

**A Quality Assurance Study:
Middlesex-London Health
Unit Parenting Classes
from 1999 to 2001**



April 18, 2002

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Cite reference as: Middlesex-London Health Unit (2002).
A Quality Assurance Study: The MLHU Parenting Classes from 1999 to 2001.
London, Ontario: Author.

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In partial fulfillment of the requirements for: N318b, Dr. Mickey Kerr, Assistant Professor, School of Nursing, UWO

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Acknowledgements

The authors would like to acknowledge with gratitude the assistance of Sheila Montague, BScN, a Public Health Nurse and liaison to the Parenting Education Committee. Sheila was instrumental in assuring that the project was facilitated within the organization and that lists of clients were available for contact. Thanks are also extended to Bonnie Wooten, Program Manager, and Diane Bewick for permission to conduct the project and to the Administrative Assistants in both Family Health and Research Education Evaluation and Development Services.

Abstract

The birth of a child is generally a time of great joy but can also be accompanied by uncertainty, self-questioning, and stress. The programs offered at Middlesex-London Health Unit (MLHU) educate parents in developmental milestones and parent-infant interaction skills. The Well baby clinics, prenatal classes and parent education classes are group-oriented and focus on knowledge of infant development and care, behavior modification and problem-solving. Evaluation of the programs are a high priority because of their importance in parenting outcomes, perception of parenting abilities and long term results in retention of skills. The goal of this study is to evaluate the effectiveness of parenting programs offered through the MLHU. This is a qualitative study that will focus on parent perception of the usefulness of these programs and their ability to retain information and transfer knowledge to nurturing skills. The importance to MLHU is to evaluate their programs and justify or adjust curriculum if necessary.

Purpose

The purpose of this retrospective project was to review several clients' perceptions of the parenting classes offered by the Middlesex-London Health Unit (MLHU) that they attended within the calendar years of 1999, 2000 and 2001. Third year Nursing students in a research practicum conducted this project as a quality assurance activity for the MLHU. Specific questions were asked with regards to the value, strengths, weaknesses, and overall satisfaction of the attended program's curriculum. Also, Clients were prompted to examine the relevancy of their learning from the class with respect to their previous and current parenting situations. After thematic analysis, recommendations were formulated.

The results of this study, by means of this report, were submitted to the MLHU so that this feedback may be incorporated into their planning and implementation of parenting classes in the future. The MLHU may then address any gaps that may exist with the courses that are currently available and can use the findings of this study as a guide for future quality assurance examinations.

Literature Review

The students conducted a focused review of the literature. Only articles pertaining to the evaluation of parenting programs were reviewed. Of 40 articles selected, 16 were highlighted as pertinent to the current project.

According to Neuman (1995), primary and early secondary prevention focuses on the prevention of possible stresses as well as treating stresses that have already occurred. This is the basis for parent education programs.

Parenting classes have the ability to enhance parental skill allowing for stronger coping with the stresses associated with raising children (Irvine, Biglan, Smolkowski, Metzler, & Ary, (1999). Nicholson, Patricia, & Fox (1998) found that parents who attended a parent education program had a positive influence on parental disciplinary practices, which was maintained for longer than 6 weeks.

Long, McCarney, Smyth, Magorrian & Dillon (2001) found that parent education classes lowered anxiety and depression scores of parents as well as increased parents' confidence in their ability to handle and reflect on parental issues.

According to Sylvestre, Ochocka, & Hybdman (1999), program level evaluation that links the objectives of the class to the desired outcomes is able best meet the needs of the community leading to an increase in participation and empowerment while promoting health.

Methods

Neuman's Systems Model has been utilized as a framework for this study. This model focuses on the effects of both internal and external stressors that may prevent a community and it's members from reaching their full potential (Neuman, 1995). It is therefore an appropriate tool since the purpose of the classes at the MLHU is to improve the overall functioning of a community and increase their ability to manage various stressors related to parenting.

