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Title A qualitative evaluation of a Young Parents Program (YPP) – parent and facilitator perspectives

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Abstract

Issue addressed: Young parents (<25years) have lower engagement with health and community services and are more likely to experience negative outcomes in the perinatal period compared to older parents. The aim of this study was to evaluate the short to medium term outcomes of the Young Parents Program (YPP), specifically designed to engage and support young parents, using responsive and co-design strategies in a community setting.

Methods: A qualitative case study used data from interviews with participating parents (n=20) and a focus group with YPP facilitators (n=5).

Results: The findings report on the following short to medium term YPP outcomes for parents and children. Young parents: are engaged in early parenting services that are welcoming, non-judgemental and holistic; build parenting skills, knowledge, confidence and are tuned into their infants' needs; are empowered to co-design program activities to meet their parenting and non-parenting needs; have developed friendships and a social support network in their local community; and, are linked into community services and resources. Their children are cared for and stimulated with age appropriate interactions and play.

Conclusion: Flexible, responsive and co-designed programs for young parents are effective means of connecting parents to services, social support networks, and can provide learning opportunities, which enhance both child and parent attachment and development.

So what? Qualitative evaluation provides an understanding of contextual factors – required to inform effective design and delivery of young parent community programs.

50 word plain language summary

This study explored the experiences of facilitators and parents attending a young parent program (<25years). The findings support the need for young parent programs to be non-judgemental, include informal opportunities to learn about parenting and build friendships, and be responsive to parent needs by encouraging their input about program content.

Introduction

Substantial evidence indicates prevention and early intervention with families fosters long term benefits in physical and mental health, educational achievement and emotional functioning for children (1). Group parenting programs are opportunities for early intervention with young parents (<25 years old). There is some evidence (2-4) on the benefits for young mothers participating in group programs, such as social support and an improved parent-child bond. However, the literature does not provide an evaluation of the nexus between the strategies and activities of a group program and the short to medium outcomes through the perspectives of parent and facilitators, which is the focus of this study.

Background

Overall, women in Australia are giving birth later in life and one of the consequences is the proportion of young mothers (< 25 years) fell from 19% in 2005 to 15% in 2015 (5). Adolescent (15-19 years) fertility rates in Australia are at a historic low (10.5 per 1000 births in 2016) (6); comparable to Canada (9.0) and lower than USA (21.0) and UK (14.0) (7). Adolescent parenthood is sometimes planned (8) and young mothers have the capacity for becoming commendable parents who enjoy the responsibility and rewards of parenting (9, 10). Nevertheless, young parents are in their formative years as adults, and are therefore still learning social, education and life skills at the same time as they are learning about parenting their infants, commonly in complex and disadvantaged home environments (9, 11).

Until recently, adolescent motherhood has been viewed as problematic and likely to result in poorer health and education outcomes for the parent and child compared to older parents (12). Sheeran et al. (12) argued that it is the social disadvantages, often multiple, experienced by many adolescent parents rather than early parenthood per se that created pathways to poorer maternal and child outcomes. Young parents are more likely to be less educated and experience long term social and economic disadvantage than their older counterparts (13, 14). Adolescents are also more likely to use tobacco, alcohol and other drugs during pregnancy than older pregnant women (15, 16). While substance use is sometimes discontinued during adolescent pregnancy it is commonly resumed after the birth (17). Adolescent women are at risk of more medical or obstetric complications during pregnancy and childbirth than older women (18). However, the Australian Longitudinal Study of Women's Health found only small deficits in outcomes for younger mothers compared to older mothers when pre-existing socioeconomic disadvantages were controlled for (19). Young fathers as well have complex lives and require father-friendly inclusive practice and policy. These young fathers require assistance with the transition to fatherhood; however, services are often not geared to include young fathers (20).

Engaging and supporting young parents requires interventions that are holistic and sensitive to both parenting and personal growth of young adulthood, with a focus on strengths-based interchange, shared decision making, and sensitivity to cultural needs and potential stigma (12, 21). The evaluation in this paper describes the holistic approach with young parents, and the program logic and assumptions that underpin the pathways to program outcomes for the parents and their children.

The Young Parents Program (YPP)

The Young Parents Program (YPP) is for parents <25 years of age with infants and young children (<3 years) living in a socially disadvantaged area in Perth, Western Australia. The program is provided in partnership with a locally placed early years' service that offers intensive family support, including advocacy, home visits and transport if needed. YPP is designed to engage and support young parents to enhance both parent and child attachment and development. The program is facilitated weekly from a community centre during school terms. The YPP currently has two sessions – a morning session for parents with children aged 1-3 years, and an afternoon session for parents with children aged <1 year. The number of parents attending is continually variable (between eight and 20 parents with their children) due to child and parent factors such as illness, employment and group changes due to child's age.

