing or adapting programs that are relevant, appropriate and sustainable in many developing countries.

Interventions developed in high-income countries cannot simply be transported to developing country contexts, in part because of the lack of conditions for sustainable implementation (Mikton et al, 2013):

- Without capacity and readiness to implement, sustainable implementation and rigorous evaluation of outcomes cannot be achieved.
- Implementation should not rely on sophisticated service delivery infrastructure in health, education or child welfare services. These do not exist in developing country settings.
- Professional skill requirements: Evidence-based programs designed for implementation by professional practitioners are not feasible in low resource contexts with a largely untrained workforce.

On the other hand, numerous international consortia have sought to develop programs and training approaches adapted for low-income, low-resource, developing country settings, including developing some materials and training approaches for delivery by people with limited formal education qualifications. These are at first sight promising approaches with published manuals and resources and comprehensive training and evaluation materials. However, our review found that with few exceptions, these programs cited evidence for effectiveness based on studies done in countries of origin (high income) and did not cite robust evidence generated in developing country contexts. They did not appear to have reached a threshold of readiness and capacity to implement sufficiently and enable rigorous evaluation. For example, one program advocating positive discipline has been adopted by a leading international NGO. However, the only evidence cited was from a Canadian study with, at the time of review, no equivalent standard of evidence reached in any developing country context (Durrant et al, 2014). An attempt was made to pilot an unsystematically adapted version of the program in PNG, but it was not sustained or evaluated.

Systematic reviews of parenting programs in developing countries have identified only a small number with reported evidence. Of 44 programs identified in one review, most were for infants and very small children, and delivered within the healthcare setting or through home visits by healthcare workers (Meija et al, 2012). These were grouped into the following categories:

1. Psychosocial stimulation (19 programs): programs for mothers that typically combine growth monitoring and nutrition education with active psychological stimulation and learning strategies, delivered by community health workers and/or para-professionals.
2. Prevention of emotional and behavioural difficulties (eight programs): these were programs aiming to improve emotional and behavioural outcomes for children and to improve parents' developmental knowledge and use of positive parenting practices.
3. Others involved multiple services within integrated services and centre-based frameworks (11 programs) and six parent education programs on diverse, mainly health related, topics.

Many of the programs developed for mothers and young children have been linked with child health and nutrition programs and have been designed to target improvements in antenatal care, as well as improved maternal care through infancy and early childhood. Violence prevention is not a primary objective. The review found that few if any well-researched parenting programs target emotional and behavioural problems in childhood from age 3 to 5 years and above, and by extension do not target either the immediate or long-term impacts of violence and harsh parenting on social-emotional and behavioural development in early to middle childhood.

Considerations for violence prevention in PNG

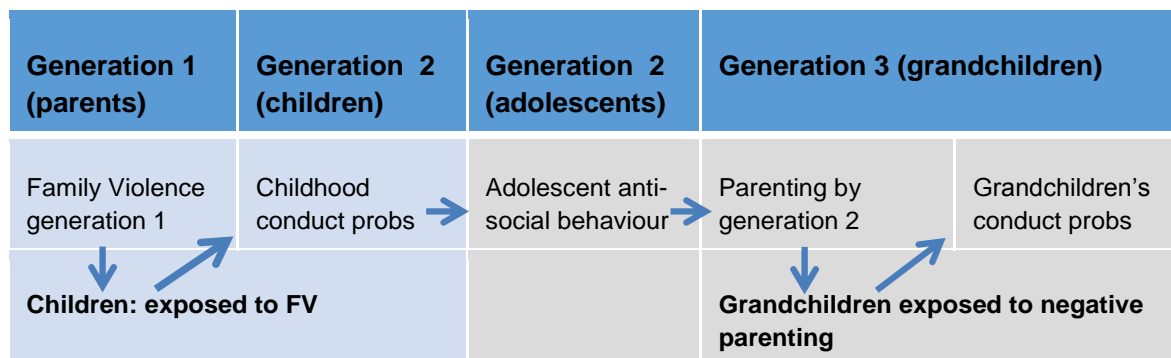
PNG reportedly suffers from high levels of violence towards children associated with harsh parenting and families under stress. This potentially contributes to the repetition of behaviour problems in children, externalising in adolescence, and in turn to further anti-social behaviour including violence, drug use and gang culture. The aim of the program is to simultaneously target reductions in harsh parenting, including corporal punishment and neglect in early childhood, in order to reduce violence, abuse and neglect in future generations.

Family violence is often implicated in child maltreatment and is endemic in many societies, including low-income developing societies such as PNG. It inevitably has significant consequences for child development. Research shows that exposure to family violence in childhood is strongly linked to adverse consequences for children's mental health and physical, social and emotional wellbeing, and that it may lead to the intergenerational transition of anti-social behaviour and violence. Studies of the impact of witnessed inter-parental violence on children's long-term development found that parenting practices mediated children's adjustment to experiences of inter-parental violence, and that harsh discipline was significantly associated with anti-social behaviour in boys and depressive symptoms in girls who had witnessed violence between parents (Ehrensaft and Cohen, 2012; Gamez-Gaudix et al, 2012).

A longitudinal prospective study of the effects of intimate partner violence over three generations found that family violence between parents was associated with physical abuse in their children and subsequent conduct disorder as those children reached adolescence. This in turn led to externalising behaviour in grandchildren (Ehrensaft and Cohen, 2012). Family violence was significantly associated with parental dissatisfaction with children and communication of rejection to children; these parenting styles were associated with parental misperception of child misbehaviour and in turn with

harsh and inconsistent parenting responses. The authors conclude that reducing aggressive, hostile and verbally abusive interactions between parents and children, in conjunction with interventions to correct cognitive misattribution and poor problem solving should be priorities for prevention. The study showed that exposure to family violence was linked to problems of emotional and behavioural self-regulation, aggression and reactivity in adolescence, and to later risks of post-traumatic stress disorder and substance use disorders as adolescents themselves became parents. Exposure to family violence in middle childhood was a strong predictor of these problems in adolescence.

Figure 1: Intergenerational transmission of externalising behaviour



After Ehrensaft and Cohen, 2012

The authors concluded that prevention should be adapted to children's developmental age, and should target improvements in parenting and the parent-child relationship in early to middle childhood (Ehrensaft and Cohen, 2012:381).

Social learning theory and parent-child relationships

Among interventions aimed at improving parenting quality and parent-child relationships, the most commonly implemented have focused on child behaviour and improving behavioural outcomes, drawing on social learning theory (Forehand and McMahon, 1981; Patterson, 1982). Behavioural programs employ didactic approaches to the development of parenting management skills through various modes of instruction, coaching, the provision of resource materials to parents, and setting of homework, etc. (Sanders, Markie-Dadds et al, 2003). They concentrate on identifying strategies that decrease a child's negative behaviour and reinforce pro-social behaviour. A focus is on reducing coercive patterns of interaction involving escalation in punishment and unintended reinforcement of negative child behaviours (Patterson, 1982).

As outlined above, many of the most frequently cited interventions based on social learning theory are unsuitable for the PNG context, as they do not permit adaptation. This is because they are limited to delivery by trained highly qualified professionals and thus are unsuitable without adequate service delivery infrastructure and resources. However, among a small number of alternatives, a group parenting program based on social learning theory has been developed by the American Psychological Association specifically to address the need for violence prevention. The ACT/Parents Raising Safe Kids program has been trialled in numerous countries with promising results (Howe et al, 2017; Portwood et al, 2011). It applies social learning principles to managing children's behaviour and includes a direct focus on anger management, both in terms of helping

children to deal with strong emotions and in terms of parental use of strategies to achieve emotional self-control without anger and aggression.

Proponents of behavioural approaches based on social learning theory acknowledge that there are circumstances in which alternative approaches are needed (Scott and Dadds, 2009). The qualitative research conducted by the Menzies team identified the prevalence of patterns of escalation in parental punishments and in children externalising behaviours with age, along with evidence of parental emotional volatility and reactivity in response to challenging behaviours. This suggested the need to target parents' emotional self-awareness. Reflective parenting programs focus both on parents' emotional self-awareness and their ability to understand the thoughts and emotions of their children, as well as being in tune with children's needs (Slade, 2007; Havighurst et al, 2010). The research findings suggest there is value in a combination of a social learning approach to behaviour management with strategies to promote parents' emotional self-awareness and awareness of their children's thoughts, emotions and needs.

Promoting responsive parenting using play

Play is a critical component of children's early experience and learning and contributes to their social, emotional and cognitive development. Among targeted interventions, there is growing evidence for the effectiveness of play therapy as a treatment for disruptive behaviours in elementary schools for children of low-income families (Landreth, Ray et al. 2009; Bratton, Ceballos et al, 2013). Reviews of evidence have demonstrated that treatment outcomes of play-based parenting programs equal or exceed those of behavioural treatment programs (Bratton, Ray et al, 2005; Baggerley and Bratton, 2010; Kool and Lawver, 2010).

Play has been incorporated into numerous parenting programs in developing countries for parents of children from birth through to middle childhood (WHO, 1999). These programs include counselling interventions, such as Care for Child Development, which draw on evidence about the importance of psychological stimulation in promoting healthy development of infants and young children (Walker et al, 2005). Psychological stimulation is developed by training parents to play with their children, using simple strategies and everyday resources at home. Programs based on social learning theory for implementation in developing country settings have also incorporated a focus on teaching parents the principles of child-led play for older children (Lachman and Hutchings, 2014).

In P4CD, a dual focus on play has been adopted: first, to build parents' awareness of the importance of the contribution of psychological stimulation by engaged caregivers to early learning; and second, to promote intentional use of child-led play by parents to create opportunities for quality time together and to strengthen relationships with their growing children.

Principles underpinning development of P4CD

Evidence in many settings suggests that the program should seek to improve parents' knowledge of child development; to promote the development and use of positive parenting practices in responding to children's behaviour, and to promote parenting that is mindful, engaged and more responsive to the developing child's emotional needs. These elements together can reduce the use of harsh parental responses to child behaviour with both immediate impacts on child wellbeing and future prevention of violence and maltreatment.

Notwithstanding the limits of many existing evidence-based approaches, principles of effective parenting programs have been shown to be transferrable across a wider range of social contexts than those for which there is presently evidence—that is if there is sufficient effort in adapting them to the cultural, linguistic and social circumstances of a developing country. These principles include:

- A foundation in the science of child development
- Program content and instructional design are based on established principles of evidence-based treatment
- Intensity, quality and duration of the intervention are sufficient to foster skills transfer and behaviour change
- The intervention is targeted at achieving measurable outcomes for an identified social group according to a theory of change
- Manuals, training and ongoing monitoring of delivery are developed to ensure program quality and consistency of delivery.

The approach to development of P4CD has been informed by the principles of behavioural and reflective programs with proven effectiveness, while at the same time addressing the key challenges of: 1) feasibility and sustainability, and 2) relevance and cultural fit of the intervention for the PNG context.

The program format and approach

The format of the program and the approach to parent education was decided after extensive consultation and consideration of the needs of participating families, as well as practices of families participating in community and church activities.

Although there are variations across communities, most caregivers targeted to attend the program are involved in subsistence activities such as farming in gardens and selling products in markets. There is a somewhat larger range of occupations in and around towns. Very few parents own vehicles, and they travel to and from work on foot or by local bus. Transport difficulties and the pressures of work meant it was impractical to structure P4CD as a series of weekly two-hour group sessions. However, most people were familiar with church fellowship activities and community meetings, which include retreats for adults and whole families often held over full days and whole weekends.

Eventually, it was decided that the format most likely to be widely acceptable and to secure the highest levels of support for attendance would be a series of full-day workshops, each one consisting of two sessions, one in the morning and one in the afternoon. Facilitators and team leaders would decide on the day of delivery whether market days or other local factors might present barriers to attendance, and would adjust start and finish times to best fit with parents' responsibilities for children, housework and travel needs.

Parents and caregivers as adult learners

There are many challenges to translating approaches that require some degree of didactic instruction or coaching into a format suitable for indigenous parents and children in PNG, and for lay or para-professional teams responsible for delivering the program. PNG has the lowest level of enrolment in education of countries in the East Asia and Pacific region (UNICEF, 2017). Parents

targeted for P4CD have modest formal education and limited literacy, and many would not be able to engage with the standard content of parenting programs developed overseas. As further outlined below, facilitators who deliver the program only have secondary education; very few have further qualifications and some have experience in delivering social or pastoral programs.

In developing the program for adult learners, an approach was used that involved interactive games and activities that could act as metaphors for key concepts and ideas. These helped to frame important conversations that are led and elaborated by the facilitators. The facilitators are provided with scripted summaries of key messages, with translations of these ideas into local vernacular, guided by senior team members. The program also extensively employs visual resources and flipcharts with cartoon pictures and corresponding messages on each topic. The pictures use drawn characters in various scenarios, and act as stimuli for discussion of key topics or provide a narrative that parents can discuss and elaborate, frame by frame. Other techniques include extensive use of storytelling and role play which draw on local idioms and in which many parents have shown themselves willing to participate.

Language and cultural diversity

PNG is a country of extreme linguistic diversity, with one or more distinct indigenous languages spoken in every region. English and *tok pisin*, a form of creole, are the two most widely spoken and written national languages. The main resources for P4CD have been written in English. Training workshops led by Menzies were conducted primarily in English, with many of the activities and discussions conducted in *tok pisin*. Follow-up training workshops led by the coordinators enabled facilitators and team leaders to build confidence in rendering key messages and ideas in local languages. Captions, messages and ideas accompanying the visual resources have been translated into *tok pisin*. Group sessions with parents are most often conducted wholly in *tok pisin* or *tok ples*, the language of the local community.

Although the aim of the program is to present ideas and knowledge informed by evidence, traditional PNG culture and values are powerful influences on the interpretation of ideas and practices, and the capacity of people to integrate new knowledge with existing traditions. Cultural diversity is shaped by different systems of social and family organisation. In some regions, polygamy, patrilineal family organisation and associated forms of socialisation persist in some forms or are part of the experience of older community members, while matrilineal social and family organisation are part of the continuing heritage of other regions. In addition to these continuing and transforming traditions are the social and cultural contributions of the church. The church supports extensive networks of volunteers active in communities, and in provision of services. It commands powerful commitment and aspirations to change, as well as development, education, self-help and self-protection in communities.

The strategies developed for the program do not seek to prescribe any specific models or cultural values or ideas regarding parenting, but rather to provide scope for facilitators to acknowledge and explore local family patterns—patterns of work and community relationships, and aspects of the role of caregivers in extended families—with the parents attending the program in respect of the many issues and themes identified. The aim is to enable both facilitators and parents to draw on their common stock of cultural knowledge.

An inclusive program

Fathers have significant influence on children's development, both directly and indirectly through their influence on the way a mother parents. However, parenting interventions in many contexts are predominantly directed at mothers. Many programs do not take explicit steps to include fathers or to gather data on independent contributions of fathers and mothers to parenting. Evidence strongly suggests that the failure to include fathers may be at the expense of reduced effectiveness of mother-directed interventions. By contrast, parenting interventions targeting or including men as fathers can make an independent positive contribution to both maternal and child wellbeing (Panter-Brick et al, 2014).

A report from the Solomon Islands pointed to the possibility of a backlash among men against parent or family programs targeting women only (DFAT, 2014). In the PNG context, both during the qualitative research and in subsequent consultations, it became clear that it would be necessary to engage men not only to gain their acceptance and support for the delivery of the parenting program, but also to ensure that men were explicitly included as participants. Components of the program would need to address fathers and their roles, as well as the role of mothers and other family members in childrearing. There are differences in the role of fathers and how it is culturally understood between regions of PNG.

Further consultation established that the program should be open to male and female caregivers attending alone and as couples, subject to an overall limit on numbers of 15 to 20 participants. This was compatible with the church's existing Family Life Program, which generally targets couples and whole families. Additional strategies were proposed to engage male and female single parents.

Components of P4CD sessions

Based on research and consultations, the program was developed to reflect a number of key themes that would constitute a preventive program and complement child protection activities. It aims to: improve parents' knowledge of child development from birth through early childhood; develop parental understanding of children's behaviour and to learn to use positive parenting strategies; develop awareness of emotions and strategies for emotional self-control; and help parents apply knowledge and skills to problem-solving and communication in the family.

Workshop and session topics:

1. What is child development? Brain development, responsiveness and psychological stimulation: the contribution of caregivers, physical, social-emotional, cognitive and moral development.
2. What helps children grow well? Harmful and helpful influences: Stress, neglect, abuse. Children's emotional development: needs, communication and behaviour to age 9.
3. Play and special time: The importance of special time; play and children's development; how to play and build the relationship with your child.
4. Understanding children's behaviour: Children's needs and feelings; praise and encouragement; strategies that respect the child.
5. Positive discipline: Parenting styles and self-awareness; limit setting.
6. How do we raise our children well? Emotions and anger; communication and problem-solving in the family; responsibility for change.

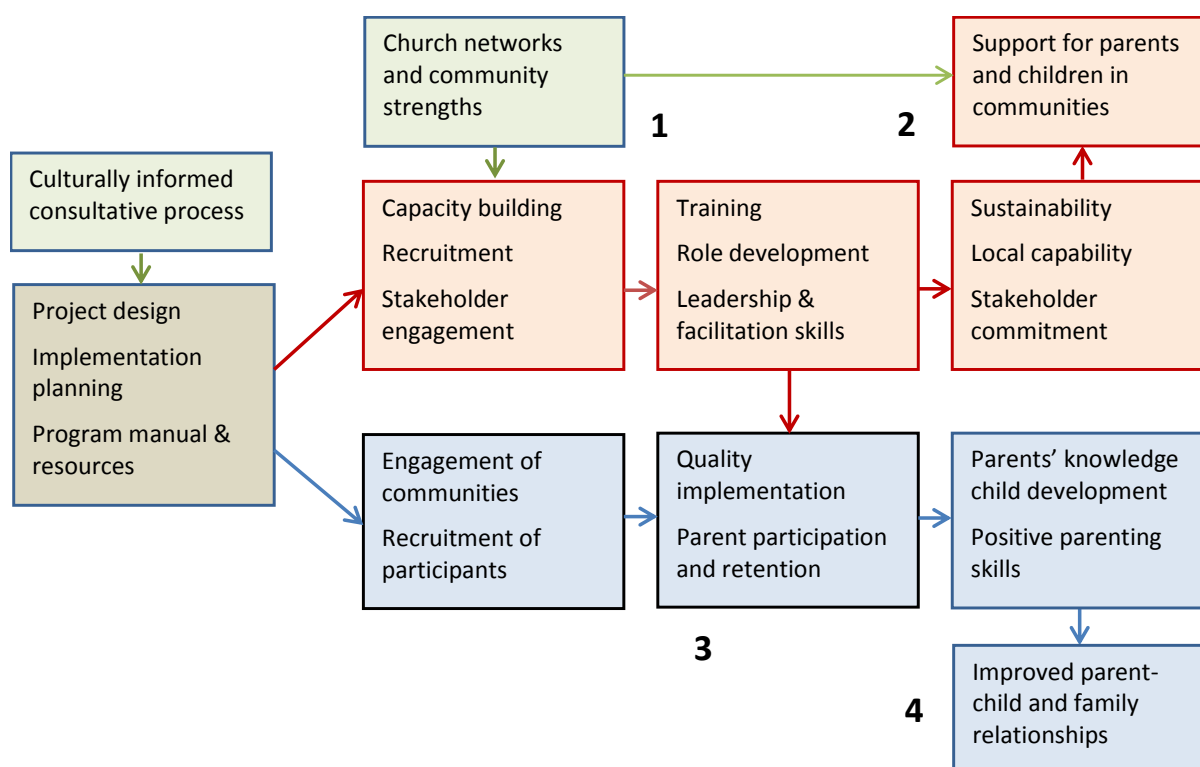
Program logic

The overarching program logic for the P4CD program is:

1. That training, engagement and program implementation would build the skills and capability of personnel and organisations to sustain the program (top half of diagram, Figure 2).
2. That leadership and engagement would lead to implementation of a quality program capable of attracting and retaining parents.
3. That parents' knowledge and skills would be developed and that this would lead to improvements in parenting, parent-child relationships and family wellbeing.
4. That improvements in parenting would lead to reductions in harsh parenting, punitive discipline, violence against children and improvements in family relationships.