A convenience sample of attendees of parenting classes held at the MLHU between the years of 1999 and 2001 was selected. Sheila Montague, the Public Health Nurse focusing on parent education, provided available attendance lists for these classes. Staff members from the MLHU telephoned each name on the list. If they got an answer, the client was asked to consent to being called by a third party to be interviewed regarding the class that they attended. Due to time constraints, only people who answered on the first call were invited to participate. After consent was obtained, the clients' names and telephone numbers were compiled into a list. The list was divided up by Dr. Wright and distributed to each student in the project. Each student list was held in confidence in a secured place by each student and destroyed at the end of the project.

The students developed the interview schedule. They each had a colleague and/or friend answer the questions on the interview schedule and give feedback on the clarity, comprehension and relevance of the question, thus providing face validity. This was a structured interview to ensure consistency in the information gathered and to assist the students in feeling comfortable with this form of data collection.

The students then contacted each client on their list by telephone to complete an interview. The students called from their own homes using *67 to block the display of their names and numbers or called from the MLHU which does not subscribe to call display. Interviews were conducted until all names on the

student's list were called or time for completing the project expired, whichever came first.

Students recorded the information from the clients by hand. No interview records contained identifying information. These individual records were transcribed into a single record, the originals being destroyed at the end of analysis. Grouped data and responses only were reported to protect the anonymity of the clients. Each student had a list of nine or 10 clients, sufficient to achieve theme saturation. An evaluation of the narrative data was completed manually and recommendations made for further studies.

Analysis

Frequencies

The original sample selected for this project consisted of 67 women consenting to be called regarding the parenting class(es) they had attended at the Middlesex London Health Unit. Of this original sample, 56 women responded to questions posed in the follow-up telephone survey. The remaining 16.42 % of the sample did not respond, as they were either unable to be contacted by telephone or refused to answer questions regarding the parenting class. The average age of the mothers responding was 34.8 years. (Appendix A)

The ages of children of the respondents varied greatly, often reflecting the particular class attended. For example, women who attended the *Just Beginnings* class tended to have toddler-aged children, whereas women attending the *You're Grounded for Life* class often had children six years of age and older. The average age of a child in the mother's household was 5.9 years. (Appendix B)

The majority of the sample attended the Middlesex London Health Unit's parenting classes for a first child (73.2 %). The remaining 26.8% of the women attended with a child who was not their first-born. For 43 of the 56 women responding (76.8%), the parenting class that they attended was their first exposure to parenting education. The remaining women (23.2%) had attended more than one parenting class, offered either through the Middlesex London Health Unit or an alternate agency.

Of the women who attended the classes, 76.8% attended the class alone. A further 17.9% of the women were accompanied by a partner, specified as being either a husband, boyfriend or other companion. The remaining 5.4% of the sample attended with

someone other than a partner. In the majority of cases, "other" was specified as being a close friend or relative.

Discussion

Reported Strengths

The respondents identified many strengths of the MLHU parenting classes. Of the women contacted, many referred to the social nature of the parenting classes as being a major benefit to attending the classes. Over 25% of the mothers interviewed stated that they "gained more" from the contact with other parents than they did from the actual information presented at the class. Several women verbalized that the classes allowed the opportunity to interact with other parents who often were experiencing similar challenges. Continually, the women described the group setting and sharing of ideas as "comforting". The classes allowed many of the mothers to establish meaningful connections with other women in the community. Many continued to rely on the other mothers met in class as a significant resource for social support. Furthermore, many women expressed that they appreciated and valued the few hours that the classes allowed them to be away from the home setting.

Many women in the sample commented on their appreciation for the classes' flexibility, allowing the group to freely discuss challenges that might otherwise not have been covered had the structure of the class been maintained. Several mothers in the sample described the environment as feeling "safe", allowing them to speak openly regarding even the most awkward questions. Many mothers believed that the facilitators represented yet another strength of the classes, as the instructors were described as very knowledgeable, organized and professional. Many women enjoyed the ways in which the facilitator encouraged open communication throughout the course.