The YPP applies 'soft entry' where parents can self-refer or be referred and join at any time point. A strength-based approach is facilitated in an informal non-didactic way to foster peer interaction, sharing and learning, and the development of social support networks and community connectedness. Program content focuses on parenting knowledge and skills, child development, as well as the needs of the parents, which may include speakers from local service and education sectors. The parents co-design with staff the topics for talks (such as age related sleeping, feeding, importance of nutrition, immunisation and dental care), incursions (such as health and education visitors) and excursions (community activities such as library, parks, swimming and water safety lessons). Each onsite session consists of activities for parents and children to do together, child-initiated play, food preparation and communal sharing, and closure with rhyme time. These activities are modified as necessary when talks, incursions and excursions are planned. During the first visit to the group the staff discuss with new parents a 'working together agreement' that includes respectful interactions with peers, children and staff. For example, the use of appropriate language, making new people feel welcomed, listening to others, confidentiality, and no shouting at the children. Facilitators model the 'working together agreement' through their practice within the group. The program includes transport to the program and assistance with other community services as needed.

Although most parents attending are mothers, fathers and grandparents are also encouraged to attend group sessions. Weekend events and excursions enabled more Dads to attend. The program is culturally safe for parents from Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) backgrounds. The program is linked into an Aboriginal family playgroup in the area and has support from the service provider's Aboriginal liaison Officer. However, only two Indigenous and CALD families have attended to date. YPP facilitation requires a skilled multidisciplinary team from health, education and family social work backgrounds, which is particularly crucial when supporting parents with mental health and family violence issues.

Interventions that work in complex contexts such as the YPP, where there are several outcomes requiring a variety of strategies and actions, benefit from a visual representation of the program components such as achieved by a logic model (22). The logic model (Figure 1) lists the inputs of YPP and connects the outputs with short to medium term outcomes of the program. Logic models capture the complexity of programs and illustrate the pathways between outputs and outcomes; however, they do not include the assumptions needed to illustrate the theory of change that underpins the relationship between outputs and outcomes (23). The theory of change assumptions are described in Table 1. In combination the information in Figure 1 and Table 1 outline the components, outcomes and theory of YPP.

(Insert Figure 1 and Table 1 here)

Methods

The purpose of this study was to evaluate the extent that strategies (S1-9) and activities (A1-7) of YPP achieved the anticipated short to medium (S-M1-9) outcomes (Figure 1) for parents and children. The study received ethics approval from Curtin University (RDHS-148-16) and followed the guidelines of the NHMRC statement on ethical conduct (National Health & Medical Research Council 2007).

A case study design is suitable for evaluation when seeking to understand the varied perceptions and experiences of people attending a purposeful group (24). Qualitative data were collected using interviews with parents and a focus group with YPP facilitators. The questions and prompts in the interview and focus group guides (Tables 2 and 3) correspond to the components, assumptions and expected outcomes of YPP (Figure 1 and Table 1). This case study employs naturalistic enquiry and interpretation underpinned by constructivist ontology and epistemology, and recognises the relationship between the researcher and participants (25). The authors work in the field of parenting and child health.

Participants and data collection

All parents who had attended YPP for a minimum of 10 sessions were eligible to participate in the study. The first author, who is independent from YPP, visited the program sessions and introduced the evaluation study to parents. Three of the 23 parents invited by the first author declined to participate. Parents who consented to participate were interviewed face-to-face with privacy by the first author at the YPP centre during session times. Interviews were semi structured and audio recorded. Interview topics focused on parents' experiences within YPP and the impact, if any, on their parenting skills and confidence, perceived benefits for child, and social and community networks (Table 2 – interview guide). Interviews ranged from 20-50 minutes.

YPP facilitators (staff and volunteers) were invited by the first author to participate in a focus group and all five agreed to participate. Information and consent forms outlined confidentiality and reassured staff that their decision to participate or not would not impact their employer relationship. The focus group was facilitated and audio recorded by an independent researcher, who was neither an investigator nor employee of the YPP service provider. Discussion topics focused on the program benefits for parents and children, the core strategies and activities, and the enablers

and challenges in running the program (Table 3 – focus group guide). The focus group was 90 minutes long. Transcriptions of all audio recordings were de-identified and stored securely to protect privacy.

Analysis

A thematic analysis as described by Creswell (25) was undertaken, involving immersion in the data, coding and comparison with relevant literature. Data were initially coded into topic categories for organisation and then abstracted into themes and sub-themes that reflected the experiences, patterns and the nexus with S-M1-9 outcomes (Figure 1) found in the analysis. Rigour for the study was enhanced through engagement of the first and third authors in the field, maintenance of an audit trail and analysis undertaken independently by three of the authors (1st, 2nd, 4th) followed by discussion and consensus on data saturation and the final themes (all authors).

Results and discussion

The study involved 25 participants (parents n=20, facilitators n=5). As parents join YPP at different times data collection continued from October 2016 to September 2017. Parent participants were 19 mothers aged 18-25 years and one father >25 years. Seventeen parents had one child and three parents had two children. Children were aged six months to three years. Referral to YPP was commonly through services such as parenting support organisations, child health nurses, antenatal general practitioner clinic, as well as self-referral through social networks. At the time of data collection 12 parents had a partner, six parents were studying and four were in part-time employment. Facilitator participants (staff n=4, volunteers n=1) were from child health, mental health, early childhood education and family support backgrounds.