The process of culturally informed consultation, planning and program design (inputs of the consultant and UNICEF) activates responses among partners and stakeholders (the Catholic Church and local communities). These combine to produce the capacity and leadership to implement P4CD (1). The inputs of capacity building, recruitment and engagement draw on the strengths and self-reliance of church and community networks, but also add to them through development of local capability of staff and teams. Successful and sustainable implementation in communities will then lead to improved community support for parents and children (2).

Figure 2: Implementation: Theory of change



Training would lead to quality implementation and in turn to parental participation and retention in the parenting program (3). Parent participation in the program leads to improvements in parental

knowledge of child development, reductions in harsh and neglectful parenting, increases in positive parenting practices and improvements in parent-child and family relationships (4). These are intermediate indicators for reductions in child maltreatment and violence against children.

Program delivery, coordination and supervision

Volunteers from communities who have been recruited by the church as facilitators deliver the P4CD community program. Facilitators are supported by team leaders in each parish and by coordinators who oversee the program at the diocese/archdiocese level. The facilitators are usually residents of the communities in which they deliver the program. Their role is to work with the team leaders to promote the program in the community and to set up and run workshops for groups of parents. They are guided and supported by the team leaders who oversee data gathering and provide reports to coordinators on parental attendance at sessions, the successful completion of activities, the responses of parents to the activities, and other information.

The team leader role is to support facilitators to deliver the program in their communities through visits, observations and feedback to facilitators. For the pilot program, team leaders attended all workshop sessions. They also played a key role in monitoring and evaluating the program. Specifically, they: a) assisted facilitators to recruit parents and organise the logistics of the parenting groups; b) were present to observe sessions; and c) provided face-to-face supervision and support to the facilitators through de-briefing meetings after each workshop. Their role requires them to contribute to the assessment of the facilitators' skills and adherence to the manual, and to support their confidence in engaging parents and managing the groups. The team leader was also asked to keep a record of supervision meetings and mentoring activities to advise facilitators on referral of parents needing support to other community agencies or services.

Training, mentorship and support: Training of trainers

Training of team leaders and facilitators for the pilot program was provided by the Menzies team, led by the project leader and expert trainers. All training was initially conducted by Menzies staff, with the aim of ensuring that coordinators would select team leaders who had the skills to become trainers. They would be equipped to independently train and supervise all personnel in the planned future expansion of P4CD (Stage 3). It is expected that some personnel originally trained as team leaders or facilitators in the pilot program would lead the training program for Stage 3. Facilitators trained to work in their communities for the pilot program may become parish team leaders and support facilitators in villages in their parish. In this way, the pilot program aimed to lay the foundations for a sustainable train-the-trainer approach.

Simultaneous processes of program development and training

Phase 1: Resource development, engagement and set up

- Qualitative research in four provinces July 2016
- Consultations with program leaders; feedback of qualitative research findings Oct 2016
- Community engagement, key messages, planning Nov 2016
- Recruitment of parents Jan 2017

Phase 2: Pilot program

- Training for workshops 1-3 and for monitoring and evaluation Feb 2017

- Pre-program data gathering March 2017
- Workshops 1-3 March 2017
- Review and training for workshops 4-6 April 2017
- Workshops 4-6 April 2017
- Review and post-program data gathering May 2017

Modules of training provided

The coordinators, team leaders and facilitators are not expected to be experts on family life and parenting, but are expected to have knowledge and understanding of and the capacity to reflect on the contexts and patterns of PNG parenting. To develop their capacity to deliver P4CD workshops they were prepared through a series of steps.

Training in community engagement, key messages, recruitment and selection criteria were provided in two full-week workshops in Banz (Jiwaka province) and Madang in November 2016. At these workshops selected group activities were piloted with participants, to assess their effectiveness and acceptability. The training for the pilot program was delivered in two intensive blocks each one-week long in January and March/April 2017. At the latter workshops additional time was set aside to train team leaders in activities related to monitoring and evaluation.

The coordinators and team leaders received 20 days of training and the facilitators received 13 days of training, as outlined in the following table.

Table 1: Training inputs

1. Qualitative research findings, partnerships and community readiness	Coordinators, team leaders	5 days
2. Community engagement, key messages and planning	Coordinators, team leaders, facilitators	5 days
3. Supervision and record keeping, and monitoring and evaluation	Coordinators, team leaders	3 days
4. Monitoring and evaluation, ethics, research tasks	Research team	3 days
5. Training for workshops 1-3 (Alexishafen)	Coordinators, team leaders, facilitators	5 days
6. Training for workshops 4-6 (Goroka)	Coordinators, team leaders, facilitators	5 days

Over 95 participants (49 from Western Highlands, Jiwaka and Chimbu; 45 from Madang) were engaged in workshops 1 and 2 and 5 and 6, over a seven-month period. Over this time teams developed community engagement plans and began engaging and recruiting to start the pilot program. In January, all attended the last two workshops for training in the facilitation skills needed to run the parenting groups. Training of coordinators and team leaders to implement the monitoring and evaluation framework, carry out record keeping, and coordinate data collection was also provided, along with training for research team members (staff and students of Divine Word University and the Archdiocese of Madang) to conduct pre- and post-program data gathering for the evaluation of the pilot program.

The facilitators

Of the 95 participants who attended workshops 1, 2, 5 and 6, there were 22 participants (11 from Madang and 10 from the WHP-Jiwaka) who became facilitators for workshops 1-6 of the pilot program, and a further 10 people taking on the role of team leader, supporting and assisting the facilitators in each location.

There were variations in the education levels and experience of facilitators across provinces. Most facilitators from WHP-Jiwaka had achieved Grade 10 education, with some only reaching Grade 8. There were just two with post-secondary training. In Madang the facilitators had all achieved Grade 10, with some having post-secondary qualifications (Certificate of Business, Certificate in Nursing, Graduate Degree in Social Work and Diploma of Education). Most of the facilitators had experience in delivering church programs such as the Family Life, Marriage Enrichment and Natural Planning programs. Some have had experience with advocacy campaigns related to the rights of children, women and families against violence.

Team leaders

Madang identified five volunteers to undertake the role and responsibilities of team leader, each supervising and supporting facilitators at one delivery site. In Western Highlands and Jiwaka, five volunteers were identified to undertake this role. In both provinces the teams included a provincial child protection officer who was released by the branch office of the Department of Community Development to assist the program.

Education and backgrounds: The team leaders from Madang have a minimum of Grade 10, with some having attained post-secondary qualifications (Certificate in Teaching-Primary, Diploma of Teaching, and Master in Social Work (India)).

Coordinators

Two coordinators managed and oversaw the implementation of the pilot program in Madang and WHP-Jiwaka, respectively. At the time, these were the only funded positions within the project.

Education and backgrounds: Both the coordinators have post-secondary qualifications (Diploma of Business, Certificate in Teaching-Primary) and have more than 10 years' experience in coordinating programs and group facilitation. The coordinators are also involved in advocacy for the rights of children, women and families against violence.

The coordinator manages the administration and coordination of the program, recruitment of team leaders and facilitators, and set up of the parenting program in the archdiocese. This includes planning and coordinating activities in more than five communities while simultaneously mentoring and guiding the team leaders and facilitators, planning engagement and providing training.

Implementation of P4CD at scale would necessitate an expansion of the coordinators' role to include:

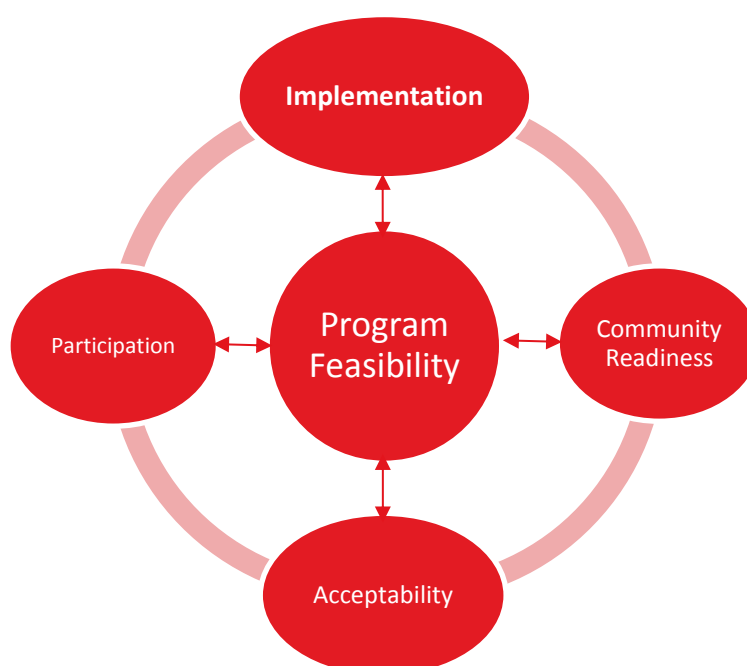
- Leadership and oversight of planning, coordination, implementation and reporting
- Plan and oversee training-of-trainers for trainers, team leaders and facilitators
- Engagement of UNICEF, church leadership, government and provincial leadership.

2. Evaluation Design and Methods

Process evaluation

The evaluation of the pilot program aimed to inform planning and design for later implementation and evaluation of the program at scale in communities in all parishes. It would test the feasibility of the strategy for implementation and the acceptability of the program in diverse communities. Factors determining feasibility include the readiness of communities, the capacity of local teams, the effectiveness of training, mentorship and support, the quality and consistency of implementation, the acceptability of the program, its resources and approach, and levels of participation and response by parents.

Figure 3: Factors determining feasibility of program implementation



Aims of process evaluation

The pilot program in 2017 aimed to provide important information about processes of community engagement and capacity building necessary to enable implementation of a program, to ensure that facilitators were sufficiently capable and confident to deliver the program and to ensure that parents were willing and able to attend. It would identify contextual influences that may be critical in determining the approach to implementation in the different participating communities and regions. Lessons based on findings of the evaluation of the pilot program would be incorporated in the design and evaluation of the extension of the parenting program from 2017 (Stage 3).

Aim 1: To evaluate the recruitment and participation of parents in the pilot program and the degree to which the program could successfully be delivered with consistency of implementation over time.

Aim 2: To evaluate the acceptability of the program to trainees, parents and other stakeholders, and their levels of participation, retention and response to the program and its processes.

Aim 3: To evaluate whether training enabled personnel to support effective practices.

The evaluation assessed whether team leaders and facilitators:

1. Had acquired the necessary knowledge and practice skills
2. Could deliver the program according to the manual and approach
3. Were confident in engagement, planning and delivery of activities
4. Could engage and retain parents in the program for six workshops.

The evaluation of learning outcomes of the training workshops is not extensively reported here. The findings of qualitative assessments have been incorporated into the discussion and a draft training report; a framework and resources have been developed for training-of-trainers.

Engagement and participation

A critical indicator of program success and sustainability would be the ability to attract and retain numbers of parents in the program over the six workshops. Facilitators recorded weekly attendance of parents and activities completed, and provided general feedback about parent engagement in the activities (diary record of session activities, see Appendix 2). These were transmitted to team leaders and to UNICEF/Menzies along with demographic details of parents (age, gender and family characteristics of the parents). This was to enable analysis of attendance and retention (indicators of dosage or exposure) and assessment of the success of engagement strategies.

Quality of implementation and program fidelity

For evaluation and ongoing monitoring of the quality of program delivery, the primary source of data was facilitators' diaries and questionnaires. These contain information on attendance, and on the quality and completeness of program delivery. This was for quality assurance purposes and to inform the six-week program review. In addition, team leaders observed most workshop sessions to support the facilitators, to assess their performance, to monitor the quality of engagement of parents, and to provide regular feedback to facilitators on debriefing.

Acceptability

The diary record of session activities is used to identify: a) challenges for facilitators in understanding content or ideas, and in communicating these to parents; and b) facilitator receptivity and confidence, or difficulty with skill or practice requirements. This is further assessed in supervision logs of meetings and observations. Focus groups were held with both parents and team leaders and again with facilitators after program delivery to assess the acceptability of program content, whether the content of sessions and activities was culturally appropriate, and whether some material was conceptually or culturally foreign and needed further adaptation.

Evaluation of impact and outcomes

Aims of impact evaluation

Aim 4: To evaluate the impact of participation on parents' knowledge of child development, parenting practices, family relationships and family wellbeing.

The evaluation of outcomes for participants aimed to measure the extent to which the following aims of the program were achieved:

- Parental knowledge of child development is improved
 - a. Key messages are understood
 - b. Parenting skills are practiced and developed
 - c. There is an improved focus on the child
- Parents report using positive strategies and reductions in harsh or neglectful parenting
- Parents report improvements in family and parent wellbeing and family relationships
- Parents report on key themes in focus group interviews at program end.

An important objective was to test the reliability and validity of questionnaires chosen to measure parent and family wellbeing, parenting practices and attitudes to parenting, and child behaviour, described below. It was not known whether such methods would be successful with the target population, with its variable literacy and education levels and diversity of linguistic backgrounds.

Table 2: Summary of steps towards monitoring and evaluation of the pilot program

Step	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
M and E tasks	Prepare for start up Training	Recruit parents (up to 20 per group)	First meeting with parents Consent and pre-program data before first workshop	Total of six workshops Workshop attendance and activity reports	Post-program data Meeting after final workshop	Mentoring and review
Who?	Facilitators and team leaders Research team	Facilitators and team leaders	Facilitators with Menzies team and local researchers	Facilitators and team leaders	Menzies team and local researchers	Team leaders, facilitators Menzies team

Figure 4, below, sets out the phases of data gathering and the flow of evaluation information, including information from practitioner diaries over the course of the six weeks of workshops, with a three- to four-week break between workshops 3 and 4 for training and review.

Figure 4: Implementation framework: Reporting and supervision of program implementation

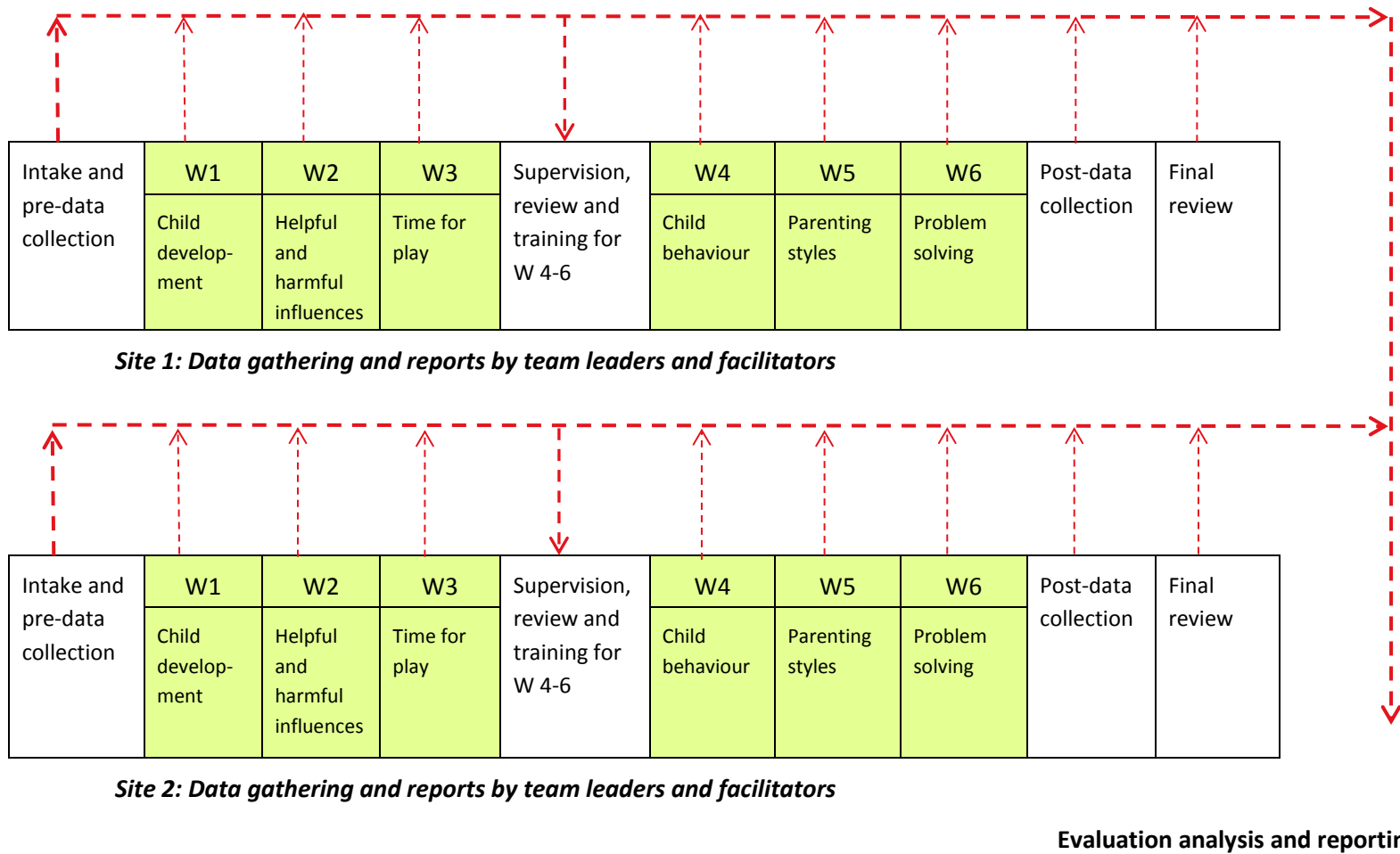


Table 3: Evaluation tasks and outcome indicators

Task	Key questions	Timing	Who gathers the data?	Indicators
Process and QA				
Context and readiness	Community engagement; Local support and challenges	Before start up and at final review	Team leaders and facilitators	Staffing, engagement of parents and stakeholders
Monitor workshop delivery	Who attends; are activities delivered; is there positive engagement; are facilitators confident; are there issues affecting delivery?	Diaries: Weekly records of planning and debriefing Used at review and reported for evaluation	Team leaders and facilitators record information in diaries	Time, duration of session; parent attendance; activities completed; positive engagement; disruptions; session observations
Review	Review of processes and outcomes: what worked, what did not work?	After workshops 3 and 6: i.e. at midpoint and end of program	Diaries and group discussions with facilitators and team leaders facilitated by Menzies team	Parent engagement and response; challenges, barriers, changes to delivery; appropriateness of material; facilitator confidence
Parenting outcomes				
Parents pre- and post-program questionnaire Parent focus groups (post)	Demographics; change in parents' knowledge and practices; child and family relationships	Before first workshop After final workshop	Menzies team and trained local assistants (Divine Word University staff and students)	Knowledge of child development; discipline practices; parent and family wellbeing; acceptability of program and approach
Effectiveness of training				
Session observations	Skills and practices of facilitators?	Continuous; direct observations and photos	Team leaders, evaluation team	Observations: efficacy confidence; practices used; management of activities; parental engagement
Training workshops	Are materials and strategies appropriate? Is there learning of key competencies?	At training workshops and at mid- and post-program reviews	Evaluation/training team	Knowledge and competency test Is material appropriate? Complex or challenging components

3. Findings: Qualitative Research

Key themes from parent focus groups

At the end of the six workshops, focus groups were held in six communities. There were three in each archdiocese, with a total of 64 parents attending, along with the facilitators in most locations. Groups varied, but overall there was roughly an equal mix of male and female participants.

Parents could articulate what they learned and what they liked about the program, and indicate areas where they felt they had already seen change or were aiming to achieve change in relationships with their children and families. They pointed to many different activities and cited what they had learned from them. Parents' responses indicated a high degree of awareness of key concepts and aims of the program. In some cases, the parents reported how they had passed on the messages from the program to neighbours or family members, such as their own adult children, but without always being clear as to what extent their own practices had changed. Many of them saw themselves as empowered to pass on new messages about parenting. The question remains whether the understanding of program messages and the intent to follow them is accompanied by actual changes in parental behaviour and practices.

Below, parents' impressions of the program and understanding of key ideas are explored. This can be compared with questionnaire responses regarding parenting practices.

New knowledge: What did parents learn?

Culture and traditional roles: There were many examples where parents reflected on how the program had caused them to change some of their assumptions about their role in cultural terms, particularly in terms of their own authority at home and in the community.