Other mothers stated that despite the short time-period of the classes, a wide variety of topics were covered in depth. They valued the feedback, practical advice, and positive guidance provided to them not only by the facilitator but by other attendees as well. Most mothers identified handouts and books acquired through the classes as important parenting resources. Many women in the sample shared that the knowledge gained was empowering, as it allowed them to make more informed decisions regarding the care of their children.

Perceived Weaknesses

Despite the class strengths identified by the respondents, there were also a variety of weaknesses reported by the mothers attending the parenting classes. Some of the most commonly reported weaknesses were in regards to the amount of information being provided, the size of the classes and the number/duration of the classes.

Many participants felt that there was too much information provided in the classes, especially on topics that were geared to toddlers and older children. The commenting women often described the volume of information as overwhelming, especially when learning about infant care. Many suggested that a separate class exploring toddler care would have been more appropriate and effective. Several parents also felt that the number of classes was too few. These mothers were often attendees of the four-week programs and described the series as too short to adequately cover and retain all the information presented.

Numerous mothers reported the large number of participants per class as a weakness to the program. The women commenting described “large” as consisting of 15 to 19 participants. They believed the classes would have been more effective had there been a smaller instructor-participant ratio.

Despite the specific reports of weaknesses however, it should be noted that 26% of the participants believed there were indeed no weaknesses with the parenting classes they had attended. This percentage represented the most common sample response regarding weaknesses.

Effectiveness

A significant number of the participants surveyed responded that the connections they made with other moms/infants was one of the best outcomes. Attending the classes helped these women to get out of the house and provided them with potentially life-long friendships as a means of increasing available resources. Many of the women commented that, even now that their groups have finished formally, they are still getting together informally at least once a month to compare stories and to support one another.

The participants also commented that the literature (handouts, pamphlets, and booklets) was a good resource. Most women have continued to consult their literature long after the class was over. Many of the participants also discussed the fact that the classes gave them increased confidence and decreased stress in

dealing with parental challenges. The information that was given in the classes provided insight into how to hand the multi-tasking of parenting. Finally, of the 56 women surveyed, only five responded that the information taught wasn't helpful at all.

Additional Information

Although the women felt that for the most part the classes that they took did prepare or assist them in properly parenting their child, there were recommendations given about topics that could have been discussed. The most common recommendation was to have more information on the aging, development and growth stages of a child. These women were interested in finding out at what age their children could be expected to display which growth pattern.

Another significant recommendation was to have more information on postpartum depression including signs and symptoms as well as options for treatment. Further topics of interest mentioned were child nutrition, potty training, anger management, knowing when to go to the doctor, breast-feeding and information on how to parent as a stepparent.

Thirty-six percent of the women interviewed were satisfied with the information taught in class without any suggestions, and 17 % could not remember the classes well enough to know if there was something else that could have been added to enhance it.

Additional Parenting Resources

Even after taking parenting classes, the participants remained highly motivated to continue to research additional resources to provide them with the necessary information to fulfill their needs. The most common resource consulted was with the other members of the group with which they continued to meet even after the formal sessions had finished. Other resources included Internet sites on infant care and development, books, the infant help line, pamphlets from the MLHU and attending the well-baby clinics through out the city. In some circumstances, a public health nurse visiting in their home answered questions, or through a friend that was a nurse, or an employee of the MLHU.

Recommendations

From Participants

The majority (75%) of all participants asked were satisfied with the class that they took in that it had met their expectations. The most common reason for this satisfaction was because it increased their social support and provided them with further knowledge and resources they would not have had with out the course. Other ways in which classes met their expectations included the giving of realistic information about realistic situations and having a teacher whom sincerely empathized with what parents were going through. A few women commented that they did not have any expectations. As well, a few women responded that their expectations were not met. Specifically, they felt there was not enough: child seat safety information; information on the general, 'how-to' details of parenthood; and/or new information.

