Parenting self-efficacy in parents of adolescents: Does it increase by completing The Parenting Place Tween & Teens Toolbox Parenting Programme?

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A thesis submitted to fulfil the requirements of the degree of Master of Social Welfare

University of Otago

Dunedin

New Zealand

November 2015

ABSTRACT

Parenting programmes both educate and support parents. It is important to understand and ascertain how effective they are in making a difference to the fundamental human experience of parenting. Evidence-based research of parenting programmes tested on a New Zealand population is scant. This paucity is even greater for New Zealand developed parenting programmes and parenting programmes for parents of adolescents. One aspect of parenting competence is parental self-efficacy: the belief a parent holds of their capabilities, formed through cognitive, social and behavioural processes, to organise and execute any task related to parenting a child (Bandura, 1997; de Montigny & Lacharité, 2005), Bandura's self-efficacy theoretical framework is the theoretical base for this longitudinal study. Surveys were distributed to parents of adolescents, who attended and completed The Parenting Place Tweens & Teens Toolbox parenting programme, between August and December 2013. One hundred and three parents of adolescents completed the surveys at three time points; before commencement, upon completion and three months post completion of the parenting programme. Based upon Bandura's self-efficacy theory and Baumrind's parenting styles, the surveys comprised three scales testing task-specific and domain-general self-efficacy, and social support. This parenting programme was developed and implemented by The Parenting Place in New Zealand for the New Zealand population. This study found that parents of adolescents attending and completing Tweens & Teens, increased their task-specific self-efficacy, domain-general self-efficacy and social support. Moreover, these increases are sustained 3-months post completion of Tweens & Teens.

ACKNOWLEDGEMENTS

Many people have encouraged and believed in my ability to complete this thesis. To Dr. Melanie Beres thank you for introducing me to statistics at a level that enabled competition of this thesis. To Dr. Emily Keddell thank you for your vast social work knowledge. To Melanie, Emily and Dr. Bryndl Hohmann-Marriott thank you for reviewing my many drafts, your excitement in this study added to the fruition of this thesis.

To my work managers Gill Williams at TPP for allowing me access to TPP clients and Ian Donnelly at CSS for allowing me the space to follow my dream.

To my family; my parents Marie and Murray for accepting my need to study, my children who have understood and allowed me to stay away from our normal family activities, to my mother-in-law Pat 'I'm done', sadly you did not stay long enough to see me graduate. And to Mike for your love and support.

Table of Contents

FIGURES

TABLES

APPENDICIES

ACRONYMS

ATBCs	Area toolbox coordinators……...	8
BPT	Behaviour parent programme……..	34
CBCL	Child behaviour checklist……	2
COI	Child of interest……...	95
CSS	Catholic Social Services……...	3
GRG	Grandparents Raising Grandchildren……..	8
IY	Incredible Years Parenting Programme……	36
KMO	Kaiser-Meyer-Olkin value……...	65
PCA	Principal Component Analysis……..	7
PMT	Parent Management Training……	34
PPs	Parenting Programmes…….	2
PPC	Parent Problem Checklist…….	2
PS	Parenting Scale…….	2
PSOC	Parenting Sense Of Confidence Scale……	2
PSOC: E	Parenting Sense of Confidence Efficacy subscale…….	6
PSE	Parental Self-Efficacy……...	1
SCT	Social Cognitive Theory……..	15
S-EPA	Self-Efficacy for Parents of Young Adolescents Scale…...	6
S-EPA: FT	S-EPA component 3 Faith/Trust…….	109
S-EPA: IS	S-EPA component 5 Information Seeking……..	109
S-EPA: M	S-EPA component 1 Management……..	108

ACRONYMS CONT.

S-EPA: R	S-EPA component 2 Relationship……..	109
S-EPA: SR	S-EPA component 4 Self-Reliance…….	109
SLT	Social Learning Theory……...	15
SPS	Social Provision Scale…….	7
Teen Triple P	Teen Positive Parenting Programme……...	39
Triple P	Positive Parenting Programme……	36
TOPSE	Tool for measuring parental self-efficacy……..	64
TPP	The Parenting Place…….	3
Tweens & Teens	TPP Tweens & Teens toolbox-parenting programme…….	3
UNCROC	United Nations Convention on the Rights of the Child……	19

Chapter 1: Introduction/structure of thesis

Introduction

The purpose of this thesis is to research the effect of a universal parenting programme, developed in New Zealand for the New Zealand population, on parental self-efficacy. Universal parenting programmes are offered to the total population, in contrast to targeted parenting programmes for a specific group within the population. Most research on parenting programmes and government funding to provide parenting programmes is focused on children under five years-of-age, however the influence of parents on their adolescents is key at this important developmental stage. Most parents are still actively involved with children and their schooling through the primary school years. However, parental involvement with their children's school dissipates with their children's transition to secondary school, which coincides with the transition to adolescence (Steinberg, 2001). The popular media tends to highlight the negative behaviours of adolescents (Steinberg, 2000, 2001), resulting in many parents accepting this behaviour as normal. Adolescents develop autonomy from their parents, however New Zealand research shows most adolescents want to spend time with their parents (Clark et al., 2013). Parents who believe they can parent their adolescent set family rules and boundaries with the expectation that their adolescent will comply, and the adolescent most often conforms. It may be possible that parents who believe the popular media often accept unruly adolescent behaviour and do not try to parent to alter adolescent behaviour. A parent who has high levels of parental self-efficacy (PSE) believes they can influence their adolescent's behaviour whereas a parent who has low levels of parental self-efficacy believes they cannot influence their adolescent's behaviour (Bandura, 1986b, 1997). This study evaluates The

Parenting Place Tweens & Teens Toolbox parenting programme (Tweens & Teens), a universal parenting programme by drawing on Social Cognitive Theory's self-efficacy theoretical perspective and Baumrind's parent typology.

Parenting programmes (PPs) are the heart of education and intervention strategies for parents; they influence parents and change child behaviour. Research on universal parenting programmes is scant in New Zealand, with research on universal parenting programmes for parents of adolescents almost absent; see Robertson (2014), Fergusson, Stanley and Horwood (2009), and Chu, Bullen, Farruggia, Dittman, and Sanders (2015). Measures for evaluating universal parenting programmes are limited; parents and children not presently experiencing problematic child behaviour, often those not in a clinical environment, may score at the high end of clinical measures. Consequently evaluating a universal parenting programme with a clinical measure may leave little room for measuring positive change. Examples of child measures are the Child Behaviour Checklist (CBCL) (Achenbach, 2000) and the Eyberg Child Behaviour Inventory (Eyberg & Pincus 1999 cited in Nowak & Heinrichs, 2008). However, universal parenting programmes are preventative, providing strategies that enable parents to preempt inappropriate child behaviour. Parent behaviour influences child behaviour. Therefore a parent measure would be more appropriate for a universal preventative parenting programme. Examples of parent measures are the Parenting Scale (PS) (Arnold, O'leary, Wolff, & Acker, 1993), Parent Problem Checklist (PPC) developed by Dadds and Powel 1991 (cited in Nowak & Heinrichs, 2008), and Parenting Sense of Competence Scale (PSOC) developed by Gibaud-Wallston and Wandersman (cited in Johnston & Mash, 1989). PSOC is a domain-

general measure of self-efficacy however the most accurate measure of self-efficacy is a task-specific measure (Bandura, 1997).

A parent's belief in their ability to parent affects their ability to parent. Parental self-efficacy is the belief a parent holds of their capabilities, formed through cognitive, social, and behavioural processes, to organise and execute any task related to parenting a child (Bandura, 1997; de Montigny & Lacharité, 2005). This study tests change in self-efficacy, on a sample of parents of adolescents who demonstrated improvement in task-specific and domain-general self-efficacy and social support.

Background to research

This study is a combination of my personal social work practice and research. My journey as a social worker is fundamental to this research project. I am a Registered Social Worker working at Catholic Social Services (CSS), a non-government social work and counselling agency in Dunedin, New Zealand. The core of my work/practice is working with parents on parenting strategies; this is enhanced by an organisational agreement between The Parenting Place (TPP) and CSS that encompasses my role as TPP Otago Coordinator. TPP offer a suite of parenting programmes covering parents of children from birth to 18 years of age. CSS regularly provides TPP toolbox-parenting programmes to parents of children aged between 0-6years, 6-12years, and Tweens & Teens (10-12years and over). As TPP Otago Coordinator and CSS Social Worker I facilitate, recruit, and supervise TPP toolbox-parenting programme facilitators. In my experience, parents of babies, toddlers and Primary School aged children (0-12years) more readily engage in parent education and the associated social support than parents of adolescents. However, advances in

brain development acknowledge that adolescent transition is a time when parental monitoring and involvement with their young people is both advantageous and desirable. Parents of adolescents attending The Parenting Place Tweens & Teens toolbox-parenting course have the opportunity to engage in and receive peer-to-peer based learning relevant to parenting their adolescent.

Since 2007, I have worked with parents of adolescents who attend and complete Tweens & Teens. I have observed growth in these parents' belief, ability, and competence to parent their adolescents. Moreover, I have had the privilege of hearing parents and Tweens & Teens facilitators talk of the peer-to-peer communication that provides group learning, significant moments of discovery by parents of adolescents that they are not alone, and that parents from all socioeconomic levels are experiencing the same adolescent behaviour. This research study is the culmination of my social work practice, recognising the need for local New Zealand developed parenting programmes to be evidence-based enabling recognition in the current political climate. I chose to research parents of adolescents, as it is my area of practice and an area that exhibits paucity in the literature. There is a gap between prevention research and practice (Moran, Ghate, & van der Werwe, 2004, Sanders, 2008).

Structure of thesis

In chapter 1 I have discussed the topic selection and introduced the purpose of this longitudinal study, which is to evaluate Tweens & Teens, a parenting programme that has been developed in New Zealand for New Zealand parents by New Zealanders. Next The Parenting Place is introduced, and then TPP Tweens & Teens toolbox-parenting programme is examined.

Chapter 2 presents the literature review in three parts. Part 1 is an examination of parenting and childhood, and presents the social worker's relationship to parenting followed by a discussion on the social construction of childhood and parenting historically, and then with a developmental lens, subsequently adolescence is introduced. Parenting is situated in an ecological framework that combines the multifactorial nature of childhood and parenting, their social influence, and relationships that transpire within the context of culture, values and belief systems.

Part 2 presents the literature on parenting programmes deliberating their history, purpose, research evidence internationally then specific to New Zealand, their features, and a discussion on gender and culture. Next universal parenting programmes are explored, then parenting programmes for parents of adolescents are introduced and examined.

Part 3 reviews the theoretical literature, first self-efficacy; the main theoretical base for this study is explored and reviewed. Bandura's Social Learning Theory/Social Cognitive Theory is proposed as a theoretical framework for parenting programmes. This theory is premised on the concept that human agency, a person's ability to act, is governed by their self-efficacy (Bandura, 1997). Accordingly, human agency and triadic reciprocity are explored; more specifically self-efficacy, an element of triadic reciprocity's personal cognitive factor is examined and discussed. The discussion on and examination of self-efficacy culminates in a construct of parental self-efficacy for this study. Self-efficacy sources, mastery experience, vicarious experience, verbal persuasion, and physical and affective states are explored and examined then specifically related to parenting. Self-efficacy has different types of measurement.

Literature is reviewed to locate an appropriate measure to test task-specific self-efficacy in parents of adolescents attending and completing a parenting programme. Parenting self-efficacy research is reviewed. Self-efficacy provides the link between a person's knowledge and their ability to act. If a person believes they can complete an action, they are likely to succeed, in contrast a person who believes they cannot complete an action, often does not even try (Bandura, 1997). Self-efficacy is examined in relation to antecedents, current and ecological factors. Then the ecological factors that impact on self-efficacy in particular historical and current factors, the role of support, gender and culture are examined. Next, Baumrind's seven parenting styles are examined. This section examines Baumrind's two dimensions of parenting responsiveness and demandingness. Parenting styles clearly relate to parenting behaviour. These are reviewed in relation to cultural difference. Parenting can be understood amongst a dynamic of interconnected systems reflective of the ecological model. Questions for this study are delineated.

Chapter 3 presents the methodology of this research study and introduces the sample and the three measurement scales. The first measure is a task-specific self-efficacy measure Self-Efficacy for Parents of Young Adolescents (S-EPA). The second measure is a domain-general self-efficacy measure, the Parent Sense of Competence Efficacy subscale (PSOC: E), a well-tested measure of domain-general self-efficacy. The third measure social support is measured with the Social Provision Scale subscales of Guidance and Social Interaction and the researchers four parent support questions. The procedure for distribution and collection of surveys is presented.

Chapter 4 presents the results, of testing task-specific self-efficacy, domain-general self-efficacy and social support measures S-EPA, PSOC: E, and Social Provisions Scale (SPS) respectively, on parents of adolescents attending and completing Tweens & Teens. A Principal Component Analysis (PCA) of the task-specific self-efficacy scale resulted in five components theoretically concurrent with Baumrind's parenting style axes of responsiveness and demandingness, adolescent autonomy development and social support. S-EPA, PSOC: E and SPS significantly increase between the beginning and end of parents attending and completing Tweens & Teens. This increase is sustained 3-months post-completion. In addition, task-specific self-efficacy and domain-general self-efficacy are linked with social support.

Chapter 5 discusses the results that bring together the multiply determined social constructions of childhood and parenting, specific to parents of adolescents evaluated within a social cognitive framework, linking self-efficacy and social support to a parenting programme for parents of adolescents, Tweens & Teens. Limitations of this study are presented. A framework is proposed to enhance parental self-efficacy throughout childhood and adolescence.

The Parenting Place Tweens & Teens toolbox-parenting programme (Tweens & Teens)

Tweens & Teens is one of a suite of toolbox parenting programmes developed and implemented by The Parenting Place (TPP) in New Zealand. TPP, formerly 'Parenting with Confidence' and 'Parents Inc.', is a not-for-profit incorporated society founded in 1993 by Ian and Mary Grant whose vision is to 'positively impact every family'. "The Parenting Place has developed Toolbox parenting programmes, as a resource for parents. The principles and ideas contained in this programme have been

gleaned from many sources, so besides original material by the contributors, there is a wealth of background knowledge drawn from experts in the area of parenting" (Parents Inc., 2004, p. i).

Subsequently TPP has over 20 years experience of working in the area of parent education in New Zealand. Toolbox parenting courses are the flagship of TPP encompassing the range from babies and infants through to adolescence, offering courses for parents of children aged 0-6years, 6-12years, and Tweens & Teens. They have also developed a course specifically for Grandparents Raising their Grandchildren (GRG). Acknowledging New Zealand's cultural diversity, Building Awesome Whanau, a toolbox-parenting course for Māori, was launched in May 2014. Additionally, Toolbox PPs have been delivered in Romania for 12-years, Singapore for 10-years, and were introduced to China in 2009 and the Cook Islands in 2012. Locally, course discussion has been translated into Korean, Kiribati/Tuvalu, Samoan, and Chinese (G. Williams, personal communication, 21 January, 2014).

Teenage Toolbox, the forerunner to Tweens & Teens, originally developed in 2004, was enhanced to generate Tweens & Teens in 2009 (Parents Inc., 2009). Tweens & Teens is a universal prevention-parenting programme that targets all parents. Toolbox parenting programmes work with a community approach, and programmes are embedded in the community (Jones & Soh, 2013). TPP toolbox coordinators, formerly Area Toolbox Coordinators (ATBCs), collaborate with local agencies, for example, 70 percent of courses in 2013 were run in association with community and social service agencies (Wilson, 2014). Toolbox programmes are distributed by 18 The Parenting Place Coordinators (formerly Area Toolbox Coordinators [ATBC's]) and two support workers employed from Whangarei to Invercargill. The facilitator's

role is key to delivery of the programme; TPP coordinators recruit and train facilitators who are already embedded within their community who are subsequently approved by the Toolbox Manager to facilitate toolbox programmes (Jones & Soh, 2013). Toolbox facilitators largely come from local community groups and agencies, providing services culturally consistent with the local value of family and community (Jones & Soh, 2013).

Tweens & Teens provides parent education, for parents of 10-18 year-olds, over six 2-hour sessions in relaxed informal small groups facilitated by trained facilitators (Parents Inc., 2009). Participants receive a comprehensive manual guiding them through the six sessions. Facilitators lead discussions and exercises based on either short video clips or material from the manual. The content of Tweens & Teens six sessions follows the **ABCDEF** format: **A**tmosphere, **B**oundaries, **C**ommunication, **D**iscipline, Self-**E**steem, and **F**uture Focus (Parents Inc., 2009):

1. **A**tmosphere: changing direction, teenage development and relationships.
2. **B**oundaries: parent styles, V of love[1], natural and logical consequences.
3. **C**ommunication: keep communication open, communication killers, personality pedigrees, and cell phone, Internet.
4. **D**iscipline: teenage battles, consequence-plan-reconciliation (CPR), control and responsibility, values and character.
5. Self-**E**steem: where does self-esteem come from, resilience, depression, mental health.

[1] Dr. Sylvia Rimm in Cline F. & Fay J. (2006) *Parenting with love and logic* USA: Nav Press

6. **F**uture Focus: hopes and dreams, love languages[2], problem solving, significant life learning situations. (Parents Inc., 2009)

Tweens and Teens content encourage parents to identify the behaviour as the problem, not the child. The premise behind ABCDEF is that if atmosphere, boundaries, and communication are all working discipline becomes a natural and logical consequence (Parents Inc., 2009).

Parenting literature delineates the importance of the parent-child relationship (Bunting, 2004; Commonwealth of Australia, 2004; Cutrona, 1984; Holden, 2009; Mackay, 2003; Moran et al., 2004; Power, 2013; Santrock, 2009; White, 2005). Tweens & Teens content emphasises relationships, 'building a positive functional and loving relationship between the parent and child' (Jones & Soh, 2013, p. 11). This is modeled by the positive functional relationship the facilitator develops with the group (Parents Inc., 2009). Receiving support from others in the group relating to similar problems, models caring relationships. Emotional communication explored with reflective listening provides a key relationship tool (Parents Inc., 2009). Parents attending Tweens & Teens build this relationship through content and delivery that encourages parents to become a backbone parent-coach. The backbone parent-coach has high levels of both parental love (responsiveness) and control/limits (demandingness). Tweens & Teens four parent types, Sergeant Major, Jellyfish, Absent/Neglectful, and Parent Coach (Parents Inc., 2009), are analogous with

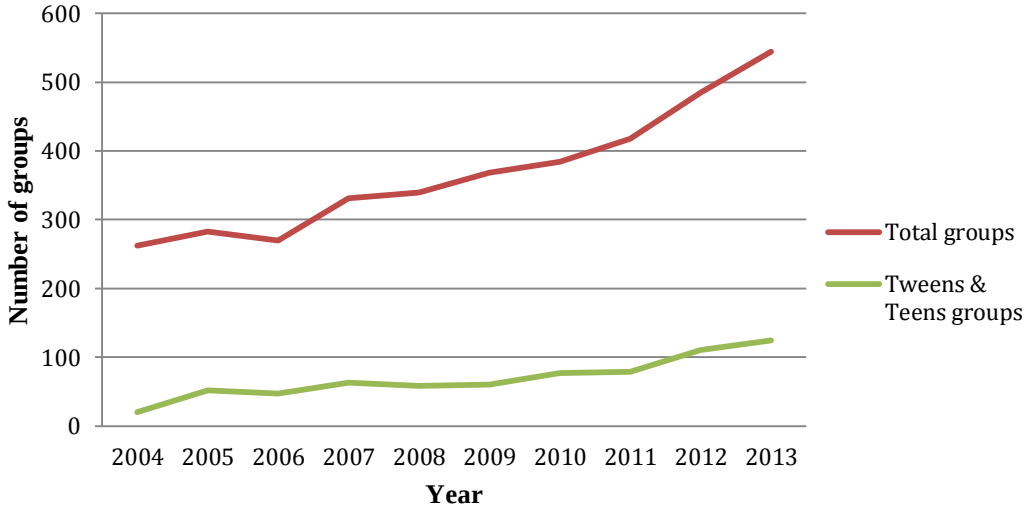
[2] Chapman, G. & Campbell, R. (2012) *The Five Love Languages of Children* USA: Bloomsbury Publishers

Baumrind's parenting styles Authoritarian, Permissive, Disengaged, and Authoritative respectively (discussed in Chapter 2).

Currently in New Zealand there are 1052 trained toolbox facilitators, of which 381 are trained to facilitate a Tweens & Teens course. In 2013, 291 trained facilitators ran 544 Early Years (0-6), Middle Years (6-12), Tweens & Teens (12-18), and Grandparents Raising Grandchildren (GRG) toolbox-parenting courses (Wilson, 2014). Of those, 97 facilitated 124 Tweens & Teens groups. During 2013, 70% (386) of total Toolbox courses were delivered in conjunction with a church or community agency (Wilson, 2014). Of the Tweens & Teens run 90% (112) were run in conjunction with a church or community agency (Wilson, 2014).

The number of Toolbox parenting courses and participants are increasing annually. In 2004, 262 courses were run with 2742 participants, of whom 20 were Tweens & Teens with 450 participants (see figure 1).

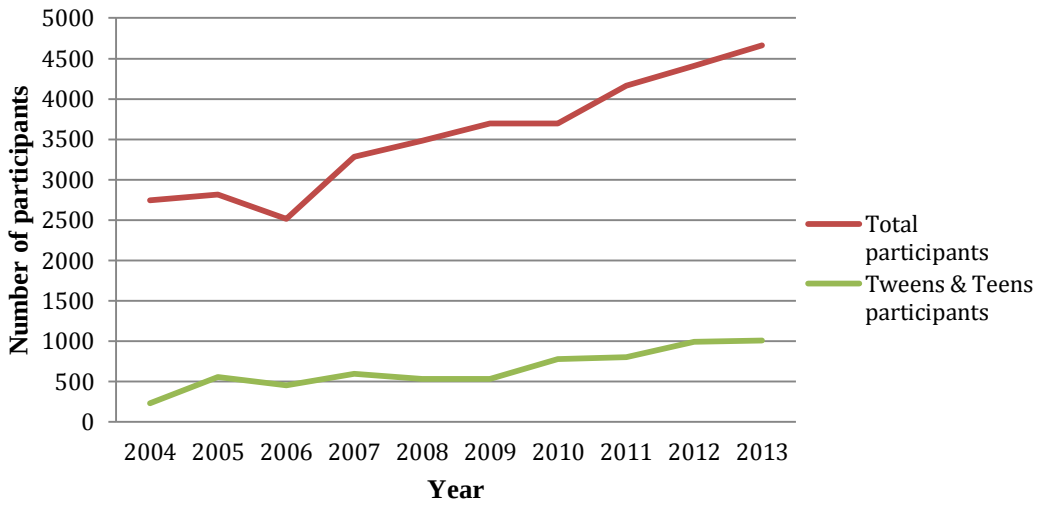
Figure 1: Number of Toolbox parenting groups 2004-2013



(Wilson, 2014)

In 2013, 544 courses were run with 4666 participants, of whom 124 were Tweens & Teens with 1004 participants (see figure 2).

Figure 2: Number of Toolbox participants 2004-2013



(Wilson, 2014)

TPP has engaged Point Research at three time points, 2008, 2010 and 2013, to evaluate toolbox-parenting programmes. In 2008 19.6 percent of the sample of 1821 respondents were Tweens & Teens participants. Most Tweens & Teens respondents found the parent-coach (89.7 percent) and setting reasonable limits (89.5 percent) topics useful (Point Research, 2008). Additionally, 80.6 percent of parents were more confident in their parenting, 79.3 percent changed the way they parented, and overall 86.2 percent found Tweens & Teens reassuring (Point Research, 2008). Woodley (2013) evaluated parents and caregivers attending one of TPP 0-6years, 6-12years, Tweens & Teens, or Grandparents Raising Grandchildren toolbox parenting courses. There were 1968 parents and caregivers who completed the pre-course survey, with 1653 completing the post-course survey between May 2012 and February 2013 (Woodley, 2013). Woodley did not differentiate between specific courses in the

evaluation. However, post-course most respondents said the course influenced them to cope better (85 percent), have more confidence as a parent/caregiver (89 percent), change their parenting behaviour (84 percent), were reassured they were doing the right thing as a parent (84 percent), and almost all said they were now enjoying parenting (98 percent). Pre- and post-course results were not directly comparable as surveys were anonymous, resultantly post-course respondents were also asked to reflect back to how they felt prior to the course. Of interest when parenting adolescents only four percent of parents and caregivers said they were struggling to set limits and boundaries post-course compared to 26 percent pre-course, (32 percent reflecting back) (Woodley, 2013). One third of parents/caregivers (33 percent) felt they were going well or very-well with the support they needed pre-course (reflecting back 26 percent), post-course this increased to just over half (54 percent) with only three percent of parents struggling for the support they needed post-course (Woodley, 2013).

Tweens & Teens Summary

This research investigates and evaluates the Tweens & Teens toolbox-parenting programme, a universal parenting programme developed in New Zealand by New Zealanders for New Zealand parents. Tweens & Teens is one of the suite of TPP toolbox parenting programmes. TPP has been working with parents in New Zealand for over 20 years. Tweens & Teens is a universal parenting programme that targets all parents. Tweens & Teens consists of six two hour sessions that follows the **ABCDEF** format, **A**tmosphere, **B**oundaries, **C**ommunication, **D**iscipline, Self-**E**steem, and **F**uture focus. The premise behind the ABCDEF format is that if atmosphere, boundaries, and communication are in place, discipline becomes a natural and logical

consequence. Tweens & Teens has a focus on the parent-child relationship, the importance of which is delineated in the literature (Bunting, 2004; Commonwealth of Australia, 2004; Cutrona, 1984; Holden, 2009; Mackay, 2003; Moran et al., 2004; Power, 2013; Santrock, 2009; White, 2005). The number of Tweens & Teens courses and participants are increasing annually from 20 courses (450 participants) in 2004 to 124 courses (1004 participants) in 2013 (Wilson, 2014).

Chapter 2: Literature Review

This study examines Tweens & Teens, a parenting programme for parents of adolescents, within a self-efficacy and parenting style theoretical perspective. This literature review is represented in three parts. In Part 1, social workers' relationship to parenting is introduced; and childhood and parenting are explored with a social constructionist lens and viewed within an ecological framework. Part 2 introduces and examines the literature on parenting programmes. In Part 3 theoretical perspectives are examined, first the main theoretical perspective for this study self-efficacy. Parenting can be understood amongst a structure of interconnected systems reflective of the ecological model. Self-efficacy is positioned within Social Learning Theory (SLT) and Social Cognitive Theory (SCT) triadic reciprocity, before investigating the parental self-efficacy construct development specific for this study. The sources of self-efficacy as well as its dimensions, ecological factors including gender, culture, and social support are examined. Parental self-efficacy research and measures are outlined. Next Baumrind's parenting styles are delineated and examined, culminating in research questions for this study.

Part 1: Parenting and childhood

Social Workers and Parenting

Social workers represent both government and non-government organisations. In their work, they are expected to unpack the 'problems' experienced by children and their families. Social workers apply their knowledge and skills in contexts, at the interface between people and social arrangements that are socially constructed amongst personal, social, historic, education, organisation, community, cultural, legal, economic, and political environments (Beddoe, 2013; James & Prout, 1997a). In

modern welfare-state societies parenting has become a focus of political attention. In New Zealand policy makers and media focus on the behaviour of individuals that, at times, masks the social and economic conditions that scaffold parental failure. Moreover social work is located '… on the margin between the everyday lives of citizens and the major social systems' (Beddoe, 2013, p. 44). Further, Beddoe comments that 'social work … is a social practice born in modernity, … propelled forward by a shift in focus within social policy from human improvement and social need, to the current obsession with risk' (2013, p. 44). In today's society a 'problem' child is reflective of 'problem' or 'risky' parenting. Social work interventions for 'problem' or 'risky' parenting, include parenting and parenting programmes that are delivered in-group or individual contexts.

Social workers at the micro-level face the 'dual challenge of protecting children while respecting and empowering parents' (Keddell, 2014, p. 76). At the meso-level social workers are guided by their place of employment, and are influenced by social, economic, and political contexts of the macro-level. Social work values respect the person, however this is becoming increasingly convoluted, as people are being damaged and marginalised by social, economic, and cultural processes and structures. It is problematic to work with clients on parenting, when those clients do not have their basic needs for food and accommodation met. The absence of basic needs often hinders the capacity to parent. New Zealand statutory social workers are challenged to work with non-government child and family welfare agency social workers to provide clients with parenting support, in an environment of evidence-based parenting necessitated by the political climate.

Social Construction of Childhood

Parenting and childhood are intrinsically related, complex, and are socially constructed in a historic, economic, social, and political environment. Understanding this context is important, as it frames notions of parental competence and parental self-efficacy. Historically parenting has been expressed through the writings of philosophy, religion, law, and science. The earliest known writing on parenting was in the 4th century BC by Plato and Aristotle (Shriver & Allen, 2008). Ambert, comments on the culturally specific nature of parenting; 'parenting is a culture-bound concept that is constantly reinvented or socially constructed as a response to socio-historical and economic developments' (1994, p. 534). The experiences of childhood and parenting vary; they are mostly defined within Western development, in particular the European and American Caucasian middle class (James & James, 2001; Prout & James, 1997).

Historically childhood has been defined within the current society of the time, this has been dominated by Western literature. Within Western literature, the meaning of childhood in 1800 was vague and not generally mandated (Hendrick, 1997). However, between 1800 and 1914 British childhood influenced by religious structures, progressed through the pre eighteenth century natural child (where children were valued as children), the romantic child (source of innocence), the evangelical child (no longer innocent), to the delinquent child (Hendrick, 1997). A conscious effort to universalise childhood, to make it coherent, ordered, and part of the family was evident with the reformation of the delinquent child, and the introduction of schooling (Hendrick, 1997). The inter-war period and the British evacuation experience of 1939 medically psychologised the child; the British welfare state legalised childhood. The legalised child had two main identities as an individual

citizen in a welfare democracy, and a family member. The evacuation experience exposed the "'problem family' (that is, the family who found it difficult or impossible to cope emotionally, economically, mentally, physically and so on, without assistance from social workers and other state agencies)" (Hendrick, 1997, p. 54). The 'child' is now a responsibility of the government's welfare state. Subsequently, childhood in the Western world has progressed through many stages until the contemporary child of the 1960's when: "A recognisable 'modern' notion of childhood was in place: it was legally, legislatively, socially, medically, psychologically, educationally and politically institutionalised" (Hendrick, 1997, p. 35).