In many regions of PNG, men would not have close contact with their children in the first years of life. Men may believe that to carry a child on their shoulders would make them weak, ill or age prematurely. However, when reporting back to the group, one young father said he carried his young child on his shoulders, while his wife walked in front. Men commented on this, suggesting that his wife should carry the child and he walk in front. He replied that this was his way; he wanted to carry his own child and wanted his wife to walk alongside him.

Facilitators raised concerns about one of the key concepts: 'Act, don't react'. This aims to promote parental self-awareness and to reduce emotional displays of anger and aggression towards children. It was thought the chiefs might not agree with this, possibly because it could be seen as undermining parental authority. However, these concerns were not raised after delivery of the program and some feedback suggested that the emphasis on parental emotions was accepted by parents and had become an important concept for some of them.

A man who was a traditional chief of his community was sceptical about the program initially, but later became very thoughtfully involved:

"As a leader in the community I have no time for my children. I am also a Christian man and a customary man. I have learnt many things that challenge me. The door has opened. It's opened too wide. At times I argue with my wife, I tell her that I want the children brought up like I was, according to my customs. That little one is a real girl [from his wife's home province]. But I was also brought up on the streets, so I lock up my children in the house. I keep them away from the street.

In the training I started to cry when I was telling my life story. I had to apologise to the other participants for this. I hit my father when I was young and I am worried that my children would do the same thing to me one day. I need more of this training. We need awareness in my ward and in town. The drawings reinforce some of the messages.”

This father’s situation was characterised by concerns about an older son, specifically that his son’s aggressive behaviour was escalating and becoming a cause of concern in the community. The social distance he expected as a chief and as the head of his family was reinforcing behaviour that was problematic and driving him to further use harsh discipline with this son.

This father’s narrative is consistent with findings of qualitative research conducted in 2016, which revealed consistent patterns of escalation in parent-child conflict. Harsh parenting in early and middle childhood was followed by further physical and verbal aggression by parents, and in turn by aggression and attempts to fight back by youths as they reach adolescence. The facilitators commented on this in their own discussions of corporal punishment during training. At one workshop, they referred to a phrase said to be common among young people: “You hit me now, I’ll hit you later.”

Seeing children’s needs: Other areas of belief that were raised by facilitators included some attitudes towards early attachment: many women believed that holding the baby close to the body, giving skin contact would mean that the baby would cry and the mother would not be able to work in the garden.

Thus the facilitators sensed the need to explain the value of secure early attachment and responsive parenting in the early years. Children’s crying and demanding behaviour would need to be explained as an expression of children’s needs, rather than as a demand on parents to be resisted or avoided through distance or non-response.

Interviewed after the program, many parents identified seeing children’s needs as important. Understanding that children’s behaviour expresses children’s needs and feelings was new to them. In some accounts, this accompanied indications of a lessening of physical and emotional distance between parents and children.

One mother said: “Feelings are very important. When the children cry I wouldn’t sit next to them or give them my time or ask what’s wrong. I thought, I am the parent and they are the children. After, I realised that when children don’t respond there is a reason. I now sit close to them and ask them why they ask for something.”

Play and special time: There had been some debate during the development of the program about the appropriateness of a focus on play and the child’s need for play. It was felt at first by some that play was culturally foreign in the PNG setting. However, key informants felt that with the emphasis on work, chores and obedience in PNG culture, it was important to explore the meaning and importance of play for children’s development. Many parents indicated that the contribution of play to children’s development and the need for parents to make time for relaxed and playful interaction with their children were the most important lessons from the program.

One father said, “I really appreciated the training. I have children under 5. I didn’t know that I had all these responsibilities. I consider myself lucky that I now have the knowledge to raise my children better. Before, I didn’t realise that they need play to grow. Allowing more time and playing with them inside and outside helps me to understand how to meet my children’s needs.”

Facilitators reported that after the workshop on play, a father had gone home to his children, got down on his knees on the grass and told them to climb on his back so he could play horse and rider with them. He told this story at the next workshop. In such cases it appeared as if the focus on play in the workshops gave permission for some parents to be playful with their children in ways that they had previously been inhibited to do.

“Before the course the children wanted me to play with them but I did not. When I started doing what they wanted to do their behaviour changed.”

“[I learned about] making time for children to play. My children like to play all the time. I didn’t know this contributes to their development. Now I let them play but I put guidelines and limits on them.”

A father: “This is the first time we have had a chance to study children’s behaviours. I used to think that play was not important for children and I would tell them (my children) not to play too much. Their noise used to make me very angry. If one made a noise I would “fight them all”. I have three small children. Now I try to apply what I’ve learned in the course at my house. I told them (children) I will take you to the beach on Sunday. When Sunday comes they ask me about it, so now I know I need to follow through. I see the importance of meeting their needs and making time for play to help me understand my children.”

Controlling emotions: Parents indicated that the focus on awareness of emotions had been new for them. “Cooling myself down and controlling my anger. In town I bought a packet of biscuits for the children to share. When I got home my youngest child took the packet of biscuits and opened it and started eating them. I was very angry but I had to control myself. I cooled off then patiently told the child that they should ask first and that the biscuits needed to be shared with all the children.”

“I used to swear a lot but now I can control myself better.”

“I used to get angry with my children and I would not give them food as punishment but now I have stopped doing that.”

Corporal punishment: Many parents indicated awareness of the need to reconsider their use of corporal punishment.

“Before, I was hard on children, I stick them, fight them and scream out loud to them. Now the school [P4CD workshops] gave me some sense and now I talk with my children.”

One mother said, “I used to talk strong with my children. I used to sing out with a stick and I didn’t understand why the children wouldn’t come to me. The children were scared of me. Then I saw the need to see things from the child’s perspective.”

Family relationships: A father described personal learning about his role in family relationships: “*Mi noken kamap olsem bik boss long femili bilong mi. Mi mas daunim mi yet na harim tok bilong femili.*” [I can’t behave like the big boss of my family. I have to humble myself and listen to my family.]

A mother: “I have five boys. I did the program but my husband didn’t and I talk with him and encourage him to talk easy with the children. Now he does this and the family gets on better.”

“[Workshops] 4, 5 and 6 helpim mi gut tru mi amamas bai mi dispel I helpim me kamap gutpela mama, na helpim narapela.” [Workshops 4, 5 and 6 really helped me. I am happy with this. It helps me become a good mother and to help others.]

Many parents reflected on how they communicated with their spouse about the lessons from the workshops. Some also wished to teach others in their families about what they had learned. There were many reflections about such communication between spouse and family relationships and about the wish of the attending parent to pass on their new knowledge to their families, their extended families and even to their neighbours.

Key lessons from the review

Based on interviews by the research team, and according to reports to the facilitators, the resources and approach were favourably received both by facilitators and parents.

After both phases of program delivery, reviews of content, approach and parents' responses were conducted with the facilitators. The following provides an overview of the comments received:

Workshops 1-3

- Workshop 1, Activities 3 and 4 will require more background information on the rationale of the activities for facilitators. Balloons compare size and physical growth but not what 'fills' the brain; this means increasing training in the domains of child development and developmental milestones.
- Further explanation of psychological stimulation and the role of play is needed.
- "I learn more things to help my family and community at the parenting program."
- "Maybe the only problem will be to use certain English words that may not be understood well by the parents but the presentations and messages were clearly understood. As long as I understand well the contents of the training material, I will now try my best to discuss the contents of the program/training at a level that can be easily understood by the parents to enable to fully understand the values of positive parenting."
- Simple words: "the bodies grow, their brain develops very quickly, the brain connection is like string, good experiences, security, stimulation, care will build a strong foundation for the child's future."

Workshops 4-6

- Workshop 4, "Words like emotion would be required, a lot of words to explain but we will try our best to translate."
- "This workshop is all about types of behaviour the children have. Some behaviour of children we can understand, but some we don't. This helped me (as a facilitator) to learn or study more this session in different ages."
- Workshop 4, Activity 7 (ACT, don't REACT). "This activity is a bit tougher. Some parents might not agree with Act from React. Some parents react quickly. They don't cool off. Em i hard pel liklik."
- "Again the languages and messages in the activities need to be simplified, especially in the resource sheets. But I think we need teamwork when we go back to our parishes so we can sit together and sort them out before we begin workshops 4, 5 and 6."
- Workshop 5, Session 1, "really challenged parents, their negative and positive styles of parenting, and resource cards".
- "We most probably need a glossary of some words and for phrases difficult to understand e.g. styles, strategies, stages of child development etc."
- Workshop 5, Activity 7. What helps me to cope? I wonder if the facilitators will have confidence in presenting this activity.

- “Talking about their feelings is not something we do every day and/or are good at. Will be new learning for them.”
- Workshop 6, Session 1 (Communication and problem solving). Some more traditional people may have problems with ‘Gender equality/equity’ but the majority of them will understand and be willing to respond accordingly.
- Workshop 6, Activity 6. “As a parent, it’s hard for me together (as family) they have their own views.”
- Workshop 6, Activities 6 and 7 (Cool and calm). “A bit confusing for the parents when communicating with children. Anger comes quicker than cooling down.”
- Workshop 6, Activity 7. This needs more time because if we have complex problems in the society and if we observed more role plays then it will help the participants to combat behavioural problems in the family, e.g. drugs, big/small relatives, etc.
- “In general, on the whole, I have learnt a lot for myself and dealing with the children, and got to understand their feelings and emotions are also very important. They can also contribute a lot in the family. Given them possibilities for growth and for their rights.”

Discussion

The findings of qualitative interviews suggest that parents were very positive in their evaluation of the program and that they were able to identify and explain the key ideas and messages. This confirms the promise of the program as a vehicle to extend parents’ knowledge of child development and their awareness of the influence of parenting on child development.

The qualitative findings are broadly consistent with the outcomes of the quantitative analysis of questionnaire data reported below, in that parents indicated their intent to engage with their families and that patterns of communication with their families were consistent with improvements in family cohesion, reductions in family violence and improvements in parental self-efficacy. In these qualitative responses, parents reported changes in their awareness of children’s needs, improved closeness and responsiveness to their children, acknowledgement of the need for emotional self-control, and intent to reduce harsh parenting responses.

As a note of caution, the program places strong emphasis on alternatives to harsh or negative parenting practices, such as corporal punishment, verbal abuse, etc. Parents are therefore encouraged by the group process to seek to change and therefore to report change in these areas. The challenge for a future evaluation of P4CD will be to assess the degree to which parenting practices substantively and sustainably improve, and to assess the impact of such changes on children themselves—through measures of children’s behaviour and other observational strategies.

4. Findings: Changes in parenting, family wellbeing and parent discipline

Introduction

This section presents findings of the quantitative analysis of outcomes of the pilot program in the ten participating communities, focusing on parents’ reports of parenting, family relationships and family wellbeing.

Procedure

Questionnaires were administered by a trained team led by members of the Menzies group, and including students and senior staff of Divine Word University in Madang. All questionnaire items were translated into *tok pisin*, (one of PNG's national languages) by senior staff at the School of Social and Religious Studies at Divine Word University. All items were rendered in both *tok pisin* and English.

Training in evaluation methods was provided in a workshop held at Divine Word University in March 2017, and pre-program data gathering began immediately afterward. Recruitment of parents to the program had been done in advance and arrangements were made with team leaders and facilitators to convene a meeting of parents to gather data in the weeks immediately following training. The research team administered questionnaires sequentially in the 10 communities over two weeks, and program delivery began immediately afterward.

Hypotheses

The aims of P4CD are to contribute to reductions in child maltreatment and violence against children through a parenting education program. The program consisted of six full-day workshops delivered by trained volunteers, targeting parents and caregivers of children aged between 3 and 10 years. For the purposes of the pilot program, child maltreatment was defined in terms of parent discipline characteristics, such as corporal punishment, verbal abuse and psychological control, along with other characteristics of inadequate parenting, such as neglect.

These aims can be expressed in terms of the following hypotheses:

1. That average scores for measured characteristics of parenting, parent discipline and family wellbeing will show significant improvement between baseline and post-program periods.
2. That outcomes measured will vary according to socio-demographic characteristics of participants.
3. That measures adopted for the program are reliable and valid.

Section 1. Participants in the program

Initial consultations in 2016 had focused on the need to recruit a mix of parents, including teenage and single parents, as well as married caregivers, with the proviso that participants should be current caregivers of children aged between 3 and 10 years. Further, although the program was universal rather than targeted at people with complex needs and multiple difficulties, it was acknowledged that some people with disclosed difficulties would attend, and that facilitators should aim at a mix of higher functioning caregivers/families and others with acknowledged difficulties or vulnerabilities. Highly prescriptive guidelines were not provided.

In February and March 2017, baseline data gathering was conducted in a total of 10 communities, five in Madang and five in the Western Highlands and Jiwaka. In November 2016, training in selection criteria and community engagement was provided to facilitators and team leaders. Early in 2017, participants were recruited by facilitators to attend the pilot program, with the aim that approximately 20 caregivers of children aged from 3 to 10 years would attend the six parenting workshops in each community over three months, from March to May.

As described in Table 4, the total number of recorded participants was 223. Of these, 207 provided evaluation data at baseline meetings. At the end of the program, 159 people with baseline data could be contacted to provide post-program evaluation data. This group constituted the main evaluation sample.

Table 4: Baseline, evaluation and participant samples

1. Baseline sample. Parents completing questionnaires at baseline: n =207
2. Main evaluation sample. Parents with baseline and post-program questionnaires: n=159 (includes 10 people who attended no workshop sessions)
3. Total workshop participants: n= 223. (All people attending one or more workshop sessions - includes 74 people who did not complete questionnaires at baseline but joined the program)

Workshop attendance

The program was delivered in the form of six full-day workshops, each with a morning session and an afternoon session. Attendance was recorded for each half day session, with a total number of 12 sessions as the maximum possible attended. As indicated, people were admitted to the program who had not provided baseline data and/or post-program data, but their attendance was recorded. The total number of people attending workshops was 223.

The following tables report mean attendance per person by community and the number of people attending workshops in each community. They show variations from community to community and between the two archdioceses that reflect aspects of the approach to recruitment in the two archdioceses and some other contextual differences between the communities.

Attendance was affected by community violence, including some politically related violence during the latter workshops, as well as deaths. This led to the absence of individuals for *haus crai*. In one community, the homicide of a young person and ongoing tension between families necessitated relocation of the program. The two communities with lowest average individual attendance, Gum and Wagol Ficus, are in urban locations with heterogeneous populations, including some immigrants from different regions (Table 5). Thus the variation in attendance points both to specific incidents and events and to community-level factors in different contexts.

Table 5: Mean attendance per person by community, total workshop participants

Total workshop participants (n= 223)	
Mean number of sessions attended per person	
Western Highlands/Jiwaka	
BANZ	9.7
WURUP	10.3
KINDENG	11.4
KUMDI	11.5
TOGOBA	10.1
Madang	
MEGIAR	9.4
REMPI	9.12

SIMBINE	10.3
GUM	7
WAGOL FICUS	8.9

Figure 5: Participants by number of sessions attended

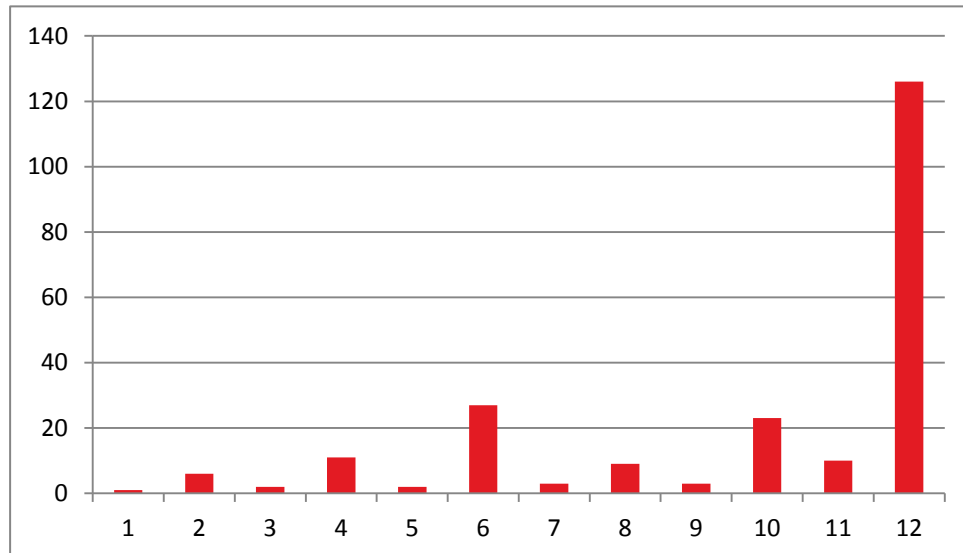


Figure 5, above, shows that more than 67 per cent of participants (159) attended 10 to 12 sessions, with a group of 27 who attended six workshops only, possibly influenced by the three-week break. This is an impressive achievement.

Overall the attendance at workshops remained high throughout. The data suggest that the three-week break between workshops 3 and 4 resulted in a drop off in attendance. It was noticeable that after the break, numbers in some communities dipped by as many as three people for the first workshop back, but that over the remaining workshops, numbers rose again to the same as those at commencement. This suggests that the facilitators were effective in maintaining their engagement of parents while the program was progressing.

Table 6 shows that in the Western Highlands and Jiwaka provinces, attendance at workshops was at or above the maximum number of 20 participants. As many as 25 participants attended some sessions, and two sessions in the first workshop in one community had 27 participants. Groups of 20 or more participants were likely to be difficult for facilitators to manage, and learning through shared activity and discussion was likely to be less effective.

Attendance was generally higher in the Western Highlands than in Madang. In the Western Highlands, 30 people who had not been present at baseline were subsequently admitted to the program; only six were admitted after baseline in Madang. It is likely that there was considerably more pressure to join the program from community members in the Western Highlands province and Jiwaka parishes than in Madang. In Madang, the intention to limit attendance to the target of 15 to 20 participants was adhered to.

Table 6: Average number of people attending workshops by community

Total workshop participants (223)	
Average number of people per workshop	
Western Highlands/Jiwaka	
BANZ	21.92
WURUP	20.67
KINDENG	22.75
KUMDI	24
TOGOBA	23.58
Madang	
MEGIAR	18.08
REMPI	12.92
SIMBINE	17.08
GUM	11.08
WAGOL FICUS	11.83

In summary, achieved attendance and retention in the P4CD program over six workshops was impressive, despite external influences that disrupted attendance from time to time. In those urban communities with smaller numbers, such as Gum and Wagol Ficus in Madang, there was a consistent level of attendance of between eight and 16 participants over all sessions. This suggests that with appropriate engagement and promotion, the facilitators and team leaders are more than capable of sustaining high levels of commitment to attendance, even though the numbers of participants may vary between communities. This is an important consideration when targeting socially disadvantaged groups or communities.

Section 2. Baseline study: Socio-demographic characteristics of participants by community

Of parents initially recruited to attend the program, 207 were contacted at initial meetings and consented to provide baseline data. Responses of parents at baseline are presented here as a snapshot of information available before the workshops began.

The demographic characteristics of the baseline sample (207) are almost identical to those in the main evaluation sample (159), presented in Section 3 (Table 7).

Table 7: Baseline and main evaluation samples

Baseline sample		Main evaluation sample	
Category	No. respondents (%)	Category	No. respondents (%)
Total sample size	207	Total sample size	159
Age group		Age group	
18-25	22 (11%)	18-25	16 (10%)
26-35	75 (36%)	26-35	61 (39%)

36-50	75 (36%)	36-50	54 (34%)
50+	35 (17%)	50+	28 (18%)
Sex		Sex	
Female	126 (61%)	Female	98 (62%)
Male	81 (39%)	Male	61 (38%)
Education		Education	
No school	28 (14%)	No school	22 (14%)
Primary school	91 (44%)	Primary school	68 (43%)
High school	52 (25%)	High school	43 (27%)
Other studies	36 (17%)	Other studies	26 (16%)
Marital status		Marital status	
Not married	15 (7%)	Not married	11 (7%)
Married	182 (88%)	Married	140 (88%)
Polygamous	10 (5%)	Polygamous	8 (5%)

The following section presents an analysis of the baseline study sample of 207 people who were available for interviews in the two weeks before the program began. Approximately 76 per cent of the individuals in the baseline sample were available for follow up after the workshops.