All of the participants said that they would take another parenting class, either at the MLHU or another place. The participants, as previously stated, really enjoyed the opportunity to meet with other mothers and exchange information. They also found that they were really happy with their helpful and knowledgeable instructors. They were informative and open to suggestions for class discussions. Some participants liked the MLHU classes not only because they were free but also because they were not aware of anyone else who taught the classes as well as at the health unit.

Most women had gone back to work again during the day. They recommended evening classes so they could participate in classes only available in the day. Other women thought it would be better to have the classes in more locations in the city and others felt promoting the times and dates of the upcoming classes more thoroughly would be helpful.

From the Project

The telephone script, which was used for data collection, was successful in its attempt to target significant key issues. However, it did carry with it some disadvantages. Some of the questions on the script were somewhat ambiguous and did raise some confusion with participants. Instead of asking what should be added and what should be covered more in-depth, it may be more appropriate to ask what changes the client would like to have seen in the program. This may allow them to have more freedom and flexibility in their responses. As a replacement for asking parents about new topics they need to know in parenting, it should be asked regarding the applicability of

knowledge to their current situation. The nature of the class depends on this because the '*Just Beginning*' class, for example, may not be as useful after a few years.

Another observation was made regarding the question that examines the demographics. As opposed to asking the parents if it was their first child for which they attended the parenting class, it may have been more suitable to ask parents for which child they attended the class. As originally stated, this question made assumptions regarding parents attending for their first child only. It also disregards the fact that some parents attended the class for more than just one child, even middle children.

As well, some items should be added. Questions that examine how the parents found out about the program would help determine the most effective ways to reach the public. A question related to accessibility should be asked to ensure programs are in fact accessible to the public. Additional questions could also ask for opinions on increasing both class and overall participation. A project could also be designed to cover a greater period of time regarding the effectiveness of class material.

Another suggestion deals with scope of the project itself. In this particular circumstance, a variety of parental education classes were being examined, ranging from the '*Just Beginnings*' class to classes that deal with communication skills with older children. The project's focus could have been narrowed to a single class or a group of classes related to a particular age group. This might ensure more course-specific responses. In addition, the persons conducting the data collection would benefit from a more detailed understanding of what each course entailed. This would enable them to be more insightful when parents could not remember much about the class that they had taken. There was also a recommendation made that perhaps the quality assurance activity could be done during the last class rather than retrospectively. For certain questions, the participants would have more substantial feedback. As well, permission to call at a later date for 'over time' information could be obtained at the end of class more easily.

Summary of Recommendations

1. Add:
 - child seat safety information
 - information on the general, 'how-to' details of parenthood
 - new information
 - evening classes
 - more locations in the city
 - more advertisement of the times and dates of the upcoming classes
2. Modify the interview schedule to ask how:
 - the client would have liked to see the program changed
 - applicable the information was to parents' current situations
 - the parents found out about the program to improve marketing
 - accessibility should be improved.
 - to increase both class and overall participation.
3. The project could also be redesigned to:
 - cover a greater period of time than three years regarding the effectiveness of class material.
 - narrow the project's focus to a single class or a group of classes related to a particular age group.
 - increase the opportunity for persons conducting the data collection to develop a more detailed understanding of what each course entailed.