Social construction of parenting

The social construction of parenting is intrinsically related to the social construction of childhood, as the predominant notion of childhood shapes the form of parenting at any given time (Ambert, 1994). Additionally, the construction of parenting has been influenced by the participation of women in the workforce, feminism, changing definitions of child abuse, and the changing expectations in the state's role of surveillance and regulation of children and parents, and education (Belsky, 1984; Hendrick, 1997; Schaub, 2010). The study of child abuse has influenced a deficit model in the construction of childhood (James & James, 2001) and parenting (Belsky, 1984). 'The significance of parental dysfunction - in the form of child maltreatment – is its power to reveal mechanisms of influence, at least in the pathological range governing parental behaviour' (Belsky, 1984 p. 93). Rights and privileges pertaining to the universalisation of children's health and education have been removed from parents; it is legislated by the state (Ambert, 1994). In New Zealand the general public as well as health and education providers notify the state if children are not

obtaining universal mandated requirements, such as attending school and being provided with a safe home environment. The economic and political move toward the right has influenced the (re)-construction of parenting and childhood (James & Prout, 1997a). 'The United Nations Convention on the Rights of the Child (UNCROC) is a comprehensive human rights treaty that enshrines specific children's rights in international law' (Ministry of Social Development, 2015). UNCROC was ratified by New Zealand, in 1993 giving every New Zealand child and young person up until the age of 18 civil, political, economic, social and cultural rights to a safe and happy and fulfilled childhood (Ministry of Social Development, 2015).

Early research on parenting was based at academic centres of learning, universities, where research participants and clinical populations were Caucasian European and American middle class, and this context predominated by the theory of the time (Baumrind, 1991a, 1991b, James & James, 2001; Prout & James, 1997). The study of parenting has matched theoretical development in the literature beginning with psychodynamic (attachment) and humanistic (positive human regard) through to developmental (Piaget, Vygotsky), behavioural (Skinner), cognitive-behavioural ecological and construction theories (Shriver & Allen, 2008). Parenting is fluid and constantly (re) constructed according to the dominant ideology and paradigm of the time.

Understanding how childhood and parenting is constructed is important, because it provides the context within which assessments of parenting capacity occur, to identify areas of parental strength or need as well as how 'good' parenting of child development is conceptualised (White, 2005).

One construction of optimal child development is described as a synthesis of parental nurturance and discipline (Larzelere, Sheffield Morris, & Harrisrt, 2013). Optimal child outcomes have been delineated in the literature as emotional security, behavioural interdependence, intellectual achievement and social competence (Baumrind, 1991b; Steinberg, 2001). Further social competence in children has been described as exhibiting pro-social behaviour, self-control, cheerfulness, and self-confidence (Steinberg, 2001). In summary, optimal children exhibit cognitive-motivational competence and healthy socio-emotional development.

Optimal parenting is positively associated with social support (Belsky, 1984). However, much research ensues with specific styles of parenting, Baumrind's (1971, 1991b, 2013) parenting typology, a synthesis of demandingness and responsiveness is discussed in Part 3 of this chapter. Moreover, Gray and Steinberg (1999) describe optimal parenting as acceptance through involvement, strictness through supervision and monitoring, and appropriated psychological autonomy granting. Parents who are attentive, warm, stimulating, responsive and non-restricting generally provide optimum parenting that produces competent children.

Development Theory

Parental self-efficacy, the belief in the ability to complete the required tasks of parenting (Bandura, 1997), affects parents' ability to parent their children that influences their child's development. Jean Piaget's theory of cognitive development has had a marked effect on the construction of childhood. Piaget was an evolutionary biologist, who proposed that intelligence develops ontogenetically and can be observed in the development of children (Piaget, Cook, & Norton, 1952). His

developmental theory is grounded in biology, in contrast to Freud's psychoanalysis and Skinner's behaviourism (Shriver & Allen, 2008). Piaget's theory defined four universal childhood stages:

1. Sensorimotor (birth - 2years). During this stage a child's sensory and mirror reflexes develop rapidly with knowledge developing through sensory (see, hear, taste, touch, smell) and motor abilities (move, reach). Infants 'think' using all five senses. Actions are first discovered by accident then repeated and applied to new situations. Stage 2 is reached when the child obtains object permanence (Piaget, 1964).

2. Pre operational (2 - 7years). The use of symbolic thought expands rapidly with the use of language. Knowledge is represented by language, mental imagery, and symbolic thought. This is the egocentric age of child curiosity (Piaget, 1964).
3. Concrete operational (7-11years). This stage begins with the child able to perform mental operations; actions are performed in the mind. Children become less egocentric, they think in a more logical manner. They gain spatial thinking, inductive reasoning, reversibility, and number (Piaget, 1964). Thinking is limited to real situations, the here and now. Stage 4 is reached when the child obtains conservation, the beaker test when the child knows the tall and thin beaker contain the same volume

4. Formal operational (11years and older). The child develops abstract thinking and reasoning, they are able to think about thoughts becoming flexible, rational and systematic (Piaget, 1964).

(Piaget, 1964; Piaget et al., 1952; Santrock, 2009)

Cognitive development theory posits that children actively construct knowledge by exploring and manipulating the world, through cognitive processes and cognitive development. A schema is the basic building block of knowledge; the brain creates schema, actions or mental representations that organise knowledge. For example, behavioural schemas such as sucking, looking and grasping represent the sensorimotor stage, infancy. These behavioural schemes are physical activities. Mental schemes, cognitive activities, develop in childhood and include problem-solving strategies. Schemes are formed by assimilation and accommodation to reach equilibrium Piaget's theory posits that actions and mental representations organise knowledge (Santrock, 2009).

Piaget's theory is criticised, on the grounds that it understates the social component of social development and does not include cultural or individual difference, it is ethnocentric reflecting the capitalist industrial society (Kohler & Bailey, 2014; Santrock, 2009). It does not address ethical or moral judgment (Kohler & Bailey, 2014). Piaget's theory stipulates subsequent stages are integrated into the previous stages. However, his theory underestimates the age at which preschool children understand specific concepts and principles, and overestimates the logical abilities of older children (Kohler & Bailey, 2014; Santrock, 2009). Many adults struggle with formal operational thought, between 40 and 60 percent of adolescents and adults

never reach formal operations (Kohler & Bailey, 2014; Santrock, 2009). Nevertheless, Piaget's major contribution to theory is age related changes and children's cognitive readiness for education. Piaget was a genius in observation and showed children are active constructive thinkers (Kohler & Bailey, 2014; Santrock, 2009). Further, Schaub (2010) comments that the twentieth century expansion of mass education, parenting for cognitive development, has standardised the life course for children further influencing the social construction of childhood as a specific developmental stage. Parent's level of self-efficacy influences their children's readiness for and participation with education.

Socialisation

Parenting can be described as a social construction; it imparts socially constructed norms to children, via a process of socialisation. '*Socialisation* is an adult initiated process by which children and youth, through education, training, and imitation acquire their culture and the values, skills, knowledge and habits necessary to function effectively in that culture' (Baumrind, 2013, p. 21). Parenting in this framing, is the things parents do to raise a child and can be defined as the process of taking care of children until they are old enough to take care of themselves. Parenting is an essential part of child socialisation and an important determinant of child well-being (Simkiss et al., 2013). Socialisation of children requires nurturing (Shriver & Allen, 2008). The physical health of a parent is linked to the physical health of their children, families share the same environment and genetics, and observational learning influences, for example smoking, alcohol and drug use (Commonwealth of Australia, 2004). Similarly parents' history and generational influences produce combinations of genetic and psychosocial factors that may be intergenerational

(Belsky, Jaffee, Sligo, Woodward, & Silva, 2005). Meunier and Roskham (2009) comment that parenting is nourishing and conceivably the most demanding role placed on parents. Parents or caregivers promote and support the physical, emotional, intellectual, and social development of their children from infancy to adulthood. Parents primarily nurture and socialise children and young people in the context of their family. Parent functioning and its many individual differences, can enhance or inhibit children's socialisation, and parental self-efficacy affects parent functioning.

Parenting is often described as a continuum of positive to negative behaviour, for example warmth and sensitivity through to harshness and inconsistency, identified by Baumrind as qualities/axes of parenting styles (Baumrind, 1991b, 2013). This continuum is affected by elements of parenting that Belsky (1984) recognises and names as determinants of parent functioning. Belsky's three determinants of parent functioning are; the personality and psychological well-being of the parent, the characteristics of the child, and contextual sources of stress and support. Each determinant is interrelated and multifactorial. The personality and psychological well-being of the parent, at least in part is determined by their developmental history that strongly influences the environment in which they live, and the corresponding establishment of social supports. Child temperament, the combination of mental, physical, and emotional traits, both genetically and environmentally contingent can be described as easy or difficult. Optimum parenting is positively associated with social support; Belsky (1984) posits three contextual sources of stress and/or support that have developed out of the study of child abuse; marriage, social networks and parents' place of employment. The development of the parent-child relationship is largely determined by the 'goodness of fit' between parent and child, and the parent-

child relationship is multiply influenced, by Belsky's three multifactorial determinants of parenting, discussed previously. Belsky (1984) proposed his process model of parenting observing, most often parenting tasks are labeled as dysfunctional that is parenting tasks have been labeled as the result of the study of child abuse - a departure from normal parenting practices.

Belsky advances a hypothesis that 'in general, supportive developmental experiences give rise to a mature healthy personality, that is then capable of providing sensitive parental care which fosters optimal child development' (1984, p. 86). Optimal child development can be described as a synthesis of parental nurturing and discipline (Baumrind, 1991a, 1991b, 2013). Baumrind describes child variables treated as outcomes of parenting practices 'optimal competence requires both the capacity for cooperation and compliance (communion) and self-determination and constructive dissent (agency)' (Baumrind, 2013, p. 25). Contextual factors interconnect in complex ways to determine parenting. People's experience of parenting is influenced by how they were parented, intergenerational influence, and some parents require more resourcing than others.

Adolescence

Parenting strategies used prior to adolescence often need adjustment, parental self-efficacy influences parents' ability to alter their parenting strategies. James and Prout comment on the 'uncertain position of teenagers in western, industrialised societies, neither children nor adults, with a multiplicity of different cut off points in different social contexts' (1997b, p. 236). New Zealand society promotes a level of perplexity for both adolescents and their parents at which age an adolescent transitions to an adult. Young people are able to leave school and engage in sexual activity at 16-

years-of-age, be left home alone at 14-years of age, purchase alcohol and vote at 18-years-of-age. However, adolescents are still considered dependent upon parents' income when engaged in tertiary education until 25-years-of-age. There is no fluid transition process for New Zealand adolescents to become adults. Increasing responsibilities may be beneficial however at times these are in a push-pull conflict – one is considered of age to legally drink at 18 though if enrolled in tertiary education is still dependent upon the means testing of their parents' income for eligibility of student allowance. Consequently society, parents and adolescents themselves can mismanage adolescence autonomy.

Adolescence is a normative transition often defined in intriguing terminology as a time of 'storm and stress', 'raging hormones', 'turbulent' and 'opposing' (Steinberg, 2001). 'The influence of media creates a dramatic disjunction between academic circles and … popular media' (Steinberg, 2000, p. 171). However, most adolescents and their parents negotiate this period most of the time without external assistance (Clark et al., 2013; Steinberg, 2000, 2001). Parents of infants receive plentiful information and advice at the beginning of parenting; in contrast parents of adolescents, are flooded with stereotypes of risk-taking, and adverse portrayal of adolescents, in social media, on the Internet, in the news, and on film (Steinberg, 2001). During the time of infant development most parents eagerly compare achievement of infant milestones with peers, in the adolescence years this becomes infrequent, many parents do not discuss truancy, brushes with the law or promiscuity, as eagerly with their peers as in infancy.

The parent/child relationship has substantial history by the time the child reaches adolescence. Parental influence appears to change during the transition moving from rule maker to advisor however it is far from inconsequential (Steinberg, 2001). The continued importance of a secure attachment to a trustworthy adult, the relationship that provides emotional and physical security to the child, has been documented in adolescence (Baumrind, 1991a). Most adolescents and parents generally view their relationship as harmonious (Clark et al., 2013; Smetana, 1988). Recent advances in technology and adolescent brain development indicate that adolescence is a time when parents need to be even more aware of their adolescent (Steinberg, 2008). Most working parents provide childcare for their young children. However, in New Zealand, from 14 years children legally may be left home alone. As a result young adolescents are at times, without direct supervision.

The Youth 2000 Survey Series, designed to the promote health and well-being of New Zealand Secondary Students in 2012, found that students reported they were happy with how they were getting along with their family (Clark et al., 2013). Eighty-one percent said they get on together either well or very well and the overwhelming majority (93 percent) felt that their mother or father cared for them a lot (Clark et al., 2013). Sixty-two percent of males and 55 percent of females reported they got enough time with their mother or father (Clark et al., 2013). Even though adolescents are differentiating, discovering their own autonomy these results indicate most adolescents in New Zealand are happy with how they were getting along with their family. However, one third of males and just under half of females said they did not get enough time with their mother or father.

Adolescence brings a significant change in cognitive flexibility, movement from concrete to more abstract thought (Steinberg, 2001). Physical, emotional, cognitive, and relational changes in adolescence are a challenge for parents. However, adolescent autonomy development relies heavily on the protective and positive influence of parents (Baumrind, 1991b; Chu, Farruggia, Sanders, & Ralph, 2012; Shumow & Lomax, 2002). The quality of parenting that children and adolescents receive has a major influence on their well-being and life opportunities (Chu et al., 2012). For example Baumrind's 1991 FSP study found children from authoritative parents (discussed in Chapter 2, Part 2), an optimal style of parenting produces children who are individuated, mature, resilient, and optimistic. Despite increasing peer pressure and social involvement parents continue to be an important influence on their adolescents as they develop autonomy (Baumrind, 1991a; Chu et al., 2012; Shumow & Lomax, 2002).

Ecological model

Another way of conceptualising parenting, is the belief that the family is part of wider social institutions in which parenting takes place. This is reflective of Bronfenbrenner's placement of family in the microsystem of his ecological model (Bronfenbrenner, 1986). Parenting is multifactorial; it is influenced by characteristics of both the parent and child alongside cultural and contextual factors. No single factor determines parenting however, parenting can be examined and understood within an ecological model that redirects modern conceptualizations of child development through the macro-system (Bronfenbrenner, 1986).

Bronfebrenner's original ecological theory in the 1970's posits the impact of the context and environment on the individual. His subsequent revision in the 1980's

introduced the relationship of the individual into the contextual environment. The ecological model places the individual as the focus surrounded by bi-directional systems of influence, depicting the processes of a person in context (Bronfenbrenner, 1977, 1986, 1994). The ecological environments can be seen as a set off nesting Russian dolls (Bronfenbrenner, 1986). The centre is the micro-system moving out concentrically through the meso, exo, and macro systems. The chrono-system sits outside the bidirectional concentric circles encompassing the dimension of time.

- Micro-system consists of the person's immediate relationships family, school, and neighbourhood. With the advent of global technology, Facebook is part of an adolescent's micro-system. It is at this level that parental self-efficacy affects the parent-child relationship.

- Meso-system is the relationships between and interactions within the micro-system, the interdependent linkages between two or more micro-systems. Social supports at this level, also impact on parental self-efficacy.

- Exo-system is a place children seldom enter, the places where parents live their lives that provides linkages and processes between social settings; for example parents social network and work place.

- Macro-system provides the over arching pattern to micro, meso and exo systems though belief, ideology, language, culture, identity, heritage, and values.

- Chrono-system encompasses the time dimension death, divorce, and marriage. Transitions are normative, for example school, puberty or non-normative for example, death, divorce, illness.

(Bronfenbrenner, 1977, 1986, 1994)

Applying Bronfenbrenner's ecological theory to parenting, the young person is situated in the centre of the system. Moving out from the young person their most influential bi-directional system is the micro-system, those that the young person has the strongest most direct relationships with, for example family, peers, and school. The meso-system connects two or more microsystems, in which the young person and family live, for example the connection between the young person's parents and church or the young person's teacher and their parents. The exo-system consists of contexts that the young person does not directly function as part of, however they indirectly affect the young person through family members' functioning, for example their parents workplace. The macro-system surrounds all other systems; it comprises the cultural environment and values, the economy and political system. The chrono-system consists of both normative and non-normative transitions that influence the young person and, micro, meso, exo and macro systems. Examples of normative transitions are school, adolescence, work, marriage and retirement. Non-normative transitions are for example death, serious illness, divorce, and moving place of residence. The ecological model provides a framework to situate the young person amongst the many contextual environments and relationships encompassing their developmental lifespan (Bronfenbrenner, 1977, 1986, 1994).

The family has an important and the most significant influence on young people. However, this influence is best grasped within an understanding of social influence and relationships amongst environmental, social, community, neighbourhood, and historical factors (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000). Families influence their children in the micro-system, while their peer group and school are simultaneously influencing children. The ecological perspective emphasises the potential reciprocal significance of extra-familial influence on child development. Peers, close friends and cliques within their micro-system, their neighbourhood and socioeconomic resources of their exo-system, all influence children. The macro-system influences families providing the overarching culture, belief and value systems that provide structure and govern the micro, meso and exo-systems.

The conjoint influence of parents and peers is manifest as children transition to adolescence. Adolescence is recognised as a normative transition, the chrono-system, with recognition that parents' reassess their parent – child relationship to that of parent – adolescent relationship. Parental self-efficacy influences parents' ability to reason and negotiate their relationship with their adolescent.

Summary of Part 1

Parental self-efficacy transpires within a complex social context. Parenting and childhood are intrinsically connected; they are social constructions with historical, social, political, and economic influences. Most studies of parenting and childhood have taken place with American and European Caucasian middle class families; study participants have predominantly been mothers. The social construction of childhood has been influenced by Piaget's developmental stages; adolescence has originated

subsequent to Piaget's work. Parenting can be understood however, in a developmental and ecological framework that is concomitant with the multifactorial interconnected milieu of parenting. Adolescence is a normative transition within the chrono-system. The ecological model situates parents, children and their relationships within a political, cultural, environmental, social and generational context. Parental self-efficacy influences the parent – child relationship, particularly during the transition from childhood to adolescence. Developmental approaches distinguish times of transition. Adolescence is a normative transition; transitions have been identified as a time when people are more receptive to education. Therefore, parents of adolescents are likely to be receptive to education/parenting programmes. However, there is a lacuna in the literature on parenting programmes for parents of adolescents.

Part 2: Parenting programmes

History of parenting programmes

The history of and research into parent training, both individually and in groups began in science and psychology and have progressed through the literature over time (Shriver & Allen, 2008). Concepts relating to parenting education first began with the ideas of psychodynamic theory (Sigmund Freud 1856-1939). The psychosexual stage theory of child development emphasised Freud's theory of personality, the processes of the ego, id and superego. Parenting education then changed in response to humanistic approaches (Carl Rodgers 1902-1987) genuine positive human regard that contributed the realisation that a therapist-client relationship of acceptance and trust enables the client to solve their own problems. Then through to developmental (Jean Piaget 1896-1980) and behavioural (B F Skinner 1904-1990) theories, which proposed that, the environment is the cause of behaviour. More recently Social

Learning and Social Cognitive theories (Albert Bandura) have come to the fore, and include ideas such as triadic reciprocity; and the influence of personal factors, behaviour and the environment on parenting. These concepts have all been proposed as theoretical approaches best suited to explain parenting behaviour (Shriver & Allen, 2008). Each theoretical tradition emphasises a different aspect of child development and how parents affect children and acknowledge the importance of parenting on child development. Since the 1960's there has been an increase in group based parenting programmes. Bandura's Social Learning and Social Cognitive Theories predominate current parenting programmes. Parenting programmes that utilise Social Learning Theory and behaviour management techniques claim to have positive effects for both parents and children, changing old and learning new behaviour (Dumka, Gonzales, Wheeler, & Millsap, 2010; Pajares, 2002).

Parenting programmes (PPs) are the heart of intervention strategies for parents. PPs have many forms; they can be delivered in large and small groups or individually and via home visits in the community or centre-based. They may be manualised and can cover one to several sessions. PPs operate within cultural, social, and political contexts that influence families, the ecological theory's macro-system. Cultural and political contexts influence and direct what is appropriate parenting for example New Zealand's 'no smacking bill' (Crimes [Substituted Section 59] Amendment Act 2007). PPs provide parenting strategies that do not involve physical punishment. It is not unusual for parents to need support at some time (Moran et al., 2004). Most parents, most of the time parent successfully however, transitions often necessitate an adjustment in both parent and child behaviour and have been labeled as a time when people are accepting of assistance and education (Steinberg, 2001). When a child is physically or mentally ill parents seek education and information, initially through

their support systems, family and friends, and family doctor. PPs also provide information and education at transition points.

The aim/purpose of parenting programmes

The general approach and underpinning ideology of PPs is to help parents become problem-solvers who understand the effects of their behaviour on their children (Bloomfield & Kendall, 2004, 2007; Lundahl, Risser, & Lovejoy, 2006). There are two significant aspects of parenting support prevention of damage and promotion of strengths (Moran et al., 2004). PPs are designed to support parents, and to facilitate and empower them in their parenting role, to support their young people's emotional and behavioural development (Bloomfield & Kendall, 2004, 2007; Kane, Wood, & Barlow, 2007; Lundahl et al., 2006; Moran et al., 2004; Robertson, 2014). Parenting practices are related to child behaviour, for example disruptive parenting practices are associated with problem child behaviour (Leijten, Raaijmakers, de Castro, & Matthys, 2013; Lundahl et al., 2006; Robertson, 2014; Spijkers, Jansen, de Meer, & Reijneveld, 2010). Consequently, the basic principle of PPs is that a change in parenting behaviour will change child well-being. Supporting and educating parents to parent effectively, subsequently enhances the quality of the parent-child relationship (Commonwealth of Australia, 2004)

PPs train parents to intervene in their child's misbehaviour using a number of different interventions. Those using a behavioural management orientation are called Parent Management Training (PMT). Others are termed Parent Training Programmes (PTP) and Behaviour Parent Training (BPT). Maughan, Christiansen, Jenson, Olympia and Clarke (2005) describe BPT as behaviour modification with principles of Social Learning Theory. The premise of PPs is that parental functioning influences children therefore modifying parental functioning will have desirable changes for

children. PPs teach skills aiming to motivate change in parenting behaviour through altering parent perceptions, communication and understanding (Lundahl et al., 2006). Consequently, parents become actively involved in interventions that strengthen their families functioning.

The foundation of parenting is parent confidence; increasing parent confidence enables parents to become active problem solvers and change their parenting behaviour (Moran et al., 2004). PPs educate participants, and claim to increase participant resiliency by building protective factors. Knowledge, skills, competence, and satisfaction are parent protective factors, most parents' benefit from additional support, information and guidance (Moran et al., 2004; Robertson, 2014). The literature suggests PPs influence parents for the better; parents who feel supported and valued find change easier than those who are not. There has been an expansion of group-based PPs in many countries over the past decade (Hallberg & Håkansson, 2003), this continues today. Additionally, there has been a proliferation of studies investigating PPs in the last three decades.

Research on parenting programmes

There has been substantial research on PPs since the 1960's that has resulted in empirically supported PPs, many developed for specific indicated treatments. Research has shown that parent style and child well-being are closely connected (Lundahl et al., 2006; Spijkers et al., 2010), and disruptive parent practices are associated with problem child behaviour (Leijten et al., 2013). Programmes for indicated treatments target specific disorders or specific groups within the population. The target group for these PPs is parents who have children with behavioural and emotional problems, and conditions. For example, adolescent depression (Joshi,

Sharma, & Mehra, 2009), ADHD (Gohari, Dehghani, Rajabi, & Mahmoudi-Gharaei, 2012), autism (Raj & Salagame, 2010; Sofronoff & Farbotko, 2002), blind, deaf parents of preterm babies (Pennell, Whittingham, Boyd, Sanders, & Colditz, 2012), child surgery (Miklósi, Szabó, Martos, Galambosi, & Perczel Forintos, 2013), conduct disorder (Dumka et al., 2010), infant massage for blind parents (Lappin, 2006), parents of downs children (Gilmore & Cuskelly, 2009), and smoking (Mahabee-Gittens et al., 2011). Generic PPs have been developed for child misbehaviour, many developed by local communities for local populations however the predominant international PPs are Incredible Years (IY) developed by Carolyn Webster Stratton in the USA and Positive Parenting Programme (Triple P) developed by Matthew Sanders in Australia (Robertson, 2014). IY PPs are for parents of children aged 3-8years whereas Triple P covers parents of children 0-12years, also having an option for parents of adolescents up to 16 years old.

The developmental stages of childhood have also influenced the development of PPs, with PPs predominantly focusing on early child development and those for deviance from normal development (Kendall & Bloomfield, 2005; Long, Edwards, & Bellando, 2009). Alongside non-compliance and indicated treatments; most PPs have been developed for parents of children under 12-years-old or for adolescent delinquency. Furthermore numerous PPs have been developed for mothers of infants and parents of primary school age children yet are much scarcer for parents of adolescents (de Graaf, Speetjens, Smit, De Wolff, & Tavecchio, 2008; Griffith, 2010; Hallberg & Håkansson, 2003; Kendall & Bloomfield, 2005; Long, Edwards, & Bellando, 2009). For example Lindsay, Strand and Davis (2011) found the 8-13-year-age-group to be the most under-resourced and under-researched group in the United Kingdom, noting

PPs typically are based on the younger child age groups or specific to delinquent adolescents.

The evidence on parenting programmes

The current social and political climate necessitates funding for PPs that are research (evidence) based and effective that is they achieve their intended outcomes. The New Zealand government's preference is for evidence-based programmes, however there are few international PPs that have been rigorously evaluated with a New Zealand population; even fewer local PPs have been evaluated (Kerslake Hendricks & Balakrishnan, 2005; Robertson, 2014). Most meta-analyses and reviews focus on child outcomes, several meta-analyses reviewed PPs and show that PPs are an effective method to reduce child disruptive behaviour (de Graaf et al., 2008; Kane et al., 2007; Leijten et al., 2013; Lundahl et al., 2006; Lundahl, Tollefson, Risser, & Lovejoy, 2008; Maughan et al., 2005; Michelson, Day, Davenport, Dretzke, & Barlow, 2013; Nowak & Heinrichs, 2008; Serketich & Dumas, 1996; Shulruf, 2005; Thomas & Zimmer-Gembeck, 2007). However fewer meta-analyses of PPs measure parent outcomes for example parent knowledge and skills (Nowak & Heinrichs, 2008; Thomas & Zimmer-Gembeck, 2007). Additionally, Lundahl and colleagues (2006) compared behaviour with non-behaviour PPs concluding similar effects for both.

IY and Triple P are international evidence-based PPs. Triple P extends its range to parents of adolescents, accordingly I will review evidence-based research on Triple P. Triple P has been extensively studied with several meta-analyses that confirm Triple P efficacy for improving parent skills, child problem behaviour, and parent well-being, for example see de Graaf and colleagues (2008), Nowak and Hendrichs (2008), Thomas and Zimmerbeck (2007). Studies comparing Triple P to local service as usual have indicated mixed results. De Graaf, Onrust, Haverman and Janssens (2009) found

greater reductions in parent laxness and total parent dysfunction and improvement in total parenting competence with Triple P compared to the local Dutch programme. Similarly, Lindsay and colleagues (2011) found Triple P and IY more effective in increasing parenting skills and parental mental wellbeing and reducing child behaviour than the local UK programme. However, a number of studies comparing Triple P with service as usual have found service as usual just as effective for example see McConnell, Breitkreu and Savage, (2012, Canada), Malti, Ribeaud, and Eisner, (2011, Switzerland), and Spijkers and colleagues, (2013, Netherlands). Furthermore, Maltai and colleagues (2011) comment that significant programme effects are generally tested on smaller more selective samples that tend to produce large effects, and that independent investigators have tended to yield less positive responses than developer led studies, suggesting that population level approaches need to include independent evaluation and replication of results. Similarly, Pidano and Allen (2015) note much of the IY research is developer led, and focused on children aged 3-8years however, state the literature provides support for international application for young children.

Parenting programmes in the New Zealand context

The New Zealand review on effective parenting programmes states high quality impact evaluations for New Zealand programmes are rare (Robertson, 2014). It is acknowledged that in New Zealand there are few well-designed studies examining the impact or effectiveness of New Zealand PPs (Robertson, 2014), the lacuna is greater for parents of adolescents.

Incredible Years has been developed for parents of young children with troublesome behaviour (Pidano & Allen, 2015). Fergusson and colleagues (2009) tested the

Incredible Years Basic Parenting Programme (IYBPP) on a New Zealand population, and courses were organised by the Ministry of Education, Special Education Department throughout New Zealand, with sample a of 214 parents of children aged 2 ½ - 8years (41 Māori, 139 non-Māori, 34 not-known). The preliminary findings reported high parental satisfaction. Programme outcomes measured by the Eyberg Child Behaviour Inventory Problem and Intensity scales and Social Competence Scales did not vary with ethnicity (Fergusson et al., 2009). Fergusson and colleagues (2009), recommend a more comprehensive evaluation with waitlist control to assess the efficacy and acceptability of IYBPP in the New Zealand context.

An evaluation of Group Teen Positive Parenting Programme (Group Teen Triple P) in Auckland New Zealand was completed with a universal sample of 72 Auckland parents (Chu et al., 2015). Multiple parent and adolescent measures were used, and reported clinically significant improvement with higher levels of parental monitoring, a decrease in parent/adolescent conflict and a reduction in problem behaviours (Chu et al., 2015). Interestingly non-significant mother-reported outcomes on family conflict and parental confidence were not maintained. Chu and colleagues (2015) note that pre- and post-scores for those measures were not within the clinical range.

Gender and parenting programmes

Historically parenting training has been synonymous with mother training and females are overrepresented in parenting samples (Lundahl et al., 2006; Miklósi et al., 2013; Shulruf, 2005). The inclusion of fathers in parenting programmes increased the likelihood of successful change in parenting behaviour (Lundahl et al., 2008).

Culture and parenting programmes

Sanders and Kirby (2012) state caution should be observed when translating an existing programme to another country or culture. Furthermore PP content should

include the cultural particulars of each parenting group. This necessitates an understanding of the ecological theories macro-system. It is evident that diversity within neighbourhoods can be as great as that across cultures (Furstenberg, 2001; Furstenberg, Cook, Eccles, Elder, & Sameroff, 1999).

Universal parenting programmes

A Universal PP is offered to the total population, in contrast to indicated or targeted PPs that are offered for a specific group within the population. A Universal PP, a population based strategy that is identified as a preventative PP, is most likely to affect a diverse range of the population (Bunting, 2004; Moran et al., 2004; Shriver & Allen, 2008). However universal PPs also have a treatment element, there is a gap between prevention research and clinical practice (Moran et al., 2004; Sanders, 2008). The difference being the time frame for measured outcomes, prevention timeframes are future focused (Bunting, 2004; Robertson, 2014). Universal preventative PPs generally incorporate relationship skills alongside behaviour management, optimising parenting styles and cognitive skills, enabling parents to be proactive and preventative with their children. A targeted intervention, for example conduct disorder has specific short-term outcomes for the child whereas preventative PPs aim to encourage long term changes in parent behaviour, a determinant of parenting that influences child behaviour. Leijten and colleagues (2013) completed a meta-analysis of PPs for disruptive child behaviour; their study demonstrates that troubled children have larger scope for improvement on child outcome measures. Child outcomes for preventative parenting programmes are future orientated, when compared with indicated programmes. Consequently a measure based on parent outcomes would be timelier for universal preventative PPs, parental self-efficacy is a parent outcome. Kendall and Bloomfield (2005) comment there is difficulty-comparing universal with indicated

PPs, as there is no general outcome measure. Most existing measures have been formulated for clinic populations, who have a larger room for improvement, compared with a universal population, whom often score at the high end before the intervention leaving little room for improvement.