Descriptive statistics

Of the 207 people who provided data at baseline, just over 60 per cent were female and just under 40 per cent were male. The mean age of participants at baseline was 38 years: the youngest was 21 and oldest was 56.

As seen in Table 8, the age of participants varied in the different communities. Participants in Banz, for example, were much older than in other communities and included a large group of grandparents, while in Wurup, caregivers were predominantly under 35 years of age; nine were in their early twenties.

Table 8: Participants by community, sex and age

	Female	Male	Total	18-25	26-35	36-50	50+
Western Highlands and Jiwaka provinces							
BANZ	9	7	16	0	2	1	13
WURUP	10	10	20	9	9	2	0
KINDENG	16	7	23	3	12	8	0
KUMDI	14	12	26	1	6	16	3
TOGOBA	20	8	28	6	9	10	3
Madang province							
MEGIAR	10	10	20	1	8	7	4
REMPI	10	6	16	0	3	7	6
SIMBINE	13	7	20	0	12	6	2
GUM	12	8	20	2	5	10	3

WAGOL	12	6	18	0	9	8	1
TOTAL	126 (61%)	81 (39%)	207	22 (11%)	75 (36%)	75 (36%)	35 (17%)

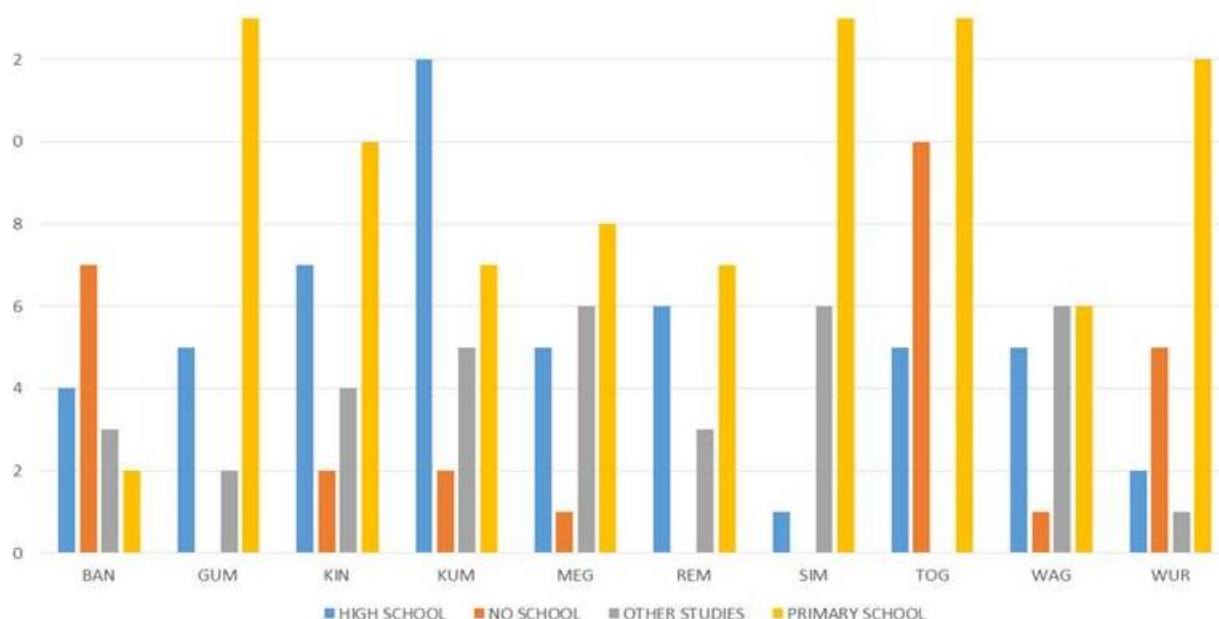
Of the total participants at baseline, 182 (88 per cent) reported being married, 10 people reported being in a polygamous relationship, and 15 people were not married. The mean number of children was 4.5, with 13 the most reported by any caregiver.

Table 9: Education of participants

Education	Number	Percentage
High school	52	25.1
Other study	36	17.4
Primary School	91	44.0
No School	28	13.5
Total	207	100.0

More than 57 per cent of participants had no schooling, or primary school only, and there was significant variation in education levels by community (Table 9; Figure 6).

Figure 5: Education of participants by community



Parents' reports of factors associated with family wellbeing (evaluation sample)

Selected responses to Family Wellbeing items suggest that there were some concerns about the wellbeing of children and families, along with uncertainty about the adequacy of parenting.

- 30 per cent of parents reported that their children were not looked after well, some or all the time.
- 60 per cent of parents reported that children were not treated fairly, equally or with respect.

- 80 per cent of respondents reported having insufficient food or money sometimes or all the time.
- 30 per cent reported feeling that they were unable to cope with work and family duties.

Parents reported numerous influences that potentially affected individual and family wellbeing:

- 80 per cent of participants (both male and female) reported violence towards them by a spouse some of the time (70.4 per cent) or often/all of the time (9.4 per cent).
- 80 per cent reported violence between other adult family members.
- 71 per cent reported behavioural problems, fighting, disobedience among older children sometimes (56 per cent) or yes (15 per cent).
- Just over 66 per cent of respondents reported concerns about alcohol and drugs at home, while 26 per cent reported that they had no concerns about alcohol or drug use.

Use of corporal punishment, for example hitting the child on the bottom with a stick or belt in the last month, was reported by over 60 per cent of parents (once–16 per cent) or (some of the time–46 per cent). Similar frequencies were reported for other kinds of corporal punishment with the number of parents reporting this ‘all of the time’ ranging from 1.3 per cent to 4.5 per cent.

Correlation of individual responses with age, gender, education and number of children

Table 10: Correlation of individual items with socio-demographic characteristics (baseline sample)

		Age	Sex	Education	Number of children
pa1	Like being a parent	-.047	.214**	.140*	-.086
pa2	Child do things to annoy	-.039	.026	.072	-.097
pa3	Phys punish	-.071	-.020	-.193**	.080
pa4	Play	-.017	-.080	-.021	.034
pa5	Explain	.108	.055	.197**	.036
pa6	Time	.011	-.184**	-.173*	.010
pa7	Do what told	-.029	-.076	-.002	-.159*
fw8	Eat together	-.097	.047	-.060	-.100
fw9	Not enough food	-.164*	.000	-.155*	.050
fw10	Spouse violence	-.228**	-.035	-.006	-.026
fw11	Violence others	.156*	-.116	.033	.011
fw12	Older children behaviour	.022	-.117	-.046	-.009
fw13	Know where they are	-.008	-.021	.141*	-.040
fw14	Not enough money	.046	.239**	.078	.018
fw15	Everyone helps	-.013	-.062	-.026	-.011
fw16	Well looked after	.007	-.103	.128	-.091
fw17	Extended family	-.037	-.123	.082	-.055
fw18	Drinking drugs	.249**	.036	-.028	.009
fw19	No-one misses out	-.008	.036	.166*	-.131
fw20	Care for foster children	.173*	-.115	-.008	.202**
fw21	Physically well	-.066	-.001	.039	.034
fw22	Cope work and fam	.097	.050	-.084	-.059

fw23	Everyone respected	.023	.173 [*]	-.010	-.076
pd24	Sent outside	.008	.071	.146 [*]	.021
pd25	Hit bottom stick	-.244 ^{**}	.030	.212 ^{**}	-.103
pd26	Shouted yelled	-.062	-.163 [*]	.090	.043
pd27	Hard body stick	-.178 [*]	.006	.141 [*]	-.091
pd28	Bottom bare hand	-.146 [*]	-.101	.202 ^{**}	-.041
pd29	Swear cursed	-.013	-.195 ^{**}	.048	.039
pd30	Explained	.161 [*]	-.057	.169 [*]	.135
pd31	Threw down	-.046	-.088	.067	-.054
pd32	Left alone	-.089	-.064	.066	-.041
pd33	Did not feed	-.015	-.171 [*]	.123	.087
pd34	Refused to speak	-.030	-.235 ^{**}	-.172 [*]	.022
pd35	Send away	-.037	-.093	-.004	-.029
pd36	Tied child up	-.050	.044	.118	-.137 [*]

** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

The list in Table 10 correlates items in the Parenting, Family Wellbeing and Parent Discipline scales for the baseline sample (n=207) (note that for sex, a negative correlation denotes female).

Table 11 presents results of an analysis of the correlates of components of harsh parenting. These suggest that corporal punishment is less likely with age, but may be positively associated with education levels. It is practiced by both male and female caregivers. Verbal abuse and psychological control are significantly associated with female caregivers, perhaps suggesting different parenting styles associated with a greater role for women in day-to-day discipline of children than male caregivers.

Table 11: Correlation of components of harsh parenting with socio-demographic characteristics

		Age	Sex	Education	No. of children
Verbal abuse	Pearson Correlation	-.042	-.198 ^{**}	.069	.043
Corporal punishment	Pearson Correlation	-.163 [*]	-.027	.179 [*]	-.100
Psychological control	Pearson Correlation	-.039	-.185 ^{**}	-.097	-.005

** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

It should be noted that the sample of participants represented here is not a representative community sample, but rather is a pragmatic sample based on recruitment and engagement practices of personnel and the various influences on choices to attend. This variability of sampling requires that caution be exercised regarding generalising specific findings to the wider community. Changes in sample size between baseline and the evaluation sample as reported in the following section can affect correlations between demographic variables and some items.

Section 3. Change in parenting, attitudes, practices and family wellbeing

Characteristics of evaluation measures used

Copies of measures are presented in Appendix 1. The measures adopted were:

1. Parent Discipline Scale. This 16-item scale is an adaptation and translation of The Parent Child Conflict Tactics Scale, short version (Straus and Mattingly, 2007). This instrument is widely used internationally to measure frequency of elements of child maltreatment, including corporal punishment and neglect. Two items were added to capture elements of maltreatment thought to be relevant to the PNG context.
2. A Family Wellbeing Scale. This 15-item scale was developed for the study to capture elements of individual and family wellbeing. It was based on items developed through literature review and qualitative research conducted for this project.
3. Parent Attitudes Scale. A seven-item scale consisting of items identified during qualitative field research relating to parent attitudes towards children and parenting practices.

Factor analyses implied that the Parent Discipline scale comprised one factor, including all but two items, with an acceptable Cronbach's alpha > 0.80 and referred to here as *Harsh parenting* [items pd24, pd25, pd26, pd27, pd28, pd29, pd31, pd32, pd34, pd35, pd36].

Subscales for Harsh Parenting – corporal punishment, verbal abuse and psychological control were identified:

- Verbal abuse [items 26 and 29]: alpha = .725.
- Corporal punishment [items 25, 27, 28, 31 and 36]: alpha = .71.
- Psychological control [items 34 and 35]: alpha = .57.

Factor analyses indicated that the Family Wellbeing scale comprised two factors. The Cronbach's alpha for one factor was adequate. It included items that revolve around *Family cohesion* [fw8, fw9r, fw15, fw16, fw19, fw22, fw23].

After analysis of baseline data, six items were added to each of the parent attitudes scale and the family wellbeing scale in order to provide further information on correlates of harsh parenting.

Changes in parenting and parent discipline after participation in the workshops

A comparison of responses before and after the program shows that there was significant change in parental attitudes, parenting practices, family relationships and wellbeing.

Table 12, below, presents the output of the analysis of changes in parent discipline or harsh parenting after participation in the workshops.

Using the main evaluation sample, (Table 12, n=159) a series of paired-sample t-tests were conducted to ascertain the degree to which parents reported use of harsh disciplinary behaviours, such as yelling, spanking or cursing, diminished after the workshop. To control family-wise type I error rate, a Bonferroni adjustment was applied. For these analyses, alpha was set to .5/13 or .004.

The frequency of almost all behaviours diminished after the workshop. The only exception was "Explained why something child did was wrong" – a behaviour that is supportive. In addition, we calculated *Cohen's d* to represent the effect size, in which d values of .8 are regarded as large, .5 are regarded as medium, and .2 are regarded as small. The effect sizes tended to range from small to medium, and were highest for items relating to verbal abuse and corporal punishment.

These behaviours were then subject to a principle components analysis. A Scree Plot indicated that the behaviours most likely correspond to one component. We thus constructed a scale, called *Harsh Parenting*, that combines these behaviours, except three items: *Explained why something child did was wrong*; *Did not ensure child received enough food*, and *Tied child up outside the house*. These items were excluded because their loadings were less than .32. A separate analysis of the responses using the baseline sample before the workshop generated comparable results.

The principle component analysis of behaviours after the workshop generated four components in which eigenvalues exceeded 1. Therefore, we also attempted to identify possible subscales from these coefficients. Table 12 specifies the items associated with each subscale. The table also presents the Cronbach’s alpha associated with the overall scale and subscales. Finally, this table presents the mean decrease in harsh parenting behaviours over time—coupled with the corresponding t value and Cohen’s d.

Table 12: Mean decrease in behaviour, on a 4-point scale, after completion of the workshops

Behaviour	Mean decrease in behaviour after workshops	t value	Cohen’s d
Sent child to room or outside	.33	3.10*	.25
Hit child on bottom with hard object	.68	6.33*	.51
Shouted, yelled or screamed at child	.73	7.61*	.61
Hit child on other part of body with hard object	.67	6.26*	.50
Spanked child on bottom with bare hand	.67	6.05*	.49
Swore or cursed child	.72	7.19*	.58
Explained why something child did was wrong	.17	1.79	.14
Threw or knocked child down	.33	3.68*	.30
Left child home alone	.50	4.04*	.32
Did not ensure child received enough food	.45	3.06*	.25
Refused to speak to child	.43	3.95*	.32
Threatened to send child away	.51	4.65*	.37
Tied child up outside the house	.27	2.91*	.23

* p < .004

Table 13 shows changes in harsh parenting overall and for the four subscales: verbal abuse, corporal punishment, psychological control, and neglect. Note that Cronbach’s alpha values were lower after treatment, especially for neglect. Harsh parenting overall significantly diminished after participation in the workshops with a medium effect size of 0.61. Reductions occurred in all components of harsh punishment, in verbal abuse, corporal punishment, psychological control and neglect, in that order, with effect sizes varying from medium-large (verbal abuse) to small.

The results in Table 13 suggest that participation in the P4CD workshops is associated with reductions in parent-reported harsh parenting practices and indicate that the workshops have the potential to positively influence parenting behaviour with consequences for child development and wellbeing.

Table 13: Decrease over time in the overall measure of harsh parenting and subscales with effect size

Scale	Items	Cronbach's alpha before workshops	Cronbach's alpha after workshops	Mean decrease in behaviour	t value	d value
Harsh parenting overall	All except three	.91	.81	.55	7.85	.63
Verbal abuse	Shouted, yelled, or screamed at child Swore at or cursed child	.83	.53	.74	8.87	.71
Corporal punishment	Hit child on bottom with hard object Hit child on other part of body Spanked child on bottom with bare hand Threw or knocked child down Tied child up	.89	.69	.52	6.48	.52
Psychological control	Refused to speak to child Threatened to send child away	.89	.46	.47	5.01	.40
Neglect	Left child home alone Did not ensure child received enough food	.51	.15	.48	4.54	.37

Demographic correlates of change in harsh parenting

Further analyses were conducted to ascertain the extent to which demographic characteristics of participants—age, sex, education, etc.—were associated with parenting behaviour for the main evaluation sample (n=159).

A logistic regression was conducted to ascertain whether individuals in the baseline sample (n= 207) differed from those who completed the questions after the workshop (main evaluation sample, n= 159) or differed significantly from the other participants on demographic characteristics and/or the measures of harsh parenting, including verbal abuse, psychological control, neglect and corporal punishment. None of these characteristics differed between the two groups.

Table 14, below, presents the correlation between demographic characteristics and the parent-reported discipline behaviours before the intervention for the main evaluation sample (n=159). When a Bonferroni adjustment is applied, only four correlations are significant. Even when a less conservative adjustment is applied, such as the Holm procedure (Holm, 1979), none of the other correlations achieve significance.

- For harsh parenting overall, there were no significant differences between socio-demographic categories.
- Younger individuals and educated individuals are significantly more likely to hit their child on the bottom with an implement. Both demographic characteristics are significantly related to this behaviour, even when entered simultaneously into the same regression equation, $B = -.03, p < .001$ and $B = .26, p < .04$ respectively.
- Educated individuals are also more likely to spank their child on the bottom with a bare hand.
- Women were more likely than men to refuse to speak to and to verbally abuse a child.

- When the household included more children, parents were more likely to explain why something the children did was wrong.

Table 14: Pearson product moment correlations between demographic characteristics and parent discipline

Behaviour	Age	Sex	Education	Marital	n children
Sent child to room or outside	.01	.07	.15	-.03	.13
Hit child on bottom with hard object	-.24*	.03	.21*	.14	-.04
Shouted, yelled or screamed at child	-.06	-.16	.09	.13	.10
Hit child on other part of body with hard object	-.18	.01	.14	.09	-.03
Spanked child on bottom with bare hand	-.15	-.10	.20*	.02	-.04
Swore or cursed at child	-.01	-.20	.05	.07	.09
Explained why something child did was wrong	.16	-.06	.17	.02	.21*
Threw or knocked child down	-.05	-.09	.07	.05	-.02
Left child home alone	-.09	-.06	.07	.04	.04
Did not ensure child received enough food	-.02	-.17	.12	.07	.13
Refused to speak to child	-.03	-.24**	-.17	.05	.07
Threatened to send child away	-.04	-.09	.00	.08	.07
Tied child up outside the house	-.05	.04	.12	.07	-.07
Harsh Parenting Scale	-.11	-.11	.11	.08	-.03
Verbal abuse	-.04	-.20*	.07	.10	.04
Corporal punishment	-.16	-.03	.18	.09	-.10
Psychological control	-.04	-.19	-.10	.07	-.01
Neglect	-.06	-.15	.12	.07	.03

** p < .004. NB: For sex, 1 = males; 0 = females. For Education, 1 = no school, 2 = primary school; 3 = high school; 4 = additional education. For Marital status, 1 = married or polygamous; 0 = unmarried

Next, we conducted a series of analyses to ascertain whether changes in behaviour over time varied in association with socio-demographic characteristics of the sample. We examined the association between each demographic characteristic and behaviour after the workshop, after controlling behaviour before the workshop. Table 15, below, presents these partial correlations.

Table 15: Partial correlations between demographic characteristics and parental behaviours after the workshops after controlling for parental behaviours before the workshop

Behaviour	Age	Sex	Education	Marital	N children
Sent child to room or outside	-.03	.06	-.02	.08	-.01
Hit child on bottom with hard object	-.03	-.08	.06	-.13	.01
Shouted, yelled, or screamed at child	-.01	-.03	.08	-.01	.01
Hit child on other part of body with hard object	-.05	-.17 [†]	-.02	-.02	.06
Spanked child on bottom with bare hand	-.13	-.14	.11	-.09	.04
Swore or cursed child	-.02	-.15	-.04	.05	-.05

Explained why something child did was wrong	-.19	-.18 [†]	.15 [†]	.03	-.01
Threw or knocked child down	-.06	-.14	-.08	.04	.13
Left child home alone	-.06	.10	-.04	.05	-.01
Did not ensure child received enough food	.17 [†]	.05	-.01	-.07	.06
Refused to speak to child	-.06	-.08	-.12	-.04	-.04
Threatened to send child away	-.08	-.09	-.02	-.19	-.11
Tied child up outside the house	.01	-.11	-.13	-.15	.05
Harsh Parenting Scale	-.08	-.11	-.02	-.04	.05
Verbal abuse	-.01	-.10	.02	.02	-.01
Corporal punishment	-.10	-.19 [†]	.03	-.08	.11
Psychological control	-.08	-.11	-.10	-.12	-.06
Neglect	.11	.10	-.03	-.04	.07

† p < .05; ** p < .004. NB: For sex, 1 = males; 0 = females. For Education, 1 = no school, 2 = primary school; 3 = high school; 4 = additional education. For Marital status, 1 = married or polygamous; 0 = unmarried

Some demographic characteristics were associated with parenting behaviours after the workshop. After controlling behaviour before the workshops:

- Women were more likely than men to engage in corporal punishment, as well as explain why the children did something wrong, after the workshops.
- Educated individuals were more inclined than less educated individuals to explain why the children did something wrong, after the workshops.
- Older individuals were more likely than younger individuals to report not providing children with enough food.