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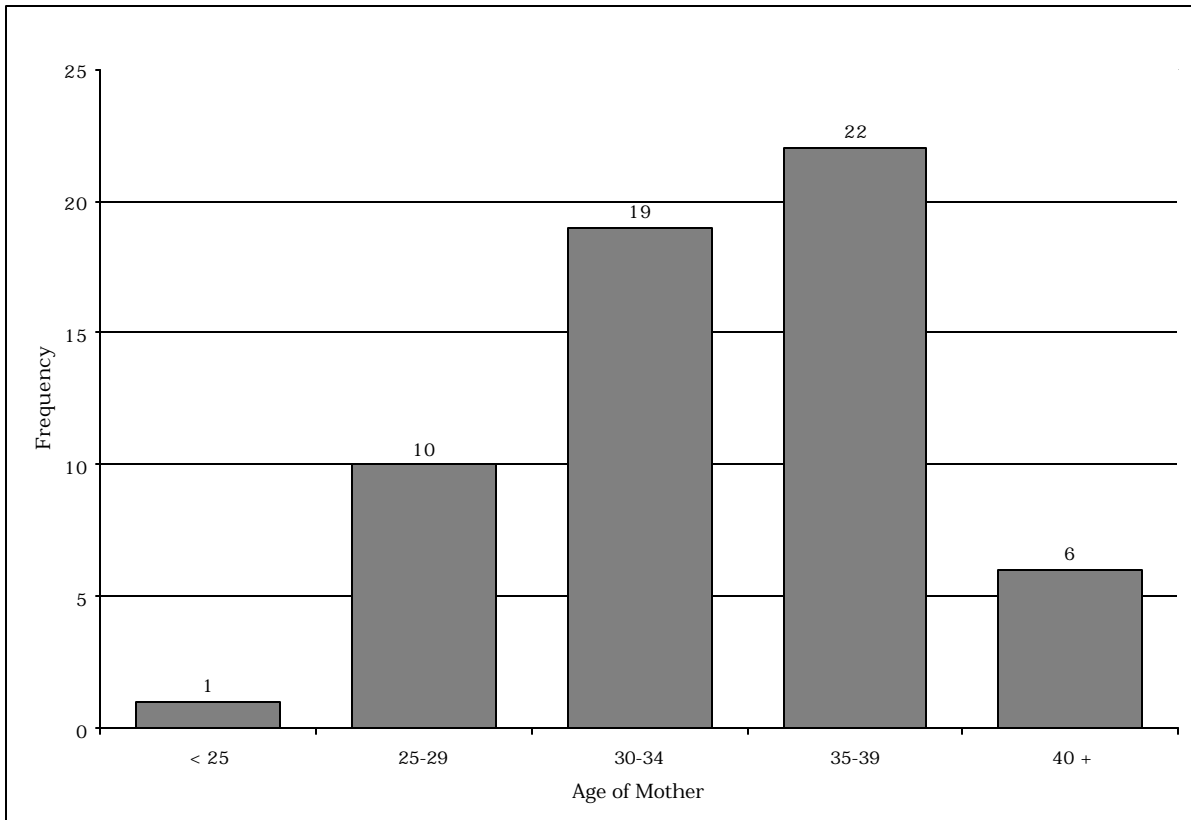
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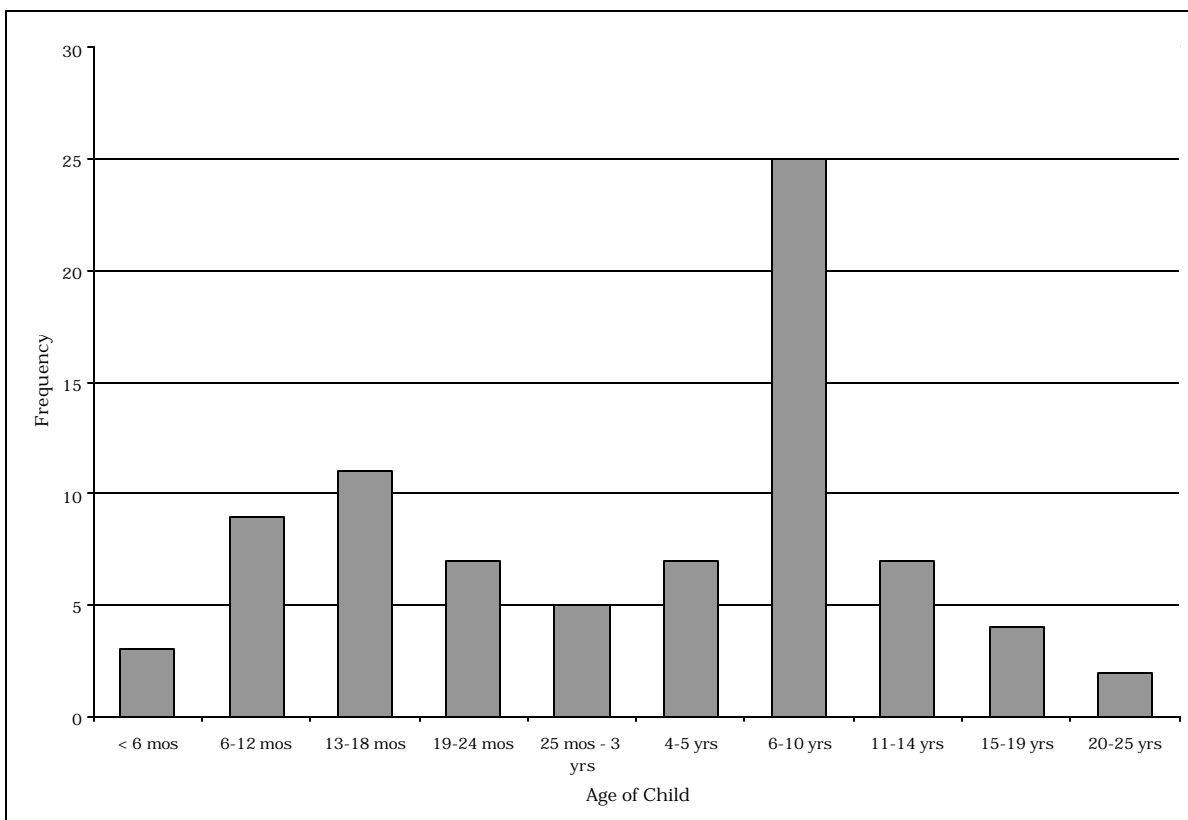
Appendix A: Participants by Age Group