Adolescent Parenting Programmes

Adolescence is a transition point; people are more available to learning at transition points. During adolescence the parent - child relationship is renegotiated to that of parent - adolescent. PPs for parents of adolescents are both appealing and sought after by parents during the transition to adolescence (Burke, Brennan, & Cann, 2012), when parents are receptive to new learning, education. Scientific advances have enabled research into the adolescent brain that is able to provide new awareness and understanding for parents of adolescents, for example see Spear, (2013).

There is a paucity of research on PPs for parents of adolescents; Bogenschneider, Small and Tsay (1997) identified a lacuna in the literature on parents of adolescents that remains evident today. There are few qualitative studies expressing parents of adolescent's views of PPs (Kane et al., 2007). Hallberg and Håkansson (2003) found no published studies in Sweden and few international programmes for parents of adolescents and, Burke and colleagues (2012) found no meta-analysis that explored the outcomes of PPs for the parent of adolescents. Most of the family based PPs for parents of adolescents target health issues, for example smoking (Mahabee-Gittens et al., 2011), anorexia (Rhodes, Baillie, Brown, & Madden, 2005) or identified risk factors; conduct disorder (Dumka, Prost, & Barrera, 2002). Research on PPs for parents of adolescents of a universal preventative nature is scarce.

Ralph (2006) and, Ralph and Sanders (2003) have evaluated Group Teen Triple P in Australia, and indicated short-term gains and significant improvement in parental self-efficacy, self-sufficiency, and self-management.

Summary of Part 2: Parenting Programmes

PPs are the heart of intervention strategies for parents, as they claim to impact on parental self-efficacy and other aspects of parental behaviour. They encourage parents to be problem solvers who understand the effect of their behaviour on their children through support and encouragement. The literature provides evidence that targeted PPs improve child and parent outcomes, as parents gain control they are able to cope. Most PPs have been developed for indicated populations and parents of children under 12-years. The political climate favours evidence-based PPs however the New Zealand Families Commission review of evidence-based PPs reports local evidence based research is sparse (Robertson, 2014). Universal PPs target all parents and when evaluated on measures based on clinical populations there is little room for improvement. The preventative nature of universal PPs place child outcomes as future orientated, so parent outcomes provide a timelier measure. Tweens & Teens is a local homegrown New Zealand universal preventative-parenting programme. This study advances its evidence base by investigating and evaluating Tweens & Teens primarily through a self-efficacy and parenting style theoretical framework.

Part 3: Theoretical Perspectives; Social Learning/Social Cognitive Theory, Parental Self-Efficacy and Baumrind's parenting styles

Evaluating a parenting programme requires a theoretical base appropriate and significant to the outcomes being measured. Many parenting programmes are based on Social Learning/Social Cognitive Theories, within which self-efficacy is paramount (Bandura, 1997). Parental self-efficacy, the concept that a parent who

believes they can parent their adolescent, does parent their adolescent and is available to learn parenting strategies in a social learning environment. Parenting styles have been shown to affect the quality of parent interaction between the parent and child/adolescent (Baumrind, 1971, 1991a, 2013; Steinberg, 2000, 2001). Many researchers have furthered Baumrind's parenting styles. Accordingly this study's theoretical base is self-efficacy and parenting styles. Consequently, this part of the literature review explores and examines Bandura's self-efficacy component within Social Cognitive Theories triadic reciprocity, followed by an examination of Baumrind's parent styles.

Social Learning Theory/Social Cognitive Theory

Social Learning Theory (SLT) is important because it forms the direct theoretical foundation for parental self-efficacy. SLT posits people learn their behaviour from observing, watching, and imitating others within the context of a social environment (Bandura, 1997). Parenting programmes provide a context within which social learning transpires. 'In the social learning view, psychological functioning involves a continuous reciprocal interaction between behaviour and its controlling conditions' (Bandura, 1971, p. 39). This is in contrast to earlier behaviour theory that posits people behave in response to positive or negative reinforcement with the environment. Bandura (1986b) proposes psychodynamic trait and radical behaviourism theories are 'unable to account satisfactorily for the complexity and plasticity of human behaviour' (Maddux, 1995, p. 6). SLT acknowledges much of what it is to be human; a person is a thinking organism (Bandura, 1977). SLT demonstrates both functional and dysfunctional parent and child behaviour unintentionally reinforce one another.

Bandura (1997) introduced a cognitive element to Social Learning Theory renaming it Social Cognitive Theory (SCT), whereby people think with symbols, a cognitive process. Further within Social Cognitive Theory 'the social … acknowledges the social origin of much human thought and action; the cognitive recognizes the influential contribution of thought processes to human motivation, affect and action' (Bandura, 1986b, p. xii).

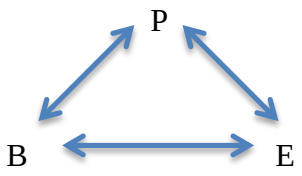
Social Cognitive Theory is guided by specific assumptions symbolising, forethought, people learn vicariously by observing, are self-reflective and able to self-regulate (Bandura, 1986a, 1997; Maddux, 1995). Through symbolisation, people are able to form internal working models that allow the testing of assumptions with thought processes (Bandura, 1986a). Forethought enables anticipation of consequences using symbols, and 'is the product of generative and reflective ideation' (Bandura, 1986a, p. 19). Learning vicariously, particularly observing others' errors, 'enables people to acquire rules for generating and learning behavioural patterns without having to form them gradually by tedious trial and error' (Bandura, 1986a, p. 19). Self-regulatory capability draws upon internal standards that regulate and guide behaviour while through self-reflective capability people '… gain understanding and alter their own thinking' (Bandura, 1986a, p. 21).

Human agency sits at the core of what it is to be human 'to be an agent is to intentionally make things happen' (Bandura, 2001, p. 2), and permeates the assumptions of forethought, self-reactiveness and self-reflectiveness with intentionality. 'Intentions centre on a plan of action' (Bandura, 2001, p. 6), a future course of action to be performed. The manner of being an agent requires people to plan, think, motivate, self-regulate and self-examine (Bandura, 1997, 2001). This

meta-cognitive capability incorporates the use of symbols to self-reflect on ones' thinking. People are able to cognitively learn much of their behaviour in thought form, and thinking enables behaviour to be verbally described before it is performed. Human agency enables people to utilise the concepts of intentionality and forethought, people are self-reactive and self-regulate, enabling anticipatory visualisation of behaving effectively or ineffectively (Bandura, 1982, 2001). Human agency is one determinant within the personal factors of 'triadic reciprocity', an important assumption in Social Cognitive Theory.

Bandura's Social Cognitive Theory proposes a system of triadic determinants over time and identifies human behaviour as an interaction of personal factors (cognitive, affective and biological events), behaviour, and the environment (Bandura, 1986a, 1997) (see figure 4). 'This principal of *triadic reciprocality* is perhaps the most important assumption of social cognitive theory' (Maddux, 1995, p. 5).

Figure 3: Triadic Reciprocity



P - personal factors; cognitive, affective and biological events
B – behaviour
E - environment

(Bandura, 1986b, p. 24)

Triadic reciprocity provides the structure within which active relationships between the environment, behaviour, and personal factors function. 'Reciprocity does not mean symmetry in the strength of bidirectional influences' (Bandura, 1986b, p. 24). The three determinants are highly interdependent, however the relative influence of each determinant is specific to each situation differing between contexts, individuals,

and activities (Bandura, 1986b). Consequently an understanding of human behaviour requires an understanding of all three sources of influence personal factors (cognitive, affective, and biological events) behaviour, and the environment (Bandura, 1986b, 1997).

Bandura proposes that forethought guides people's action in anticipation of future events that are operationalised, put into practice, through a person's belief in their future action. A person's belief is defined as their self-efficacy, their belief that an action can be accomplished and in order to be able to exercise agency, people require some kind of self-efficacy. It is people's efficacy beliefs that provide the foundation for human agency as unless they believe they can achieve a desired action or prevent an undesired action they have little incentive to perform (Bandura, 1986b, 1997, 2001). Self-efficacy is a central part of a person's cognition and central to human agency.

Self-efficacy

Self-efficacy is the primary theory and measure used in this study. Self-efficacy is introduced and explored culminating in a definition of the parental self-efficacy construct for this study. Self-efficacy sources mastery experience, vicarious experience, verbal persuasion, and physical and affective states are identified and applied to parenting. Self-efficacy measures and research are examined. Followed by an examination of ecological factors that impact on self-efficacy, the role of antecedents, current factors, support, gender and culture are explored. Questions for this research study are proposed.

The origins of self-efficacy are in Social Learning Theory. Self-efficacy, the belief that a certain action can be accomplished, is relevant to every human experience and is a central part of a person's cognition, as previously outlined (Bandura, 1997). People's individual beliefs about themselves, their cognitive, emotional and motivational processes are crucial elements within the control of human agency. Bandura defines people's individual belief, ones' self-efficacy as: *"... beliefs in one's capabilities to organise and execute the courses of action required to produce given attainments"* (Bandura, 1997, p. 3). Self-efficacy is primarily involved with the personal cognitive factors within SCTs triadic reciprocity.

Self-efficacy provides the foundation of human motivation, well-being, and accomplishment (Bandura, 1997). 'Efficacy is a generative capability in which cognitive, social, emotional and behavioural subskills must be organised and effectively orchestrated to serve innumerable purposes' (Bandura, 1997, p. 37). Self-efficacy affects the way people view the world. People with high self-efficacy, generally believe they are in control of their own lives and believe that their own actions shape their lives. On the other hand people with low self-efficacy may hold the view that they are not able to influence their own life. It is choice that enables people to exert some control over their life, people choose the activities they feel confident and capable of achieving. Consequently, perceived self-efficacy is concerned with people's belief in their capabilities to make choices that exercise control over their own functioning and events in their lives. Self-efficacy beliefs influence people's thoughts with self-enhancing or self-hindering judgments (Bandura, 2001).

There are three dimensions to self-efficacy magnitude, strength and generality (Bandura, 1977, 1997, 2002). Magnitude refers to the number of steps of increasing difficulty of the task. Strength is the steadfastness of the person's convictions to perform the task. Self-efficacy is generalised when change in a self-efficacy belief extends to similar behaviour.

Parenting Self-Efficacy Construct

Efficacy beliefs are a major basis for parenting practice (Bandura, 1997; de Montigny & Lacharité, 2005; Sevigny & Loutzenhiser, 2010). Parents engage in tasks and activities, as they engage parents interpret the results. A parent's focus on knowledge is not enough, as parents need to have faith in their own ability. Parents' interpretations develop into beliefs about their capability to engage in subsequent parenting tasks or activities, parents act according to the beliefs they construct. Parental self-efficacy has emerged as an important variable when exploring variance in parenting. Self-efficacy is a unique theoretical construct and differs from related concepts (Bandura, 1997). I will describe related concepts such as self-concept, self-esteem, locus of control and self-concept of ability, parental competence, and parental confidence, concluding with a theoretical construct specific to parental self-efficacy for this study.

Self-concept refers to an organised knowledge about oneself, for example 'I see myself as a helpful person'. It encompasses people's attitudes towards themselves, these attitudes may affect people's general outlook on life. Self-efficacy beliefs are complex; self-concept does not grasp this complexity (Bandura, 1997).

Self-esteem is focused on the emotional side of knowledge, what I believe about myself for example 'I am proud of myself', relating to a person's sense of self-worth. However, whether one likes or dislikes oneself has no relationship with one's beliefs' about their capabilities (Bandura, 1997). 'People require much more than high self-esteem to do well in given pursuits' (Bandura, 1997, p. 11).

Locus of control refers to whether actions affect outcomes. Self-concept of ability pertains to judgment of one's competence for example 'I am a good at parenting' without reference to any subsequent action. Self-efficacy is becoming a functional operative tool; similar concepts share only part of this portrayal (Bandura, 1997; Maddux, 1995, 2009).

Nevertheless, de Montigny and Lacharité (2005) identify construct issues with parental self-efficacy within the research literature, also revealing that appropriate investigation into perceived parenting efficacy is relatively recent. They reviewed thirty psychology and thirty nursing articles, completing an integrative literature review, to distinguish perceived parental efficacy from parental competence and parental confidence. Perceived parenting efficacy, parental confidence and parental competence 'have often been thought of as different terms to describe the same phenomena' (de Montigny & Lacharité, 2005 p. 394). Perceived parental efficacy did not appear in the nursing literature until the late 1980's – early 1990's, it is a relatively recent concept. They provide several ways of differentiating between these terms. Parenting confidence is a stable state; only affirming certainty or uncertainty of success however parenting self-efficacy is complex as it is both situation and context specific (de Montigny & Lacharité, 2005). 'Parenting competence refers to a judgment that others hold about one's parenting' (de Montigny & Lacharité, 2005, p.

391), whereas parenting self-efficacy is the parent's own judgment about their ability. Parenting competence is concerned with the number of skills one possesses however, parental self-efficacy is the parent's belief about these skills (de Montigny & Lacharité, 2005).

Similarly, Meunier and Roskam (2009) found numerous similar but not exactly identical concepts, and they use Bandura's parenting self-efficacy construct definition in their study. They also identify that the theoretical background of previous self-efficacy belief scales are confusing, as a result comparison between studies must be considered with caution.

Črnčec, Barnett and Matthey (2010) acknowledge an increase in parenting confidence as a focus for study and clinical practice. They acknowledge de Montigny and Lacharité's (2005), concept analysis of the concept perceived parenting self-efficacy however, use the term parenting confidence in their 'Review of Scales of Parenting Confidence'. Parenting self-efficacy is broadly defined as the ability to perform the required tasks of parenting, more specifically: 'Parental self-efficacy involves generative capability in which component cognitive, social and behavioural skills must be organized into an integrated course of action to serve parenting purposes' (Bandura, 1982, p. 122). Comparably, de Montigny and Lacharité define the concept of perceived parental self-efficacy as 'beliefs or judgments a parent holds of their capabilities to organize and execute a set of tasks related to parenting a child' (2005 p. 390).

Self-Efficacy Construct definition for this study

Consequently, the definition of parental self-efficacy for this study is **'Parental Self-Efficacy (PSE) is the belief a parent holds of their capabilities, formed through**

cognitive, social, and behavioural processes, to organise and execute any task related to parenting a child.' or more succinctly **'the belief in the ability to perform the required tasks of parenting'.**

This definition uses aspects from both Bandura and de Montigny and Lacharité's definitions as cognitive, behavioural, and social skills encompass triadic reciprocity within which human agency, intentional acts and their consequences affect self-efficacy bidirectionally.

Self-efficacy sources

Self-efficacy is not a fixed trait; it develops over time through experience and fluctuates in response to changing demands and personal development. Bandura points to four sources that people use to establish and interpret self-efficacy information. These four self-efficacy sources, mastery experience, vicarious experience (social modeling), verbal (social) persuasion and, physical and affective states, have hierarchal importance respectively (Bandura, 1977, 1986b, 1997). Additionally, Maddux (1995) differentiates imaginal experiences and emotional states.

'***Mastery experiences*** are the most influential efficacy source of efficacy information because they provide the most authentic evidence …' (Bandura, 1997, p. 80, my emphasis). Mastery provides the ability to use past knowledge and experience to guide beliefs. Consecutive task success, that is successful repetition of an individual parenting task for example holding a curfew boundary, strengthens self-efficacy conversely repeated failures, giving in on the boundary, weaken self-efficacy. Parenting programmes encourage parents to consistently hold boundaries with their adolescents, building mastery experiences. Gradual building of skills and abilities

provide the most powerful way to build self-efficacy (Bandura, 1977, 1986a, 1997). Effort expenditure affects mastery (Bandura, 1997), for example when a person tries hard to complete a task and nevertheless fails, they are likely to think they have limited ability and may be reluctant to attempt that task again. Similarly, when success is achieved through strenuous effort, it may lower efficacy to try again, conversely when a task is too easy a person may not even bother to complete the task, as they already believe they will succeed (Bandura, 1977, 1986a, 1997). Resiliency in efficacy is achieved through mastery as people overcome obstacles with persistent effort.

Vicarious experience (social modeling, observational learning, imitation) is facilitated through modeled achievements, a process of comparison between oneself and someone else for example 'if they can do it, so can I', a social comparative influence (Bandura, 1997). People mostly actively seek others who possess abilities they aspire to; as they watch someone succeed it raises their self-efficacy to perform the same task. Conversely if they watch someone fail, particularly if they view the person as having similar capabilities to them their self-efficacy may decrease. Social modeling is most effective when watching someone from the same peer group, the greater the similarity the more persuasive the modelers success or failure (Bandura, 1986b, 1997). The more steadfast and competent the modeler is the greater the benefit for the person watching. Parenting programmes led by peer facilitators, provide peer modeling to participants.

Observational learning is the process through which vicarious experience happens, attention, retention, production, and motivational processes govern observational learning (Bandura, 1986b, 1997). The rapid advance of technology has greatly

increased opportunities for symbolic modeling, for example visual media and the Internet. Thought processes, cognitive rehearsal, enhance observational learning and verbal modeling aids cognitive skills through associated thought processes. Maddux differentiates imaginal experiences noting that 'social cognitive theory posits that people have tremendous capacity for symbolic cognitive activity' (Maddux, 1995, p. 10). Parenting programmes provide many opportunities for vicarious learning to occur through role-plays and DVD examples.

Verbal persuasion (social persuasion) conveys encouragement from others. Most people remember a time when someone said something to them that significantly altered their belief in themselves. When positive support is provided, people increase their self-efficacy through encouragement and empowerment (Bandura, 1977, 1986a, 1997). If the positive support is unrealistic or involves significant change it may raise unrealistic beliefs of people's personal capability, and failures may result that work to decrease self-efficacy, gradual change is more successful in altering self-efficacy. Also, people receiving negative support may adversely lower their self-efficacy questioning their ability. People who have been persuaded they lack capability tend to avoid challenging activities and quickly give up in the face of adversity (Bandura, 1986b, 1997). Parenting programmes facilitated by peers provide a context where realistic peer-to-peer discussion, verbal persuasion, takes place.

Verbal persuasion is more effective at raising self-efficacy in people when an action is achievable; people nurture a belief in others success (Bandura, 1986b, 1997). People with high self-efficacy can raise their efficacy even higher with effective verbal persuasion. It is easier to decrease a person's efficacy with negative persuasion then raise it with positive persuasion (Bandura, 1997).

Physiological and affective states are a source of self-efficacy beliefs, as people rely partly on somatic information especially when coping with stressors (Bandura, 1997). Consequently a person's physiological response can significantly alter their self-efficacy. It is common for people to display fear, fatigue, nausea, shakes, nervousness, aches and pains at some time however, people with low self-efficacy view and cognitively appraise these symptom as signs of failure, whereas highly self-efficacious people self-appraise the symptoms as either normal or as a challenge to work through and overcome (Bandura, 1997). Accordingly, self-efficacy beliefs also influence people's thought patterns and emotional reactions. People anticipate failure with high averse arousal; conversely lower levels of arousal are often associated with success expectancies (Bandura, 1986b, 1997). Attending parenting programmes enables parents to normalise their reactions to their adolescents behaviour, particularly when other parents are experiencing similar behaviour.

Mood levels affect self-efficacy with a bad or low mood likely to activate past failings, in contrast a good mood creates positive thoughts and an increased chance of success (Bandura, 1997). It is the person's belief in the implication of their physiological response rather than the power of the response itself that alters their self-efficacy belief (Bandura, 1977, 1997). If you feel bad you do something bad, in contrast if you feel good you do something good. Maddux separates emotional states from physical states noting 'both anxiety and depression have a deleterious effect on self-efficacy' (1995, p. 12). The power of the group during a parenting programme often improves participants' mood.

Improving physical health and improving negative emotional states can raise people's self-efficacy beliefs. People have the capacity to alter their own thinking and feeling with enhanced self-efficacy beliefs influencing both physiological and emotional states.

The four sources of self-efficacy decrease in their strength to raise self-efficacy beliefs hierarchy, with mastery experience providing the strongest source then vicarious experience, verbal persuasion and, physical and effective states the weakest source. Bandura posits that in most situations 'there are no absolute measures of adequacy' (Bandura, 1997, p. 86), self-efficacy success or failure is based on comparison. People base their capabilities in relation to other people's competencies; as a result social comparison is the principle influence in people's self-appraisal of capabilities. Mastery experience, vicarious experience, verbal persuasion and, physical and affective states are not directly translated into beliefs of competence (Bandura, 1977, 1986b, 1997). Self-efficacy beliefs are bidirectional (Bandura, 1997). People interpret their own results, a cognitive process, their interpretation of these results provide the information on which beliefs are based. Hence, people's selection, integration, interpretation, and recollection of information all influence self-efficacy beliefs (Bandura, 1997).

These sources of efficacy information act on individuals throughout their lifetime, contributing to the building and diminishing of self-efficacy beliefs (de Montigny & Lacharité, 2005). Acting on the source of that belief, can influence efficacy beliefs. Knowledge and skill acquisition alone are not enough to maintain efficacy beliefs, it is the relationship between the knowledge and skills that may produce the most

significant maintenance of self-efficacy beliefs (Bandura, 1997; de Montigny & Lacharité, 2005). A person may have the knowledge and skill to complete a parenting task. However, if they do not believe they can complete the task they are most likely to fail task completion. It is the efficacy belief that provides the knowledge to action link.

Bandura's triadic model affirms the ability to influence behaviour and/or the environment by improving cognitive, emotional or motivational processes (Bandura, 1997; Pajares, 2002). The beliefs people hold about themselves are critical elements of human agency. Self-efficacy defined by Bandura "… beliefs in one's capabilities to organise and execute the course of action required to produce given attainments" (1997, p. 3), is fundamental to human agency. Bandura's SCT proposes a system of triadic reciprocity and self-efficacy theory that suggests a natural link between perceived parental self-efficacy and intentional parenting (Bandura, 1997).

Self-efficacy sources applied to parenting

This section discusses the four sources of self-efficacy, examined previously, specific to parenting and parenting programmes. Social cognitive theory's triadic reciprocity, predominantly personal factors will be explored in the parental context. Followed by a discussion of antecedents, ecological factors that impact on parenting self-efficacy, the role of social support, current factors, gender and culture.

Mastery experiences, opportunities to practice and develop skills, specific to parenting are available to individuals before they become parents, and can be achieved through caring for family and friends' children as well as caring for younger

siblings. They may also be realised through involvement in community activities. Once an individual becomes a parent, routine and positive everyday activities with their children provide mastery experiences. During parenting programmes, mastery experiences occur when participants practice techniques, learnt in class, at home between sessions.

Vicarious experience, social modeling, is an active process operationalised in playgroups and visits to or by family and friends with children, and videos and role-plays during parenting programmes. These experiences are generally plentiful with babies and toddlers, reducing with school age children and become scarce once children reach adolescence. During parenting programmes video clips and role-plays encourage vicarious experiences (social modeling). Social modeling is most effective when watching someone from the same peer group (Bandura, 1997).

Verbal persuasion occurs when others express faith in a parent's ability to complete an activity. The persuader is more effective if the parent views the task as achievable, and the persuader is a significant model, in the parent's view (Bandura, 1997). Again, family and friends and peers in community activities can be effective persuaders. Parenting programmes facilitated by peers provides an effective method of verbal persuasion.

Information provided by physical and affective states affects parental self-efficacy bidirectionally as, in turn, self-efficacy beliefs affect thought patterns and emotional reactions. Mood has a mediating impact on parental self-efficacy; a parent with low mood is likely to interpret signs of fatigue, fear, pain and nausea as signs of their inability in contrast to a parent with high self-efficacy who is likely to interpret these

signs as normal or a challenge to overcome (Bandura, 1997). Many parents themselves have had a negative experience at school that becomes a barrier to learning. The power and positive environment of the group during parenting programmes has the potential to bolster physical and affective states normalising responses to stressors.

Triadic reciprocity encompasses the relationships between personal factors (cognitive, affective, biological events), behaviour and the environment. The cognitive processes of inferential thinking, motivational processes and goal setting are influenced by self-efficacy beliefs (Bandura, 1997; Maddux, 1995). Inferential thinking is a judgment about conditions between events and the environment (Bandura, 1989). For example, a parent confronting their adolescent when they arrive home under the influence of alcohol, would be more effective the next day, after their adolescent has had time to sleep rather than as they walk in the door intoxicated. The parent judges the best response to the event (adolescent arriving home intoxicated), in relation to the most appropriate environment (adolescent cognitive ability/readiness to interact). Self-efficacy and cognitive stimulation affect each other bidirectionally (Bandura, 1989, 1997). For example a high sense of self-efficacy fosters cognitive thoughts of effective action, allowing the feel – think - act process in contrast, a low sense of self-efficacy hinders effective action often resulting in a feel - act sequence, removing the cognitive ‘think’ process allowing emotions to dominate. Cognitive beliefs influence the likelihood of success or failure as a parent’s belief affects their everyday parenting (Coleman & Karraker, 1998).

Self-efficacy is important for parenting programmes, as it is the parent's belief they can complete the required tasks of parenting that enables the knowledge to action link. A parent's ability to set and hold boundaries is connected to their self-efficacy beliefs. Parents with low self-efficacy beliefs are more likely to give into a child's demands of playing on the PlayStation, whereas in contrast parents with high self-efficacy beliefs are able to hold their ground and not allow the child to play on the PlayStation. If the parent believes the child will respect their boundary, the parent showing strong self-efficacy, they persist and expect the child to meet the boundary. With the next occurrence of the child wanting to play on the PlayStation: the parent with high self-efficacy will say 'no' with confidence satisfying the child; in contrast if the parent with low self-efficacy says 'no' however, the child is likely to escalate their behaviour until the parent says 'yes', or play on the Play Station anyway. The parent's motivation to withstand the child's demands is prompted by prior experience with the same situation, a parent with high self-efficacy knows their child will still ask and sustain the 'no' answer whereas the parent with low self-efficacy is more likely to expect their child to continue to persist, pushing the boundary until the parent gives in. Therefore, it can be seen that self-efficacy influences cognition in four ways; goal choice, strategy to achieve goals, the development of rules for predicting and influencing events, and particularly the effectiveness of problem solving (Maddux, 1995).

Self-Efficacy Measures

The increasing interest with the concept of self-efficacy and its measurement is further confounded by three distinct formulations of self-efficacy measures that have been delineated in the literature:

1. ***Global*** self-efficacy represents a relatively stable personality trait with broad applicability to diverse domains of human functioning, with parenting representing only one such domain. It is an individual's general belief about their capability, an overall perception of how well they are directing their life without specifying activities or conditions.

2. ***Domain-general*** self-efficacy is a general belief about a specific class of conditions sharing common properties for example 'parenting domain', 'I am doing a good job as a mother/father'. The Parenting Sense of Confidence Efficacy subscale (PSOC: E) is a domain-general self-efficacy measure; it is not linked to specific parenting tasks.

3. ***Task-specific (Domain-specific)*** self-efficacy is an individual's belief about their ability, to complete a particular performance under specific conditions, a specific task. In the domain of parenting a specific task is 'I am able to help my teenager complete his/her homework.' Task-specific self-efficacy demonstrates a stronger relation with parent's behaviour and has superior predictive validity.

(Bandura, 1997; Coleman & Karraker, 1998; Črnčec et al., 2010; Sanders & Woolley, 2005)

Bandura recommends task-specific measures, as the most reliable measure of self-efficacy; there is substantial literature to support the claim of superior predictive validity of task specific over domain-general and global measures of self-efficacy

(Bandura, 1997; Coleman & Karraker, 1998; Sanders & Woolley, 2005). However, there is a paucity of task-specific measures. Task-specific measures must be specific to the task and population being studied. This prohibits the generalisation of task-specific measures across some studies. Consequently, most studies have developed their own scale to measure task-specific self-efficacy. Many studies also use the domain-general PSOC Efficacy Subscale developed by Gibaud-Wallston and Wandersman cited and further modified by Johnston and Mash (1989).

Parental Self-Efficacy Research

'Parenting self-efficacy is a relatively new research area possessing great promise for resolving many ambiguities to individual differences in adapting to parenting' (Coleman & Karraker, 2003, p. 143). Parental self-efficacy (PSE) has been identified as a precursor to positive parenting behaviour (Bloomfield & Kendall, 2007; Coleman & Karraker, 2000; James, 2008; Kendall & Bloomfield, 2005; Sanders & Woolley, 2005). Consequently, there has been an increasing interest in the self-efficacy concept. PSE plays a key role in the development of parenthood (Bandura, 1997). PSE research is increasing; and as mentioned previously its prevalence has not prevented the usage of other concepts in the parenting literature.

Coleman and Karraker (1998) suggest, parental self-efficacy's paucity in the literature may be a result of parenting not being addressed with scientific manipulation. Scientific manipulation is challenging with parenting as the nature of a control group, itself may be enough to alter parenting and parenting self-efficacy. This paucity in the literature is subsequently cited by Sanders and Woolley (2005) who found research examining the relationship between self-efficacy beliefs, parenting practices and child behaviour limited in focus, while Mah and Johnson (2008) found self-efficacy

research to be a primitive area of study, also mentioning there has been considerable theoretical work but little empirical evidence. The examination of parental self-efficacy has been relatively recent (de Montigny & Lacharité, 2005). In spite of this, research has highlighted parent self-efficacy as a central correlate to parenting behaviour (Bloomfield & Kendall, 2007; Coleman & Karraker, 2000; James, 2008; Kendall & Bloomfield, 2005; Sanders & Woolley, 2005).

In general researchers have established that self-efficacy, behaviour change and outcomes are highly correlated, and that self-efficacy is an excellent predicator of behaviour (Bandura, 1997; Pajares, 2002). 'Further social learning strategies direct skill and knowledge instruction, facilitator, group or video modeling, provision of feedback, reinforcement of general skill demonstration, opportunity to practice skills, peer reinforcement, social support for skill development, reinforcement of feedback and generalisation of skills to novel situations are all operational during parenting programmes' (Dumka et al., 2010, p. 530). These contexts allow practice and instruction for people to not only see their capability, but also believe in their capability (Bandura, 1997).

Predominant research has studied parental self-efficacy, as a causal variable in relation to parenting practices (Dumka et al., 2010). Most research has been specific to health-related disorders and used on clinic populations. Task-specific self-efficacy measures have been developed specifically for the population being studied. Pennell and colleagues (2012) developed the domain-specific Preterm Parenting and Self-Efficacy Checklist to test whether parent self-efficacy mediates the relationship between psychosocial symptoms and parent competence in parents of preterm infants. Wood and colleagues (2010) developed a 17-item, 5-point Likert questionnaire

specific to childhood asthma. Rhodes and colleagues (2005) developed Parents Versus Anorexia (PVA) a 7-item, 5-point Likert scale for parents of anorexic young people.