These findings suggest that there may have been some different responses to the workshop content between men and women and by age and education.

However, the findings should be interpreted with caution, as they can be ascribed to family-wise type I error. When a Bonferroni or Holm procedure is used to control the family-wise error rate, none of the demographic characteristics are correlated with the parenting behaviours after the workshop, after controlling parenting behaviours before the workshop. This finding implies that the improvements in parenting behaviours identified in the previous section do not significantly vary with demographic characteristics of participants, and that changes identified are across all groups.

Association of parenting attitudes and family wellbeing with changes in harsh parenting

Further analyses were conducted to ascertain whether parental attitudes and family wellbeing—as measured before the workshop—were associated with harsh parenting before the workshops, and with changes in harsh parenting after the workshops.

The first column of numbers in Table 16, below, presents the correlation between each question that gauges parental attitudes and family wellbeing, and the overall measure of harsh parenting before the workshops. It shows that before the workshops individuals were significantly more likely to report use of harsh parenting practices if they held the perception that their children did things to annoy them, and if they believed that children should do what they are told with no explanation.

These associations became negative after the workshops, in particular that children should do what they are told with no explanation. This suggests that there was a shift in direction towards emphasis on explaining reasons for discipline to children.

In terms of components of Family Wellbeing, parents were more likely to report harsh parenting practices before the workshops, if they reported that:

- Their older children were not a lot of trouble (fighting or disobedient)
- They did not take care to know where their children were
- Their children were not well looked after
- They did not receive support from extended family
- Their children did not receive a fair share of money and support.

The second column of numbers in Table 16 presents the partial correlation between each question that gauges parental attitudes and family wellbeing, and the overall measure of harsh parenting after the workshop—after controlling harsh parenting before the workshops. Responses were recoded to ensure that higher scores reflect greater endorsement of that item. As the second column of numbers shows, individuals were more likely to report harsh parenting after the workshops—once harsh parenting before the workshop was controlled—if:

- They did not enjoy playing with their children
- They did not believe that children should follow instructions without explanation.

Table 16: Association of parent attitudes and family wellbeing with harsh parenting before and after workshops

Behaviour	Correlation with harsh parenting before workshops	Correlation with harsh parenting after workshops controlling for behaviour before workshops
Parental attitudes		
I like being a parent	.05	-.07
My children do things to annoy me	.44***	-.13
I believe children should be physically punished when they do something wrong	.15	.06
I play (games, have fun) with my children	-.09	-.20*
I always explain to my children when they have done something wrong	-.09	-.06
I always take time to be with my children	-.07	.05
Children should do what they are told, with no explanation	.44***	-.33***
Family wellbeing		
My family likes to eat together	.03	.13
My family does not always have enough food	-.09	-.03
My spouse is violent towards me	-.09	-.09
There is violence between other family members	.04	-.09
My older children are a lot of trouble, (fighting, hitting parents and disobedience)	-.21**	.09

I take care to know where my children are	-.35***	.09
There is not enough money in my family	<.001	-.03
Everyone helps with cleaning, working, cooking	-.02	-.05
My children are well looked after	-.24***	.12
Extended family helps look after children, and in other ways	-.27***	.05
I am worried about drinking or drugs in my family	.08	.05
My children all receive a fair share of money and support	-.33***	.21*
I care for children other than my own biologically related children	.05	.07
I am physically well	-.03	.04
I can cope with work and family duties well	-.04	.06
In my family, everyone is respected	-.05	.03

* p < .05; ** p < .01, *** p < .001

These findings are consistent with findings of the qualitative analysis, which suggest that parents emphasised that they had learned about the value of playing with children and the importance of providing explanations when disciplining children. The change in perceptions regarding children receiving a fair share of money and support may possibly indicate that parents were sensitised to this issue and are more likely to emphasise fairness after the workshops. Negative correlations between harsh parenting and family cohesion items before the workshops were no longer evident after the workshops, suggesting that there were changes in perceptions of family cohesion or wellbeing in response to the workshops.

Changes in family wellbeing after participating in workshops

A series of analyses was conducted to ascertain whether the 13 items that gauged family wellbeing at baseline changed after participation in the workshops and whether these changes coincided with improvements in parental behaviour.

Table 17: Mean decrease in family wellbeing behaviours, on a 3-point scale, after the workshops

Behaviour	Mean decrease in behaviour	t value	Cohen's d
My family likes to eat together	-.12	-2.90	.23
My family does not always have enough food	.06	.98	.08
My spouse is violent towards me	.21	4.22*	.34
There is violence between other family members	.07	1.27	.10
My older children are a lot of trouble, such as fighting and disobedience	.22	3.60	.29
I take care to know where my children are	-.03	-.62	.05
There is not enough money in my family	.14	3.27*	.26
Everyone helps with cleaning, working, cooking at my home	-.06	-.95	.08
My children are well looked after	-.20	-4.61*	.37
My extended family helps by looking after children	-.02	-.35	.03

I am worried about drinking or drugs in my family	.25	2.93	.24
My children all receive a fair share of money and support	-.08	-1.23	.10
I care for children other than my own biologically related children	.12	2.16	.17
I am physically well	.09	1.64	.13
I can cope with work and family duties well	-.12	-3.04*	.24
In my family, everyone is respected	-.10	-1.78	.14

* $p < .003$

Table 17 presents the mean decrease in each measure of family wellbeing after the workshop, coupled with the t value and Cohen's d. To control the family-wise error rate, an alpha level of .003 was used.

Importantly, even after including a Bonferroni adjustment, after participation in the workshops there was a reported decrease in 'violence from spouse' and in reported 'scarcity of money'. Further, after participation in the workshops, there were increases in the perceived capacity of individuals to cope with work and family duties, and increases in the reported perception that children were well looked after.

To further explore overall patterns of change, we examined whether the items that gauge family wellbeing could be reduced to broader scales. When a principle component analysis was applied to the questions that assessed family wellbeing before the intervention, two factors emerged after an oblimin rotation was applied.

Table 18 specifies the items associated with each subscale and presents the Cronbach's alpha associated with the overall scale and subscales. The two subscales of family wellbeing are referred to as *family cohesion* and *family impediments*. The table presents the mean decrease in family wellbeing over time—coupled with the corresponding t value. (The negative value in relation to Family Cohesion indicates improvement over time.) Cronbach's alpha values are low.

The analysis suggests that reported *family cohesion* improved after the workshops, whereas *family impediments* abated. These effects were between small and medium.

Table 18: Changes over time in dimensions of family wellbeing

Scale	Items	Cronbach's alpha before workshops	Cronbach's alpha after workshops	Mean decrease in behaviour after the workshops	t value	d value
Family cohesion	Family eats together	.52	.51	-.11	-4.36	.35
	Everyone helps with duties					
	Children are looked after					
	All children receive fair share					
	I can cope with duties					
Family impediments	Everyone respected in family	.43	.33	.17	4.58	.37
	Violence between family members					
	Older children trouble					
	Drinking, drugs in family					

Table 19, below, shows the relationship between changes in family wellbeing and changes in parent discipline behaviours.

Table 19: Correlations between changes in family wellbeing and changes in parental behaviours

	Changes in family cohesion	Changes in family impediments
Changes in harsh parenting	0.06	0.10
Changes in verbal abuse	0.13	0.21**
Changes in corporal punishment	0.01	0.07
Changes in psychological control	0.07	0.07
Changes in neglect	-0.09	0.19*

* $p < .05$; ** $p < .01$; *** $p < .001$

As these results show, there was no specific association between harsh parenting and changes in family cohesion. However, decreases in family impediments were associated with changes in parent-reported verbal abuse, and in neglect.

Although effect sizes were generally small to medium, there was an indication of statistically significant change in elements of family wellbeing, including reductions in relationship difficulties and other impediments, and reductions in reported neglect, after participating in the workshops. This analysis confirms the appropriateness of the focus on measuring changes in family relationships and family wellbeing as outcome areas for the P4CD program.

Further analysis of correlates of harsh parenting

After examining the performance of the Parent Attitudes and the Family Wellbeing scales at baseline, six items each were added to these two questionnaires for post-program interviews. This was to capture further dimensions of parenting and wellbeing relevant to parent discipline practices, in part as a guide to future questionnaire development. (The additional items are items 37-42 and 43-48, Post Questionnaire, Appendix 1, highlighted in Tables 20 and 21 below.) Analyses of the expanded questionnaires were conducted to ascertain the correlation of all items with harsh parenting after the workshops.

These findings show that, after the workshops, individuals were more likely to report harsh parenting practices if they:

- Believe children should be physically punished in response to bad behaviour
- Do not like to play with children
- Do not explain what children have done wrong
- Cannot calm down when angry
- Cannot explain the right way to behave to children
- Are not proud of their children
- Do not value their relationship with their children

Table 20: Association of extended parent attitudes scale with harsh parenting after the workshops

Behaviour (n=159)	Correlation with harsh parenting after workshop
Parental attitudes	
I like being a parent	-.08
My children do things to annoy me	.09
Children should be physically punished when they do something wrong	.35***
I play (games, have fun) with my children	-.21**
I always explain to my children when they have done something wrong	-.23**
I always take time to be with my children	-.06
Children should do what they are told, with no explanation	.07
I enjoy talking and telling stories to my children	-.06
When I am angry or upset with my children, I can calm down and think about what to do	-.30***
I help my children understand the right way to behave without hitting or threatening them	-.27***
I praise, smile, tell children that I am pleased when they do well	-.04
I am proud of my children	-.19*
Having a good relationship with my children is important to me	-.25**

* p < .05, ** p < .01, *** p < .001

The analysis confirms and extends understanding of associations between parental beliefs and family characteristics with harsh parenting. It highlights the association with a lack of pride in their children and a lack of value of the relationship with their children, as well as, importantly, the inability to remain calm when angry. This last point was acknowledged by parents in qualitative feedback. The need to learn to control emotions in response to children's behaviour was emphasised by many parents as one of the important things they had learned.

Concerning Family Wellbeing, information in Table 21, below, gives some indication of additional dimensions. Parents were more likely to report harsh parenting if:

- They reported violence by their spouse
- They reported being stressed or worried
- Everyone in the family is not respected
- They reported not having a good relationship with their partner

This highlights an important association already identified, namely between harsh parenting and elements of diminished family wellbeing, such as violent and otherwise poor relationships between spouses, as well as individual stresses and worries and a lack of respect between family members.

Table 21: Association of extended family wellbeing scale with harsh parenting after the workshops

Behaviour (n=159)	Correlation with harsh parenting after workshop
Family wellbeing	
My family likes to eat together	-.13
My family does not always have enough food	.13
My spouse is violent towards me	.16*
There is violence between other family members	.10
My older children are a lot of trouble, such as fighting and disobedience	.10
I take care to know where my children are	-.13
There is not enough money in my family	.03
Everyone helps with cleaning, working, cooking at my home	-.14
My children are well looked after	-.14
My extended family helps by looking after children, or in other ways	-.01
I am worried about drinking or drugs in my family	-.11
My children all receive a fair share of money and support	-.13
I care for children other than my own biologically related children	-.14
I am physically well	-.19
I can cope with work and family duties well	-.13
In my family, everyone is respected	-.27**
I feel unhappy, sad or depressed	.04
I feel stressed or worried	.24**
I have someone to talk to in my family when I have worries	-.03
When my partner and I disagree, we talk together about what to do and talk things through	-.19
When trouble, fighting, arguments, family talks about what to do	-.15
My partner and I have a good relationship	-.16*

* p < .05, ** p < .01, *** p < .001

To extend the analysis, we subjected the expanded Family Wellbeing scale to a principle components analysis to extract possible subscales. When the principle components analysis was applied to the questions that assess family wellbeing after the intervention, two factors emerged after an oblimin rotation was applied.

Table 22, below, presents the structure matrix that emerged, together with the Cronbach's alpha associated with each factor.

Component 1 can be interpreted to represent a *Supportive family environment*. Component 2 appears to represent what could be termed *Difficulties in the family environment*.

Table 22: Structure matrix derived from the principle component analysis on family wellbeing

Behaviour	Component 1	Component 2
My family likes to eat together		.33
My family does not always have enough food	-.10	.32
My spouse is violent towards me	.11	.64
There is violence between other family members	.01	.68
My older children are a lot of trouble, such as fighting and disobedience	-.12	.67
I take care to know where my children are	.37	-.02
There is not enough money in my family	.06	.00
Everyone helps with cleaning, working, cooking at my home	.51	.05
My children are well looked after	.61	-.13
My extended family helps by looking after children, or in other ways	.20	.06
I am worried about drinking or drugs in my family	.17	.24
My children all receive a fair share of money and support	.46	-.06
I care for children other than my own biologically related children	.34	.20
I am physically well	.18	-.32
I can cope with work and family duties well	.47	-.17
In my family, everyone is respected	.45	-.17
I feel unhappy, sad or depressed	-.03	.40
I feel stressed or worried	-.13	.54
I have someone to talk to in my family when I have worries	.22	.47
When my partner and I disagree, we talk together about what to do and talk things through	.57	.11
When there is trouble, fighting or arguments, our family members talk about what to do	.38	.28
My partner and I have a good relationship	.61	-.11
Cronbach's alpha	.63	.63

NB: Items chosen to represent each component are represented by the bold coefficients.

A multiple regression analysis was conducted to ascertain whether a *Supportive family environment* and *Difficulties in the family environment* are associated with harsh parenting after controlling for demographic characteristics.

Table 23 presents the standardized B coefficients and t values that emerged. As might be expected, a *Supportive family environment* was inversely associated with harsh parenting, while *Difficulties in the family environment* were positively associated with harsh parenting.

Table 23: Regression output that examined the relationship between family wellbeing and harsh parenting

Predictor	Standardized B	t value
Constant		5.43
Age	-.05	-.57
Sex	-.13	-1.63
Education	.07	.87

Marital status	.00	.05
Number of adults in the household	-.10	-1.31
Supportive family environment	-.28	-3.74***
Difficulties in the family environment	.18	2.34*

* p < .05; ** p < .01; *** p < .001NB. R² = .16***.

The analysis was repeated, using the harsh parenting subscales, verbal abuse, psychological control, neglect and corporal punishment. A *Supportive family environment* was significantly and negatively associated with verbal abuse (B = -.18, p < .05), psychological control (B = -.34, p < .05) and neglect (B = -.17, p < .05), but not with corporal punishment (B = -.15, p > .05). However, *Difficulties in the family environment* were not significantly associated with any of the subscales: verbal abuse (B = .13, p > .05), psychological control (B = .12, p > .05), neglect (B = .09, p > .05), or corporal punishment (B = .09, p > .05).

The analyses of data using the expanded **post-program scales confirm the potential** significance of associations between parental characteristics, positive and negative dimensions of individual and family wellbeing, and parent discipline practices, and their importance for the evaluation of changes resulting from participating in the parenting program.

Section 4. Discussion

The findings presented in this report have implications for understanding changes in parenting practices, knowledge and family wellbeing associated with participation in the P4CD workshops, as well as implications for how ongoing program implementation and evaluation could be more effectively managed.

Changes in parenting and wellbeing after participation in the workshops

Before the intervention, harsh parental behaviour was widespread and relatively independent of age, sex, education, marital status, or number of children in the household, and in all communities. This was confirmed both by qualitative research and the prevalence of harsh parenting behaviours measured at baseline. There were indications of diminished family wellbeing and relationship difficulties, including violence between spouses, other adults and adolescents in the home, that impact on children. Many parents expressed a lack of confidence in their ability to cope with work and family duties, with just under one third reporting that they thought their children were not looked after well some or all of the time.

As outlined, the program led to significant positive changes in the number of parents reporting changes in attitudes towards parenting and discipline, changes in parenting practices, changes in family wellbeing and changes in the quality of family relationships.

The comparison of results before and after the workshops showed that there were significant improvements in parenting: the frequency of all harsh parenting behaviours had diminished. There were statistically significant reductions in the frequency of verbal abuse, corporal punishment, psychological control and neglect after the workshops, according to parents' reports.

Overall, changes in parenting practices were evident for all demographic groups, and there does not seem to have been poorer attendance by men than women. In general terms, this suggests that the program has the potential to achieve positive outcomes for both men and women, across age and education levels in both urban and remote locations.

There were some indications that parental attitudes and family wellbeing before the workshop did affect subsequent changes in parental behaviour. For example, parents who enjoyed playing with their children at baseline were especially likely to curb harsh practices after the workshop. Arguably, the workshop may have reinforced the existing tendencies of these parents to enjoy interactions with their children at the expense of dispensing punishments.

Conversely, parents who believed that children should follow instructions without explanation and did not distribute resources fairly across children were also likely to benefit from the workshop—and stem harsh behaviours. Conceivably, these parents received information that challenged their assumptions and promoted engagement with the core messages.

Although changes were recorded across all demographic categories, there remained some significant associations between parenting practices and the age of caregivers, between male and female caregivers and between people according to their education levels. This suggests that although there were positive effects for each of these socio-demographic groups, this may have been on the basis of different responses to the content of the program. There were significant positive correlations between reported corporal punishment and level of education for the evaluation sample. These disappeared after the workshop, suggesting a response to messages about positive discipline among some more educated people.

There was an association of harsh parenting with both male and female caregivers, with a somewhat stronger association with female caregivers than male, particularly in relation to verbal abuse and psychological control (withdrawal of affection, threats to send away). In light of qualitative feedback, male caregivers tend to be less engaged in parenting, particularly of younger children. However, as outlined, the changes in harsh parenting occurred for both men and women, suggesting that both men and women responded to key program messages and experiences, but in different ways.

The relationship between parenting practices and education is not a simple one. Associations between education and corporal punishment, verbal abuse and explaining to children, all need further investigation. Lower levels of reliance on and expectations of support by extended family members for more highly educated people may in part account for positive associations with harsh parenting for at least some educated individuals.

The active inclusion of men in the program and the engagement of parents from a range of educational backgrounds and ages are justified and should continue to be a feature of the program.

Family wellbeing

In addition to changes in parent discipline practices, there were statistically significant improvements in elements of family wellbeing, including reductions in relationship difficulties and reported neglect after participation in the workshops.

Family cohesion (eating together, helping, children being well looked after, treated fairly, coping and respect) improved, and family impediments (violence between family members, older children causing trouble, drinking and drugs, and care for foster children) reduced. There was a significant

decline in reports of violence by a spouse. Parents reported that their families were more cohesive, and less affected by impediments, such as drugs and violence, after the workshops.

These findings may suggest that the six workshops contributed to improved parental confidence and sense of efficacy, through: their focus on violence, alcohol, drugs and family conflict as harmful influences on child wellbeing; the value placed on parents' role in child development; and the emphasis on positive communication within the family and between spouses.

This analysis confirms the appropriateness of the focus on measuring change in family relationships and family wellbeing as outcome areas for the P4DC program that are consistent with the content and aims of the program.

Further, the findings are consistent with the aims and strategies of the P4CD workshops and their focus on:

- Awareness of child development and children's needs and emotions
- Greater investment by parents in quality time and playing with children
- Improving parents' emotional awareness and self-regulation
- Learning explicit parenting strategies emphasising positive discipline
- Improving positive communication, cooperation and mutual respect between male and female caregivers
- Strengthening parent-child relationships and family wellbeing through an emphasis on positive engagement of children by caregivers.

Working with male and female caregivers and reaching their families

This analysis suggests that aspects of the program's potential effectiveness for male and female caregivers deserves further consideration.

Analysis of the quantitative and qualitative data suggest that the inclusion of both male and female caregivers, whether married, as couples, or as single parents, is justified and successful. Feedback suggests that there was positive change for both male and female caregivers, albeit potentially from different starting points in terms of their respective roles in their families and different responsibilities for day-to-day care and discipline of children. The program appears to successfully deliver messages and provide opportunities for parents to learn in a wide range of circumstances.

Feedback indicates that improved cooperation and communication between spouses, as well as between parents and children, is a potentially important outcome area. The final workshop consolidates messages about positive communication and problem solving in the home. Both male and female caregivers gave accounts of communicating messages to their non-attending spouses and other family members. Facilitators and parents alike emphasised at baseline that they wanted to be able to communicate what they had learned to their non-attending spouses and requested that the program accommodate this with some relevant take-home material. There were men and women who attended as single parents; the program needs to be delivered in a manner that is sensitive to their needs.