Age of Mother	Frequency	Age of Mother	Frequency
22	1 (1.8%)	33	3 (5.4%)
23	0 (0%)	34	5 (8.9%)
24	0 (0%)	35	4 (7.1%)
25	1 (1.8%)	36	2 (3.4%)
26	1 (1.8%)	37	3 (5.4%)
27	2 (3.4%)	38	8 (14.3%)
28	0 (0%)	39	5 (8.9%)
29	6 (10.7%)	40	1 (1.8%)
30	3 (5.4%)	41	4 (7.1%)
31	6 (10.7%)	42	0 (%)
32	2 (3.4%)	43	1 (1.8%)

Mean: 34.8 years old
 Median: 34 years old
 Mode: 38 years old

Appendix B: Children of Participants by Age Group



Age of Child	Frequency	Age of Child	Frequency	Age of Child	Frequency
5mos	1 (1.2%)	20mos	1 (1.2%)	10y	5 (5.9%)
6mos	2 (2.3%)	21mos	1 (1.2%)	11y	2 (2.3%)
7.5mos	1 (1.2%)	22mos	3 (3.5%)	12y	1 (1.2%)
8mos	1 (1.2%)	2y	2 (2.3%)	13y	3 (3.5%)
10mos	1 (1.2%)	3y	5 (5.9%)	14y	1 (1.2%)
10.5mos	1 (1.2%)	4y	4 (4.7%)	15y	1 (1.2%)
11mos	2 (2.3%)	5y	3 (3.5%)	16y	2 (2.3%)
12mos	3 (3.5%)	6y	9 (10.6%)	17y	0 (0%)
14mos	3 (3.5%)	6.5y	1 (1.2%)	18y	1 (1.2%)
15mos	4 (4.7%)	7y	5 (5.9%)	22y	1 (1.2%)
16mos	2 (2.3%)	8y	6 (7.1%)	24y	1 (1.2%)
17mos	2 (2.3%)	9y	4 (4.7%)		

Mean: 5.9 years of age
 Median: 5.5 years of age
 Mode: 6 years of age