Moreover, Dumka and colleagues (2010) used the Multicultural Inventory of Parent Self-Efficacy (MIPSE) developed by Dumka, Prost and Barrera in 2002 for research, connecting discord in the marital relationship and adolescent conduct problems. Qualitative research, in 1998 (Dumka, Gonzales, Wood, & Formoso) with eight Mexican American and Mexican Immigrant, and nine African American and European American families was used to formulate the Multicultural Inventory of Parenting Self-Efficacy (MIPSE). MIPSE is a 17-question 5-point Likert scale. They found parental self-efficacy showed a direct effect on decreasing conduct problems, in their sample of 189 Mexican Americans adolescents and their mothers. They concluded that parental self-efficacy, measured at a task-specific level functioned in an antecedent causal role in relation to parents' positive control practices.

In a New Zealand study Chu and colleagues (2015) examined the efficacy of Group Teen Triple P compared to care as usual. They found significant improvements in parenting practices, parenting confidence, the quality of family relationships and fewer adolescent problems post intervention with many maintained at the 6-month follow up. However, parenting self-efficacy measured using 13 items from Bandura's 2006 original parent self-efficacy scale ,significant post intervention ($F = 16.66$ $p = .000$) was not maintained at the 6-month follow up ($F = 1.05$ $p = .309$) (Chu et al., 2015).

Parental self-efficacy has been shown to directly affect the quality of care parents provide to their children (Sanders & Woolley, 2005). Sanders and Woolley (2005), in their study of the relationship between maternal self-efficacy and parenting practice with 124 Australian clinic (45) and community mothers (79), used different scales to measure the three levels of self-efficacy: global (GSE general self-efficacy scale), domain-general (PSOC), and task-specific (The Parenting Tasks Checklists) self-efficacy. They developed The Parenting Task Check list specifically for their study. They found that socioeconomic risk factors were not significantly correlated with self-efficacy. Clinic mothers had significantly lower self-efficacy than non-clinic or community mothers with results confirming self-efficacy measured at the task-specific level is most predictive of parenting practices

Kendall and Bloomfield (2005) noting the increasing interest in parenting programmes, discovered there is a paucity of rigorous evaluation studies of their effectiveness. Consequently they have developed and tested a task-specific measure for parents of children under 10-years-of-age, for the UK setting. TOPSE (Tool for measuring Parent Self-Efficacy) is a task-specific self-efficacy measure based on Bandura's self-efficacy theory. It has been used to evaluate parenting programmes in several UK regions and as a research tool in several institutions internationally (Bloomfield & Kendall, 2007). Further TOPSE has been modified to use with parents who have learning disabilities (Bloomfield, Kendall, & Fortuna, 2010), and used to evaluate a parenting programme in Japan (Kendall, Bloomfield, Appleton, & Kitaoka, 2013).

The increasing number of studies and scales can make it difficult for researchers to select an appropriate tool for their needs (Črnčec et al., 2010). Scales developed to

measure parental self-efficacy have been reviewed at several time points, Coleman and Karraker (1998), Jones and Prinz (2005), Meuiner and Roskam (2009), and Črnčec and colleagues (2010). Subsequent reviews have pointed to the usefulness of parental self-efficacy to work with parents of children with maladaptive behaviours. Improvement of parent skill and knowledge is not sufficient on its own, incorporating techniques to increase parental self-efficacy will also benefit parents (Coleman & Karraker, 1998). Coleman and Karraker have necessitated the development of models of intervention for parents that have capacity to alter their self-efficacy.

Črnčec and colleagues (2010) reviewed scales of parenting confidence, with the purpose to provide information regarding psychometric and technical characteristics, reviewing reliability and validity of scales. Recognising an increase in parenting confidence as a focus for study and clinical practice, they acknowledge de Montigny and Lacharité's (2005) concept analysis of perceived parenting self-efficacy however use the term parenting confidence. Many scales have been developed for specific research applications and the depth of available data is scarce, as the majority of scales have not been widely adopted. They also note three types of scales in the literature, a global scale or trait approach, a general scale, and a more task-specific scale, where Bandura's theory of measuring specific tasks is represented. This study uses two self-efficacy scales a task-specific self-efficacy and a domain-general self-efficacy, and a social support scale.

Extensive searching of the literature exposed paucity in task-specific self-efficacy scales for parents of adolescents, and Črnčec and colleagues (2010) did not review any scales for parents of adolescents. However I located a task-specific self-efficacy scale for parents of adolescents based on Bandura's SCT, Self-Efficacy in Parents of

Young Adolescents (S-EPA), developed by James (2008), and it is used in this study. Developing and testing S-EPA James sent the draft to experts in self-efficacy and adolescent issues resulting in a .75 inter rater agreement and a Content Validity Index (CVI) of .90. CVI can be measured by inter rater agreement where experts relate the scale items to the underlying construct and also, whether a sample of items taken together constitute an adequate optimal definition of the construct (Field, 2009; Polit & Beck, 2006) Inter item correlations showed most items had low to moderate but significant correlations ($r = .30 - .70$ $p < .01$ two tailed). Bartlett's test (χ^2 [561, n = 335] = 5648.61 $p = .000$) and the Kaiser-Meyer –Olkin value (KMO = .92) suggesting the scale is likely to be factored. James' (2008) PCA with varimax rotation produced eight distinct constructs with reliabilities $\propto = .68 - .85$, with a total S-EPA scale reliability $\propto = .82$. S-EPA has been used once before on a population of parents of young adolescents in Southern Massachusetts USA. Parents and guardians in the James' study were primarily well-educated, financially secure white women (2008).

Parenting Sense of Confidence Efficacy subscale, a domain-specific self-efficacy scale, was rated by Črnčec and colleagues who noted 'Johnston and Mash also drew links between the Efficacy subscale and the work of Bandura (1989), and the sub-scale is now widely regarded as a measure of perceived parenting self-efficacy' (2010, p. 232). They rate the scale overall as acceptable, having very good content validity; psychometric data include internal consistence and test retest reliability, convergent, discriminant and factorial validity with some normative data. Johnston and Mash (1989) found the scale reliable $\propto = .76$, James (2008) $\propto = .84$. Further Lovejoy, Verda and Hayes (1997) examined the convergent and discriminant validity of PSOC: E providing an alpha reliability ($\propto = .82$).

Self-efficacy theory suggests a natural link between parental self-efficacy and intentional parenting (Bandura, 1997). 'Parenting is multidimensional and dynamic with descriptors usually portraying parenting in a positive or negative way for example effective, competent, creative and attachment parenting compared with negative unresponsive, maladaptive and dysfunctional parenting' (Gay, 2006, p. 50). Despite this parenting is neither uniformly good nor bad.

Ecological factors that impact on self-efficacy: the role of antecedents, current factors, support, gender and culture

Self-efficacy is impacted by many factors within a parent's wider milieu. Coleman and Karraker (1998) use Social Learning Theory as their foundation to discuss parental self-efficacy. They identify antecedents and current factors that contribute to the development of parental self-efficacy, proposing parenting self-efficacy as a target for future and preventive work with parents. I will explore parental self-efficacy antecedents and current factors, then explore social support, gender and culture in relation to parental self-efficacy.

Parental antecedents to parenting self-efficacy identified by Coleman and Karraker (1998) are: attachment to primary caregiver in family of origin, ecological conditions in family of origin including neighbourhood quality, income, employment status, family structure and support, cognitive/behavioural and material preparation for parenthood and experience with children. Both Coleman and Karraker (1998) and Jones and Prinz (2005) identify that contextual factors affect self-efficacy.

Ecological conditions in family of origin, socioeconomic status, culture, and environment, all contribute to available resources. Greater resources are associated

with higher levels of self-efficacy (Bandura, 1997; Coleman & Karraker, 1998). Shumow and Lomax (2002), in their study of 929 USA parents and their adolescents investigated how socioeconomic status and neighbourhood quality predicted parental self-efficacy. They found better quality neighborhoods had higher levels of parental self-efficacy; poorer neighbourhoods had lower parental self-efficacy, results suggesting parental efficacy was a psychological consequence of neighbourhood milieu (Shumow & Lomax, 2002). Environmental circumstances however, do not fully explain parental efficacy. For example, Furstenberg and colleagues (1999) found the degree of variation across neighbourhoods tiny, when compared with degree of variation within neighbourhoods.

The ecologically disadvantaged may live in 'a culture of poverty' that conveys a message of reduced opportunity and reduced availability of resources, environmental conditions that negatively influence self-efficacy. The collective sense of powerlessness may also impair personal efficacy (Elder, Eccles, Ardelt, & Lord, 1995; Furstenberg et al., 1999). Elder and colleagues (1995) research suggests potential compensatory factors of high self-efficacy may mediate the appearance of environmental stressors. Some parents living in less resourced areas maintain high standards and appropriate discipline, using problem solving and through constructive actions involve their children in community activities. These high self-efficacy parents use their perceived self-efficacy to promote their children's competencies showing active involvement in beneficial organisations, also exercising control over their children, if they engage in high-risk behaviour (Elder et al., 1995). Consequently a parent's level of self-efficacy may mediate the environmental stressors for families living in poverty.

Dependent on parental knowledge and skill, social status and neighbourhood quality can enhance or detract from parenting quality (Furstenberg et al., 1999). Employment often determines income, which affects the neighbourhood and social supports available to parents. Social advantage can benefit parenting self-efficacy through the associated increase in available resources. Social context has the potential to be mediated through parenting; context can function as a direct risk or enhancement for parenting practice (Furstenberg et al., 1999).

Perceived parental self-efficacy in low-income parents is strongly related to child rearing practices across all ethnic groups (MacPhee, Fritz, & Miller-Heyl, 1996). McPhee and colleagues study concluded, efficacy beliefs mediate the effects of depression, social support and infant temperament on parenting behaviours. Further, McPhee and colleagues overall results provide evidence that diverse social variables such as, occupational status, ecological restraints that restrict access to social resources, emotional support and satisfaction with social support, marginal social status, acculturation and, economic distress can indirectly impact parenting function, by undermining perceptions of efficacy.

Parental self-efficacy antecedents begin early in life, as most parenting patterns are learnt early within family of origin and repeated in later life. Accordingly, attachment and ecological conditions in family of origin including socioeconomic status, employment, income, social support and environment lay the foundations for parental self-efficacy and have been discussed previously. The ‘culture of poverty’ conveys reduced resources and opportunities, however the ability of some parents with high self-efficacy to mediate possible environmental stressors is evident (MacPhee et al.,

1996). Culture and community affect parental self-efficacy, social networks having a stronger influence than culture (Furstenberg et al., 1999; Shumow & Lomax, 2002).

Prospective parents levels of anticipation of their baby's arrival can also affect the development of parental self-efficacy, it can either enhance or hinder self-efficacy development. A prospective parent looking forward to the birth of their child, may attend antenatal classes and plan to attend child development/parenting classes and, will likely develop high levels of parental self-efficacy. Conversely, a parent not looking forward to the birth of their child, is not likely to positively anticipate or educate themselves about parenting, and is likely to result in in low levels of self-efficacy.

The antecedents described previously interact with current factors in the lives of parents to develop self-efficacy. Current factors that affect parent self-efficacy are, parent's personality, level of social support available, emotional investment in child, and physical and emotional state of the parent (Coleman & Karraker, 1998; Meunier & Roskam, 2009). Developing parental personal and social resources places parents in a better position to deal with life's challenges and dilemmas. These resources also contribute to a healthy emotional lifestyle and stress reduction enhancing parental self-efficacy.

Parental self-efficacy is affected through physical and emotional states: high self-efficacy beliefs are associated with lower stress (Bandura, 1997; Bloomfield & Kendall, 2012; Coleman & Karraker, 1998). A person's belief in his or her ability to perform a particular behaviour, provides the necessary link between knowledge and actual behaviour (Bandura, 1997). Education and attainment of parenting knowledge,

increases the chance of successful parenting behaviour through the associated increase in parenting self-efficacy.

Social Support

The role of social support is an aspect of the ecological antecedents and current factors, and a major source of parental self-efficacy. Social support is a multidimensional construct; people seek social support at different times for different incidents. Social support refers to social relationships both with individuals and institutions that may be informal, semi-formal or formal (Moran & Ghate, 2005).

Weiss' (1974) theory of loneliness, contends six provisions of social support are required to avoid loneliness; attachment, social integration, nurturance, reassurance of worth, reliable alliance, and guidance. Attachment is the emotional closeness from which one gains a sense of security and belonging; the absence of attachment is loneliness. Social integration provides a sense of belonging to a network that shares interests with whom companionship, '… pooled information and ideas, shared interpretation of experience' (Weiss, 1974, p. 23), and opportunities for exchange of service occur; '… the absence of social integration is the loneliness of social isolation' (Weiss, 1974, p. 25). Nurturance, provides a sense that others rely upon one for their well-being, primarily parent to child; 'the absence of opportunity for nurturance would on occasion give rise to a sense of meaninglessness' (Weiss, 1974, p. 25). Reassurance of worth provides recognition of ones competence, skill and value to others, 'the absence of support for a sense of worth to low self-regard' (Weiss, 1974, p. 25). Reliable alliance provides assurance that others can be counted on for tangible assistance, often provided by kin, 'the absence of a secure alliance to a sense

of vulnerability' (Weiss, 1974, p. 25). '… Guidance seems to be important for individuals in stressful situations' (Weiss, 1974, p. 24), and transpires when trustworthy authoritative people provide advice, information and/or emotional support and assistance. The absence of guidance gives rise to severe stress and anxiety. Not all provisions are of equal importance, people require different support at different times, dependent upon context. Social support may be obtained from relationships with others, each provision requiring a different type of relationship. However, one person may provide multiple provisions, as individuals place differing value on their relationships (Weiss, 1974, pp. 23-26).

Finfgeld-Connett (2005) completed a metasynthesis of findings, from 44 qualitative studies and 3 linguistic analyses, to describe and define social support. Her process models 'social support is an advocative interpersonal process that is centred on the reciprocal exchange of information that is context specific' (Finfgeld-Connett, 2005, p. 5). Instrumental support is the provision of tangible assistance in the form of goods and services, whereas emotional support is the expression of affection and thoughtful listening. Instrumental and emotional supports transpire in an environment where a person has a constant group of people that genuinely care, and share a similar context (Finfgeld-Connett, 2005). An outcome of social support is improved mental health. A parenting programme brings together a group of people, whom recognise the need for parenting support. Vicarious experience and verbal persuasion, self-efficacy sources, occur in an environment of shared learning, where reciprocal exchange of parenting information takes place.

Sources of social support identified by Belsky (1984), are the marital relationship, one's social network and workplace. He places the marital relationship as the most

influential source of support; the greatest emotional investment is often in the marital relationship. All sources of support are affected by people's psychological well-being, that is shaped by peoples developmental history. Social Support has positive supports on both physical and mental health, and is positively associated with parenting, through a buffering effect (Belsky, 1984). Parenting is influenced by social support in three ways, by providing emotional support, instrumental support, and social expectations (Belsky, 1984). Emotional support provides the parent love and interpersonal acceptance. Instrumental support benefits the routine tasks of parenting, by providing information, guidance and help with child needs. Social expectations guide parents about what is and is not appropriate behaviour, the macro-system within the ecological model.

The ecological perspective signifies the context of the parent-child relationship, within the micro-system, as the most significant for children. There is a greater emotional investment with family in the micro-system. Parents' social networks in the meso-system, usually share congruent ideological views. The maco-system is the source of cultural and social values, and expectations. Ones social networks are usually composed of people with congruence of ideological values (Belsky, 1984).

Cutrona and Russell relate social support to Bandura's self-efficacy theory 'if social support can enhance peoples' belief in their abilities, it may facilitate effective coping behavior through the mediation of self-efficacy' (1987, p 52). Their Social Provision Scale used to measure social support is based on Weiss's context of loneliness discussed previously (Cutrona & Russell, 1987). Additionally, differing components of social support are dominant in different contexts and stressors. Self-efficacy sources, vicarious experience and verbal persuasion are contexts within which social

support transpires, providing a sense of belonging with shared experiences (social integration) and learning (guidance), contexts that enhance parental self-efficacy (Bandura, 1986b, 1997).

Social support is associated with positive parenting outcomes. Greater neighbourhood social cohesion and control was significantly related to higher levels of social support (Byrnes & Miller, 2012). White and Hastings (2004) found parent perceptions of the helpfulness of support had the most consistent association with parent well-being. However, Ceballo and McLoyd (2002) conclude that the positive influence of social support is reduced in poorer and high crime neighbourhoods, noting the importance of viewing parenting in an ecological framework. Cutrona and Russell (1987) found the relational provisions, of guidance and social integration emerged as the strongest deterrents to depression, concluding that both guidance and social integration may contribute to skill acquisition.

Consequently, social support, in this study, is measured using the Guidance and Social Integration subscales of the Social Provision Scale. 'Reliabilities of the individual social provision subscales are adequate for use of the instrument in research contexts, with coefficient alphas ranging from .653 to .760' (Cutrona & Russell, 1987, p. 42), with reliability for the total Social Provision Scale ($\propto$ = .92). Alpha reliability scores from other studies: Guidance ($\propto$ = .87) and Social Integration ($\propto$ =. 76) (James, 2008) and, Social Integration ($\propto$ = .68), Guidance ($\propto$ = .78) from the longitudinal study of maternal caregivers (Hunter et al., 2003).

Gender

Traditionally, in Western society, raising children has been viewed as a female occupation; research shows parenting has historically been defined as 'mothering'

(Lundahl et al., 2008). Consequently, opportunities for mastery experiences occur more frequently for females. Research indicates mainly mothers or female caregivers (80 percent) are the attendees at parent courses (Lundahl et al., 2006), a venue where verbal persuasion and vicarious experience readily occur. As a result most mothers have a more direct association with parental self-efficacy sources, vicarious experience and verbal persuasion, than fathers. Seviginy and Loutzenhiser (2010) refer to ideology resulting from the industrial revolution, when paid work in the labour force became distinct from unpaid work at home. They predicted it might be more salient for woman to be parents than men, contributing to gender difference in parental self-efficacy (Sevigny & Loutzenhiser, 2010). They used Belsky's (1984) proposition that social context has an important influence on parenting and found relational functioning was a predictor of parental self-efficacy for both mothers and fathers. However relational functioning was not included in Coleman and Karraker's (1998) self-efficacy antecedents or current factors. Seveginy and Loutzenhiser (2010) conclude mothers and fathers strongest predictors of parental self-efficacy were general self-efficacy and parental stress respectively.

Parental self-efficacy antecedents are multi-directional, employment affects income that influences neighbourhood quality, and available social support and environmental circumstances. Antecedents combine with current factors to influence parental self-efficacy, current factors relate to the child, parent or environment. Child factors are age, temperament, and physical/mental health. Environmental factors are present neighbourhood quality, income, employment status, family structure, and social support. Current parental factors are general and global conceptions of competence as a parent, experiential history with and knowledge of task related parenting

behaviours, knowledge of child development, perception of stress, physiological health, education, and cultural information and values (Coleman & Karraker, 1998).

Culture

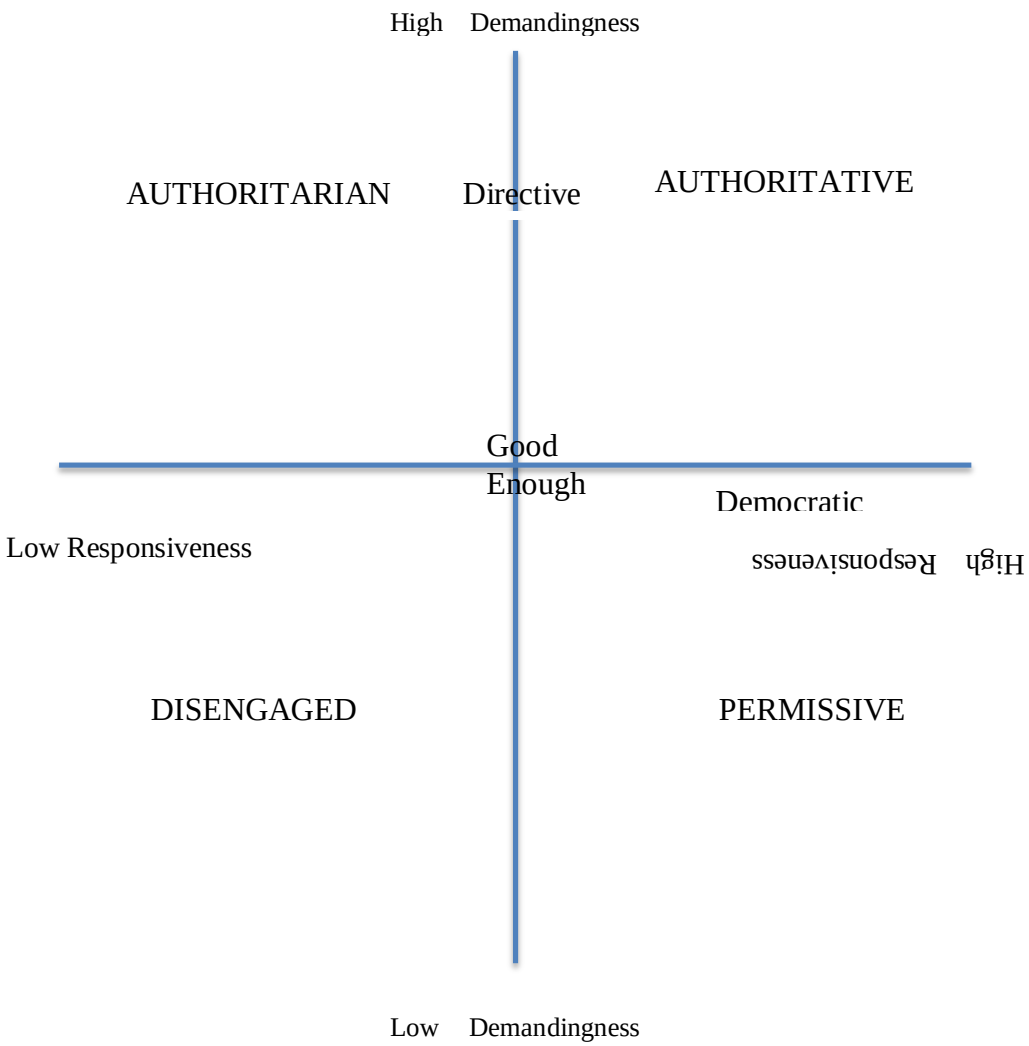
Parenting is culturally specific; attitudes to children and parenting vary from culture to culture (Waylen, Stallard, & Stewart-Brown, 2008). Cultural knowledge about parenting is acquired through exposure and interaction with other members of that culture, by talking with more experienced parents, and modeling of family of origin experience. All of these are a significant source of parental self-efficacy. Accordingly, culture influences parental self-efficacy. Meunier and Roskam (2009) concur that community and culture affect parents' level of self-efficacy, noting parents receive more influence from their close social network than general culture. Dumka and colleagues (2010) study of parenting self-efficacy and parenting practices over time in Mexican American families, supports the cross-cultural applicability of Bandura's SCT.

Sanders and Kirby (2012) state caution should be observed when translating an existing programme to another country or culture. The development of parenting programmes should include knowledge of the population it is intended for. There is increasing evidence that despite differences between cultures, the fundamental principles of parenting, responsiveness and demandingness, are cross culturally robust (Baumrind, 1991a, 1991b).

One way that the principles of SCT may be utilised across cultural boundaries is through Baumrind's parenting styles. Sorkhabi and Madara (2013) discuss Baumrind's parenting styles in relation to culture; most studies have been carried out on Caucasian Europeans or Americans. Social ideology is reflected in parenting style;

conservative societies are stricter (more control), the directive parent, whereas liberal societies are more nurturing, the democratic parent (Baumrind, 2013). These additional parent styles were added to Baumrind's original four when the FSP study looked at adolescent substance abuse, see figure 4 (Baumrind, 1991a, 1991b).

Figure 4: Baumrind's seven parenting styles (Criss & Larzelere, 2013) p 4 with permission



Further, some aspects of SCT are generalisable, for example, the results from Dumka and colleagues (2010) longitudinal study of 189 Mexican American adolescents and

their mothers living in the southwest United States, supports the generalisability and cross-cultural applicability of Bandura's SCT, specifically self-efficacy. They identified, that Mexican American adolescents experience their parents positive control measures differently from European American adolescents, with warmth and involvement having more influence than positive control practices This concurs with Baumrind, that Mexican American parents may parent their children with a democratic parenting style. A democratic parent has an ideological adherence to freedom (responsiveness), while providing moderate control, see figure 4. The democratic parent also produces competent adolescents (Baumrind, 1991a, 1991b, 2013). Dumka and colleagues (2010) found that parental self-efficacy showed direct effects on decreasing adolescent conduct problems, and identify parental self-efficacy as an antecedent causal variable, in relation to parenting practices and adolescent conduct problems.

Shumow and Lomax's (2002) study, explored parent self-efficacy as a predictor of parent behaviour and adolescent outcomes. Their study included 929 parents of adolescents' aged 10-17 years (European American 387, African American 259, Latin American 283), and linked parental self-efficacy positively to parent acceptance and monitoring, and negatively to inconsistent discipline. They identified some racial ethnic difference, significant relationships were observed between socioeconomic status, age of adolescent and parental self-efficacy between European American and African American parents. However, socioeconomic status and age of adolescent did not predict parental efficacy among Latin American parents. They propose, the cultural difference may be due to Latin American's valuing independence within the nuclear family, and respect for parental authority. These values, may moderate the influence of socioeconomic status, and adolescent age on parental self-efficacy

(Shumow & Lomax, 2002). Socialisation methods used by African Americans appear authoritarian by white middle class standards (Baumrind, 1991a). It may be that African American parenting is stricter reflecting conservative ideology, the directive parent style, whereas Latin American parenting may reflect liberal ideology, the democratic parent.

Parental self-efficacy beliefs may come from, one or a combination of previously discussed antecedents and current factors, and parenting is affected by social support, gender and culture. Parenting self-efficacy has been identified, as a precursor to positive parenting behaviour, consequently there has been an increasing interest in the self-efficacy concept (de Montigny & Lacharité, 2005; Kendall & Bloomfield, 2005; Meunier & Roskam, 2009). However ambiguity exists in the literature regarding the definition of parental self-efficacy.

This section has explored and discussed relevant constructs and definitions of parental self-efficacy concluding with a definition of parental self-efficacy that will be used for this study 'the belief in the ability to perform the required tasks of parenting'. It then discussed the ecological factors that impact on parental self-efficacy the role of, current factors, social support, gender and culture. Parenting was discussed as a culturally specific activity however Baumrind's parent types may traverse cultures.

Parenting styles

Parenting style influences parental self-efficacy. Moreover, this influence is bidirectional; parenting styles also influence parental self-efficacy. Parenting styles clearly relate to parenting behaviour (Bandura, 1971). Additionally, parenting style and child well-being are closely connected (Spijkers et al., 2010; Spijkers et al.,

2013). One construction of parenting has been explored and defined by Baumrind, for more than four decades (Baumrind, 1971, 2013). Her initial three prototypic patterns of parent authority authoritative, authoritarian, and permissive were extended to four, adding the disengaged parent, based on the Family Socialisation and Developmental Competence longitudinal Programmes for research (FSP) of middle class Caucasian parents, residing in San Francisco East Bay communities (Baumrind, 1991a, 1991b, 2013). Parenting styles are incorporated into many parenting programmes, and interact with parental self-efficacy.

Baumrind discusses parenting styles, as being a syncretic, didactic synthesis of two independent dimensions: responsiveness (love) and demandingness (control) - a synthesis not a sum (Baumrind, 1991a, 1991b, 2013). '*Responsiveness* refers to parents' emotional warmth and supportive actions … are supportive of children's individual needs and plans' (Baumrind, 2013, p. 26). '*Demandingness* has two related components … *monitoring* which provides structure, order and predictability … and *control* which shapes the child's behaviour and restrains the child's potentially disruptive agentic expressions' (Baumrind, 2013, p. 26). This relates to parental self-efficacy as, a parent's ability to perform the required tasks of parenting is contingent upon the relationship between parent and child, which is formulated by a synthesis of parental responsiveness and demandingness.

Baumrind's original four parent styles represent quadrants within the axes of responsiveness and demandingness (see figure 4). The Authoritative parent, Baumrind's optimal parenting style, is a synthesis of high responsiveness and high demandingness, the authoritarian, permissive and disengaged parenting styles are also

synthesises of responsiveness and demandingness (see figure 4). ‘Social ideology is reflected in parenting style’ (Baumrind, 2013, p 17). The authoritarian parent reflects conservative ideology, the strict father whereas the permissive parent reflects liberal ideology, the nuturant parent (Baumrind, 2013). The authoritative parent shares features of both the strict father and nuturant mother (Baumrind, 2013).

Moreover, Baumrind comments ‘optimal competence requires both, the capacity for cooperation and compliance (communion) and for self-determination and constructive dissent (agency)’ (Baumrind, 2013, p 25). Together with a syncretic balance of agency and communion parents orthogonally manage responsiveness and demandingness, Baumrind’s authoritative parenting style, a style that provides optimal development for their children. Within this framework, optimal parenting supports cognitive-motivational competence and healthy socio-emotional development in children, promoted by attentive, warm, stimulating, responsive and non-restrictive parenting. Authoritative parents are responsive showing emotive warmth and are lovingly supportive, while showing confrontive control, direct monitoring with firm consistent discipline and high maturity demands (Baumrind, 1991a, 1991b, 2013).

Research exemplifies the authoritative parent as the optimal parenting style particularly with middle class Caucasian parents. Baumrind’s (1991a) typological approach to understanding substance use in adolescents affirms the continuing influence of parents’ during adolescence; see also Robertson (2014) and Steinberg (2001). Baumrind’s results indicate that not only the authoritative parenting style, of strong mutual attachment and constructive management through supervision and

discipline, produces competent adolescents (Baumrind, 1991a). Social ideology is reflected in parenting styles and three additional parent types were added as a result of the FSP work with parents of adolescents (Baumrind, 1991a, 1991b). The directive, democratic and good enough parent styles are almost as committed to their adolescents as the authoritative parent and can also produce well-adjusted competent adolescents (Baumrind, 1991a). Democratic parents are highly responsive like the permissive parent, ideologically liberal, and show medium demandingness (Baumrind, 2013). In contrast directive parents value control, ideologically conservative, and show medium responsiveness (Baumrind, 2013). Baumrind claims that the authoritative parent is an orthogonal combination of high responsiveness and demandingness sharing features of both the conservative and liberal ideologies. In her model a directive parent has an ideological adherence to control (demandedness), while providing moderate responsiveness (Baumrind, 1991a, 1991b, 2013), see figure 4. In contrast a democratic parent has an ideological adherence to freedom (responsiveness) while providing moderate control (Baumrind, 1991a, 1991b, 2013) see figure 4. Sitting between the directive and democratic parent is the good enough parent who has a balance of freedom and control showing moderate commitment to their adolescent on both axes (Baumrind, 1991a, 1991b, 2013) see figure 4. It is thought "that a 'good enough' pattern ... this moderate level of control would suffice to prevent problem behavior and to ensure adequate competence during the adolescence stage of development" (Baumrind, 1991a, p. 63). Baumrind's parenting styles represent the characteristics of the parent rather than the parent-child relationship. Subsequently many researchers have utilised Baumrind's parenting styles.