Group facilitation practices will need to be able to meet the needs of both male and female caregivers, and to encourage reflection on relationships with children and in the family. This will need to be sensitive to their varied points of view, their resources, and family and work situations.

Implementation: Clarifying recruitment and enhancing retention

The levels of attendance and retention of participants achieved in this program are evidence of the strength of commitment of volunteer facilitators and team leaders and their ability meet the desire of community members to learn about parenting. Clearly, the networks of the church provide a strong foundation for the implementation of the program. However, there is a need for consistency in recruiting to reach the target of 15 participants (with a maximum of 20) to ensure that groups are viable and that quality facilitation can be sustained. Further training relating to engagement and explanation of program goals is needed.

At face value, the average age of 38 years and the inverse association between harsh parenting and the age of caregivers suggests that consideration should be given to actively recruiting younger parents to the program, or at least to ensuring that participation of young parents is encouraged. Further investigation of the association between age and parenting, and changes in parenting after participating in the program, is needed to clarify whether any adjustment of priorities for recruitment is needed.

Many grandparents provided qualitative feedback that they saw themselves as helping their non-attending children to moderate harsh parenting of their children (the participants' grandchildren). The educational influence of the grandparents' generation may be plausible within traditional PNG families, and in general participants may have the capacity to pass on some of what they have learned to other family members. However, there is little relevant research to support the notion that these would lead to significant effects on parent practices to the same extent that direct engagement of parents with children of the target age would do.

We suggest that the primary intake criterion should be emphasised: that participants should currently be primary caregivers of a child or children aged from 3 to 10 years. This means that the preference would be for parents to attend where the parents are the primary caregiver of the children concerned, rather than grandparents who are assisting and supporting them.

Strengths and limitations of the evaluation and the need for further research

Findings in this pre- and post-evaluation study show promise both in terms of methods adopted and outcomes measured. It is also important to note some limitations.

First, although quantitative findings are very promising and consistent with analysis of qualitative data, the absence of control groups limits the degree to which changes can be causally attributed to participation in the parenting workshops. The evidence from this preliminary study suggests that a controlled trial to establish the effectiveness of the program would be feasible and justified.

Second, concerning the reliability and validity of quantitative measures used, there are promising indications that relevant domains of parenting, parent discipline, family relationships and wellbeing can be reliably measured using inventories adapted for the PNG context. Factor analysis identified groups of items with robust properties, although some groups of items showed less stability from baseline to post-test. With further development of these and other measures, there is a sound basis for future evaluation.

Third, the outcomes measured include some parenting practices that are the explicit subject of the parenting workshops and are negatively valued in discussion. This may influence parents' reports, and lead to an over-estimation of the degree of change in those practices. Some other areas of change recorded are less likely to be subject to this influence. For future evaluation of the program, it will be necessary to use other observational perspectives in addition to parents' self-reported behaviours, and to include measures of children's wellbeing and behaviour. Follow-up after the end of the program will also be required to assess the sustainability of changes.

Finally, the relatively small sample size of the pilot evaluation limits the degree to which some sources of variance in outcomes and patterns of response to the program content can be reliably identified. Overall, for the further development of the program, and to enhance its effectiveness with all participants, there is a need to better understand outcomes relating to subgroups: couples, single parents, males and females, and by age and education, as well as with the age of children cared for. Other possible sources of variance include variations in quality and fidelity of program delivery by facilitators and team leaders.

A more rigorous trial at larger scale would provide an opportunity to identify those characteristics of program delivery that are associated with positive outcomes, and to identify strategies to maintain quality implementation.

5. Findings: Program Implementation

Introduction

This section summarises findings and recommendations concerning future implementation of P4CD. It draws on information from qualitative reports of team leaders and facilitators, post-program meetings with personnel by Menzies staff, and a review conducted during mid-program training. It addresses questions relating to: the engagement and recruitment of caregivers; maintenance of the program's integrity, monitoring fidelity, and quality of delivery; capacity to support wider implementation by volunteers; and the steps that need to be taken to ensure that wider implementation can be managed and sustained.

The concluding sections set out recommendations for implementation at scale and outline a framework of ongoing monitoring and evaluation.

Section 1. Key lessons for implementation

This discussion assumes that the aim is to implement a program with consistency, quality and intensity sufficient to be effective in achieving its outcomes. An unplanned, unsupervised implementation process based simply on provision of training and dissemination of resources will not be able to achieve these aims. The most important precondition for program monitoring and evaluation are a well-planned implementation process that pays attention to building resources and capacity, with suitable design of training and supervision to assure program integrity and quality.

Training

Training for the pilot program was conducted in a series of workshops in 2016 and 2017. It included: a) Consultation with coordinators and team leaders to define team roles, identify personnel requirements, and discuss collaboration with key stakeholders; b) Training in key messages, community engagement, program promotion and recruitment; and c) Training in program facilitation in two blocks, workshops 1-3 followed by workshops 4-6 in February and April 2017, respectively. In c), training was provided to enable team leaders to monitor and support program delivery and compile information for monitoring and evaluation.

Because the initial training workshops served the function of assisting with the development of resources, materials and program design, and of clarifying decisions about implementation, team roles, capacity building and planning, they were less efficient than might be expected for the final training approach to be adopted for ongoing implementation. Nevertheless, it is our view that training must still incorporate the same steps: planning and capacity development; engagement and recruitment; and finally, training in program facilitation, with additional elements for team leaders.

The need for quality engagement of stakeholders and parents, including clear explanation of the program and its requirements is fundamental to the integrity of the program and cannot be over-emphasised. Training in content and delivery requires both learning content and practicing facilitation skills. It is our view that, given the limited experience and formal education of facilitators, they are likely to reach a high degree of proficiency in both content and facilitation skills only when they have received a second round of training, after delivering the program a first time. In the first

year of implementation, at least, the aim should be for all facilitators to undertake training twice, a first training before commencement of program delivery and a second refresher training after completing delivery of the program.

Ongoing training would be adjusted to accommodate both beginners and those who had already completed the training once. A key aim of the revised training model is to ensure consistent implementation of the program on a continuing basis and in new sites.

Engagement, recruitment and integrity

During the first stages of recruitment of parents to the program in the pilot communities, there was a great deal of interest in participation and some difficulty explaining to community members why the intake was restricted to 20 people for the six workshops.

This interest continued after commencement and in some areas the team leaders and facilitators were unable to maintain strict limits on participation, with the result that additional caregivers joined in over the course of the six workshops, but did not provide data to the evaluation. Some of these guests stayed for a few sessions, but did not complete all.

As discussed in Sections 3 and 4 of the preceding chapter, in some communities of the Western Highlands, there were as many as 25 attendees, and in one location 27 people attended. As many as 30 people who had not been recruited at baseline attended regularly, but provided no data for the evaluation.

These practices can undermine the integrity of the program. If allowed to become widespread, they challenge the quality and consistency of program delivery and can undermine learning outcomes for parents. They also impede the evaluation of program outcomes.

Dealing with these influences requires good preparation and engagement of stakeholders and church and community leaders when promoting and explaining the aims of the program. It requires sound training of team leaders and facilitators to ensure that they can follow guidelines, explain them to parents and deal with challenges arising from pressures and circumstances in the communities.

Parents need to be recruited with the information that, if there is no space for them to attend the present workshop, they will have the opportunity to attend one in future. This means that team leaders will need to plan implementation in advance in each community and to manage demand in order to prevent numbers becoming unmanageable.

Fidelity and quality

The monitoring and evaluation framework for the pilot program consisted of the following elements: timelines were defined by Menzies pre- and post- data gathering and training dates; fidelity was monitored through the diaries kept by team leaders and facilitators, and collected by coordinators; and quality was maintained by the coordinators who made themselves available to solve problems and deal with challenges that occurred during program delivery. These will remain important elements of monitoring and quality assurance outlined in this report.

As indicated, analysis of team leader and facilitator diary feedback showed that there was some variation in completion of workshop topics and in the amount of time spent on topics, even though

all activities were attempted. Based on direct feedback from team leaders and facilitators on challenges to delivery, changes were made to the content of sessions and the writing of some session instructions. The need for more intensive training in some areas of practice, particularly preparation for workshops and skills, such as time management, and the need to continually develop group facilitation skills has been identified. Feedback also suggested that there is a need to strengthen the capacity of team leaders to guide and support the facilitators in maintaining the consistency and quality of program delivery.

Capacity to manage and support program implementation

Coordinator, team leader and facilitator roles

At the time of the pilot, the program was led by two coordinators. There was one in each archdiocese and they were the only paid positions at that time. These individuals attended each workshop in each community, as well as providing training sessions to consolidate learning from the Menzies training workshops before each block of workshops began.

The two coordinators played a critical role. They convened and facilitated pre-program training workshops and guided preparation for facilitators and team leaders after the main Menzies training workshops. They also attended all workshops and mentored each local team. This degree of intensive support was critically important for the successful implementation of the pilot program, however the level of input provided by them would not be sustainable as the program expands.

Two staff from the Department of Community Development had been given permission to work with the program, one as a facilitator and the other as a team leader. All remaining team leaders and facilitators were volunteers. Volunteers had varied backgrounds and experience. For example, in Mount Hagen/Jiwaka, most facilitators had around Year 10 education, and had experience in training and program delivery with the church's Family Enrichment Program.

The evaluators observed that in addition to the two program coordinators, the support of team leaders was important so facilitators could prepare for each workshop and sustain the delivery of the full sequence. The role of team leaders includes guiding the local team at all stages, from community engagement to delivering workshops. They also monitor fidelity and quality of program delivery using the monitoring and evaluation tools provided.

The availability of trained team leaders capable of supporting program delivery by facilitators needs to be secured. However, team leaders largely operate at the parish level and are responsible for gathering data for monitoring and evaluation, as well as overseeing the quality and consistency of program delivery. They are therefore unable to contribute significantly to providing training and support for additional programs beyond the locality.

From the pool of team leaders and some partner organisations, individuals with skills and confidence have been identified to undertake additional training. This will equip them to play the role of trainer, to assist with leadership of the main training workshops, and to provide additional refresher training workshops at the parish level. This will support the teams. The following table describes the roles and requirements of the main positions required for sustainable implementation of the program.

Table 24: Team roles for consolidation and expansion

Position	Role description	Criteria
Coordinator	<ul style="list-style-type: none"> • Lead and oversee planning, training, coordination, implementation and reporting • Lead training-of-trainer workshops with trainers and team leaders • Engage UNICEF, church leaders, partners and provincial leadership 	<p>Knowledge of systems, programs, practices, and resources at archdiocese level.</p> <p>Ability to plan and manage resources to meet implementation requirements, including staff recruitment, training, quality assurance and reporting.</p> <p>Advanced understanding of child development, parenting and child protection principles and of policies, programs and services at provincial and national levels.</p>
Assistant coordinator	<ul style="list-style-type: none"> • Assist coordinator with planning, budgets, administration, reporting and project management • Supervise monitoring and evaluation activities, work with team leaders to gather and compile data for reports; contribute to training • Help to coordinate engagement, recruitment and implementation by teams 	<p>Sound awareness of implementation requirements, monitoring and evaluation and reporting requirements; process and content knowledge of P4CD.</p> <p>Ability to contribute to training and implementation planning workshops.</p> <p>Sound understanding of child development, parenting and child protection principles.</p> <p>Knowledge of programs, practices and resources at archdiocese level. Ability to manage data, budgets and meet reporting requirements.</p>
Trainer	<ul style="list-style-type: none"> • Facilitate training workshops for team leaders and facilitators twice per year • Provide refresher training at program mid-point • Provide local training for start-up and preparation; provide in-service training and advice for skills development as required 	<p>Sound awareness of program implementation, facilitation skills and program content and rationale.</p> <p>Ability to organise and lead training and implementation workshops and to provide small group in-service training.</p> <p>Advanced knowledge of child development, parenting and child protection principles.</p>
Team leader	<ul style="list-style-type: none"> • Consult with and report to coordinator about the program • Support program delivery activities, guide community engagement, group selection and delivery of workshops • Provide mentorship and guidance to facilitators including preparation, facilitation and debriefing. 	<p>Minimum Grade 10 education, with good reading and writing skills. Sound awareness of P4CD implementation requirements, program content and group facilitation skills. A sound understanding of child development, parenting and child protection principles.</p>

	<ul style="list-style-type: none"> • Take corrective action when there are difficulties in any site • Monitor the quality of program delivery using monitoring and evaluation tools • Coordinate data gathering, attendance records, etc. for reports 	<p>Ability to support facilitators in preparation, delivery and debriefing, to monitor and support quality facilitation through observation and feedback. Ability to keep records and gather some data.</p> <p>Knowledge of programs and resources at parish level. Ability to organise program resources and engage stakeholders in parish communities.</p>
Facilitator	<ul style="list-style-type: none"> • Meet training requirements for P4CD. • Engage parents, promote the program and discuss their attendance • Facilitate groups of 15-20 people over a six-workshop program • Maintain high standards of preparation and quality of facilitation • Meet with team leaders for planning, feedback and debriefing • Keep all necessary records of program delivery and attendance using diaries 	<p>Minimum Grade 10 education, with good reading and writing skills</p> <p>Ability to successfully engage parents and community stakeholders to promote the program and recruit parents to attend.</p> <p>Ability to use appropriate facilitation skills and to lead groups of parents through all facets of program content. Ability to explain the program’s key concepts for local audiences in appropriate language.</p>

Program leadership, supervision and management, and training are therefore to be provided by the group of coordinators, trainers and team leaders collectively, through clear delineation of their roles, rather than disproportionately relying on the coordinators and one or two individuals. This is a precondition of expansion to new communities and outstations.

This leadership group needs sound awareness of implementation requirements, as well as high-level knowledge of the content of the program and its knowledge base, so they can take responsibility for ongoing and expanded training of facilitators to support replication of the program in each diocese or archdiocese.

Note that as the program expands, additional administrative and managerial support for planning, logistics and stakeholder management, coordination of data gathering, and compilation of data for reporting, will be needed. To meet these needs, the position of assistant coordinator has been created for each diocese, as outlined in Table 24 above. This position will play a lead role in coordinating data gathering as well as reporting, planning and other activities.

Outline of a plan for future implementation of the program

This plan draws on findings about the capacity to implement from the pilot program in 10 communities. It tests assumptions in the initial agreements between UNICEF and the archdioceses of the Western Highlands and Madang, including the Diocese of Kundiawa in Chimbu province, which is expected to join the program after the pilot is completed.

Training for capacity to implement at scale

Based on findings from the review of training and program delivery conducted after the main training workshops, we recommend that major training workshops for facilitators and team leaders be provided twice annually: once following planning for the year's program delivery, with a second training provided mid-year. This would enable additional facilitators and team leaders to be prepared for program delivery in new locations.

Advanced training for trainers and team leaders from all provinces could be provided at a central location in conjunction with planning. Training for program delivery by facilitators and team leaders would be provided at a central location in each archdiocese. Trainers would be responsible for in-service training to prepare for the start up of the program, and to refresh and prepare for workshops 4-6. This training would be provided locally, and would replace the intensive preparation and support provided mainly by the coordinators during the pilot program.

These are the main findings and recommendations regarding training requirements:

1. A coordinator group convened by the coordinators and including experienced team leaders should be established to plan program delivery and training in each archdiocese.
2. Training should include the steps of planning, community engagement, recruitment, workshop facilitation, data-gathering and reporting.
3. Specific training is required for the roles of trainer, team leader and facilitator.
4. Backgrounds in teaching, preaching and child protection or family violence advocacy campaigns do not equip participants to deliver a group parenting program.
5. Training must specifically and intensively develop the skills required for group facilitation.
6. Workshop training alone is insufficient to prepare personnel to deliver the program.
7. Training needs to be repeated and to be followed by experience in program delivery.
8. Trainers and team leaders need to attend two rounds of formal training and to deliver the program at least once in communities as a requirement for taking on their role independently.
9. Training should occur twice annually, so that staff are sufficiently prepared (point 8, above) and to achieve the induction of new facilitators to support program expansion.

The pilot program saw successful delivery of the program to 223 parents in 10 communities. Around 30 team leaders and facilitators delivered the program. During a period of five months (interrupted for a Christmas break), these personnel conducted engagement and recruitment, participated in training, and delivered the program. Our recommendations are that the target size of groups should be 15, with a maximum of 20 caregivers attending (to allow for support people or couples to attend). This would ensure that facilitators have the capacity to successfully run the groups. The target number of participants for 10 programs, as in the pilot, would therefore be up to 200.

In addition to training, the steps of: a) Engagement, b) Recruitment of parents, and c) Delivery of the workshops are continuing requirements of program implementation. The complete cycle of activity for each six-week program is therefore 10 to 12 weeks.

A well-trained and experienced team leader could potentially support up to two programs each at any one time. However, in practice, this would depend on access and travel requirements—many locations are too remote for non-resident team leaders to travel to more than one location. There are also issues of timing of workshop days and related activities which would make it difficult for one team leader to support more than one program at a time. In most circumstances, each program is to be delivered by a team consisting of two facilitators and one team leader.

The requirements of the delivery of P4CD are a significant commitment, particularly for volunteer teams. Team members' situations may vary from time to time, preventing them from delivering two programs in one year, while delivering programs continuously for new parents each time can cause significant strain. Thus there is likely to be some 'drop out' or turnover of volunteers due to overload or changes in life circumstances. As a result, to sustain the continuing implementation of the program, the pool of trained facilitators needs to be sufficient to accommodate this turnover.

With these factors in mind, we recommend that training be provided twice annually.

- Annual planning for program delivery
- First team leader and facilitator training
- Second team leader and facilitator training (mid-year)

The second training would provide refresher training for facilitators who already have one round of training and program delivery, as well as enabling new facilitators to be inducted into the program.

Process of training and implementation in 2018

Our recommendations for the expansion of program delivery are listed below. The emphasis is to be on:

1. **Consolidation.** The priority is to consolidate the capacity achieved during the pilot program by strengthening teams, identifying additional staff and providing training to coordinators and team leaders, followed by facilitators, with the aim of delivering the program in a minimum of 25 sites across the three provinces in the first half of the year.
2. **Continuation.** A second round of training for further implementation followed by a round of programs would be repeated from mid-2018.
3. **Expansion.** New sites may be added in each region, provided consolidation of capacity has been achieved and the teams responsible for new sites are available.

Mount Hagen Archdiocese has identified communities in 15 parishes as sites for implementation of the program, with individuals already in roles within the Family Enrichment Program who could potentially act as facilitators. The plan for 2017/2018 would be to first consolidate the capacity to commence with up to 10 communities in the first half of the year, with the aim of adding five more communities in the second half of the year. This would be subject to the availability of facilitators and team leaders required to implement the program as per guidelines. Late in 2018, with consolidation of capacity to work with the 15 communities, further parishes and personnel would be identified to begin in 2019.

A similar process will be followed for Madang, subject to recruitment of facilitators, engagement of stakeholders and identification of sites.

In Chimbu, the recommendation would be to commence planning and training in 2017 with a view to implementing the program in five communities in the first half of 2018. There would be a provision for adding a further five communities (a total of 10) in the second half of 2018, and as in the other provinces, planning for further expansion in 2019.

With planning, engagement, debriefing, mentoring and 'in-service' training supported by trainers and team leaders, we believe it would be feasible for each team (team leader and two facilitators) to deliver at least two programs per year. Based on this, delivering the program twice in 25 communities (10 each in WH/Jiwaka and Madang, and five in Chimbu) would require 50 facilitators and 25 team leaders overseen by three coordinators (including Chimbu).

Each additional five communities/programs, for example with additional dioceses joining the program, would require recruitment and training of the equivalent number of facilitators and leaders, and could contribute an additional 200 parents per year.

If the four provinces, Western Highlands, Jiwaka, Madang and Chimbu, are able to achieve delivery of 30 programs each per annum by 2019, then the total number of parents receiving the program each year would be 2,000. New partners in other dioceses would add another 30 programs per annum by 2019. This means that a target of over 9,000 parents would be reachable within two years, assuming capacity to train and support sufficient personnel can be assured (Table 25, below).

A core group consisting of coordinators and trainers recruited from experienced team leaders are currently receiving training to co-deliver the major training workshops for team leaders and facilitators in 2018 with support, monitoring and feedback by Menzies.

Table 25: Flowchart implementation plan, 2017-2019

Location	2017	2018 Jan-June	2018 Jun/Jul	2018 Jul-Oct	2018 Nov	2019 Jan-June	2019 Jun/Jul	2019 July-Oct
Coordinators, trainers, team leaders	Planning, training-of-trainer workshops, etc.	Engagement, recruitment and preparation	Training for team leaders and facilitators	Team leader support programs	Training for team leaders and facilitators		Training for team leaders and facilitators	
Madang	Training	P4CD x 10	Training	P4CD x 15	Training	P4CD x 20	Training	P4CD x 25
WH/Jiw.	Training	P4CD x 10	Training	P4CD x 15	Training	P4CD x 20	Training	P4CD x 25
Chimbu	Training	P4CD x 5	Training	P4CD x 10	Training	P4CD x 15	Training	P4CD x 20
Other dioceses/ partners		Consultation, resources, funding	Planning, staffing, first training	Engagement, recruitment and preparation	Training for team leaders and facilitators	P4CD x 15	Training	P4CD x 30
Parents		500		800		1,400		2,000
Total		75 facilitators and team leaders		120 facilitators and team leaders				4,700

Implementation: Plan, train, do, review

Expanding delivery of the program in the current provinces is based on estimates of capacity and learning, as observed during the pilot program. A similar rate of progression, including initial capacity building, could be expected in other provinces.

In the scenario outlined in Table 25, based on advice from church leaders, other dioceses or provinces are expected to start delivering the program in 2019, with the first half of 2018 spent developing capacity to engage and implement. Up to three dioceses would begin planning to join the program during 2018 with a view to beginning in 2019.

Preparation for implementation and scale up by the current participants for 2018 began with training-of-trainer workshops in October 2017. This is training for the group of coordinators, trainers and team leaders. The workshops consist of:

- Advanced training for coordinators, trainers and team leaders
 - Review of management process and coordination of the program
 - Training of trainers and team leaders
 - Community engagement, recruitment and preparation
 - Core concepts in child development and parenting
 - Intensive training in key topics
 - Monitoring and evaluation, quality assurance and reporting

Training-of-trainer workshops conclude with implementation planning for 2018. Coordinators are assisted by trainers and team leaders.

- Preparing for start up: Confirming teams, community engagement and planning for each locality (to occur in November-December)
- Major training workshops for all teams: team leaders and facilitators (January and February for the three dioceses/archdioceses)
 - Engagement and recruitment
 - Child development and parenting
 - Program delivery and facilitation skills
 - Monitoring and evaluation, data gathering and reporting

Plan, train, do, review

The implementation plan foresees the eventual consolidation of a cycle involving planning, training and implementation twice per year, followed by review and reporting. This would occur in each diocese/archdiocese, with provisions for overarching coordination and review by program leaders. This would be convened by UNICEF and the Bishops Conference of PNG and the Solomon Islands, as further dioceses join the partnership to deliver the program. While continued expert input on parenting and child development may be required for some time, it is expected that the expertise to support the ongoing expansion of the program beyond the current participating provinces could be created using the process of training, implementation, feedback and review described here.

6. A Framework for Monitoring and Evaluation

The implementation of P4CD requires a robust system for monitoring the program, the appropriateness of recruitment, the integrity and quality of program delivery, and the attendance and retention of participants, with an assessment of their satisfaction and learning responses.

The evaluation framework developed for the pilot program has resulted in important findings regarding the potential to build evidence for the effectiveness of P4CD and its potential for replication at scale in peri-urban and remote locations, as well as in diverse cultural and linguistic settings across PNG. However, strengthening the evidence base for the program would require investment in a program of research, with all the specific requirements for rigorous research design, training, data gathering and analysis that this would require. This is not yet possible with current resources.

Aims

This proposal is for an efficient approach to monitoring and evaluation that would meet a more limited number of objectives:

- To monitor implementation of the program according to guidelines (fidelity)
- To monitor quality of implementation by facilitators
- To gather data on parent and family characteristics and parents' attendance at workshops
- To evaluate parents' satisfaction with the program
- To provide an assessment of the program's ability to achieve parent learning and an indication of its impact on parent practices

The framework is intended to provide information for reports to the key partners and to inform managers in decision making about implementation, reaching targets and staying within guidelines for participation and attendance. This will inform the annual process of planning and review on a periodic basis. In addition, the information gathered will provide capacity to report to funding bodies about program implementation and ensure that basic data are available to compile reports of program impact and participant satisfaction.

Principles

This framework is designed to be implemented by team leaders and facilitators who are volunteer staff within the P4CD program. It aims to be low cost and efficient to administer. However, it cannot be administered without some training to incorporate these functions within team roles and a commitment of time and resources to process the data.

The task of a monitoring and evaluation process is to meet a range of different needs with the same sets of information:

- It is intended to be a source of information for internal feedback to program leaders (coordinators) and in turn from the leaders to all personnel working within the program: about meeting targets; about quality and improving practices; and about feedback from parents.
- It is also intended to be a source of information for reporting by leaders to funding bodies and to policy makers in church or government and non-government agencies.

Table 26: Monitoring and evaluation tasks and indicators

Task	Data gathered by	Questions	Indicators	Recorded
Recruitment	Team leaders and facilitators	Do participants meet selection criteria?	Caregiver child aged 3-10	Diaries
Attendance	Team leaders and facilitators	Do participants attend each session?	Yes/no per session	Diaries
Socio-demographic details	Team leaders, assistant coordinator or research team	What are the characteristics of caregivers and children?	Age, gender, marital status, number of children, education	Short questionnaire Pre only
Parent satisfaction	Research team and assistant coordinator	Do parents value participation in the program?	Rating of satisfaction	Short questionnaire and interviews Post only
Parenting	Research team and assistant coordinator	Do parents indicate learning and positive change?	Parenting practices, family wellbeing	Questionnaires, pre- and post-program
Program fidelity	Team leaders	Is program delivered as per guidelines?	Completion of activities; basic adherence to facilitation requirements	Diary record observation sheet
Quality of practice	Trainers	Are facilitators maintaining quality practices?	Use of resources, engagement, inclusion, non-didactic style, etc.	Facilitation skills observation protocol

This process involves both quantitative and qualitative data. The quantitative data are primarily gathered by team leaders and assistant coordinators, possibly with assistance from the parish priest. Socio-demographic data will include the same items used for the pilot evaluation (Appendix 1), and attendance will be recorded in diaries.

The diaries include a parent contact sheet to be used for engaging parents, and consultations about attendance. A sheet will record attendance of participants at each of 12 sessions, with a page for recording notes from the debriefing, which is carried out by team leaders and facilitators immediately after each workshop. Diaries were successfully trialled during the pilot program and proved an important source of data for evaluation purposes. Attendance data were scrupulously entered, and reasons for absence noted. While qualitative data were not extensive or elaborate,

team leader observations were completed, key influences on program delivery and attendance were noted, and the team leaders provided comment on facilitation issues using the observation sheet and notes.

Process

Parent contact data are gathered when parents are approached, the program is explained and they are recruited after consultation about their ability to attend. Team members enter attendance data after each session, before or at debriefing meetings. Team leaders have primary responsibility for ensuring that records are kept, and for facilitating the debriefing sessions.

A short socio-demographic questionnaire can be administered at an initial meeting convened by team leaders with assistance from the assistant coordinator and possibly the parish priest and facilitators, with follow-up of those parents who miss the meeting. Post-program data include a four-item short questionnaire gathered by the team at the end of the final workshop, with follow up of individual participants if required.

Team leaders make observations during each workshop, using the existing protocol for recording adherence to guidelines as often as possible. A more detailed assessment of practice could be made by a trainer who would aim to observe one workshop per program, as far as travel and access allows.

The assistant coordinator is responsible for working with the team leader to compile data and to ensure that copies of initial attendance lists and completed records of attendance are scanned at program end and transmitted, or that physical copies are gathered and transported to the coordinator. Hard copy records, including all notes are secured at the end of each program. The assistant coordinator will enter data into electronic spread sheets for processing and reporting. A research partner may do further analysis.

Qualitative data based on diary debriefing notes and on team leader and trainer observational records can be reviewed and compiled for annual planning and review meetings. These would be convened by the coordinators and used to frame input into training and support for facilitators at training workshops. Advice will be provided on the development of efficient templates and maintenance of a functional database to assist with reporting to funders and church leaders.

Impact and outcomes

As demonstrated in the analysis in Chapter 4, key impacts of the program include measures of parenting attitudes and practices, harsh parenting and family wellbeing. For ongoing evaluation of program impact and outcomes these measures (Appendix 1) or equivalents should continue to be used. Trained research assistants should gather data at pre- and post-program meetings of participants.

However, it is not feasible for these measures to be administered by facilitators. This would be a potentially unmanageable burden on volunteer teams, would threaten data completeness and quality and would introduce the likelihood of bias. As indicated in Table 26, questionnaire data should be gathered by a dedicated and trained research team at meetings convened pre- and post-program delivery, with the assistant coordinators and team leaders, with provision for analysis by a research partner.

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Appendix 1. Questionnaires Pilot Program

Pasin Bilong Lukautim Pikinini Gut Positive Parenting Program

Community: «community», POST

Questionnaire ID: «studyid»

Parent name: «parent_name»

Attending with Spouse/Partner? Yes / No If yes, name

Interviewer name: _____

Language used: English Tok Pisin Tok Ples

Date: __ / __ / __

THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION AND CAN ONLY BE VIEWED BY THE POSITIVE PARENTING PNG RESEARCH TEAM

If this document is found, please call..... to return.

PARENT AND FAMILY DEMOGRAPHIC QUESTIONNAIRE (Supplementary)

This is information about you and your family.

Bekim bilong painimaut bilong manmeri I kam long skul. Askim bilong ol mama papa wantaim femili

1. Caregiver's education

Skul ol was papa o mama I kisim long en

Tick one only

No school	No go long skul	
Primary school	Praimeri skul	
High school	Hai skul	
University or post-secondary college	University/College	

2. How many adults 18 years and over live in your house?

Hamas pela bikpela manmeri i abrusim 18 krismas i save stap insait long haus bilong yupela?

3. Caregiver marital status

Marit o ino marat

Caregiver living with spouse	Marit, tupla stap wan haus	
Polygamous	Man i gat tupela meri o moa	
Sole caregiver not living with partner/spouse	Ino marat	

PARENT ATTITUDES

We would like to know a little about how you feel about being a parent and about your children. Are these statements: Not true; Sometimes true; or Yes, true for you?

Pasin bilong papa mama: Dispela tok I tru

Tok I go pas:

Inap yu tokim mipela liklik long pilim blong wok bilong olsem papa na mama (waspapa/wasmama) na yu pilim olsem wanem lo pikinini bilong yu. Dispela toktok : ino tru; sampela taim; I tru olgeta

	Tok tok	Ino tru?	I tru sampela taim?	I tru olgeta
1.	Mi hamamas olsem mi (was)papa/mama			
	I like being a parent			
2.	Pikinini bilong mi I save oltaim meikim samtin long bagarapim tingting bilong me			
	My children do things to annoy me			
3.	Mi ting yumi I mas oltaim paitim pikinini taim ol I meikim samting ino stret			
	I believe it is necessary to physically punish children when they do something wrong			
4.	Mi save pilai na hamamas wantaim ol pikinini bilong mi			
	I play (games, have fun) with my children			
5.	Mi oltaim save tok kilia long ol pikinini bilong mi long wanem samting ol I meikim I no stret			
	I always explain to my children when they have done something wrong			
6.	Mi oltaim gat taim long stap wantaim ol pikinini bilong mi			
	I always take time to be with my children			
7.	Pikinini I mas oltaim meikim wanem samting mama papa I tokim em wantaim nogat tok kilia			
	Children should do what they are told (with no explanation)			

	Tok tok	Ino tru?	I tru sampela taim?	I tru olgeta taim?
37.	Mi save laik toktok na stori wantaim ol pikinini bilong mi			
	I enjoy talking /telling stories with my children			
38.	Taim mi belhat o kros long ol pikinini bilong mi, mi save daunim mi yet tingting na skelim wanem samting bai mi mekim long ol.			
	When I get angry or upset with my children, I can calm down and think about what to do			
39.	Mi no save paitim ol pikinini o pretim ol taim mi laik stretim tingting blong ol long lainim samting gut			
	I help my children understand the right way to behave without hitting or threatening them			
40.	Mi save hamamas na apim nem bilong ol pikinini bilong mi taim ol i mekim ol gutpela samting			
	I give praise or smile and tell my children that I am pleased when they do something well			
41.	Mi hamamas tru long ol pikinini bilong mi			
	I am proud of my children			
42.	Wok bung wantaim, na hamamas wantaim ol pikinini bilong mi em i bikpela samting tru long laip bilong mipela wantaim			
	Having a good relationship (getting on well) with my children is important to me			

FAMILY WELLBEING

Gutpela sindaun bilong mama papa, pikinini na femili.

The questions are about you, your children and others in your family. I will read out some statements.

Please answer if they are true for you and/or your family at this time.

Answer: "Yes, true; sometimes true; or not true."

Tok I go pas

Dispela ol askim I go long yu, ol pikinini bilong yu na ol arapela lain I stap wantaim yu olsem yupela I orait o nogat. Bai mi ritim sampela toktok. Bai yu bekim olsem dispela em I tru or nogat bilong femili bilong yu.

bekim: "I tru, sampela taim I tru; o ino tru."

	Tok tok	Ino tru?	I tru sampela taim?	I tru olgeta
8.	Femili bilong mi I save bung kaikai wantaim My family likes to eat together			
9.	Planti taim femili bilong mi inogat inap kaikai My family doesn't always have enough food			
10.	I save gat pait koros namel long tupela manmeri There is violence towards me by my spouse			
11.	I save gat pait koros namel long ol femili lain There is violence between other family members			
12.	Ol bikpela pikinini save givim planti hevi (pait, paitim mamapapa, sakim tok) My older children are a lot of trouble (fighting, hitting parents, disobedient)			
13.	Mi oltaim sekim wanem hap ol pikinini bilong mi I stap I take care to know where my children are			
14.	Mipela nogat inap moni insait lo femili In my family, there isn't enough money			
15.	Olgeta I save putim han lo meikim wok bilong haus Everyone helps with cleaning, working, cooking at my home			

	Tok tok	Ino tru?	I tru sampela taim?	I tru olgeta taim?
16.	Mi lukautim gut ol pikinini bilong mi			
	My children are well looked after			
17.	Ol femili lain bilong mi I save putim han long lukautim pikinini bilong mi lo kain samt看 olsem kaikai, moni na ol arapla samt看			
	My extended family helps by looking after children, or in other ways (e.g. food, money, work)			
18.	Mi wari bilong hevi diring stim na simukim mariwana insait long femili bilong mi			
	I am worried about drinking or drugs in my family			
19.	Taim mipla tilim ol samt看 olsem moni na lukaut, olgeta pikinini I kisim wankain skel			
	My children all get a fair share (of money, support); no one misses out			
20.	Mi save lukautim ol pikinini bilong ol arapela			
	I care for children other than my own (biologically related children)			
21.	Bodi bilong mi I stap orait			
	I am physically well			
22.	Mi save meikim gut wok bilong mi yet na lukautim femili wantaim			
	I can cope with work and family duties well			
23.	I gat gutpela pasin na lukluk insait long femili			
	In my family, everyone is respected			

	Tok tok	Ino tru?	I tru sampela taim?	I tru olgeta taim?
43.	Mi no save hamamas tumas, mi save wari na pilim planti hevi			
	I feel unhappy, sad or depressed			
44.	Mi save pilim wari tumas			
	I feel stressed or worried			
45.	Igat wanpela long toktok wantaim mi taim mi gat planti wari			
	I have someone to talk to in my family when I have worries			
46.	Taim mitupela man bilong mi / o meri bilong mi ino wanbel long wanpela samt看, mitupela save bung wantaim na painim rot bilong stretim			
	When my partner/spouse and I disagree about things, we talk together about what to do/talk things through			
47.	Taim i gat hevi na kros na pait insait long famili, mipela ol famili lain save bung na toktok na stret hevi wantaim			
	When there is trouble, fighting or arguments, our family members can get together and talk about what to do			
48.	Mitupela man blong mi/o meri bilong mi save wok bung wantaim gut tru			

	My partner/spouse (or other support person) and I have a good relationship (get on well together)			
--	---	--	--	--

PARENT DISCIPLINE SCALE

Wanem ol rot blo helpim pasin blo ol pikinini: wok bilong papa mama

I am going to read some things some parents might do and I would like you to tell me whether you have done it: Not true – one time true – some of the time true – all the time true

Tok I go pas.

Mi bai ritim sampela samtin ol papa mama I save meikim long en na mi laik save sapos yu pela I meikim o nogat:nogat olgeta - wanpela taim lo wanpela mun - tupela or tripela - planti taim lo dispela mun.”

	Wanpela Mun (In the last four weeks have you)	Nogat tru	Wanpela taim	Sampela taim	Olgeta taim
24.	Salim em igo long sampela hap (rum,autsait) lo tingting gut lo wanem em meikim				
	Sent him/her somewhere (a room, outside or a place) to think about what he/she had done				
25.	Paitim as bilong em wantaim let or arapela samting				
	Hit him/her on the bottom with something like a belt, a stick or something hard				
26.	Singaut antap lo pikinini				
	Shouted, yelled, or screamed at him/her				
27.	Paitim narapela hap long bodi bilong em wantaim stik, let or arapela samtin				
	Hit him/her hard on some other part of the body not the bottom with something like a belt, a stick or something				
28.	Paitim as bilong em wantaim han bilong yu				
	Spanked him/her on the bottom with your bare hand				
29.	Tok nogut long pikinini osem yu tok stupid or les pikinini				
	Sworn or cursed at him/her, e.g. called him/her stupid or lazy or something like that				
30.	Tok kilia long em wanem samting em I meikim I rong				
	Explained why something he/she did was wrong				
31.	Toromoi or sakim em I pundaun				
	Threw or knocked him/her down				

	Wanpela Mun (In the last four weeks have you)	Nogat tru	Wanpela taim	Sampela taim	Olgeta taim
32.	Larim pikinini em yet I stap lo haus taim yu save osem dispela em I no stret				
	Left your child home alone, even when you thought some adult should be with him/her				
33.	Yu ino save sekim sapos pikinini igat inap kaikai o nogat				
	Did not make sure he/she got the food he/she needed				
34.	Yu les long toktok wantaim pikinini long sampla taim				
	Refused to speak to him or her for a long time				
35.	Tok bai yu rausim em I go stap wantaim ol arapela lain				
	Threatened to send him or her away to live with someone else				
36.	Pasim pikinini autsaid lo haus wantaim rop or stiring				
	Tied child up with rope or string outside of the house				

This is the end of the questionnaire. I will put it away now and keep it safe.

THANK YOU

Appendix 2: Items for evaluation of processes of implementation

1.1 Checklist: Schedule for review of community engagement plans

(For evaluators and team leaders)

Outstation/Community: _____

Key staff: _____

Step 1: Community consultations	DATE	NOTES
Community		
Stakeholders		
Leaders		
Church		
Parents		
2: People		
Team leaders		
Facilitators		
3: Plan and timelines for pilot		
Place for workshops		
Day for workshops		
Times for pre-planning and post-workshop debrief		
Plan for team leader visits and review		
Other		
4: Recruitment of parents		
Plan for identifying and recruiting parents		
Communication of information to parents		
Help for parents to attend		
Information communicated by priest		
5: Other		

1.2 Facilitator Diary

(Diary for use by facilitators and team leaders to record program delivery)

Diary Page 1 Workshop Attendance Sheet

	Name (include partner or support person if attending together)	Workshop					
		1	2	3	4	5	6

Diary Page 2: Workshop report

Workshop 1: Introduction

Complete this page by pen and send by mobile phone SMS

Attendance

Session 1	
Date:	
Duration of session:	Or time start and time end?
Number of participants:	Males = Females =
Number absent (?):	

Activities completed

Morning	0	50%	100%
Activity 1 Introduction			
Activity 2 How the brain grows (brain balloons)			
Activity 3 Building strong brains (string activity)			
Activity 4 Group close/review			

Afternoon	0	50%	100%
Activity 1 Warm up			
Activity 2 Looking through a child's eyes			
Activity 3 The brain grows with positive experiences			
Activity 4 Group close/review			

Did anything impact the session?