Correspondingly, Baumrind's discussion of parent typology may inform cultural difference. Parenting is culturally specific however almost all cultures view parenting as a combination of nurturance (responsiveness) and control (demandingness), cultures vary in specific manifestations and balance of those dimensions (Sorkhabi & Mandara, 2013). Moreover social ideology is reflected in parenting styles additional to the middleclass Caucasian authoritative parent; parents from both liberal and conservative ideologies, discussed previously, produce competent children identified through democratic, directive and good enough parenting styles. Sorkhabi and Madara (2013) concur that most studies have been carried out on European Americans however they found the positive effects of authoritative and democratic parenting are strong for every culture studies thus far.

The vast majority of parents wish to do the best for their children. However not all parents have the knowledge, skills or resources to meet their children's developmental needs and it is not unusual for parents to need support at some time (Moran et al., 2004). Support for parents that increases parental self-efficacy, the belief in the ability to carry out the required tasks of parenting, can provide parents additional knowledge and skills. Subsequent reviews of parenting identify that much of the complexity in the parenting literature can be focused on two key topics, parent-child attachment and authoritative parenting. Authoritative parenting is discussed previously; attachment is integral to the responsiveness axis of Baumrind's parent styles and is the relationship between a child and significant other, usually parent that provides emotional and physical security to the child.

Summary of parenting styles

Parenting is understood amongst a set of dynamic interconnected systems, overall culture, the immediate environment, family system, and intra individual processes (Sheffield Morris, Cui, & Steinberg, 2013). Baumrind's (1991a) research revealed that parents other than those of the authoritative parent style, also produce competent children, adding directive, democratic and good enough parenting styles to her parent typology. These may inform cultural difference, enabling Baumrind's parenting styles to be representative of all cultures. Parenting programmes that encourage parents toward medium to high levels of both demandingness and responsiveness the authoritative, directive, democratic, and good enough parenting styles have the potential to guide parents toward optimal parenting that produces optimum children.

Summary of Literature Review/Research Questions

Parenting and childhood are intrinsically related, through complex multiply determined social constructions. Parenting is interdependent and complex; the nature of parenting encompasses any aspect of a parent's behaviour, and is totally dependent on other qualities. Parenting, childhood and parenting programmes have evolved within historic, economic, social, and political environments. Locating parenting in the ecological model both explains and heightens its multidimensional interdependence. The concepts of self-efficacy, social support, and parenting are multifactorial, and when located within the ecological model similarly multiply determined, the complexity becomes convoluted. Parenting programmes have developed both alongside and as a result of this complexity, to help parents to become problem solvers. who understand the effect of their behaviour on their children. The political climate demands evidence-based parenting programmes, however in New Zealand the evidence-base is small for parenting programmes tested on a New

Zealand population, more so for locally developed parenting programmes and scant for parenting programmes specific to parents of adolescents. Parenting styles and child well-being are closely related (Spijkers et al., 2010; Spijkers et al., 2013), and parenting styles clearly relate to parenting behaviour (Bandura, 1997). Parenting styles can be viewed as an orthogonal relationship between demandingness and responsiveness (Baumrind, 1971, 1991a, 2013). Further, Baumrind's research delineates parenting styles additional to the authoritative parent, the democratic, and the directive and the good enough parenting styles also produce competent adolescents (Baumrind, 1991a). Parenting programmes, utilising Baumrind's parenting style framework encourages parents to grow competent children. Bandura's Social Cognitive Theory provides a theoretical foundation to explore and evaluate parenting programmes, using self-efficacy a cognitive personal factor within triadic reciprocity. Parent self-efficacy is the belief a parent holds of their capabilities, formed through cognitive, social and behavioural processes, to organise and execute any task related to parenting a child (Bandura, 1997; de Montigny & Lacharité, 2005). Social support is both an antecedent and current source of self-efficacy, moreover vicarious experience and verbal persuasion; two sources of self-efficacy regularly take place in an environment of social support. The self-efficacy framework has been used extensively on indicated treatments, and parenting programmes for infants however, research is scarcer for both universal preventative parenting programmes, and parenting programmes for parents of adolescents. Additionally, self-efficacy has three levels of measurement global, domain-general and task-specific. Bandura proposes task-specific as the most reliable measure of self-efficacy, however there is a lacuna of task-specific parental self-efficacy measures for parents of adolescents.

Consequently this study investigates the following questions:

1. Do parents of adolescents attending and completing the Tweens & Teens toolbox-parenting programme increase their task-specific self-efficacy; specifically do they increase the belief in their ability to perform the required tasks of parenting?

2. Do parents of adolescents attending and completing the Tweens & Teens toolbox-parenting programme increase their domain-general self-efficacy? Is there a relationship between general and task-specific parental self-efficacy?

3. Do parents of adolescents attending and completing the Tweens & Teens increase their social support? Is there a relationship between social support and parental self-efficacy in parents of adolescents'?

Chapter 3: Method

Introduction

This is a longitudinal study of 103 participants, parents of adolescents, attending and completing the Tweens & Teens Toolbox parenting programme. Surveys are completed by participants at three time points; before commencement, upon completion and three months post completion. This provides a measure of an immediate post course change, also testing sustainability of change three months post completion. Tweens & Teens is a parenting programme developed and implemented in New Zealand. This study tests and evaluates Tweens & Teens using task-specific self-efficacy, domain-general self-efficacy and social support measures testing the following hypotheses:

1. Parents of adolescents attending and completing Tweens & Teens increase their task-specific self-efficacy. Self-efficacy sources such as mastery, vicarious experience, verbal persuasion and physical and effective states (Bandura, 1986b, 1997) are integral to the content and delivery of Tweens & Teens. Accordingly, it was predicted that parents of adolescents influenced by these self-efficacy sources would increase their belief in their ability to perform the required tasks of parenting.

2. Parents of adolescents attending and completing Tweens & Teens increase their domain-general self-efficacy. Parents who are able to complete the tasks of parenting generally feel better about parenting. Is there a relationship between task-specific and domain-general self-efficacy?

3. Parents of adolescents attending and completing Tweens & Teens increase their social support. Vicarious experience and verbal persuasion are sources of task-specific self-efficacy and a function of social support consequently is there a relationship between task-specific self-efficacy and social support?

Design

The longitudinal survey with 103 participants, completed the same survey at three time points; before commencement, immediately post completion and three months post completion of Tweens & Teens programme. The survey, at each time point contained three scales, task-specific self-efficacy, domain-general self-efficacy and social support. As respondents completed each survey, they were asked to think about the child in their care aged between 10 and 18 years, with whom they have the most challenging relationship. Respondents were asked to write the name and age of that child on the survey. In addition, the first time point contained a survey of socio-demographic characteristics.

Sample

During the period of this research from August to December 2013, 73 Tweens & Teens courses were held throughout New Zealand, with a total of 587 participants. Four hundred and twenty-six participants (72.57 percent) completed the course by attending at least five out of six sessions. At Time 1 the survey was offered to 483 participants attending Tweens & Teens. In cases that were not offered, several facilitators did not want to offer the survey to their course participants, and the literacy level of the survey was too high for some participants. Two hundred and ninety seven participants (61.5 percent of those offered the survey) completed the survey at Time 1. Three were excluded due to the child's age (one because the

participants' child was aged 19 years and two because their children were under 10 years old). Two hundred participants (70 percent of those who completed survey 1) completed the survey at Time 2. Six were not included in analysis, four respondents completed the survey at Time 2 with a different child in mind than with their Time 1 survey, and in two cases one parent completed the survey at Time 1 while the other parent completed the survey at Time 2. The survey at Time 3 was sent to 194 participants, of whom 103 (53 percent) completed the survey at time 3. The final sample consisted of 103 respondents. The response rate was 61.5 percent, and the retention rate 34.7 percent. Respondents resided in regions throughout New Zealand, from Northland to Southland, with almost half (48) residing in Auckland. Eighty-six respondents were female and 17 male. Ninety-five respondents identified as European/Pakeha, 10 as Māori, two Pacifica and one Asian. Respondent age ranged from 31 to 60 years. The full sample description is in the results section.

Measurement

Task-specific parent self-efficacy. The Self-Efficacy for Parents of Young Adolescents (S-EPA) scale is used to measure task-specific self-efficacy in parents of adolescents. The S-EPA scale was developed and trialed by James in 2008. The scale was tested for validity and reliability by its developer, James (2008) providing an inter-rater agreement of .75 and Content Validity Index of .90 indicating an adequate optimal definition of the construct (Field, 2009; Polit, Beck, & Owen, 2007). S-EPA measures specific tasks, however groups of similar tasks are related consequently S-EPA is likely to factor. The task-specific self-efficacy scale S-EPA has 34 items (see Table 1), which asks parents to measure task-specific parental self-efficacy, and is used in this research with modifications. Each item begins with 'I believe I can' for

example ‘I believe I can let my child know I care about him/her’. Items were used as is with the following exceptions. Item number 17 was changed from ‘I believe I can enforce the rules for TV and computer/Internet use’ to ‘I believe I can enforce the rules for TV and computer/Internet/social networking use’, since social networking has become an essential element in adolescents’ lives, and was not as prominent in 2008 (James, personal communication, 10 June 2013). The original ten-point scale was reduced to a five point Likert scale, providing similarity to the other two scales being used. Scales of five points are reasonably reliable while a larger set of responses can become distracting (Rodeghier, 1996). Additionally, most task-specific self-efficacy measures reviewed in the literature review (Chapter 2) used 5-point Likert scales. Response options were (1) Never, (2) Seldom, (3) Sometimes, (4) Frequently, and (5) Always (see table 1).

The S-EPA scale instructed participants:

> *The following statements are about tasks (things we do) in parenting teenagers, you are asked to respond to each statement. Please: Read each statement - thinking of your child of interest you named above - select and circle the response that most closely resembles what you believe, using a rating from one (never) to five (always).*

Table 1: S-EPA Scale Items

Items in the Self-Efficacy Scale for Parents of Young Adolescents (S-EPA) Item
1. I believe I can let my child know I care about him/her.
2. I believe I can give my child more independence such as allowing unsupervised time to go places with friends.
3. I believe I can stand up for my child when I believe my child is right.
4. I believe I can find information I need about normal adolescent development and behaviour.
5. I believe I can manage my time to keep up with parenting responsibilities.
6. I believe I can keep informed about how my child is doing in school.

Items in the Self-Efficacy Scale for Parents of Young Adolescents (S-EPA)
Item
7. I believe I can acknowledge my child's attempts to develop individuality, so long as their behaviours are not dangerous.
8. I believe I can know who my child's friends are.
9. I believe I can ask others for parenting tips if I need them.
10. I believe I can praise my child when praise is deserved.
11. I believe I can trust that my child will make choices that reflect what she/he has been taught.
12. I believe I can encourage my child to call/text home whenever he/she feels uncomfortable in a social situation.
13. I believe I can ask my child what is wrong when I think he/she is in trouble or worried about something.
14. I believe I can change my approach to parenting as my child develops.
15. I believe I can recognise that my child may see the world differently than I do.
16. I believe I can know where my child is when she/he goes out.
17. I believe I can enforce the rules for TV and computer / Internet / social networking use.
18. I believe I can spend time talking individually with my child.
19. I believe I can resist giving into my child even if my child says, "Everyone's doing it."
20. I believe I can pace myself to have enough energy for parenting.
21. I believe I can be available and open so my child can ask me anything.
22. I believe I can teach my child to take responsibility for decisions.
23. I believe I can use a consistent approach when disciplining my child.
24. I believe I can encourage my child to practice positive health habits, such as eating breakfast, getting enough sleep, exercising regularly, and avoiding too much "junk" food.
25. I believe I can help my child learn how to avoid dangerous activities.
26. I believe I can ask others for parenting support if I need it.

Items in the Self-Efficacy Scale for Parents of Young Adolescents (S-EPA)
Item
27. I believe I can say “no” when I believe it should be “no”.
28. I believe I can expect my child to complete household and school responsibilities.
29. I believe I can respect my child’s wishes to be alone sometimes.
30. I believe I can demonstrate my love for my child.
31. I believe I can monitor my child’s activities when he/she is with friends.
32. I believe I can negotiate privileges, such as staying out late with friends.
33. I believe I can discuss such activities as drug or alcohol use or sexual activity with my child.
34. I believe I can communicate with my child’s friends’ parents if my child will be visiting their home.

Domain-general parenting self-efficacy. Domain-general parenting self-efficacy is measured using Gibaud-Wollston and Wandersman’s, Parent Sense of Competence seven-question Efficacy subscale (PSOC: E), as revised and cited by Johnson and Mash (1989). PSOC: E is a widely used scale to measure domain-general self-efficacy and has very good content validity, internal consistency, and test-retest reliability and, convergent, discriminant, and factorial validity (Črnčec et al., 2010). A slight modification in wording is used, changing infant to child in items 1, 4, and 5. One other modification was made. In the original scale all seven items were reversed scored, because this scale was being used with other scales rated in a negative to positive direction, the reverse scoring was eliminated so that a higher score represents greater parent competence. A 6-point Likert scale was used to be consistent with previous uses of the scale; Strongly disagree (1), Disagree (2), Slightly Disagree (3),

Slightly agree (4), Agree (5), and Strongly Agree (6) (see Table 2 PSOC: Efficacy subscale items). There are seven items in the PSOC Efficacy subscale (see Table 2).

The PSOC: Efficacy subscale instructed respondents:

> *To gain a better understanding about what parents believe about their role as a parent, you are asked to respond to the following statements. Please read each sentence and select and circle the response that is closest to how you believe you parent the child you have the most challenging relationship with, using a rating from one (strongly disagree) to six (strongly agree). Do not spend too much time on each statement because your first response is usually the best answer.*

Table 2 PSOC: Efficacy subscale items

Items in the Parent Sense of Confidence (PSOC) Efficacy Subscale Item
1.The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.
2. I would make a fine model for a parent to follow in order to learn what is needed to know what it is to be a good parent.
3. Being a parent is manageable, and any problems are easily solved.
4. I meet my own personal expectations for expertise in parenting my child.
5. If anyone can find the answer to what is troubling my child, I am the one.
6. Considering how long I've been a parent, I feel thoroughly familiar with the role
7. I honestly believe I have all the skills necessary to be a good parent.

Social support. Social support was measured using Cutrona and Russell's (1987) Guidance and Social Integration subscales of the Social Provision Scale (see table 3) James (2008) modified the scale in her research adding four parent support items. I used two of James' items (four and seven) and separated James' item 10 '*I cannot share concerns about parenting issues with my family or friends.'* into two items 'I believe I can share concerns about parenting issues with my friends' and 'I believe I cannot share concerns about parenting issues with my family.' The original four-point rating scale is increased to six, to make the scale similar to the other short scale

used in this study: Strongly disagree (1), Disagree (2), Slightly Disagree (3), Slightly agree (4), Agree (5) and Strongly Agree (6) (see Table 3).

The SPS scale instructed respondents:

> *Thinking about your acquaintances, friends and family, for each of the following statements please circle the number that most closely applies to you, using a rating scale from one (strongly disagree) to six (strongly agree).*

Table 3: SPS scale items

Items in the Social Provision Scale: Social Integration, Guidance and Parenting subscales. Item
1. I have someone to talk to about decisions in my life.
2. I can share concerns about parenting issues with my friends
3. There is no one who likes to do the things I do.
4. I am able to obtain useful parenting advice from others.
5. There is no one I can turn to in times of stress.
6. There are people who like the same social activities as I do.
7. My child's other parent frequently helps me with my parenting.
8. There is no one I feel comfortable talking to about problems with.
9. I am with a group of people who think the same way I do about things.
10. I cannot share concerns about parenting issues with my family.
11. There is no one who has the same interests and concerns as I.
12. I have a trustworthy person to turn to if I have problems.

Social Provision Scale: Social Integration (3, 6, 9, 11) Guidance (1, 5, 8, 12) Parent Support (2, 4, 7, 10).

Child of interest (COI): Parent levels of task-specific self-efficacy can differ between their children (Bandura, 1997). Because of this, respondents were asked to think about the child aged between 10 and 18 years they have the most challenging relationship with as they answered the task-specific S-EPA survey items.

Respondents were asked to write the name and age of the child of interest on their survey at each time point, to enable the researcher to ensure that parents were responding to the same child at each time point.

Demographics. At Time 1, the survey included a series of demographic questions to define the sample and provide context for this research (see Appendix A Survey at Time 1, for demographic questions). Questions included gender, age, geographical location, ethnicity, income, marital status, education and reasons for taking the course. Questions were also asked about participants' household composition and about the child of interest (COI). The COI is the child that respondents are asked to name on their survey and think about while completing each of the three surveys. Respondents were asked whether their COI lives in their household full/part time or not at all and their relationship to their COI and the COI's other parent.

Procedure

A toolbox, a wooden box containing participants' manuals and all instructions required to facilitate a The Parenting Place (TPP) toolbox-parenting course, is dispatched from TPP office in Auckland to each facilitator planning to run a course. Facilitators advise toolbox administration of the number of participants registered for their course. Surveys at Time 1 and 2, participant information sheets and participant consent forms, and envelopes were included in every toolbox dispatched for courses beginning between August and December 2013. The TPP Toolbox Administrator provided the researcher with an email contact list of facilitators, planning to run a Tweens & Teens course within that period.

The researcher and toolbox manager recorded a DVD to disseminate participant information and instructions (see Appendix B for DVD transcript). The DVD was played before the commencement of each course, to ensure all course participants received the same information about the research project.

The researcher emailed each facilitator with instructions for this research project, these included:

- Information sheet for facilitators (see Appendix C)
- Information sheet for participants (see Appendix D)
- Consent for participants (see Appendix E)
- Survey at Time 1 (see Appendix A)
- Survey at Time 2 (see Appendix F)

After the facilitator played the DVD, they handed the Participant information sheet, Participant consent form and survey at Time 1 to participants. Participants who chose to participate in the research completed the survey at Time 1, placing the completed survey and signed consent in an envelope provided, sealing the envelope, and handing it back to the facilitator. The facilitator placed the participant envelopes in a large envelope and posted it to the researcher. Email and telephone reminders were sent to the facilitators, if the researcher did not receive survey at Time 1 within two weeks of the course beginning (see Information for Facilitators Appendix C). At the end of the surveys at Time 1 and 2, and at the beginning of the survey at Time 3 the participants were asked to write their name on their survey. This enabled the researcher to allocate the same survey number to the respondents' surveys at each time point.

At the conclusion of the final session of the Tweens & Teens toolbox parenting programme (session 6) the facilitators handed out survey at Time 2, to those participants who had completed the survey at Time 1. The participants completed the survey at Time 2, selecting from two options to receive the survey at Time 3, either with an email link to survey monkey or through the post. The participants wrote either their postal or email address on the survey at Time 2 (see Survey at Time 2 Appendix F), and placed the completed survey in an envelope provided, sealed it and handed back to the facilitator. The facilitators placed the participants' envelopes containing completed surveys in a large envelope, and posted the survey at Time 2 to the researcher at the completion of their course.

Three months after completion of their course (Time 3), the participants were sent the survey at Time 3 (see Appendix G) and the participant information for the survey at Time 3 (see Appendix H), either by email or postal address chosen at the end of the survey at Time 2. Email and text reminders were sent, to the participants who had not returned their survey, two and four weeks after survey at Time 3 was sent (see Survey at Time 3 Appendix G, information for participants Time 3 Appendix H).

As a thank you for taking part in the research, all participants who completed the survey at Time 3 were entered into a raffle for grocery vouchers; first prize $150.00, second prize $100.00 and third prize $75.00. The raffle was drawn and prizes sent by courier in May 2014.

Data was coded and inputted into the SPSS to provide a Principal Component Analysis for the task-specific self-efficacy scale, S-EPA. Then demographics,

frequencies and statistical analysis are used to describe increases in task-specific and domain-general self-efficacy and social support.

Full ethical approval was granted from the University of Otago Human Ethics Committee on 30 May 2013 (see Appendix I for Ethics application and Appendix J Ethics approval letter), and Māori Consultation obtained with Ngāi Tahu Consultation Committee (see Appendix K for Māori Consultation application and Appendix L for Ngāi Tahu Consultation Committee approval letter).

The researcher is an employee of CSS, Dunedin and TPP, Auckland. There is an organisational level agreement between CSS and TPP that encompasses her position as Otago Area Toolbox Coordinator (ATBC). In this role the researcher personally contacts each potential participant of Tweens & Teens, in the Dunedin area. Data is anonymous once coded; one of the researchers supervisors coded the Dunedin surveys, to protect client anonymity.

This research project is reliant on the facilitators to follow the researchers instructions. This potential problem is addressed by the careful instruction and training of facilitators to ensure they understand their role (see Appendices B and C). The support of TPP Toolbox manager and TPP, of this research project, will also help maximise the correct delivery of the survey by facilitators. However, the training of the facilitators, and the instructions presented by the toolbox manager and researcher on the DVD, may have influenced participants in their completion of surveys. A brief report of this research has been sent to the participants.

Method Summary

One hundred and three respondents participated in this longitudinal study that tested increases in task-specific and domain general self-efficacy, and social support. The sample is comprised of 103 parents of adolescents, who self-selected from those attending Tweens & Teens between August and December 2013. The researcher used three scales; task-specific self-efficacy, S-EPA, domain-general self-efficacy, PSOC: E, and social support measured using Cutrona and Russell's (1987) Guidance and Social Integration subscales of the Social Provision Scale and this researchers parenting items. S-EPA has been used once before by its originator and it demonstrated adequate validity and reliability in its testing of psychometric properties (James, 2008). In addition, existing reliable and valid scales measure domain-specific self-efficacy and social support. Statistical techniques are used to provide demographics, descriptives, frequencies and analysis are proposed to describe increases in task-specific and domain-general self-efficacy and social support.

Chapter 4: Results

Introduction

This chapter presents the results, of testing the task-specific self-efficacy, domain-general self-efficacy, and social support measures S-EPA, PSOC: E and SPS respectively, on parents of adolescents attending and completing Tweens & Teens. First demographics of the sample population of 103 parents of adolescents and those specific to the COI are delineated. The S-EPA is a relatively new scale, consequently a component structure is not yet firmly established, and therefore a PCA of the task-specific measure S-EPA on this study's sample is presented. The PCA's five components, 1: Management, 2: Relationship, 3: Faith/Trust, 4: Self-Reliance and 5: Information Seeking are explored. Correlations, repeated measures ANOVA and post

hoc analysis using 95 percent confidence intervals are presented for the three measures task-specific self-efficacy S-EPA, domain-general self-efficacy PSOC: E and social support SPS.

Demographics

This section describes the demographics of the sample; it is presented in table form in Appendix M. Numbers are used rather than percentages, as the sample size is approximately 100. There were 103 respondents included in analysis, 86 women and 17 men. Respondents ranged in age from 31 to 60 (M 45.2, SD 6.78), most (65) were between the ages of 40 and 49. Almost half (48) respondents were from Auckland, 19 from Canterbury, and seven from each of Bay of Plenty and Otago.

Most (83) respondents were living in a couple relationship either married (75) or living with a significant other (8), 16 were divorced or separated, and one was single and one was widowed. Eighty-one respondents lived in a two adult household, with 13 single adult households and eight households with three adults. The number of children living in each household was between zero and six, with most households having either two (53) or three children (24) in their household.

Seventy-two respondents completed some post secondary school education, including 37 who completed a Graduate degree. Income level for two thirds of respondents was above $60,000 (67) with one third earning over $100,000 (see Appendix M for Demographic results).

Child of interest (COI) Specific questions were asked about the child of interest to enable analysis of difference between age, gender, birth order, place of residence, and

relationship to their parent attending the Tweens & Teens. This section reports the demographics of the COI; these are presented in table form in Appendix N. The child of interest included 53 girls and 49 boys, who ranged in age from 10 to 16 (M 13.16, SD 1.81). Most (54) were the oldest child in their family. The COI lived fulltime with 88 respondents, part-time with 12, and not at all with two respondents. Eight COI also lived part-time with their other parent, five at boarding school, and one with a friend.

Relationship to child of interest Questions regarding the COI revealed 96 respondents were birth parents, two grandparents, two stepparents, one foster parent, and one Whānau caregiver. Seventy-one respondents lived with the child of interest's other parent, 21 respondents did not, and four COIs' other parent are deceased.

Respondents were asked to provide their reason(s) why they attended the course. Most (97 respondents) completed Tween & Teens parenting course to 'learn about parenting a teenager' with nine attending because 'my friend suggested I attend', five because 'my family suggested I attend', three because 'Child Youth and Family told me to attend', and one because 'court told me to attend'. Other reasons provided, each reason for one respondent were, school, school counsellor, Strengthening Families[3], WINZ[4], and work. Two respondents attended to both increase and refresh there parenting skills, one to support others, and one respondent attended to train to facilitate a Tweens & Teens parenting course.

[3] Strengthening Families pulls together support for families/Whanau using an interagency case management approach.
[4] Work and Income New Zealand

Task-Specific Self-Efficacy

Descriptives

Task-specific self-efficacy was measured by the S-EPA. S-EPA item means tended toward the mid to high end of the scale at all time points (see Table 4). Item means range between 3.31 - 4.88 at Time 1, 3.63 – 4.43 at Time 2, and 3.68 – 4.58 at Time 3.

Table 4: SEPA Item mean

S-EPA ITEM	Mean (Standard Deviation) T1	T2	T3
1. I believe I can let my child know I care about him/her.	4.36 (.74)	4.51 (.64)	4.53 (.67)
2. I believe I can give my child more independence such as allowing unsupervised time to go places with friends.	3.49 (.85)	3.72 (.78)	3.87 (.65)
3. I believe I can stand up for my child when I believe my child is right.	4.34 (.76)	4.50 (.70)	4.50 (.59)
4. I believe I can find information I need about normal adolescent development and behaviour.	3.81 (.94)	4.23 (.74)	4.21 (.71)
5. I believe I can manage my time to keep up with parenting responsibilities.	3.65 (.82)	3.91 (.69)	3.89 (.71)
6. I believe I can keep informed about how my child is doing in school.	3.94 (.88)	4.03 (.82)	4.13 (.76)
7. I believe I can acknowledge my child's attempts to develop individuality, so long as their behaviours are not dangerous.	3.84 (.78)	4.05 (.62)	4.08 (.66)
8. I believe I can know who my child's friends are.	3.79 (.82)	3.99 (.79)	3.98 (.79)
9. I believe I can ask others for parenting tips if I need them.	3.85 (.68)	4.08 (.86)	4.11 (.88)
10. I believe I can praise my child when praise is deserved.	4.43 (.95)	4.63 (.59)	4.58 (.60)
11. I believe I can give my child more independence such as allowing unsupervised time to go places with friends.	3.54 (.65)	3.84 (.62)	3.77 (.69)
12. I believe I can encourage my child to call/text home whenever he/she feels uncomfortable in a social situation.	4.11 (.84)	4.35 (.73)	4.42 (.77)

S-EPA ITEM	Mean (Standard Deviation) T1	T2	T3
13. I believe I can ask my child what is wrong when I think he/she is in trouble or worried about something.	4.17 (.77)	4.35 (.76)	4.31 (.76)
14. I believe I can change my approach to parenting as my child develops.	3.93 (.76)	4.11 (.67)	3.95 (.76)
15. I believe I can recognise that my child may see the world differently than I do.	3.91 (.76)	4.18 (.74)	4.08 (.68)
16. I believe I can know where my child is when she/he goes out.	4.17 (.76)	4.13 (.73)	4.15 (.74)
17. I believe I can enforce the rules for TV and computer / internet / social networking use.	3.68 (.92)	3.89 (.80)	3.95 (.81)
18. I believe I can spend time talking individually with my child.	3.92 (.93)	4.15 (.71)	4.05 (.78)
19. I believe I can resist giving into my child even if my child says, “Everyone’s doing it.”	3.96 (.79)	4.12 (.69)	4.10 (.73)
20. I believe I can pace myself to have enough energy for parenting.	3.35 (.76)	3.60 (.73)	3.72 (.75)
21. I believe I can be available and open so my child can ask me anything.	3.54 (.81)	4.30 (.68)	4.24 (.75)
22. I believe I can teach my child to take responsibility for decisions.	3.83 (.74)	4.12 (.62)	4.13 (.73)
23. I believe I can use a consistent approach when disciplining my child.	3.47 (.77)	3.88 (.65)	3.82 (.68)
24. I believe I can encourage my child to practice positive health habits, such as eating breakfast, getting enough sleep, exercising regularly, and avoiding too much “junk” food.	3.83 (.88)	4.09 (.72)	3.99 (.79)
25. I believe I can help my child learn how to avoid dangerous activities.	3.89 (.76)	4.17 (.61)	4.12 (.63)
26. I believe I can ask others for parenting support if I need it.	3.82 (1.00)	4.11 (.84)	4.11 (.86)

S-EPA ITEM	Mean (Standard Deviation) T1	T2	T3
27. I believe I can say "no" when I believe it should be "no".	4.19 (.74)	4.44 (.69)	4.41 (.64)
28. I believe I can expect my child to complete household and school responsibilities.	3.67 (.98)	3.99 (.85)	3.93 (.84)
29. I believe I can respect my child's wishes to be alone sometimes.	4.01 (.75)	4.24 (.60)	4.34 (.59)
30. I believe I can demonstrate my love for my child.	4.33 (.87)	4.57 (.70)	4.50 (.70)
31. I believe I can monitor my child's activities when he/she is with friends.	3.31 (.69)	3.65 (.73)	3.68 (.71)
32. I believe I can negotiate privileges, such as staying out late with friends.	3.56 (.86)	3.95 (.69)	3.98 (.72)
33. I believe I can discuss such activities as drug or alcohol use or sexual activity with my child.	3.89 (.96)	4.11 (.83)	4.17 (.80)
34. I believe I can communicate with my child's friends' parents if my child will be visiting their home.	4.06 (.88)	4.18 (.87)	4.29 (.78)
TOTAL SEPA	3.88 (.43)	4.12 (.39)	4.13 (.43)

The S-EPA total scale means were Time 1 3.88, Time 2 4.12, and Time 3 4.13. Reliability (Cronbachs alpha) for the total S-EPA scale was $\propto$ = .92 an excellent rating. Correlations between the items ranged low to high (-.58 to .74) (see Appendix O for correlation matrix of S-EPA items).

Principal Component Analysis (PCA) of S-EPA

The task-specific self-efficacy scale SEPA is a relatively new scale, having been factored once by its originator in 2008, consequently a component structure is not yet firmly established. Therefore, a PCA was run on S-EPA to determine component structure. PCA was completed on the 194 Time 2 respondents, the sample size at

Time 3 (103), was too small for factor analytic purposes. The number of observations increases the reliability of the obtained correlations (Comrey & Lee, 2013). Comrey and Lee's (2013) adequacy of sample size gives a sample of 100 a poor rating, however a sample size of 200 receives a fair rating. PCA was completed with the 194 Time 2 respondents, however ANOVA's were run using the 103 respondents who completed the survey at all three time points. Demographic details for Time 2 and Time 3 were compared and all were very similar (see Appendix P for Time 1/Time 2 demographic comparison). The mean age of respondents at Time 2 and Time 3 was identical 45.02 years-of-age. However, the number of males decreased from one in four at Time 2 to one in six at Time 3 (see Appendix P for demographic comparison).

PCA is a variable reduction technique that reduces the variables, parent task-specific self-efficacy items, to components, coherent subsets. The components empirically summarise the correlations among the variables, providing a description rather than a theoretical analysis, "items 'cause'—or produce—the component" (Tabachnick & Fidell, 2007, p. 610). The 34 items are analysed to reveal correlations among variables thought to affect the parenting of adolescents. PCA also isolates components that have intrinsic value, items that are fundamental to one another (Comrey & Lee, 1992, 2013). Maximum likelihood extraction was used followed by orthogonal (varimax) rotation, simplifying components by maximising variance assuming uncorrelated components and resulting in a more parsimonious solution (Tabachnick & Fidell, 2007).

Before PCA, Bartlett's test of sphericity and Kaiser-Meyer-Olkin (KMO) values were computed, to test if S–EPA scale items are amenable to factor analysis. The Bartlett's

test of sphericity χ^2 (561, N = 194) = 2588, $p < .001$ was statistically highly significant, indicating that the correlation matrix is not an identity matrix and is therefore, likely to reduce to several factors. Initially, PCA was run including all 34 items from S-EPA resulting in ten components with eigenvalues greater than one, some items cross-loaded on multiple components, the model was run again, requesting five components. The final five-component model converged in nine iterations and had a KMO value of .89, indicating that the degree of common variance among scale items is meritorious and therefore amenable to PCA (Kaiser, 1974). Four items cross-loaded, however each item had a better theoretical fit with their highest loading. A greater number of factors explain more variance in the data however, reduces parsimony in the solution (Tabachnick & Fidell, 2007). These five factors produce a parsimonious solution that includes all 34-scale items. "A good PCA 'makes sense'; a bad one does not" (Tabachnick & Fidell, 2007, p. 608). Tabachnick and Fidell (2007) suggest, meaningful correlations have component loadings of .32 or larger when searching for a unifying concept for components. All S-EPA component item loadings are greater than .36, (see Table 5); therefore all items can contribute when looking for the meaning within and labeling of each component.

Table 5: Component (factor) loadings for S-EPA items

Item	Component				
	1	2	3	4	5
17. I believe I can enforce the rules for TV and computer / internet / social networking use.	.66				
27. I believe I can say “no” when I believe it should be “no”.	.64				
28. I believe I can expect my child to complete household and school responsibilities.	.63				
19. I believe I can resist giving into my child even if my child says, “Everyone’s doing it.”	.62				
20. I believe I can pace myself to have enough energy for parenting.	.62				
23. I believe I can use a consistent approach when disciplining my child.	.60				
24. I believe I can encourage my child to practice positive health habits, such as eating breakfast, getting enough sleep, exercising regularly, and avoiding too much “junk” food.	.57				
22. I believe I can teach my child to take responsibility for decisions.	.56				
6. I believe I can keep informed about how my child is doing in school.	.50				
25. I believe I can help my child learn how to avoid dangerous activities.	.49				
5. I believe I can manage my time to keep up with parenting responsibilities.	.38				
34. I believe I can communicate with my child’s friends’ parents if my child will be visiting their home.	.38				
1. I believe I can let my child know I care about him/her.		.76			

Table 5: Component (factor) loadings for S-EPA items

Item	Component				
	1	2	3	4	5
30. I believe I can demonstrate my love for my child.		.73			
18. I believe I can spend time talking individually with my child.		.67			
10. I believe I can praise my child when praise is deserved.		.67			
21. I believe I can be available and open so my child can ask me anything.		.66			
3. I believe I can stand up for my child when I believe my child is right.		.53			
13. I believe I can ask my child what is wrong when I think he/she is in trouble or worried about something.		.52			
15. I believe I can recognise that my child may see the world differently than I do.		.47			
33. I believe I can discuss such activities as drug or alcohol use or sexual activity with my child.		.44			
14. I believe I can change my approach to parenting as my child develops.		.43			
12. I believe I can encourage my child to call/text home whenever he/she feels uncomfortable in a social situation.		.36			
16. I believe I can know where my child is when she/he goes out.			.70		
31. I believe I can monitor my child's activities when he/she is with friends.			.65		
8. I believe I can know who my child's friends are.			.57		
32. I believe I can negotiate privileges, such as staying out late with friends.			.50		

Table 5: Component (factor) loadings for S-EPA items

Item	Component				
	1	2	3	4	5
2. I believe I can give my child more independence such as allowing unsupervised time to go places with friends.				.69	
11. I believe I trust that my child will make choices that reflect what she/he has been taught.				.52	
7. I believe I can acknowledge my child's attempts to develop individuality, so long as their behaviours are not dangerous.				.51	
29. I believe I can respect my child's wishes to be alone sometimes.				.41	
9. I believe I can ask others for parenting tips if I need them.					.81
26. I believe I can ask others for parenting support if I need it.					.78
4. I believe I can find information I need about normal adolescent development and behaviour.					.52
Variance explained (%)	30	6.84	5.00	4.22	4.09
Factor reliability (∝)	.88	.87	.65	.60	.77
Eigen values	10.25	2.32	1.70	1.43	1.39

Components 1: Management 2: Relationship 3: Faith/Trust 4: Self-Reliance 5: Information Seeking.

The five components of S-EPA, provide meaningful concepts for task-specific parenting self-efficacy. Component 1 is labeled Management (S-EPA: M), and includes items related to the parents managing themselves well as well as managing their adolescent. Comrey and Lee's (1992) intrinsic value is evident with items 17 and 27, the parent is able to enforce rules and when necessary, and hold their ground to

keep those rules, see Table 5. Additionally, item 20 questions the parent having enough energy for parenting while item 22 shows the parent can teach their child to make appropriate decisions see Table 5. Component 2 is labeled Relationship (S-EPA: R), the relationship between the parent and their child, caring (item 1) and loving (item 30) their child, while changing their approach to parenting as their child develops (item 14), see Table 5. Component 3 is labeled Faith/Trust (S-EPA: FT), the parent having faith in and trusting their child, knowing where they are (item 16), monitoring their child's activities (item 31), and negotiating privileges (item 32), see Table 5. Component 4 is labeled Self-Reliance (S-EPA: SR), and represents adolescent autonomy development, allowing their child to go out unsupervised (item 2) and respecting their child to be alone (item 29), see Table 5. Component 5 is labeled Information Seeking (S-EPA: IS), and is the parent's ability to seek assistance by asking for tips (item 9), support (item 26), and finding information about adolescent development and behaviour (item 4), see Table 5.

The overall model accounted for 50.29 percent of the variance. The Management component ($\propto$ = .88) accounted for 30 percent of the variance, and the Relationship component ($\propto$ = .87) accounted for 6.84 percent of the variance. The Faith/Trust component ($\propto$= .65) accounted for five percent of the variance, and the Self-Reliance ($\propto$ = .60) and Information Seeking ($\propto$ = .77) accounted for 4.22 and 4.09 percent of the variance respectively (see Table 5).

Correlations between S-EPA components were moderate, the strongest correlations are between components 2 (S-EPA: R) and 3 (S-EPA: FT) r = .74 (two tailed), and components 1 (S-EPA: M) and 2 (S-EPA: R) r = .71, p < .01 (two tailed), and

components 1 (S-EPA: M) and 3 (S-EPA: FT) r = .69, p < .01 (two tailed) (see Table 6).

Table 6: Scale and component correlations

Scale Component	S-EPA total	M	R	FT	SR	IS	PSOC: E	SPS
S-EPA TOTAL	1							
1. S-EPA: M	.98**	1						
2. S-EPA: R	.81**	.71**	1					
3. S-EPA: FT	.82**	.69**	.74**	1				
4. S-EPA: SR	.72**	.56**	.64**	.57**	1			
5. S-EPA: IS	.77**	.66**	.60**	.53**	.54**	1		
PSOC: E	.51**	.51**	.45**	.34**	.48**	.42**	1	
SPS	.54**	.48**	.39**	.43**	.40**	.62**	.28**	1

** Correlation is significant p < .01 (two tailed)

Repeated measures ANOVA

A one way repeated measures ANOVA was conducted, to test the hypothesis that parents of adolescents would increase their task-specific self-efficacy measured by the task-specific self-efficacy scale, S-EPA. Mauchly's test of sphericity was met for S-EPA total score and components 1, 2, and 3 (see table 7). Mauchly's test of sphericity was violated for components 4 and 5; epsilon ($\varepsilon > .75$) therefore the Huynd-Feldt correction is applied to the degrees of freedom for these components (Field, 2009) (see Table 7).

Table 7: S-EPA ANOVA

	Mauchly's Test of Sphericity			ANOVA		
	χ^2	df	p	F	df	p
S-EPA: TOTAL	.11	2	.946	20.43	2	< .001
1. S-EPA: M	.18	2	.912	21.94	2	< .001
2. S-EPA: R	.20	2	.904	13.71	2	< .001
3. S-EPA: FT	.01	2	.996	16.73	2	< .001
4. S-EPA: SR	11.66	2	.003	24.42*	1.83	< .001
5. S-EPA: IS	14.10	2	.001	17.15*	1.79	< .001

* F value with Huynd-Feldt corrected degrees of freedom

A one-way ANOVA showed a significant association between scale and component mean scores of task-specific self-efficacy, measured by S-EPA, mean before and after parents attended and completed Tweens & Teens. Parents attending and completing Tweens & Teens increased their task-specific self-efficacy total scale score (F (2,80) = .20.23 p < .001) as well as its five components (see Table 7). S-EPA total score mean increased from Time 1 (3.89) to Time 2 (4.12) sustaining this increase at Time 3 (4.10), see Appendix Q. S-EPA component means all showed a statistically significant increase, between Time 1 and 2, components 3 and 4 increased at Time 3, and the remaining sustained their Time 2 increase, see Appendix Q.

Post hoc analysis using 95 percent confidence intervals between Time 1 and Time 2 demonstrated significant increase between Time 1 and Time 2 CI [3.79 – 3.99, 4.03 - 4.21] (see Appendix Q), and with no difference between Time 2 and Time 3. A significant difference is evident between Time 1 and Time 2, because the confidence intervals do not overlap. The task-specific self-efficacy Time 3 confidence interval overlaps slightly with Time 2 however does not overlap with Time 1 supporting the

finding that participants sustained their Time 2 task-specific self-efficacy increase at Time 3.

Domain-general self-efficacy

Descriptives

The PSOC efficacy subscale measures domain-general self-efficacy, no PCA was required as PSOC: E is an established scale. All items increased between Time 1 and Time 2 (see Table 8). Items two and four increased slightly at time 3, items one, three, five, six and seven decreased at time 3 (see Table 8). PSOC: E total mean score was measured at 3.61 in Time 1, increasing to 4.17 at Time 2 and although decreasing slightly to 4.06 at Time 3 they largely sustain the Time 1 increase. The domain-specific self-efficacy subscale produced a Cronbachs alpha reliability score of ∝ .85, a good rating of internal consistency.

Table 8: PSOC: E item mean

PSOC: E ITEM	MEAN (STANDARD DEVIATION)		
	T1	T2	T3
1.The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.	4.23 (.98)	4.70 (.81)	4.48 (.96)
2. I would make a fine model for a parent to follow in order to learn what is needed to know what it is to be a good parent.	3.84 (1.14)	4.16 (.90)	4.20 (.99)
3. Being a parent is manageable, and any problems are easily solved.	3.78 (1.17)	3.82 (1.05)	3.80 (1.14)
4. I meet my own personal expectations for expertise in parenting my child.	3.33 (1.07)	3.91 (.99)	3.96 (1.04)
5. If anyone can find the answer to what is troubling my child, I am the one.	3.74 (1.13)	4.15 (1.16)	4.05 (1.32)
6. Considering how long I've been a parent, I feel thoroughly familiar with the role.	3.73 (1.31)	4.15 (1.06)	3.94 (1.33)

PSOC: E ITEM	MEAN (STANDARD DEVIATION)		
	T1	T2	T3
7. I honestly believe I have all the skills necessary to be a good parent.	3.29 (1.27)	4.17 (1.06)	4.02 (1.23)
PSOC: E TOTAL	3.61 (.86)	4.17 (.78)	4.06 (.90)

Repeated Measures ANOVA

A one way repeated measures ANOVA was conducted, to test the hypothesis that parents of adolescents would increase their domain-general self-efficacy measured by the Parent Sense of Competence Efficacy Subscale PSOC: E. The effect of parents of adolescents attending and completing Tweens & Teens on PSOC: E is measured at three time-points Time 1 before commencing Tweens & Teens, Time 2 upon completion of Tweens & Teens, and Time 3, 3-months subsequent to completion. Mauchly's test of sphericity was violated for domain-general self-efficacy, epsilon ($\varepsilon > .75$) therefore the Huynd-Feldt correction is applied to the degrees of freedom $F(1.76, 95) = 27.70$ $p < .001$ (Field, 2009). Post hoc analysis using 95% confidence intervals between Time 1 and Time 2 was significant for domain-general self-efficacy 95% CI [3.44 – 3.80, 3.96 – 4.29] (see Appendix Q). This is sustained at Time 3. A Pearson's correlation coefficient computed to assess the relationship between task-specific and domain-general self-efficacy shows there was a moderate positive correlation between task-specific and domain-general self-efficacy $r = .51$ $p < .01$ (see Table 6).

Social Support

Descriptives

Social support is measured with the Social Provisions Scale (SPS) subscales of Guidance and Social Integration, and this researcher's four Parenting questions. SPS

total scale means increased across Times 1, 2, and 3, 4.70, 4.93 and 4.99 respectively (see Table 9). SPS: SIGP item means increased between Time 1 and 2 sustaining or increasing at Time 3, items 1, 2, 4, 6, 10 and 11 increased at time 3 (see Table 7). The social support scale produced an alpha reliability score of $\propto$ = .88, a good rating of internal consistency.

Table 9 SPS: SIGP Mean

SPS: SIGP ITEM	MEAN (STANDARD DEVIATION)		
	T1	T2	T3
1. I have someone to talk to about decisions in my life.	4.80 (1.17)	5.18 (.92)	5.29 (.87)
2. I can share concerns about parenting issues with my friends.	4.87 (1.00)	5.07 (.84)	5.13 (1.02)
3. There is no one who likes to do the things I do.	4.72 (.87)	4.79 (.96)	4.74 (.97)
4. I am able to obtain useful parenting advice from others.	4.73 (1.02)	4.87 (.89)	5.60 (.95)
5. There is no one I can turn to in times of stress.	4.78 (4.77)	5.05 (1.08)	5.03 (1.18)
6. There are people who like the same social activities as I do.	4.77 (.94)	4.98 (.88)	5.20 (.99)
7. My child's other parent frequently helps me with my parenting.	4.29 (1.60)	4.42 (1.51)	4.41 (1.68)
8. There is no one I feel comfortable talking about problems with.	4.85 (1.15)	5.12 (1.03)	5.07 (1.11)
9. I am with a group of people who think the same way I do about things.	4.43 (1.06)	4.71 (.93)	4.69 (1.11)
10. I cannot share concerns about parenting issues with my family.	4.33 (1.32)	4.50 (1.29)	4.66 (1.24)
11. There is no one who has the same interests and concerns as I.	4.86 (1.11)	4.98 (.97)	5.13 (1.03)

SPS: SIGP ITEM	MEAN (STANDARD DEVIATION)		
	T1	T2	T3
12. I have a trustworthy person to turn to if I have problems.	5.00 (1.18)	5.27 (.97)	5.29 (.89)
TOTAL SPS	4.70 (.74)	4.93 (.66)	4.99 (.74)

Social Provision Scale: Social Integration (3, 6, 9, 11) Guidance (1, 5, 8, 12) Parent Support (2, 4, 7, 10).

Repeated measures ANOVA

A one way repeated measures ANOVA was conducted, to test the hypothesis that parents of adolescents would increase their social support measured with the Social Support subscales of Guidance and Social Integration, and this researcher's four Parenting questions. Mauchly's test of sphericity was violated for social support, epsilon ($\varepsilon > .75$) therefore the Huynd-Feldt correction is applied to the degrees of freedom $F(1.56, 86) = 10.27$ $p < .001$ (Field, 2009).

Post hoc analysis using 95 percent confidence intervals between Time 1 and Time 2 showed a significant increase in social support 95 percent CI [4.61 – 4.91, 4.83 – 5.11] see Appendix Q. This increase is sustained at Time 3.

To test the hypothesis that there is a relationship between social support and task-specific and domain general self-efficacy a Pearson's correlation was computed. The correlation is weak between social support and domain-general self-efficacy ($r = .28$ $p < .01$). However, there is a moderate correlation between social support and task-specific self-efficacy ($r = .54$ $p < .01$, see Table 6). Overall there is a moderate positive correlation between social support and task-specific self-efficacy. The task-specific self-efficacy scale component Information Seeking has the strongest correlation ($r = .62$ $p < .01$) with social support (see table 6).

The final model looked for significant associations between the three scales (task-specific self-efficacy, domain-general self-efficacy and social support) and demographics (see Appendices M and N). No single demographic variable demonstrated any significant association with more than one scale or subscale. Moreover, due to the sample size it is not surprising that significant differences were not found. Domain-general self-efficacy was significantly positively related to the number of people (adults and children) living in the household ($p < .001$) and task-specific self-efficacy was significantly positively related to both marital status ($p = .005$) and income ($p = .005$).

Summary of results

Parents of adolescents attending Tweens & Teens courses significantly increased their task specific and domain-specific self-efficacy and social support from immediately before commencement, to completion. Additionally this increase in task-specific self-efficacy, domain-specific self-efficacy, and social support is sustained 3-months post completion of Tweens & Teens. Scales used are task-specific self-efficacy S-EPA ($\propto = .93$), domain-general self-efficacy PSOC: E ($\propto = .85$), and social support ($\propto = .88$). PCA with orthogonal rotation of S-EPA produced 5 components. There is a significant moderate positive correlation between task-specific self-efficacy and domain-specific self-efficacy ($r = .51$ $p < .01$ two tailed), and social support and task-specific self-efficacy ($r = .54$ $p < .01$ two tailed). The statistically significant correlation is stronger between social support and the task-specific self-efficacy component 5 Information Seeking (S-EPA: IS) $r = .62$ $p < .01$ two-tailed. There was a significant relationship between domain-general self-efficacy and the number of

people, adults and children, living in the household, and between task-specific self-efficacy and, martial status and income.

Chapter 5: Discussion

This study shows, that parents of adolescents attending and completing TPP Tweens & Teens toolbox parenting programme significantly increase their task-specific parenting self-efficacy immediately post-course completion. Moreover, this increase is sustained 3 months post-completion. Parental self-efficacy is the belief a parent holds of their capabilities, formed through cognitive, social and behavioural processes, to organise and execute any task related to parenting a child (Bandura, 1997; de Montigny & Lacharité, 2005). This chapter draws on the theoretical frameworks previously described, to explain these findings within the context of the opportunities provided by Tweens & Teens.

The primary objective of this study was to evaluate a local New Zealand parenting programme for parents of adolescents, developed and implemented for New Zealanders, by New Zealanders in New Zealand. Attending and completing Tweens & Teens affected parents' belief in their ability to perform the required task of parenting.

Task-specific self-efficacy has superior predicative validity over domain-general and global measures of self-efficacy (Bandura, 1997; Coleman & Karraker, 1998; de Montigny & Lacharité, 2005; Sanders & Woolley, 2005). Bandura states that self-efficacy for a particular behaviour is predictive of that behaviour occurring (Bandura, 1997). Task-specific measures must be specific to the population being studied. Most

researchers have examined task-specific self-efficacy, with parents whose children are under 12 years old or have indicated treatments or clinical disorders. As a result, scales to measure task-specific self-efficacy in parents of adolescents, in the general population are scarce. This study uses a task-specific self-efficacy scale for parents of adolescents that has been used and factored once prior to this study (James, 2008); accordingly a principal component analysis was run on the task-specific measure for study.

Principal Component Analysis

The Principal Component Analysis run on the task-specific self-efficacy, Self-Efficacy for Parents of Young Adolescents (S-EPA), scale resulted in five components; 1 Management, 2 Relationship, 3 Faith/Trust, 4 Self-Reliance, and 5 Information Seeking. Additionally, this study's PCA integrated all 34 S-EPA scale items. Nonetheless, this PCA produced components analogous to Baumrind's parenting style axes of demandingness and responsiveness, and autonomy granting (Baumrind, 1971, 1991, 2013). Autonomy granting is especially significant during adolescence. Component 1 Management comprises confrontive control; demanding, firm, goal directed control subject to rational justification and negotiation (Tweens & Teens rules with reasons), and is analogous to Baumrind's parenting style axis of demandingness. Component 2 Relationship refers to emotional warmth and attachment with the child that is analogous to Baumrind's parenting style axis of responsiveness. Autonomy development occurs throughout childhood however is pertinent at adolescence; this study's PCA formulated two components specific to adolescent autonomy development, components 3 Faith/Trust and 4 Self-Reliance. Autonomy development for the adolescent requires their parents to have Faith in and

Trust them, enabling the adolescent to develop Self-Reliance as negotiation occurs between the parent and adolescent.

An example from Tween & Teens, is when a parent encourages his or her adolescent to problem solve an activity the adolescent wants to be involved with, and the parent places the responsibility firmly with the adolescent, as the adolescent knows what their parents expect of them to enable them to safely complete an activity. Further, autonomy is granted in this component as parents acknowledge their adolescent's need to, at times, simply be alone. These aspects are manifest in Tweens & Teens with Dr. Sylvia Rimm's 'V of love'[5] concept: one side of the 'V' is love and the other limits, and as the adolescent develops their autonomy, the sides of the 'V' widen. This may explain the increase in autonomy found in this study. Congruently, this concept emphasises Baumrind's parenting styles axes of responsiveness (love) and demandingness (control), as authoritative parents acknowledge appropriate amounts of love and control, allowing their adolescents autonomy development. Research has shown that democratic, directive, and good enough parenting styles also produce competent children (Baumrind, 1991a, 1991b, 2013; Sorkhabi & Mandara, 2013). Tweens & Teens encourages parents to be a backbone parent coach that is analogous to Baumrind's authoritative, democratic, directive, and good enough parenting styles. Literature supports parents using these parenting styles that aim to help provide optimum parenting, which may produce optimum children (Baumrind, 1991a, 1991b, 2013; Sorkhabi & Mandara, 2013). This study shows that TPP Tweens & Teens, supports parents to increase their parental self-efficacy, and encourages parenting that demonstrates both responsiveness and demandingness, raising competent adolescents.

[5] Dr. Sylvia Rimm in Cline F. & Fay J. (2006) *Parenting with love and logic* USA: Nav Press

Information Seeking

Additional to Baumrind's parenting style theory, this study's PCA produced component 5 Information Seeking. Information Seeking is a fundamental activity at transition points, and also a source of social support and self-efficacy. Parents seek information via conversations with friends and family, reading and searching books, magazines and the Internet. These conversations and searching may extend to parents contacting professional services. Vicarious experience and verbal persuasion happen when parents converse with friends and professionals and, these are also are sources of self-efficacy. They also occur during parenting programmes through modeling (group or video), feedback, and reinforcement from peers and course facilitators. Additionally, vicarious experience and verbal persuasion are features of social support and aide skill development. Furthermore, the Information Seeking component is positively correlated with social support. There may be a relationship between social support and the task-specific self-efficacy component Information Seeking however this was not tested in this study; further research is required to test the relationship.

This study tested a USA developed task-specific self-efficacy measure on a New Zealand population, further validating the tool. However this study produced different but similar components to James' original study. This study's PCA produced task-specific self-efficacy components both more parsimonious and particularly connected to autonomy development, parenting that is pertinent to adolescence. The PCA included all 34 items of the task-specific self-efficacy scale. However, further testing of the task-specific self-efficacy scale is needed to confirm this study's PCA, and is necessary to further validate this scale and its components, both within New Zealand and internationally.

The second hypothesis that parents of adolescents attending and completing Tweens & Teens increase their domain-general self-efficacy is also supported. Further, this increase is sustained 3-months post completion. Parents who are able to complete the tasks of parenting (task-specific self-efficacy) generally feel better about parenting (domain-general self-efficacy). Task-specific and domain-general self-efficacy is moderately positively correlated, however further research is required to investigate this relationship.

Domain-general parental self-efficacy is a general belief about parenting for example 'I an doing a good job as a mother/father'. However, task-specific parental self-efficacy is a belief about a parent's ability to complete a parenting task under specific conditions (Bandura, 1997). Social Cognitive Theory provides a framework to measure self-efficacy. More specifically, self-efficacy is integral to the personal factor within triadic reciprocity that provides the structure within which active relationships between the environment, behaviour, and personal factors function (see figure 3). Self-efficacy affects the way people view the world; people with high parental self-efficacy generally believe they can parent their children (Bandura, 1997). In contrast, people with low parental self-efficacy are likely to hold the view that they are not able to influence or parent their children (Bandura, 1997). Therefore, the finding that attending and completing Tweens & Teens toolbox parenting programme increases both task-specific and domain-general self-efficacy is significant, an improved belief in the ability to perform the required tasks of parenting may also increase a parent's general belief about their parenting.

Sources of Self-efficacy in TPP Tweens & Teens

Tweens & Teens is based on social learning principles, and actively uses Bandura's four sources of self-efficacy mastery, vicarious experience, verbal persuasion and physical and affective states (Bandura, 1977, 1986b, 1997), throughout the programme. Mastery tasks are provided when participants practice strategies and skills learnt while participating in Tweens & Teens, both during the session and at home in-between sessions. Vicarious experience and social modelling, occur as participants watch DVD excerpts and participate in role-plays during sessions. Verbal persuasion happens amongst small and large group discussion, during Tweens & Teens. Most often, facilitators and participants are peers; verbal persuasion and vicarious experiences are known to be more effective in the company of peers (Bandura, 1997).

Physical and affective states may be experienced during parenting programmes, as participants discover they are not the only person experiencing adverse adolescent experiences, to some extent normalising adolescent behaviour. Tweens & Teens content focuses primarily on parenting tasks, also providing an environment conducive to parent social support.

Social Support

The third hypothesis that parents of adolescents attending and completing Tweens & Teens increase their social support is supported. Further this increase is sustained 3 months post-completion. Task-specific self-efficacy sources are also functions of social support. The group-parenting programme is clearly a possible contributor to this social support finding. The interpersonal process of social support, reciprocal exchange of parenting information, operates throughout Tweens & Teens. Moreover,

peer-to-peer information exchange has been found to be more effective in other research (Bandura, 1997), Tweens & Teens facilitators and participants are often peers. Vicarious experience and verbal persuasion occur constantly throughout Tweens & Teens via facilitator and group discussion, watching DVDs and role-plays. Social support is both an ecological antecedent and current factor that impacts self-efficacy (Coleman & Karraker, 1998). Parenting programmes, operate in the meso-system within the ecological model, the relationships between and interactions of the micro-system. Additionally, these interactions may bolster parents' physical and affective states, a self-efficacy source that is likely to improve relationships in the micro-system. The transition and process of adolescence is situated in the chrono-system. The macro-system, the cultural environment and values, the economy and political system all affect parent styles and parenting. Further investigative research is necessary to study the relationship between social support, the ecological model, and parenting programmes.

Most families could potentially benefit from a universal, evidence-based parenting programme. Most parenting programmes, however, have been developed for children with specific disorders, and outcomes are measured primarily on changes in children. Moreover, most parenting programmes have been developed for children under 12 years of age with fewer specific to parents of adolescents (Bogenschneider et al., 1997; Burke et al., 2012; Hallberg & Håkansson, 2003). This leaves parents of adolescents without a specific disorder, without the benefit of guidance from parenting programmes. We also know that parents with high levels of parental self-efficacy achieve better outcomes for their children, irrespective of whether their child has a disorder or not (Bandura, 1986b, 1997). This study shows that parents of

adolescents attending Tweens & Teens, a universal parenting programme increase their belief in their ability to perform the required tasks of parenting – parental self-efficacy. Notably there were a group of 12 participants who choose to compete the survey at Time 2 even thought they did not compete the survey at Time 1. These participants wanted to acknowledge their learning and the value they received from attending and competing Tweens & Teens (personal communication).

Limitations

Most parents who attend parenting programmes are female, in this study one in four (24 percent) of respondents were male at Time 2, and this decreased to one in six respondents (17 percent) at Time 3. Many parenting programmes struggle to attract male participants, and this programme had a typical rate of male participation of 20 percent (Lundahl et al., 2008).

The study's sample population was predominantly European-New Zealanders middle and upper class; consequently, the income level of the sample population in this study, is not representative of the New Zealand population. In the study population, 34 percent of respondents earned over $100,00 compared to 5.9 percent of the population in the 2013 census (Statistics New Zealand, 2013a). This study had 2.9 percent in the under $20,000 income bracket, compared to 38.3 percent of the population in the 2013 census data. However, it may be that if attending parenting programmes is normalised for European-New Zealand middle and upper class, the ripple effect has potential to flow to the remainder of the population. Normalising and destigmatising parenting programmes for European-New Zealand middle and upper class, has the potential to remove a large barrier to people attending as the common

response when asked why they do not attend a parenting programme is that 'I'm not a bad parent' (Steinberg, 2001).

Ninety-two percent of the study respondents were European, 9.7 percent Māori, two percent Pacifica and one percent Asian compared with 2013 census data of 74, 15, 7, and 12 percent respectively (Statistics New Zealand, 2013b). The Parenting Place launched 'Building Awesome Whanau' (BAW) in May 2014, a parenting programme developed in New Zealand specifically for Māori; this programme was launched subsequent to the data collection period for this research. BAW has a lower literacy requirement that has the potential to capture an area of the population, that self-excluded from this study.

Almost all parents completing the survey wanted to learn more about parenting a teenager, thus were already motivated to increase their parenting self-efficacy. The survey required a degree of literacy, and as a consequence parents of lower literacy may have self-selected not to complete the surveys. Further, this study only included those who completed the programme. As a result of this self-selection, respondents may be different from the general population and generalisability of this study must be used with caution.

Participants were given the option of withdrawing from the study by not completing the survey at Time 2. Attrition also occurred between Time 2 (the end of the programme) and Time 3 (three months after). However, a comparison of those who completed the last two waves with those who completed the survey at Time 2, and not

at Time 3, demonstrates that these respondents are demographically not significantly different from each other.