Weather Cultural event Social disturbance Other interruption

Notes _____

Visitors: Child Protection Officer Supervisor Church Other

Notes _____

Diary Page 3 Activities Report Workshop 1

Session Activities: Complete page with pen, photograph and send by SMS

Activity 1: Warm up	Not done / 0	Some / 50%	All / 100%
Parents were positive about activity	No	A Little	Very much
You were confident doing the activity	No	A little	Yes
Activity 2: Brain story	Not done / 0	Some / 50%	All / 100%
Parents were positive about activity	No	A Little	Very much
You were confident doing the activity	No	A little	Yes
Activity 3: Relationships	Not done / 0	Some / 50%	All / 100%
Parents were positive about activity	No	A Little	Very much
You were confident doing the activity	No	A little	Yes
Activity 4: Take home message	Not done / 0	Some / 50%	All / 100%
Parents understood the message	No	A Little	Very much
You were confident providing the message	No	More or less	Yes
Session rating			
Overall, you were confident running the group	Not really	More or less	Confident
Overall, this was a good session	Not really	Partly	Very good

Diary Page 4 Workshop 1

1. Session notes
2. Referrals or support for parents
3. Team leader meeting notes

Diary Page 5: Workshop 2 Report

As above

1.3 Team leader diary

(Additional diary page after each workshop page for use by team leaders)

Observation of workshop sessions – team leader

May be by direct observation or based on video recordings

Name of facilitator	
Name of team leader or observer	
Location	
Workshop number and date	
Workshop video recorded	Yes : No:

Practices	1=poor to 5=excellent	Comments
Greeted parents warmly		
Facilitators followed the sequence of activities in the manual		
Facilitators were able to start on time as far as possible		
Facilitators were organised and prepared to run activities		
Encouraged parents to share stories from home		
Used pictures / stories or items to assist explanations		
Facilitators summarised main points after activities		
Take-home tasks were given		
Facilitators ensured that all parents had the opportunity to speak		
Facilitators acknowledged parents' contributions		
Facilitators handled parents' emotional expressions appropriately		
Overall, facilitators were confident and able to conduct sessions		

Appendix 3: Plain language statements

For parent, family and children's wellbeing questionnaire interviews

Plain English statement (with translations into Tok Pisin).

Pepa bilong kisim tok orait bilong ol papa mama na ol was papa na mama

Progam bilong toktok bilong ol papa mama na ol lain i save lukautim ol pikinini.

Tok i go pas

Displa program bilong papa mama em i wanem samting?

What is the Parenting Program?

Menzies is helping UNICEF and the church to provide the P4CD program in your community. P4CD is a parenting program for parents run by the Catholic Church in Western Highlands, Jiwaka and Madang. The program aims to help parents to learn about children's development and about what is harmful for them. Parents will learn about how positive parenting can help their children to become responsible members of the community. Parenting workshops are for groups of up to 20 parents in your community and are held every week.

Wanem as tingting bilong disla program?

Em ol Menzies I helpim UNICEF na Katolik Sios lo kamapim dispela program bilong helpim ol papa mama na ol was papa na mama insait long Komuniti. Dispela ol toktok em bilong ol papa mama na was papa na was mama bilong ol liklik pikinini bilong Katolik sios insait lo Western Hailans, Jiwaka na Madang. As tingting bilong dispela skul bai helpim ol papa mama long save long ol senis I kamap long laif na bodi bilong ol pikinini na wanem samting ino gutpela long ol. Ol papa mama bai I lainim ol gutpela wei na pasin bilong lukautim gut ol pikinini bai ol I ken kamap gutpela man o meri insait long komuniti. Tupela ten papa mama na was papa mama bai I kam long dispela skul long wan wan wik.

Parents joining the P4CD program

If you would like to attend P4CD meetings you will need to:

- Say yes to come to six workshops
- Give some information about yourself and your family to the Menzies research team

Papa mama na ol was papa na mama husat I laik kam lo dispela skul

Sapos yu laik kam long dispela skul

Yu mas tok yes long kam long sikispela woksop olgeta

Bai yu givim sampela tingting na toktok bilong yu na femili bilong yu igo long ol Menzies mekim wok painim aut.

What does Menzies School of Health Research do?

Menzies wants to ask you some questions to find out if you think the program can help them to learn about parenting and children's development. Your answers will help us to improve the program so it can help parents and communities in Papua New Guinea for the future.

Menzies wants to collect information at the beginning and again after the last workshop: First, we want to talk with all parents together as a group and ask some questions about the program. Then we want to ask you some questions about yourself and your family.

This will take a little over an hour, depending on how long we talk.

Menzies Skul bilong painim aut long sait bilong helt I save mekim wanem samting

Ol lain bilong Menzies bai askim yu sampela askim lo painim aut yu ting bai dispela program bai helpim yu long kamap gutpela papa mama o was papa or mama long gutpela lukaut na kamap bilong pikinini. Ol bekim bilong yu bai helpim lo mekim dispela skul I kamap moa gutpela insait lo Papua Niugini long bihain taim.

Ol Menzies bai kam kisim ol toktok lo stat bilong wokshop napinis bilong wokshop.

Namba wan samting em ol Menzies laik toktok wantaim ol papa mama long wanpela bikpela grup na askim ol long sampela askim bilong dispela program.

Bihain long dispela ol laik askim wan wan papa mama o was papa o mama long sampela askim bilong yu yet and femili bilong yu.

What information will you give us?

Information including your age, male or female, education and how many children you have.

We will keep attendance records and notes about P4CD meetings.

Your answers to questions about yourself and your family and your thoughts about parenting.

Wanem kain ol bekim bai yupela givim long ol askim bilong mipela

Tokim mipela long hamas krismas bilong yu, yu man or meri, hamas skul yu mekim pinis na hamas pikinini yu gat nau

Mipela bai sekim na holim rol kol na tu ol toktok bilong dispela ol bung bilong dispela ol miting.

Ol bekim long ol askim long yu yet na ol femili bilong yu na ol tingting bilong lukautim ol pikinini

Safety

We will keep your information safe at Menzies. Noone can look at any information about you and we will not write about you or use your name.

Nogat narapela man o meri bai I lukim ol dispela toktok

Mipela bai holim gut ol dispela toktok istap long skul na nogat wanpela man or meri aut sait long dispela skul bai lukim ol dispela ol toktok yupela givim long mipela nau. Na tu mipela bai no nap raitim nem bilong yupela long ol dispela ol pepa taim mipela toktok wantaim yupela.

Participation

Your participation is **voluntary**. You can stop at any time or say no.

We need to sign a form saying that you agree to give us this information for us to keep.

Kam bilong yu long dispela skul. Yu kam long laik bilong yu yet

Sapos yu les na laik go em laik bilong yu.

Mipela mas putim wanpela mak long wanpela pepa bilong kisim tok orait long ol toktok bai mipela I ken holim stap

If you want to say no:

If you want to say no after you have started you can tell your UNICEF or church leader so they can contact the Menzies researchers to let us know. If you say no, your information will be kept in a secret place at Menzies in Darwin.

Sapos yu tok nogat

Sapos yu laik tok nogat taim yu stat pinis yu ken tokim UNICEF wok man or sios lida bai ol ken toksave long ol Menzies na ol ken putim ol toktok yu givim pinis lo ples hait lo Menzies long Darwin.

Sapos yumi gat moa askim yumi ken ring or rait long ol long displa address

Contact Details

Please contact us if you have questions or would like more information or if you would like to say no.

Professor Gary Robinson

(Chief Investigator and Project Leader)

Menzies School of Health Research

PO Box 41096, Casuarina,

Northern Territory, Australia 0811

Ph: +61 8 8946 8458

Email: gary.robinson@menzies.edu.au

Ms Hennie Kama will be able to help you to contact the Menzies project team.

Child Protection

UNICEF PNG,

Ph: +675 321 3000 Ext 313

Mobile: +675 7270 4199

This project has ethics approval:

Dispela wok kamap I kisim tok orait bilong Menzies skul bilong wok pain aut na Divine Word University.

Approval Number: 2016-2605

Concerns or Complaints - Hevi o Askim

If you have any concerns or complaints regarding the ethical conduct of the study you are invited to contact:
Sapos yu gat sampela hevi o askim long dispela wok painim aut yu ken toksave long Menzies long dispela skul

Ethics Administration

Human Research Ethics Committee of Menzies School of Health Research

Ph: +61 8 8946 8600

Fax: + 61 8 8946 8464

ethics@menzies.edu.au

If you have any concerns or complaints about how the research was done, please contact Professor Jerzy Kuzma and he will help you to contact the Menzies Human Research Ethics Committee.

Professor Jerzy Kuzma

Divine Word University Ethics Committee Chair

DWU, P. O. Box 483 Madang

Tel: + 675 4222151

Fax: +675 4241830

Appendix 4: Training and skills development

Learning framework for facilitator training

Objective	KPI	Learning Objectives	Assessment
<p>1. Understand the foundations of child development</p> <p>2. Understand the foundations of positive parenting</p>	<ul style="list-style-type: none"> Facilitators can identify developmental milestones Facilitators can identify factors associated with positive parenting skills 	<ul style="list-style-type: none"> Identify the major developmental stages, milestones and processes for children, from conception through adolescence in the areas of physical, social, emotional, cognitive and language development Identify the core principles of positive parenting and behaviour change 	Quiz
3. Increased skills and knowledge of group facilitation skills	<p>2.1 Facilitators are able to identify processes needed to start a group</p> <p>2.2 Facilitators are able to solve possible disruptions to group processes</p>	<ul style="list-style-type: none"> Explain the difference between teaching, training and facilitation Review examples of how not to facilitate group learning Review key characteristics of successful facilitation Identify appropriate facilitation techniques 	Written responses to case scenario
4. Become familiar with Parenting Kit	<p>3.1 Facilitators are given a copy of the Parenting Kit and trainer's manual</p> <p>3.2 Facilitators are introduced to the monitoring and evaluation framework</p>	<ul style="list-style-type: none"> Identify all the resources available to support the running of a parenting group Become familiar with the evaluation framework 	Participate in demonstrations
5. Develop competency in delivering program using Parenting Kit	Facilitators are able to competently deliver the content of the first three weeks of the training		Demonstration of one activity from the first three weeks of the program



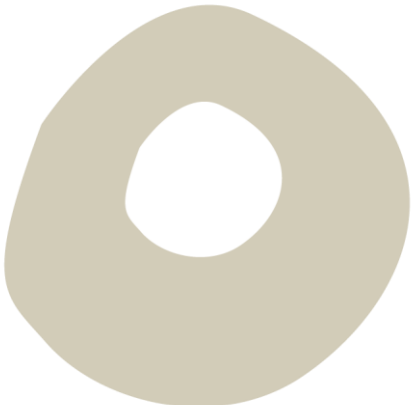
Pasin Bilong Lukautim Pikinini Gut

Parenting for Child Development

A parenting program to support the wellbeing of children in PNG

Facilitator Diary

Workshops 1-6



Facilitator Name _____

Community program _____

Readiness checklist

Step 1: Community plan (agreed by coordinator)	DATE	NOTES
Community		
Stakeholders, leaders, etc.		
When workshops start		
Training dates: <ul style="list-style-type: none"> • Facilitator training • Refresher 		
Other activities:		
2: People		
Team:		
3: Plan and timelines for workshops		
Place for workshops		
Day for workshops		
Promoting and explaining the program Consultations, visits		
Other		
4: Recruitment of parents		
Contact plan for identifying and recruiting parents		
Communication of information to parents		
Discussion with parents: who attends?		
Finalise group selection		
5: Other		

Sample: Parent contact sheet (expressions of interest)

Name(s)	Contact and follow-up dates	Children 3-10 Who is primary?	Issues – parent concerns about children; parent wellbeing; travel and attendance issues: other	Final?

Workshop attendance sheet

	Name (include all people, including partners or support people individually)	Workshop 1		Workshop 2		Workshop 3		Workshop 4		Workshop 5		Workshop 6	
		Date:		Date:		Date:		Date:		Date:		Date:	
		S1	S2	S1	S2	S1	S2	S1	S2	S1	S2	S1	S2

Workshop reports

Workshop 1: What is child development?

Day and date				
Duration of Session 1 (S1)	Start time:	End time:		
Duration of Session 2 (S2)	Start time:	End time:		
Number attending	S1: Males =	Females =	S2: Males=	Females =

Which activity did you complete?

Session 1	Not done	Done
Activity 1 Welcome: Let's get to know each other		
Activity 2 Ground rules for the group		
Activity 3 What do we dream for our children?		
Activity 4 How does the brain grow?		
Activity 5 The brain grows with positive experiences		

Session 2	Not done	Done
Activity 6 Strong foundation. What do brain and body need?		
Activity 7 What is child development?		
Activity 8 Who helps our children grow?		
End workshop: Home observation task		

Did anything impact the session? (tick all that apply)

Weather
 Cultural event
 Social disturbance
 Other interruption

Notes

Visitors: Child Protection Officer
 Coordinator
 Church Member
 Other

Notes

Activity Report Workshop 1

My notes on Session 1

My notes on Session 2

NOTES for Debrief

1. What worked well?

2. What was missed? How can we prepare next time?

3. Were there challenges or difficulties?

- 1. Disruptions; 2. Parents talking about difficult topics; 3. Referrals or support for parents;
- 4. Team disagreements or discussion points

Workshop 2: What helps children to grow well?

Day and date	
Duration of Session 1 (S1)	Start time: End time:
Duration of Session 2 (S2)	Start time: End time:
Number attending	S1: Males = Females = S2: Males= Females =

How much of each activity did you complete?

Session 1	Not done/0%	Half/50%	All/100%
Activity 1 Welcome: Start the workshop and check-in			
Activity 2 What is harmful for children’s development			
Activity 3 What is positive attention?			
Activity 4 What can we do to give positive attention?			

Session 2	Not done/0%	Half/50%	All/100%
Activity 5 Warm up. Leading and following			
Activity 6 Emotional development and learning			
Activity 7 Seeing children’s needs at different ages			
Activity 8 My child’s needs: What do I see?			

Did anything impact the session? (tick all that apply)

Weather Cultural event Social disturbance Other interruption

Notes _____

Visitors: Child Protection Officer Coordinator Church Member Other

Notes _____

Activity Report Workshop 2

My notes on Session 1

My notes on Session 2

NOTES for Debrief

1. What worked well?

2. What was missed? How can we prepare next time?

3. Were there challenges or difficulties?

1. Disruptions; 2. Parents talking about difficult topics; 3. Referrals or support for parents;
4. Team disagreements or discussion points

Workshop 3: Play and special time

Day and Date	
Duration of Session 1 (S1)	Start time: End time:
Duration of Session 2 (S2)	Start time: End time:
Number attending	S1: Males = Females = S2: Males= Females =

How much of each activity did you complete?

Session 1	Not done/0%	Half/50%	All/100%
Activity 1 Welcome to the workshop. Check-in.			
Activity 2 How do children play?			
Activity 3 All children are special!			
Activity 4 What are your favourite times?			

Session 2	Not done/0%	Half/50%	All/100%
Welcome Back: Song, stretch activity			
Activity 5 Making time for our children			
Activity 6 Let children play			
Activity 7 Putting into practice: Making time			
Activity 8: Things we can do (homework)			

Did anything impact the session? (tick all that apply)

Weather Cultural event Social disturbance Other interruption

Notes _____

Visitors:

Child Protection Officer Coordinator Church Member Other

Notes

Activity Report Workshop 3

My notes on Session 1

My notes on Session 2

NOTES for Debrief

1. What worked well?

2. What was missed? How can we prepare next time?

3. Were there challenges or difficulties?

- 1. Disruptions; 2. Parents talking about difficult topics; 3. Referrals or support for parents;
- 4. Team disagreements or discussion points

Workshop 4: Understanding children's behaviour

Day and date				
Duration of Session 1 (S1)	Start time:	End time:		
Duration of Session 2 (S2)	Start time:	End time:		
Number attending	S1: Males =	Females =	S2: Males=	Females =

How much of each activity did you complete?

Session 1	Not done/0%	Half/50%	All/100%
Activity 1 Begin the workshop. Check-in.			
Activity 2 What do we see?			
Activity 3 Reasons, needs and feelings			
Activity 4 From the child's point of view			

Session 2	Not done/0%	Half/50%	All/100%
Activity 5 Warm up. Positive encouragement.			
Activity 6 Positive strategies that respect the child			
Activity 7 Helping children learn by setting limits			
Activity 8 What have we learned? (Homework)			

Did anything impact the session? (tick all that apply)

Weather Cultural event Social disturbance Other interruption

Notes

Visitors: Child Protection Officer Coordinator Church Member Other

Notes

Activity Report Workshop 4

My notes on Session 1

My notes on Session 2

NOTES for Debrief

1. What worked well?

2. What was missed? How can we prepare next time?

3. Were there challenges or difficulties?

- 1. Disruptions; 2. Parents talking about difficult topics; 3. Referrals or support for parents;
- 4. Team disagreements or discussion points

Workshop 5: Positive discipline

Day and date	
Duration of Session 1 (S1)	Start time: End time:
Duration of Session 2 (S2)	Start time: End time:
Number attending	S1: Males = Females = S2: Males= Females =

How much of each activity did you complete?

Session 1	Not done/0%	Half/50%	All/100%
Activity 1 Begin the workshop. Check-in.			
Activity 2 Children need encouragement			
Activity 3 Positive and negative attention			

Session 2	Not done/0%	Half/50%	All/100%
Activity 4 Warm up. Begin the session			
Activity 5 Helping children learn by setting limits			
Activity 6 Positive and negative parenting styles			
Activity 7 To practice at home (Homework)			

Did anything impact the session? (tick all that apply)

Weather Cultural event Social disturbance Other interruption

Notes _____

Visitors: Child Protection Officer Coordinator Church Member Other

Notes _____

Activity Report Workshop 5

My notes on Session 1

My notes on Session 2

NOTES for Debrief

1. What worked well?

2. What was missed? How can we prepare next time?

3. Were there challenges or difficulties?

1. Disruptions;
2. Parents talking about difficult topics;
3. Referrals or support for parents;
4. Team disagreements or discussion points.

Workshop 6: How can we look after our children well?

Day and Date	
Duration of Session 1 (S1)	Start time: End time:
Duration of Session 2 (S2)	Start time: End time:
Number attending	S1: Males = Females = S2: Males= Females =

How much of each activity did you complete?

Session 1	Not done/0%	Half/50%	All/100%
Activity 1 Warm up. Begin workshop. Check-in.			
Activity 2 Cool and calm. Deal with strong emotions			
Activity 3 What helps me to cope?			
Activity 4 What kind of parent am I?			

Session 2	Not done/0%	Half/50%	All/100%
Activity 5 Welcome back. Warm up. Stretching activity			
Activity 6 Talking together and problem-solving			
Activity 7 Raising strong children for our future			
Activity 8 What we learned			
Close: Celebrations and certificates			

Did anything impact the session? (tick all that apply)

Weather Cultural event Social disturbance Other interruption

Notes _____

Visitors:

Child Protection Officer Coordinator Church Member Other

Notes _____

Activity Report Workshop 6

My notes on Session 1

My notes on Session 2

NOTES for Debrief

1. What worked well?

2. What was missed? How can we prepare next time?

3. Were there challenges or difficulties?

1. Disruptions;
2. Parents talking about difficult topics;
3. Referrals or support for parents;
4. Team disagreements or discussion points

Observation of workshop sessions – team leader diary

Name of facilitator/s	
Name of team leader or observer	
Location	
Session/s:	

Facilitators:	1=poor; 2=ok; 3=excellent	Comments
Greeted parents warmly		
Followed activities in the guide		
Started on time as far as possible		
Were organised and prepared for activities		
Introduced topics and activities		
Encouraged parents to talk and join discussion and role plays		
Were inclusive: Made sure that all parents had a chance to speak		
Acknowledged and reflected parents' contributions		
Used flipcharts and cards to prompt and illustrate activities		
Summarised key points after activities		
Gave take-home tasks		
Facilitators handled parents' questions and emotions well		
Were confident in facilitating		
More Comments:		