Conclusion

Adolescence is marked as a transition point and people are open to learning during transitions. Many parenting tasks cognitively stored during children's early years no longer work or apply to adolescents, as they individuate and develop autonomy. Universal parenting programmes target the full spectrum from social-advantage to social-disadvantage (Hiscock: 2008). Tweens & Teens provides a forum for continued social learning to gain mastery through modeling (vicarious experience) and tips and conversations (verbal persuasion) while in an environment that normalises psychological and physical states.

This study provides evidence that Tweens & Teens increases self-efficacy in parents of adolescents through Social Cognitive Theory's triadic reciprocity. Attending Tweens & Teens provides an environment, where the sources of self-efficacy mastery experience, vicarious experience, verbal persuasion, and physical and affective states transpire. The Parenting Place can build on this study to explore and provide evidence-based research for each of the 0-6 years, 6-12 years, Tweens & Teens, Building Awesome Whānau, and Grandparents Raising Grandchildren toolbox-parenting programmes.

Further research on parenting programmes would benefit from a task-specific self-efficacy theoretical perspective. To enable this, task-specific self-efficacy measures specific to parents of children at differing age groups requires research. I would encourage TPP to put in place processes to further this beginning into evidence-based

research for each of the remainder of their suite of toolbox-parenting programmes. This has the potential to provide an evidence-base to normalise the progression for parents to attend 0-6 years toolbox-parenting programme when baby is born, repeat 0-6 years when infant is 2-3 years old. Then attend the 6-12 years toolbox-parenting programme when their child starts school, repeating it when their child is 7-8 years old. Followed by attendance at Tweens & Teens to coincide with their child's progression to Year 7, and repeat Tweens & Teens when their adolescent begins Secondary School, Year 9. This could provide a structure for parents to review and renew their parenting and raise their task-specific parental self-efficacy, the belief a parent holds of their capabilities formed through cognitive, social and behavioural processes, to organise and execute any task related to parenting a child (Bandura, 1997; de Montigny & Lacharité, 2005), throughout the development of their child from birth to independence.

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APPENDICES

Appendix A

Survey at Time 1

SURVEY 1

Does the tweens & teens toolbox parenting programme increase parenting confidence?

I am very interested in what you believe about your parenting, parents sometimes think more about parenting issues as children enter the teenage years.

1. Please complete this survey.
2. You can skip any question, stop at any point in time and won't be penalised for this.
3. As you fill out this survey, please think about what it is like for you as a parent of a teenage child.
4. Think about the child in your care aged between 10 and 18 years that you have the most challenging relationship with, their:
    - NAME:……..
    - AGE……...
5. The following statements are about tasks (things we do) in parenting teenagers, you are asked to respond to each statement.
6. Please**:**

a. Read each statement

b. Thinking of the teenager you have named in question 4 above

c. Select and circle the response that most closely resembles what you believe, using a rating from one (never) to five (always).

	NEVER	RARELY	.SOMETIMES	FREQUENTLY	ALWAYS
1. I believe I can let my child know I care about him/her.	1	2	3	4	5
2. I believe I can give my child more independence such as allowing unsupervised time to go places with friends.	1	2	3	4	5
3. I believe I can stand up for my child when I believe my child is right.	1	2	3	4	5
4. I believe I can find information I need about normal adolescent development and behaviour.	1	2	3	4	5

	NEVER	RARELY	.SOMETIMES	FREQUENTLY	ALWAY
5. I believe I can manage my time to keep up with parenting responsibilities.	1	2	3	4	5
6. I believe I can keep informed about how my child is doing in school.	1	2	3	4	5
7. I believe I can acknowledge my child's attempts to develop individuality, so long as their behaviours are not dangerous.	1	2	3	4	5
8. I believe I can know who my child's friends are.	1	2	3	4	5
9. I believe I can ask others for parenting tips if I need them.	1	2	3	4	5
10. I believe I can praise my child when praise is deserved.	1	2	3	4	5
11. I believe I can trust that my child will make choices that reflect what she/he has been taught.	1	2	3	4	5
12. I believe I can encourage my child to call/text home whenever he/she feels uncomfortable in a social situation.	1	2	3	4	5
13. I believe I can ask my child what is wrong when I think he/she is in trouble or worried about something.	1	2	3	4	5
14. I believe I can change my approach to parenting as my child develops	1	2	3	4	5
15. I believe I can recognise that my child may see the world differently than I do.	1	2	3	4	5

	NEVER	RARELY	.SOMETIMES	FREQUENTLY	ALWAYS
16. I believe I can know where my child is when she/he goes out.	1	2	3	4	5
17. I believe I can enforce the rules for TV and computer / internet / social networking use.	1	2	3	4	5
18. I believe I can spend time talking individually with my child.	1	2	3	4	5
19. I believe I can resist giving into my child even if my child says, “Everyone’s doing it.”	1	2	3	4	5
20. I believe I can pace myself to have enough energy for parenting.	1	2	3	4	5
21. I believe I can be available and open so my child can ask me anything.	1	2	3	4	5
22. I believe I can teach my child to take responsibility for decisions.	1	2	3	4	5
23. I believe I can use a consistent approach when disciplining my child.	1	2	3	4	5
24. I believe I can encourage my child to practice positive health habits, such as eating breakfast, getting enough sleep, exercising regularly, and avoiding too much “junk” food.	1	2	3	4	5
25. I believe I can help my child learn how to avoid dangerous activities.	1	2	3	4	5

	NEVER	RARELY	.SOMETIMES	FREQUENTLY	ALWAYS
26. I believe I can ask others for parenting support if I need it.	1	2	3	4	5
27. I believe I can say “no” when I believe it should be “no”.	1	2	3	4	5
28. I believe I can expect my child to complete household and school responsibilities.	1	2	3	4	5
29. I believe I can respect my child’s wishes to be alone sometimes.	1	2	3	4	5
30. I believe I can demonstrate my love for my child.	1	2	3	4	5
31. I believe I can monitor my child’s activities when he/she is with friends.	1	2	3	4	5
32. I believe I can negotiate privileges, such as staying out late with friends.	1	2	3	4	5
33. I believe I can discuss such activities as drug or alcohol use or sexual activity with my child	1	2	3	4	5
34. I believe I can communicate with my child’s friends’ parents if my child will be visiting their home.	1	2	3	4	5

To gain a better understanding about what parents believe about their role as a parent, you are asked to respond to the following statements. Please read each sentence and select and circle the response that is closest to how you believe you parent the child you have the most challenging relationship with, using a rating from one (strongly disagree) to six (strongly agree). Do not spend too much time on each statement because your first response is usually the best answer.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.	1	2	3	4	5	6
2. I would make a fine model for a parent to follow in order to learn what is needed to know what it is to be a good parent.	1	2	3	4	5	6
3. Being a parent is manageable, and any problems are easily solved.	1	2	3	4	5	6
4. I meet my own personal expectations for expertise in parenting my child.	1	2	3	4	5	6
5. If anyone can find the answer to what is troubling my child, I am the one.	1	2	3	4	5	6
6. Considering how long I've been a parent, I feel thoroughly familiar with the role.	1	2	3	4	5	6
7. I honestly believe I have all the skills necessary to be a good parent.	1	2	3	4	5	6

Thinking about your acquaintances, friends and family, for each of the following statements please circle the number that most closely applies to you, using a rating scale from one (strongly disagree) to six (strongly agree).

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. I have someone to talk to about decisions in my life.	1	2	3	4	5	6
2. I can share concerns about parenting issues with my friends.	1	2	3	4	5	6
3. There is no one who likes to do the things I do.	1	2	3	4	5	6
4. I am able to obtain useful parenting advice from others.	1	2	3	4	5	6
5. There is no one I can turn to in times of stress.	1	2	3	4	5	6
6. There are people who like the same social activities as I do.	1	2	3	4	5	6
7. My child's other parent frequently helps me with my parenting.	1	2	3	4	5	6
8. There is no one I feel comfortable talking about problems with.	1	2	3	4	5	6
9. I am with a group of people who think the same way I do about things.	1	2	3	4	5	6
10. I cannot share concerns about parenting issues with my family.	1	2	3	4	5	6
11. There is no one who has the same interests and concerns as I.	1	2	3	4	5	6
12. I have a trustworthy person to turn to if I have problems.	1	2	3	4	5	6

Thank you so much for getting this far. I would like to ask you a few questions about you and your family, please tick the correct answer.

Are you: ☐male ☐female

Your age …….

Which Ethnic groups do you belong to?

Tick all that apply:

- ☐ European/Pakeha
- ☐ Maori (Iwi) …….
- ☐ Pacifica (Island group) ……..
- ☐ Asian
- ☐ Other……

What are the reasons you are taking this course?

Tick all that apply

- ☐ To learn about parenting a teenager
- ☐ My Doctor suggested I attend
- ☐ Child Youth &Family told me to attend
- ☐ Probation Officer told me to attend
- ☐ My friend suggested I attend
- ☐ My family suggested I attend
- ☐ Court told be to attend
- ☐ Other……..

And in which region do you live?

- ☐ Northland
- ☐ Auckland
- ☐ Waikato
- ☐ Bay of Plenty
- ☐ Gisborne
- ☐ Hawkes Bay
- ☐ Taranaki
- ☐ Manawatu-Wanganui
- ☐ Wellington
- ☐ Tasman
- ☐ West Coast
- ☐ Nelson/Malborough
- ☐ Canterbury
- ☐ Otago
- ☐ Southland
- ☐ Other: please specify
- ☐ ……..

How many people (adults and children) are there living in you household?

Please list:

	Age	Gender (please circle)			Age	Gender (please circle)	
1.		M	F	6.		M	F
2.		M	F	7.		M	F
3.		M	F	8.		M	F
4.		M	F	9.		M	F
5.		M	F	10.		M	F

I would like to now some more information about the CHILD you have been thinking of while you have been completing this survey, please tick

Gender: ☐male ☐female

Age……..

In your household: ☐full time ☐part time ☐not at all

If you ticked part time or not at all where else does the child live?

…….

Your relationship to child:

☐ birth parent ☐ adopted at birth ☐ foster parent
☐ whanau/ caregiver ☐ grandparent ☐ step-parent
☐ adopted older child ☐ Other……

Your relationship to child's other parent:

☐In household (Married/Defacto) ☐Not in Household ☐Deceased ☐Other……

Please list other children you have parenting/caregiving responsibility for who do not live in your household.

	Age	Gender (please circle)
1.		M F
2.		M F
3.		M F
4.		M F
5.		M F

What is your Marital Status?

☐Single ☐Married ☐Divorced/Separated

☐Widow(er) ☐ Living with significant other

What is your Highest level of Education?

☐Some high school ☐completed high school (Level 1-4)

☐Some tertiary education (level 5-6) ☐Graduate degree (level 7 and above)

Your approximate Annual Household Income? (remember this is kept confidential)

☐Under $20,000 ☐$60,000-$69,999

☐$20,000-$29,999 ☐$70,000- $79,000

☐$30,000-$39,999 ☐$80,000-$89,9999

☐$40,000-$49,9999 ☐$90,000-$99,999

☐$50, 000-$59,999 ☐over $100,000

Please supply your name so I can assign a number to track your data through the three surveys, once the code has been allocated surveys with names will be destroyed at the end of this study.

Name…….

Place the completed survey in the envelope, seal the envelope and give it to the facilitator who will place it in a larger envelope and post it to me.

Thank you for completing this survey and helping me with this project.

Sue Whyte

Reg. Social Worker

MANZASW

Appendix B

DVD Transcript

DVD TRANSCRIPT

GILL

Hi I'm Gill the Manager of the Toolbox Parenting Programs. I know that you are going to get so much out of this course and you are going enjoy it immensely. We always want to be sure that our courses hit the spot and that we are giving the best information we can. To do that we need good research and so before we get underway on this course, we would love to enlist your help.

It's to do a survey, right at the start, and then we will do the same survey again at the end of the course to measure just what difference this Toolbox programme has made at your place. And then to be sure that what we do actually sticks, we'll ask you to the same survey one more time, there months after the course finishes.

It is a hassle – no one really likes filling out forms – but it won't take long. There is lots of research on how to raise babies and young children, but not nearly enough on parenting teenagers, and so the results of this are going to be really, really valuable for us and for everyone doing parent education.

Sue Whyte is a Toolbox facilitator – she knows and loves the course – and she's also Master's student at Otago university. She's prepared this research together with the staff at the University and she is going to explain a little more about the survey.

SUE

Hi.

This survey won't hurt a bit! It's just multi-choice questions and even though it looks like there are pages and pages, once people get into it they find they can answer them really quickly – perhaps fifteen to twenty minutes in all.

I'm really interested to know what you believe about your parenting – and so the first questions are about that, and then there are some question about your family and parenting situation.

Your information is going to be private – you won't be identified, your information won't be passed on to anyone else except me and my supervisors. It will just make a part of a larger picture. Your name will go on the papers so we can compare results from now with later on, but when the data is entered you will be completely anonymous.

There is an information sheet that explains more about this, in fact everything about the research – who is doing it, how the results will be used and things like that, and also a consent form which you need to sign if you want to be part of this. And, by the way, you don't have to do it: this is completely optional and won't disadvantage you on this course at all.

But I do hope you agree to be part of it. Getting this information will be of huge benefit to parents like you in the future.

Appendix C

Information sheet for facilitators

13/174 July 2013

Does the tweens & teens toolbox parenting programme increase parenting confidence?

INFORMATION SHEET: FOR FACILITATORS

The Parenting Place has given me permission to include surveys for this research project in tweens & teens toolboxes for the period July-December 2013. Thank you for assisting me with this project.

Your tweens & teens participants are being asked to consider participating in a research study conducted by Ms Sue Whyte Otago ATBC and a Masters student from the Department of Gender, Sociology and Social Work at the University of Otago. This project is being undertaken as part of the requirements for the Master of Social Welfare.

As a social worker and researcher I am very interested in what parents believe about their experiences of parenting teenagers. I am hoping to get as many parents/caregivers as possible to help with my research. I would like you to assist me with this by asking all participants of your tweens & teens courses between July and December 2013 to complete the attached surveys.

This project aims to examine what parents/caregivers believe about their ability to parent their teenager. It will measure the change in what they believe about their parenting before, and at the conclusion of session six and again three-months after they have attended and completed 'tweens & teens'.

I am sending you, the facilitator, this information to familiarise yourself with before your course begins (there will also be a copy in your toolbox). Please read the information sheet for participants (attached). The Participant information sheet explains to participants the aim of this project, what they will be asked to do to take part in this project and tells them there will be no disadvantage to them if they choose not to take part in this project. There will be a Research DVD in your toolbox where Gill and I talk about this research project, for you to play to your participants before you commence the tweens & teens course content. As part of this project I need your assistance to distribute survey packs, collect in completed surveys and post them to me at the beginning and end of your tweens & teens course.

Follow the instructions below before you begin session 1. It is important to follow the instructions exactly as written so all participants of this project receive the same information and instructions.

FACILITATOR INSTRUCTIONS

1. Check there are enough survey packs to give one pack to each of your participants. If there is not enough packs contact the researcher email toolbxoresearch@gmail.com or Robin robin@theparetningplace.com) and I will arrange for more to be sent to you before your course begins.

2. Before you begin tweens & teens course content play research DVD.

3. Hand out a survey pack to each participant.

4. If participants have questions:

   a. Remind them to read the instructions at the top of each section.
   b. About the context of a question please respond with **"It's up to you to interpret it the way it makes sense to you."**
   c. If a participant asks the definition of a word it is fine to respond for example **monitor is to check, observe or supervise; acquired is learnt, gained or obtained**.

5. If there are questions you cannot answer direct the query to me; ether, txt me the participants name and contact number or provide the participant my cell phone number and they can txt me. I will respond to any texts within 48hours. Participants can complete the survey and write on the outside of the envelope they are waiting on clarification, if they do not receive an acceptable answer they can chose not to complete survey 2, if survey 2 is not completed survey 1 will be withdrawn by the researcher.

6. Remind participants that they can withdraw from the project after they have completed the survey.

7. Collect the participants surveys that the participants will have put in envelops, place in the large envelope, supplied in the toolbox, and post to the researcher. It is important to post surveys to researcher as soon as possible after session 1 to enable data to be timely inputted. If the researcher has not received the envelope within two weeks of your course beginning she will email and remind you to post the completed surveys.

At end of session 6 hand out survey 2 to those participants who completed survey 1.

1. Read aloud to 'tweens & teens' participants:

   "If you completed survey 1 at the beginning of this course, please complete survey 2. Your name is required to match the number given to you at survey 1, to this survey. Once the number is matched to your survey information will be non-identifiable. Please answer the questions as they apply to you today. If you decide to participate, thank you. If you

decide not to take part there will be no disadvantage to you, thank you for considering this request."

2. If participants have questions:

    a. Remind them to read the instructions at the top of each section.
    b. About the context of a question please respond with **"It's up to you to interpret it the way it makes sense to you."**
    c. If a participant asks the definition of a word it is fine to respond for example **monitor is to check, observe or supervise; acquired is to have learnt, developed or obtained.**

If there are questions you cannot answer direct the query to me; ether, txt me the participants name and contact number or provide the participant my cell phone number 02102895410 and they can txt me. I will respond to any texts/phone calls within 48hours. Participants can complete the survey and write on the outside of the envelope they are waiting on clarification, if they do not received an acceptable answer they can chose to withdraw from the project, their response to survey 1 will also be withdrawn.

3. Remind participants that they can withdraw from the project after they have completed the survey.

4. Once participants have completed surveys and they have put it in their envelope, collect in participants' envelopes and place in the large envelope, supplied in the toolbox, and post to the researcher. It is important to post surveys to researcher as soon as possible after session 2 to enable data to be timely inputted.

Thank you for helping me with this project

Sue Whyte
Otago ATBC
Reg. Social Worker
MANZASW

Appendix D

Information sheet for participants

13/174 *July 2013*

INFORMATION SHEET FOR PARTICIPANTS

Does the tweens & teens toolbox parenting programme increase parenting confidence?

You are being asked to consider participating in a research study conducted by Ms Sue Whyte a Masters student from the Department of Gender, Sociology and Social Work at the University of Otago. This project is being undertaken as part of the requirements for the Master of Social Welfare. As a social worker and researcher I am very interested in what you believe about your experience of parenting a teenager. I am hoping to get as many parents/caregivers as possible to help with my research. If you decide to participate thank you. If you decide not to take part there will be no disadvantage to you, thank you for considering this request.

What is the Aim of the Project?
This project aims to examine what parents/caregivers believe about their ability to parent their teenager. It will measure the change in what you believe about your parenting before and at two points in time after you have attended and completed the 'tweens & teens' toolbox-parenting programme.

What Type of Participants are being sought?
To participate in this study you need to be a parent/caregiver of a child aged 10-18years and be attending The Parenting Place 'tweens & teens' toolbox parenting programme.

What will Participants be Asked to Do?
You will be asked to complete one survey at three different times:

1. At the beginning of your 'tweens & teens' toolbox parenting programme
2. At the end of your 'tweens & teens' toolbox parenting programme
3. 3-months after completing 'tweens & teens' parenting programme. You will be asked your preference to receive a link to an online survey or be posted a survey to complete and return.

Each survey will take approximately 15-20 minutes to complete.

What Data or Information will be Collected and What Use will be Made of it?

1. You will be asked some questions about how you feel about your parenting and some basic questions about you and your family structure (age, age of children).
2. There are no right of wrong answers to these questions; I am interested in learning about how you feel abut the topics in the questions.

3. You will be asked to provide your name on each survey. This is so that we can make sure we can match your three surveys.
4. Your survey will be made anonymous as soon as the data are collected by assigning a number to your form. No one except for me and my supervisors will have access to the data sheets. Names will not appear on the same file as the rest of the data.
5. The information from the surveys will be put into a computer spread sheet for statistical analysis.
6. Your information will become part of a larger picture based on the responses of all the participants. It will not be possible for anyone to identify you or your answers.
7. You are able to correct any personal information provided please contact the researcher.
8. The data collected will become part of my master's thesis; The Parenting Place will receive a copy of the thesis. The knowledge gained will be useful to social workers working with children and families and may also be used in other publications in academic journals.

Can Participants Change their Mind and Withdraw from the Project?

You can choose to withdraw from the study at any time by not completing the survey. If you complete the first survey (at the beginning of the programme), but not the second (at the end of the programme) you will not be included in the study. Your information from the first survey will be removed. If you do not complete the third survey, your information from the first two will remain in the study. You can ask for your information to be removed from this study at any time by contacting the researcher. This will be possible to do until 1 month after collection is finished at which point analysis will already be underway.

Raffle Prize

As our thanks for your time and effort all participants who return Survey 3 have the opportunity to be entered in a raffle draw for grocery vouchers:

- 1st prize $150.00
- 2nd prize $100.00
- 3rd prize $75.00

You will be asked to tick a box at the end of survey 3 if you wish to be entered in the raffle draw.

What if Participants have any Questions?

If you have any questions about our project, either now or in the future, please feel free to contact either:-

Sue Whyte Social Worker Catholic Social Services Phone 02102895410 Email: toolboxresearch@gmail.com	Melanie Beres, PhD Lecturer Department of Sociology, Gender and Social Work Phone: 03 479 8736 Email: melanie.beres@otago.ac.nz
Emily Keddell Lecturer Department of Sociology, Gender and Social Work Phone: 03 479 5867 Email: emily.keddell@otago.ac.nz	Human Ethics Committee Administrator University of Otago Phone: 03 479 8256

This study has been approved by the University of Otago Human Ethics Committee. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph 03 479 8256). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.

Appendix E

Consent form for participants

UNIVERSITY of OTAGO
SAPERE AUDE
Te Whare Wānanga o Otāgo
NEW ZEALAND

CONSENT FORM FOR PARTICIPANTS

Does the tweens & teens toolbox parenting programme increase parenting confidence?

I have watched the video and read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.
I know that:

1. My participation in the project is entirely voluntary

2. I am free to withdraw from the project, up until one month after data collection is finished, without any disadvantage

3. Personal identifying information and survey questionnaires will be destroyed five years after the conclusion of the project.

4. Surveys will be made anonymous as soon as data is collected by assigning a number to your form. I will be asking you to write your name on all three surveys so that we can record the correct number and link all three surveys.

5. If you would like to receive the results/findings of this study please supply your name and contact details for these to be sent at the completion of this study.

   Name:……

   Address:……
   ……
   …….....

   Email:……

6. You are able to correct any personal information provided please contact the researcher.

7. The data collected will become part of my master's thesis; The Parenting Place will receive a copy of the thesis. The knowledge gained will be useful to social workers working with children and families and may also be used in other publications in academic journals.

8. The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand).

I agree to take part in this project.

.....

.....

(Signature of participant)

(Date)

This study has been approved by the University of Otago Human Ethics Committee. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph 03 479 8256). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.

Appendix F

Survey at Time 2

PLEASE NOTE: Survey at Time 2 will be identical to Survey 1 at Time 1 without the demographic sections. The section below will be added at the end.

Does the tweens & teens toolbox parenting programme increase parenting confidence?

SURVEY 2

Thank you for completing this survey.

Please write you name so I can allocate the same number as the survey you completed at the start of this course.

Name:……

If you would like to receive the third and final survey for this study in 3 months time complete the information below:

I would like to receive survey 3 by: (please tick)
☐Email ☐Post

Email address: …….

Postal address:……..

In case you have moved and changed your email address, please supply your cell phone number and the name and cell phone number of someone who will know how to contact you.

Your cell phone:…….

Cell phone number of someone who can contact you:……

Their name…….

Place the survey in the envelope, seal it and hand it to the facilitator.

Thank you for you time in completing this survey.

Sue Whyte
Reg. Social Worker
MANZASW

Appendix G

Survey at Time 3

Survey at Time 3

PLEASE NOTE: Survey at Time 3 will be identical to Survey at Time 1 without the demographic sections. The section below will be added at the end.

Does the tweens & teens toolbox parenting programme increase parenting confidence?

SURVEY 3

Thank you for completing the surveys at the beginning and end of tweens & teens. Please follow the instructions as you complete this survey 3-months after finishing your tweens & teens toolbox parenting course.

Thank you for getting this far.

Please write you name so I can allocate the same number as the two surveys you completed at the start and end of your 'tweens & teens' toolbox parenting course.

Name……

You will be automatically entered in the raffle draw

Raffle Prize: Grocery vouchers

- 1st prize $150.00
- 2nd prize $100.00
- 3rd prize $75.00

Thank you for completing this survey and helping me with this project.

Sue Whyte

Reg. Social Worker

MANZASW

Appendix H

Information for participants: Time 3

13/174 *July 2013*

Does the tweens & teens toolbox parenting programme increase parenting confidence?

INFORMATION SHEET FOR PARTICIPANTS: SURVEY 3

My name is Ms Sue Whyte and I am a Masters student from the Department of Gender, Sociology and Social Work at the University of Otago. I have sent you this information sheet and survey as you completed survey 1 and 2, and indicated at the end of your 'tweens & teens' toolbox-parenting course that I could send you this follow up survey.

As a social worker and researcher I am very interested in what you believe about your experience of parenting a teenager. This is the last of the three surveys you will complete for this project.

This project aims to examine what parents/caregivers believe about their ability to parent their teenager. It will measure the change in what you believe about your parenting before beginning and at the conclusion of session six, and again three months after you have attended and completed tweens & teens.

If you decide not to take part there will be no disadvantage to you, thank you for considering this request. If you do not complete this third survey, your information form the first two will remain in the study. You can ask for your information to be removed from this study at any time by contacting the researcher. This will be possible to do until 1 month after collection is finished at which point analysis will already be underway.

If the researcher has not received your completed survey, she will text/telephone/email a reminder two and four weeks after it being sent.

Raffle Prize As a thank you, you will automatically be entered in a draw for grocery vouchers

- 1st prize $150.00
- 2nd prize $100.00
- 3rd prize $75.00

If you have any questions about our project, either now or in the future, please feel free to contact either:

Sue Whyte Social Worker Catholic Social Services Phone 02102895410 Email: toolboxresearch@gmail.com	Melanie Beres, PhD Lecturer Department of Sociology, Gender and Social Work Phone: 03 479 8736 Email: melanie.beres@otago.ac.nz
Emily Keddell Lecturer Department of Sociology, Gender and Social Work Phone: 03 479 5867 Email: emily.keddell@otago.ac.nz	Human Ethics Committee Administrator University of Otago Phone: 03 479 8256

This study has been approved by the University of Otago Human Ethics Committee. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph 03 479 8256). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.

Appendix I

Ethical Approval Application

HUMAN ETHICS APPLICATION: CATEGORY a

1. University of Otago staff member responsible for project:

(surname)	*(first name)*	*(title)*
Keddell	Emily	Ms
Beres	Melanie	Dr

2. Department: Sociology, Gender & Social Work

3. Contact details of staff member responsible:

Melanie Beres, PhD
Lecturer
Department of Sociology, Gender and Social Work
Phone: 03 479 8736

Email: melanie.beres@otago.ac.nz

Emily Keddell
Lecturer
Department of Sociology, Gender and Social Work
Phone: 03 479 5867

Email: emily.keddell@otago.ac.nz

4. Title of project: Self-Efficacy in Parents of Adolescents: Does attendance and completion of the tweens and teens toolbox-parenting programme alter parent self-efficacy?

5. Indicate type of project and names of other investigators and students:

Staff Research **Names**

Student Research **Names**
Level of Study (e.g. PhD, Masters, Honours) * Masters in Social Welfare

External Research/ Collaboration **Names**
Institute/Company

6. Is this a repeated class teaching activity?

NO

If YES, and this application is to continue a previously approved repeated class teaching activity, please provide Reference Number:

7. Fast-Track procedure

Do you request fast-track consideration?

NO

If YES, please state specific reasons:-

8. When will recruitment and data collection commence?

Following Ethics Approval, estimated start date July 2013

When will data collection be completed?

July 2014

9. Funding of project.

Is the project to be funded by an external grant?

NO TPP has agreed to pay for some research costs including printing of surveys and postage.

10. Brief description <u>in lay terms</u> of the purpose of the project (approx. 75 words)**:**

This research project investigates whether attendance by parents of adolescents at a parenting programme increases their levels of parental self-efficacy. Parental self-efficacy is interrelated to parenting behaviour. This project will determine whether self-efficacy in parents of adolescents is altered by attending a parenting programme for parents of adolescents. I will test this by administering measures of self efficacy at three time periods (pre, post and three months post programme).

11. Aim of project, including the research questions the project is intended to answer:

This project aims to research the levels of self-efficacy in parents of adolescents pre, post and three months after attendance and completion of tweens & teens toolbox parenting programme. As social supports can effect parental self-efficacy, this project will be focusing on variations in levels of self-efficacy and social supports in parents of adolescents.

Many parenting programmes base their structure on Social Learning Theory; the concept that people learn behaviour from watching and observing others (Bandura: 1986). Self-efficacy can be realised from watching and observing others particularly through social modelling and verbal persuasion.

Parenting programmes provide opportunities for social modelling (role play and shared peer examples of parenting scenarios) and verbal persuasion (peer and facilitator led conversations). These may enhance parental self-efficacy in parents attending.

There are two types of self-efficacy; general self-efficacy that is believed to be a product of a wide range of life experiences, and task specific self-efficacy in this case, the task of parenting adolescents. This project will measure/survey both general and task specific self-efficacy.

Guidance and Social Integration measured by The Social Provision Scale parallel Bandura's (1997) verbal persuasion and vicarious experience (social modelling) ways of realising self-efficacy. As a result this project will also measure guidance and social integration using the Social Provision Scale.

Research questions are:

1. In what way are levels of parental self-efficacy in parents of adolescents altered after parents of adolescents attend and complete tweens & teens

toolbox parenting programme and, does attendance at a parenting programme effect parents belief in their parenting?

2. Both general and task-specific parental self-efficacy in parents of adolescents affects their ability to parent, does attending and completing tweens and teens parenting programme alter general or task-specific self-efficacy and is here a relationship between general and task-specific parental self-efficacy?

3. Parental Social support influences parenting ability, in what way is there a relationship between social support and parental self-efficacy in parents of adolescents' pre, post and three months after attending and completing tweens & teens?

Self-efficacy in parents of adolescents effects their parenting. However, literature on both parenting programmes for parents of adolescents and scales to measure parental self-efficacy in parents of adolescents are limited. This project will add to the literature in both areas.

12. Researcher or instructor experience and qualifications in this research area:

Dr Beres (PhD in sociology) is experienced with quantitative methods, particularly the use and analysis of scales similar to those used in this study. She will guide Ms. Whyte in the data collection and analysis processes.

Ms. Keddell (BA. PGDip Soc Serv MCApSc) has supervised three other Masters students to completion in social work and is currently supervising three more. Her research background relates to aspects of social work theory and practice and this will enable her to assist Ms. Whyte with these aspects of her project.

13. Participants

13**(a) Population from which participants are drawn:**

Parents/caregivers attending The Parenting Place tweens & teens toolbox parenting programme.

13**(b) Specify inclusion and exclusion criteria:**

The selection criteria include parents and caregivers of adolescents who attend and complete TPP tweens & teens parenting programme

13**(c) Estimated number of participants:**

It is estimated between 350 and 400 participants will be recruited for this study. This is based on, 560 participants having completed tweens & teens between July-December 2012.

13**(d) Age range of participants:**

Participants will be adults aged between 25-75 years of age.

13**(e) Method of recruitment:**

The Parenting Place (TPP) regularly administers pre and post-test forms to those participating in their programmes. TPP have agreed to use this project's survey as their pre/post questionnaire from July 2013 to December 2013 (see

appendix J). Data collection may be extended if insufficient participants return surveys between July and December 2013.

13**(f) Please specify any payment or reward to be offered:**

When participants return the three-month post course survey they will have the opportunity of having their name entered in a draw for grocery vouchers, 1st prize $150.00, 2nd prize $100.00, 3rd prize $75.00.

14. Methods and Procedures:

A longitudinal survey design is employed in order to measure changes in parenting self-efficacy as a result of the tween and teens parenting programme. Participants in the parenting programme will be asked to complete measure of parenting self-efficacy at three time points (before the beginning of the programme, upon completion of the programme and 3 months after completion of the programme.

Measures

Research participants will be required to complete a number of survey questionnaires (see Appendices G, H and I for the three time points):

a. S-EPA Self-Efficacy for Parents of Adolescents (James: 2008),

b. PSOC Parenting Sense of Confidence self-efficacy subscale (Gibaud-Wallston and Wandersman cited in Johnson and Marsh: 1989),

c. SPS Social Provisions Scale, Social Integration and Guidance subscales (Cutrona and Russell: 1987),

d. Demographic questions.

At three time periods:

i. Before beginning tweens & teens (pre, survey 1) (see appendix G),

ii. At the end of tweens & teens (post, survey 2) (see appendix H) and

iii. Three months after completing tweens & teens (survey 3) (see appendix I).

Procedures

The Parenting Place (TPP) support this research project (see appendix J) and have agreed to place Survey 1 and 2 in all tweens & teens toolboxes between July and December 2013, a toolbox contains all necessary material to run a toolbox parenting programme. TPP will print and number surveys.

TPP Area Toolbox Coordinators (ATBC's) coordinate toolbox facilitators in 14 regions of New Zealand. Toolbox facilitators organise participants and facilitate tweens & teens Toolbox Parenting Programmes.

Once ethics approval is complete and prior to commencement of data collection, Mrs Gill Williams TPP Toolbox manager will include information on this project in weekly emails to ATBCs. The researcher will email ATBCs (see appendix E) directly providing facilitator instructions (see appendix C) and survey 1 (see appendix G). This will enable ATBC's to become familiar with the information and survey material before data collection commences and prior to their facilitators' receiving survey information.

Tweens & teens facilitators will follow researchers instructions, (see appendix C) to distribute the participant information sheet, consent form and survey to participants (see appendices A. B and G respectively). To ensure all participants received the same information facilitators will show an introductory video to programme participants that will explain the research project and request for participation (see Appendix D for a transcript of the video).

Those people who choose to complete the survey will place completed forms in an envelope, seal it and return it to the facilitator of their programme. The facilitator will forward completed surveys to Ms. Whyte.

At the end of the 6 week parenting programme those who completed the first survey will be asked to complete the second survey (see Appendix H) and hand it to the facilitator in a sealed envelope. The facilitator will then send it to Ms. Whyte. At this stage participants will be asked for contact details so that 3-month follow-up surveys can be sent. Participants will be able to choose to complete the final survey online or to have a copy mailed to their home address (see appendix H). Three months after completion of tweens & teens participants will be emailed or posted an information sheet (see appendix F) and Survey 3 (see appendix I).

Data will be imputed into SPSS for data analysis. Names and contact information will not be stored in the same file as the data (see description of anonymising data). Analysis will look for changes of self-efficacy across the three time points.

Anonymising Data

Participants are asked to write their name on all three surveys to enable data from each survey to be linked and track participant responses across the three time points. Post (survey 2) and 3-month post (survey 3) will be matched to the initial survey by the participant's name. Only the researcher and her supervisors will match names to surveys. Matching information will be kept in a file separate from the rest of the data.

15. Compliance with The Privacy Act 1993 and the Health Information Privacy Code 1994 imposes strict requirements concerning the collection, use and disclosure of personal information. These questions allow the Committee to assess compliance.

15(a) Are you collecting and storing personal information directly from the individual concerned that could identify the individual?

YES

15(b) Are you collecting information about individuals from another source? Please explain:

NO

15(c) Collecting Personal Information:

- Will you be collecting personal information?

YES

- Will you be informing participants of the purpose for which you are collecting the information and the uses you propose to make of it?

YES

- Will you be informing participants who will receive the information?

YES

- Will you inform participants of the consequences, if any, of not supplying the information?

YES

- Will you inform the participants of their rights of access to and correction of personal information?

YES

Where the answer is YES, please make sure the information is available in the Information Sheet for Participants.

If you are NOT informing them of the points above, please explain why:

15(d) Please outline your data storage and security procedures.

Survey forms from this research project will be stored in a lockable file cabinet, in the Department of Sociology, Gender and Social Work at the University of Otago. Data files will be stored separately to the file with participants information. Ms. Whyte's supervisors Dr Beres and Ms. Keddell will store the file with names and codes for five years and then destroy it. Data that is not personally identifiable will be stored on the researchers' laptop that is password secured.

15(e) Who will have access to personal information, under what conditions, and subject to what safeguards?

The researcher and her supervisors

Will participants have access to the information they have provided?

NO

15(f) Do you intend to publish any personal information they have provided?

NO

If YES, please specify in what form you intend to do this?

15(g) Do you propose to collect demographic information to describe your sample? For example: gender, age, ethnicity, education level, etc.

Yes in order to give some context to the information.

15 (h) Have you, or do you propose to undertake Māori consultation? Please choose one of the options below, and delete the options that do not apply:

(Please see http://www.otago.ac.nz/research/maoriconsultation/index.html).

YES

16. Does the research or teaching project involve any form of deception?

NO

17. Please disclose and discuss any potential problems: (For example: medical/legal problems, issues with disclosure, conflict of interest, etc)

This project is reliant on the facilitators to follow the researchers instructions. This potential problem will be addressed by careful instructions and training of facilitators to ensure they understand their role (see appendix C and D). The support of the toolbox manager and TPP of this research project will also help maximise correct delivery of the survey by facilitators.

The researcher is an employee of Catholic Social Services (CSS) Dunedin and The Parenting Place Auckland. There is an organisational level agreement between CSS and TPP that encompasses her position as Otago Area Toolbox Coordinator (ATBC). In this role the researcher personally contacts each potential participant of 'tweens & teens' in the Dunedin area. One of Ms. Whyte's supervisors will code the Dunedin surveys to protect client anonymity.

18. Applicant's Signature: .....

[Principal Applicant: as specified in Question 1]

Date: .....

19. Departmental approval: *I have read this application and believe it to be scientifically and ethically sound. I approve the research design. The Research proposed in this application is compatible with the University of Otago policies and I give my consent for the application to be forwarded to the University of Otago Human Ethics Committee with my recommendation that it be approved.*

Signature of *Head of Department: .....

Name of Signatory (please print): …….

Date: .....

**(In cases where the Head of Department is also the principal researcher then an appropriate senior staff member in the department must sign)*

Please attach copies of the Information Sheet, Consent Form, and Advertisement for Participants

[Please send the original and 17 copies of the application, double-sided and stapled, to Academic Committees, Room G23 or G24, Ground Floor, Clocktower Building, University of Otago]

References

Bandura, A. (1986) 'The explanatory and predictive scope of self-efficacy theory', *Journal of Social and Clinical Psychology* 4(3), pp. 359-373.
Bandura, A. (1997) *Self-Efficacy,* New York: W.H. Freeman and Company.
Cutrona C. E. and Russell D. W. (1987) 'The provisions of social relationships and adaptation to stress'. *Advances in Personal Relationships,* 1(10), pp. 37-67.
James, S. R. (2008) I think I can: Parenting self-efficacy in parents of young adolescents. Unpublished thesis in partial fulfilment for the degree of Doctor of Philosophy, University of Massachusetts, Lowell USA.
Johnson, C. and Mash E.J. (1989) 'A measure of parenting satisfaction and efficacy', *Journal of Clinical Psychology* 18(2) pp.167-175.

Appendix J

Ethical Application Approval Letter

13/174

Academic Services
Manager, Academic Committees, Mr Gary Witte

30 May 2013

Ms E Keddell
Department of Sociology, Gender and Social Work

Dear Ms Keddell,

I am again writing to you concerning your proposal entitled "Self-Efficacy in parents of adolescents: does attendance and completion of 'Tweens & Teens' alter parental self-efficacy?", Ethics Committee reference number 13/174.

Thank you for your email providing your response to the Committee and evidence of consultation with Ngai Tahu Research Consultation Committee. We note that you have simplified the study title to be used for participant information and confirm the revised title is readily understandable. Thank you for clarifying your intent around future publication. Your revised wording satisfies the Committee's concerns.

On the basis of this response, I am pleased to confirm that the proposal now has full ethical approval to proceed.

Approval is for up to three years from the date of this letter. If this project has not been completed within three years from the date of this letter, re-approval must be requested. If the nature, consent, location, procedures or personnel of your approved application change, please advise me in writing.

Yours sincerely,

Mr Gary Witte
Manager, Academic Committees
Tel: 479 8256
Email: gary.witte@otago.ac.nz

c.c. Professor H R Campbell Head Department of Sociology, Gender and Social Work

Appendix K

Māori Consultation Application

Self-Efficacy in Parents of Adolescents: Does attendance and completion of 'Tweens & Teens' alter parental self-efficacy?

Principal Investigator 1

Name:	Ms Emily Keddell		
Department:	Department of Sociology - Gender and Social Work		
Campus:	DUNEDIN		
Email:	emily.keddell@otago.ac.nz	**Telephone:**	9019

Principal Investigator 2

Name:	Dr Melanie Beres		
Department:	Department of Sociology - Gender and Social Work		
Campus:	DUNEDIN		
Email:	melanie.beres@otago.ac.nz	**Telephone:**	8736

Is this Otago District Health Board research?

No

Does this research involve human participants?

Yes

Description in lay terms of the proposed research

This research project investigates whether attendance by parents of adolescents at a parenting programme increases their levels of parental self-efficacy. Parental self-efficacy is interrelated to parenting behaviour. This project will determine whether self-efficacy in parents of adolescents is altered by attending a parenting programme for parents of adolescents. I will test this by administering measures of self efficacy at three time periods (pre, post and three months post programme). Participants in this project are parents/caregivers of adolescents who attend and complete tweens and teens toolbox parenting programme throughout New Zealand.

Description in lay terms of the potential outcomes of the area of research

This study will evaluate The Parenting Place tweens & teens toolbox parenting programme a New Zealand Parenting Programme for parents of adolescents. Self-Efficacy scales will be tested in the New Zealand context to investigate whether parents of adolescents improve their parenting after attending and completing tweens and teens parenting programme. Many parenting programmes base their structure on Social Learning Theory; the concept that people learn behaviour from watching and observing others (Bandura: 1986). Self-efficacy can be realised from watching and observing others particularly through social modelling and verbal persuasion. Parenting programmes provide opportunities for social modelling (role play and shared peer examples of parenting scenarios) and verbal persuasion (peer and facilitator led conversations). These may enhance parental self-efficacy in parents attending. There are two types of self-efficacy; general self-efficacy that is believed to be a product of a wide range of life experiences, and task specific self-efficacy in this case, the task of parenting adolescents. This project will measure/survey both general and task specific self-efficacy. Guidance and Social Integration measured by The Social Provision Scale parallel Bandura's (1997) verbal persuasion and vicarious experience (social modelling) ways of realising self-efficacy. As a result this project will also measure guidance and social

integration using the Social Provision Scale. Self-efficacy in parents of adolescents effects their parenting. However, literature on both parenting programmes for parents of adolescents and scales to measure parental self-efficacy in parents of adolescents are limited. This project will add to the literature in both areas.

Potential areas that are of interest to or of concern for Māori

The demographic questionnaire collects participant information on gender ethnicity geographical location and reasons for attending this course. Results will be analysed by gender ethnicity geographical location and reasons for attending looking for patterns within parental self-efficacy (the parents belief they can parent their adolescent).

Collaborations in this area of research

Potential funding bodies

Location

Dunedin

Other relevant information

The Parenting Place have agreed to print and include this projects survey questionnaire in every tweens teens toolbox parenting course toolbox the toolbox contains all materials necessary to run a tweens teens course.

Relevance Score

Reference

_16652

Appendix L

Consultation Approvals: Ngāi Tahu; The Parenting Place

NGĀI TAHU RESEARCH CONSULTATION COMMITTEE

TE KOMITI RAKAHAU KI KĀI TAHU

Tuesday, 25 June 2013

Ms Emily Keddell,
Department of Sociology - Gender and Social Work,
DUNEDIN.

Tēnā Koe Ms Emily Keddell,

Self-Efficacy in Parents of Adolescents: Does attendance and completion of 'Tweens & Teens' alter parental self-efficacy?

The Ngāi Tahu Research Consultation Committee (The Committee) met on Tuesday, 25 June 2013 to discuss your research proposition.

By way of introduction, this response from The Committee is provided as part of the Memorandum of Understanding between Te Rūnanga o Ngāi Tahu and the University. In the statement of principles of the memorandum it states "Ngāi Tahu acknowledges that the consultation process outline in this policy provides no power of veto by Ngāi Tahu to research undertaken at the University of Otago". As such, this response is not "approval" or "mandate" for the research, rather it is a mandated response from a Ngāi Tahu appointed committee. This process is part of a number of requirements for researchers to undertake and does not cover other issues relating to ethics, including methodology they are separate requirements with other committees, for example the Human Ethics Committee, etc.

Within the context of the Policy for Research Consultation with Māori, the Committee base consultation on that defined by Justice McGechan:

"Consultation does not mean negotiation or agreement. It means: setting out a proposal not fully decided upon; adequately informing a party about relevant information upon which the proposal is based; listening to what the others have to say with an open mind (in that there is room to be persuaded against the proposal); undertaking that task in a genuine and not cosmetic manner. Reaching a decision that may or may not alter the original proposal."

The Committee considers the research to be of interest and importance.

As this study involves human participants, the Committee strongly encourage that ethnicity data be collected as part of the research project. That is the questions on self-identified ethnicity and descent, these questions are contained in the latest census.

The Committee suggests including in the research team a researcher with expertise in analysing and interpreting data by ethnicity.

The Committee suggests dissemination of the research findings to relevant National Māori Education organizations and Toitu te Iwi at Te Rūnanga o Ngāi Tahu regarding this study.

We wish you every success in your research and The Committee also requests a copy of the research findings.

This letter of suggestion, recommendation and advice is current for an 18 month period from Tuesday, 25 June 2013 to 14 December 2014.

The Ngai Tahu Research Consultation Committee has membership from:

Te Rūnunga o Ōtākou Incorporated
Kāti Huirapa Rūnaka ki Puketeraki
Te Rūnanga o Moeraki

Ngāi Tahu Research Consultation Committee

Te Komiti Rakahau ki Kāi Tahu

Nāhaku noa, nā

PP NTRCC

Mark Brunton
Kaiwhakahaere Rangahau Māori
Research Manager Māori
Research Division
Te Whare Wānanga o Otāgo
Ph: +64 3 479 8738
Email: mark.brunton@otago.ac.nz
Web: www.otago.ac.nz

The Ngai Tahu Research Consultation Committee has membership from:

Te Rūnunga o Ōtākou Incorporated
Kāti Huirapa Rūnaka ki Puketeraki
Te Rūnanga o Moeraki

hello from THE PARENTING PLACE

30/04/13

To whom it may concern,

I am writing on behalf of The Parenting Place and am pleased to give our support to the research project that Sue Whyte is undertaking as part of her master's thesis through Otago University. As manager of Toolbox we are particularly interested in gaining some specific research into the Tweens and Teens course.

We believe evaluation processes are essential to the work of The Parenting Place so that we continue to reflect on and develop our ability to provide relevant and effective programmes and services to parents. Historically Toolbox participants have been asked to fill in an evaluation form and comment on their experience of being involved in a course and on the course facilitator. This feedback has been crucial in the redevelopment of a lot of our material. However, these evaluations are limited in that they do not look at the long term benefits a person might receive. A more formal qualitative and quantitative evaluation has been developed through a third party research company – Point Research. This evaluation has run for one year and is due to conclude in July 2013.

Point Research has also used a pre and post course survey so our course facilitators are comfortable with having to ask participants to fill out such forms.

We are happy to support Sue as much as we can and look forward to working with her to help make her research project a success. I can contacted on 09 524 1384 if there is anything that you may wish to discuss with me.

Kind regards,

Gill Williams

Toolbox Manager

theparentingplace.com

Principal Supporter
ami insurance

Appendix M

Demographic results

Table 10: Demographic results (numbers not percentages as total number is 103)

Gender	• Female (86) • Male (17)
Age	• 30-39 (17) • 40-49 (65) • 50-59 (20) • Over 60 (1)
Which ethnic groups do you belong to? (Tick all that apply)	• European/Pakeha 9(5) • Maori (10) Iwi: Ngapuhi (2), Ngāti Pikiao (1), Ngāiti Porou (2), Ngāi Tahu (1), Tainui (1), Whiktohea (1) • Pacifica (2) • Asian (1) • Other (5), African (1), Canadian (1), NZ (2), Scottish (1)
Which region do you live?	• Northland (3) • Auckland (48) • Waikato (5) • Bay of Plenty (7) • Gisborne (5) • Hawkes Bay 0 • Taranaki 0 • Manawaatu-Wanganui (1) • Wellington (4) • Tasman 0 • West Coast 0 • Nelson/Marlborough (4) • Canterbury (19) • Otago (7) • Southland 0

Table 10: Demographic results (numbers not percentages as total number is 103)

What are the reasons you are taking this course (tick all that apply)	• To learn about parenting a teenager (97) • My doctor suggested I attend 0 • Child Youth & Family told me to attend (3) • • Probation Officer told me to attend 0 • My friend suggested I attend (9) • My family suggested I attend (5) • Court told me to attend 1 (1) • Other reason, please specify (15) train to run a group (1), child's counselor (1), School (1), I smacked my daughter (1), improve/increase my tools in my toolbox(1), my job (1), up skill myself (2), Strengthening Families (1), Refresher as fostering (1), support others (1), WINZ (1)
How many people (adults and children) are there living in your household	• 2 (3) • 3 (19) • 4 (48) • 5 (21) • 6 (7) • 7 (3) • 8 (1)
Number of adults living in household	• 1 (13) • 2 (81) • 3 (8)
Number of children living in household	• 0 (1) • 1 (15) • 2 (53) • 3 (24) • 4 (5) • 5 (3) • 6 (1)

Table 10: Demographic results (numbers not percentages as total number is 103)

Does the young person (COI) live in your household	• Not at all (2) • Part time (12) • Full time (88)
If you ticked part-time where else does your child live	• With their mother (3) • With their father (1) • Other parent (2) • Boarding school (4) • Friend 1 (1) • Christchurch 1 (1)
Your relationship to child	• Birth parent (96) • Step-parent (2) • Grandparent (2) • Foster parent (1) • Whanau/caregiver (1)
Your relationship to child's other parent	• In household (77) • Not in household (18) • Deceased (4) • Other (3), divorced (2), separated (1)
Your marital status	• Single (2) • Married (75) • Living with significant other (8) • Divorced/separated (16) • Widow (2)
Highest level of education	• Some high school (11) • Completed high school (level 1-4) (18) • Some tertiary education (level5-6) (35) • Graduate degree (level 7 and above) (37)

Appendix N

Demographics Results: Child of interest

Table 11: Child of Interest (COI) Demographics

Gender	• Male (49) • Female (53)
Age	• 10 (2) • 11 (14) • 12 (21) • 13: (17) • 14 (19) • 15: (16) • 16: (10)
Birth order of COI	• Only (18) • Oldest (54) • Middle (12) • Youngest (18)
Relationship to respondent	• Birth parent (96) • Step parent (2) • Grandparent (2) • Foster parent (1) • Whanau caregiver (1)
Family Structure	• Two birth parents (74) • Single parent (17) • Blended (5) • Other (no birth parent) (6)

Appendix O

Correlation Matrix Task-specific self-efficacy scale S-EPA item

Table 12: Correlation Matrix for S-EPA items

Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	1																
2	.17*	1															
3	.34**	.17*	1														
4	.30**	.20**	.33**	1													
5	.01	.09	.31**	.32**	1												
6	.17**	-.05	1.9**	.24**	.37**	1											
7	.26**	.37**	.39**	.34**	.37**	.23**	1										
8	.14*	.05	.08	.19**	.22**	.27**	.26**	1									
9	.23**	.20**	.18*	.41**	.37**	.32**	.34**	.36**	1								
10	.46**	.17*	.35**	.34**	.38**	.05	.39**	.11	.31**	1							
11	.13	-.05	.20**	.12	.29**	.10	.31**	.23**	.15*	.17**	1						
12	.28**	.17*	.24**	.14	.27**	.25**	.28**	.19**	.30**	.27**	.28**	1					
13	.39**	.09	.30**	.25**	.28**	.31**	.31**	.13	.24**	.38**	.24**	.42**	1				
14	.27**	.20**	.30**	.33**	.27**	.22**	.36**	.23**	.32**	.34**	.21**	.34**	.41**	1			
15	.35**	.25**	.28**	.30**	.20**	.18*	.37**	.14*	.20**	.35**	.21**	.25**	.28**	.54**	1		
16	.14*	-.58	.15*	-.15*	.16*	.15*	.16*	.32**	.17*	.15*	.34**	.28**	.27*	.24**	1.9**	1	
17	.24**	.24**	.27**	.23**	.32**	.23**	.21**	.21**	.20**	.22**	.28**	.28**	.34**	.23**	.23**	.33**	1

Table 12: Correlation Matrix for S-EPA items

Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
18	.47**	.47**	.39**	.34**	.33**	.25**	.30**	.25**	.24**	.46**	.21**	.34**	.43**	.39**	.36**	.19**	.46**
19	.15*	.15*	.19*	.30**	.23**	.38**	.19**	.17*	.14*	.13	.21**	.22**	.26**	.18*	.17*	.24**	.48**
20	.14*	.14*	.18*	.21**	.48**	.23**	.25**	.07	.17*	.30**	.27**	.16*	.23**	.23**	.25**	.03	.40**
21	.41**	.41**	.32**	.23**	.42**	.25**	.41**	.08	.20**	.37**	.20**	.36**	.43**	.32**	.39**	.1	.26**
22	.28**	.28**	.26**	.27**	.41**	.33**	.35**	.18*	.32**	.32**	.45**	.40**	.46**	.40**	.37**	.24**	.42**
23	.20**	.22**	.28**	.35**	.45**	.32**	.33**	.20**	.34**	.32**	.35**	.31**	.30**	.35**	.41**	.21**	.43**
24	.15*	.07	.22**	.17*	.20**	.27**	.23**	.29**	.28**	.14*	.16*	.20**	.27**	.24**	.21**	.22**	.21**
25	.18*	.18*	.27**	.26**	.27**	.23**	.36**	.21**	.32**	.21**	.36**	.45**	.36**	.29**	.30**	.31**	.45**
26	.32**	.21**	.17*	.43**	.29**	.23**	.25**	.23**	.24*	.19**	.16*	.25**	.26**	.27**	.26**	.13	.18*
27	.25**	.14	.27**	.33**	.30**	.38**	.29**	.21**	.36**	.28**	.34**	.29**	.39**	.35**	.43**	.12.	24**
28	.14*	-.04	.26**	.31**	.25**	.31**	.18*	.20**	.33**	.21**	.18*	.24**	.29**	.28**	.19**	.32**	.56**
29	.13	.21**	.26**	.31**	.28**	.22**	.30**	.16*	.21**	.30**	.20**	.29**	.39**	.35**	.43**	.12	.24**
30	.60**	.14	.40**	.33**	.33**	.26**	.33**	.20**	.27**	.50**	.18*	.23**	.31**	.35**	.23**	.24**	.53**
31	.09	.08	.15*	.18*	.24**	.14	.14	.37**	.21**	.60**	.33**	.07	.12	.08	.07	.33**	.40**
32	.19*	.20**	.28**	.30**	.24**	.11	.29**	.27**	.25**	.24**	.22**	.23**	.21**	.13	.09	.25**	.32**
33	.33**	.148	.29**	.32**	.27**	.21**	.27**	.13	.20**	.24**	.31**	.35**	.36**	.21**	.31**	.17*	.36**
34	.28**	.06	.24**	.24**	.20**	.35**	.13	.30**	.26**	.05	.26**	.15*	.21**	.23**	.19**	.23**	.28**

Table 12: Correlation Matrix for S-EPA items

Item	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
18	1																
19	.36**	1															
20	.26**	.29**	1														
21	.52**	.19**	.29**	1													
22	.41**	.33**	.39**	.42**	1												
23	.48**	.35**	.51**	.33**	.60**	1											
24	.43**	.34**	.31**	.23**	.40**	.36**	1										
25	.30**	.33**	.34**	.31**	.45**	.40**	.53**	1									
26	.20**	.15*	.23**	.17*	.29**	.32**	.31**	.40**	1								
27	.35**	.27**	.31**	.32**	.34**	.40**	.32**	.32**	.17	1							
28	.36**	.39**	.35**	.12	.38**	.42**	.47**	.45**	.37**	.45**	1						
29	.35**	.27**	.31*8	.32**	.34**	.40**	.22**	.32**	.17*	.38**	.19**	1					
30	.23**	.26**	.26**	.32**	.34**	.40**	.22**	.32**	.17*	.38**	.28**	.30**	1				
31	.20**	.19**	.29**	.46**	.26**	.33**	.21**	.31**	.24**	.35**	.28**	.14	.17*	1			
32	.25**	.33**	.20**	.13	.21**	.31**	.24**	.40**	.30**	.32**	.32**	.21**	.29**	.35**	1		
33	.43**	.30**	.20**	.48**	.44**	.39**	.15*	.36**	.24**	.41**	.29**	.37**	.36**	.20**	.31**	1	
34	.31**	.25**	.28**	.24**	.31**	.30**	.32**	.32**	.34**	.35**	.35**	.20**	.30**	.39**	.15*	.30**	1

** p < .01 * p < .05

Appendix P

Demographic comparison between Time 2 and Time 3

Table 13:Demographic Comparison Time 2/Time 3	Time 2 (percentage)	Time 3 (percentage)
Demographic (respondent)		
Gender:		
• Female	76	83
• Male	24	17
Age		
• 30-39	15	16.5
• 40-49 (65)	64	63.1
• 50-59 (20)	17	19.4
• Over 60 (1)	3	1
Ethnicity		
• European/Pakeha	89	92.2
• Maori	9	9.7
• Pacifica	1.5	1.9
• Asian	.5	1
• Other	7	4.9
Reason for attending		
• To learn about parenting a teenager	94	94
• My doctor suggested I attend 0	0	0
• Child Youth & Family told me to attend	1.5	2.9
• Probation Officer told me to attend 0	0	0
• My friend suggested I attend (9)	4.6	8.7
• My family suggested I attend (5)	4.6	4.9
• Court told me to attend 1 (1)	.5	1
Number of people (adults and children) living in your household		
• 1	1	0
• 2	3.1	2.9
• 3	17.9	18.4
• 4	43.6	46.6
• 5	21.5	20.4
• 6	8.7	6.8
• 7	3.1	2.9
• 8	.5	1

Table 13:Demographic Comparison Time 2/Time 3	Time 2 (percentage)	Time 3 (percentage)
Demographic (respondent)		
Number of children living in household		
• 0	.5	.5
• 1	14.4	14.6
• 2	48.5	52.8
• 3	23.7	23.3
• 4	9.3	4.9
• 5	3.1	2.9
• 6	.5	1
Number of adults living in household		
• 1	15.5	12.6
• 2	78.4	78.6
• 3	.5	7.8
Highest level of education		
• Some high school	11.8	10.7
• Completed high school (level 1-4)	17.4	17.5
• Some tertiary education (level5-6)	34.9	34
• Graduate degree (level 7 and above)	31.8	35.7
Income level		
• Under $20,000 (3)	5.6	2.9
• $20.000-$29,999 (10)	8.7	9.7
• $30,000-$39,999 (7)	5.6	6.8
• $40,000-$49,999 (6)	5.6	5.8
• $50,000-$59,999 (4)	7.2	3.9
• $60,000-$69,999 (11)	8.2	10.7
• $70,000-$79,999 (7)	5.6	6.8
• $80,000-$89,999 (7)	9.2	6.8
• $90,000-$99,999 (8)	5.1	7.8
• over $100,000 (35)	30.8	34
Child of Interest (COI)		
Gender		
• Male	50.5	47.6
• Female	49.5	51.4

Table 13:Demographic Comparison Time 2/Time 3 Demographic (respondent)	Time 2 (percentage)	Time 3 (percentage)
Age		
• 10	4.6	1.9
• 11	16	13.6
• 12	20.5	20.4
• 13	19.5	16.5
• 14	15.4	18.4
• 15	12.3	15.5
• 16	7.2	9.7
• 17	3.1	0
• 18	1	0
Birth order of COI		
• Only	16.8	17.5
• Oldest	50.8	52.4
• Middle	15.2	11.7
• Youngest	17.3	17.5

Appendix Q

Post Hoc Analysis: 95 percent Confidence Interval

Table 14: Mean, standard error and 95 percent confidence interval for S-EPA scale and components, SPS, PSOC scales

Construct	Time 1			Time 2			Time 3		
	Mean	Standard error	95% confidence interval	Mean	Standard error	95% confidence interval	Mean	Standard error	95% confidence interval
S-EPA: Total	3.89	.05	3.79 - 3.99	4.12	.04	4.03 - 4.21	4.10	.05	4.00 - 4.20
S-EPA: M	3.79	.06	3.68 - 3.90	4.02	.05	3.93 - 4.12	4.03	.05	3.93 - 4.13
S-EPA: R	4.17	.05	4.06 - 4.27	4.36	.05	4.26 -4.45	4.32	.05	4.21 - 4.42
S EPA: FT	3.71	.05	3.60 - 3.81	3.92	.06	3.81 - 4.04	3.99	.06	3.87 - 4.11
S-EPA: SR	3.72	.05	3.63 - 3.82	3.96	.04	3.88 - 4.04	4.02	.04	3.93 - 4.10
S-EPA: IS	3.83	.08	3.67 - 3.99	4.15	.07	4.01 - 4.28	4.16	.07	4.02 - 4.30
SPS: Total	4.76	.08	4.61 - 4.91	4.99	.07	4.83 - 5.11	4.99	.08	4.82 - 5.15
PSOC	3.62	.09	3.44 - 3.80	4.12	.08	3.96 - 4.29	4.04	.09	3.88 - 4.26