The evaluation findings are grouped into themes that reflect the short to medium (S-M1-9) program outcomes for parents and children (see Figure 1 for details). Some outcomes overlap and are grouped in the findings. Parents were coded P1 to P20 and facilitators coded F1 to F5. Parent interview and facilitator focus group data were analysed together. The results are embedded with discussion of existing evidence as recommended by (26).

1. Welcoming, non-judgemental and holistic care (S-M1, S-M6)

Facilitators provided a welcoming, non-judgemental and caring ‘wrap-around service’ (F3) where parent shared their parenting challenges. A non-judgmental environment was perceived to be very important. For example, parents reported ‘fearing judgement’ or being judged by older parents in the community and work place as confirmed by this parent ‘A neighbour goes... like you shouldn’t have kids at your age...you’re a child yourself...why should you have kids?’ (P19 child 10 months). Furthermore young parents reported they avoided mainstream parenting groups where they felt judged and isolated. Our finding is congruent with McArthur and Winkworth (27) who found stigma both perceived and predicted resulted in young parents avoidance of mainstream services. One young parent described the welcome at YPP compared to the isolation felt in other playgroups.

‘So I’ve tried a few different ones but it never felt right...it didn’t feel as welcoming. I just didn’t connect with the facilitators and I didn’t connect with the parents that came, I just felt isolated whereas here... I’ve never experienced those feelings.’ (P9 child 30 months)

Facilitators expressed the importance of building relationships, trust, and showing a 'genuine interest' in the parents and their lives. This was reflected in comments from parents who felt their concerns were taken seriously and remembered by the staff as explained here by one parent.

'When you walk in you'll have one of the girls come up to you, like the girls that work here and they'll say how are you feeling? How's this going? ...they will individually check up on everyone. I think that's more than enough to know that someone actually cares.' (P5 child 12 months)

Many of the parents enjoyed the ice-breaker games facilitators used to help the parents chat to each other - *'Because it gets you involved with other people'* (P19 child 10 months). Icebreaker games helped to share a little bit about themselves - *'...was really good 'cause you know you sort of get your name out there kind of thing... a little bit about yourself and then just take it from there.'* (P6 child 6 months) A couple of parents felt there could be more introduction games as there were *'more and more new mums coming'* (P2 child 12 months).

Some parents enjoyed the activities of cooking or doing other things with another parent in the group as a good way of getting to know others as illustrated here:

'So, even with washing up...there's like two people that don't even really talk...that wash up...and they like...get to know each other... Cause there's some people that don't like... getting out there and talking. I'm a bit like that... I don't like going full out like... but I would love to meet new Mums.' (P7 child 14 months)

Doing jobs together was particularly helpful for parents who found it awkward talking to others they did not know. *'I remember the first time I came here...it was very awkward. I didn't know anyone and... very uncomfortable ... but doing things with someone as you got to meet them (was good).'* (P17 child 10 months)

The informal nature of attending the group suited most of the parents who were able to re-join the group following work or study commitments and other interruptions in their lives. Although fathers and other family members are encouraged to participate almost half of the mothers did not have a partner or contact with the fathers, and those that did generally had partners at work during program sessions. Further consideration needs to occur on how future programs can include the engagement and needs of young fathers. Evidence has demonstrated the importance of the father's role with their child (20). However, mainstream health services are generally designed without consideration to fathering, which results in exclusion of fathers during pregnancy, birth and the subsequent father-child experience (28).

Many of the parents in our study had complex social needs, as found in other studies with young parents (11). Complex social needs along with stigma have been identified by McArthur and Winkworth (29) as factors that prevented the realisation of the 'hopes and dreams' of young parents. Therefore, it is imperative to ensure young parents are engaged with services that meet their needs.

2. Building parent skills, knowledge, confidence and 'tuning in' (S-M2, S-M3, S-M4)

Parents developed skills and knowledge through a variety of ways. Facilitators role-modelled positive parenting behaviours and interactions within the group, and used questions as opportunities for group discussions. These informal strategies and activities provided incidental learning opportunities that were effective, and have been reported elsewhere as more valuable in developing parenting skills compared to formal sessions (30). A strengths-based approach that focused on what parents were doing well, and the opportunity to talk with others helped parents to feel reassured and more confident in their parenting, and is consistent with other authors (3, 4, 12, 31). One facilitator described *'picking up positives that someone is doing'*. (F1)

'... so when they see someone doing something really good... they just comment "You're doing a really good job." ...just having that bit of positive feedback from someone who cares about them... because a lot of them don't have that (at home).' (F1)

Facilitator engagement initiated learning experiences for the parents they were talking to and for other parents listening and observing. For example, one parent shared how they appreciated seeing and learning from facilitator interactions with other parents:

'I really like seeing other people's parenting... you learn what you want to do and what you don't want to do... like when you see it in front of you... and I've learned a lot... just not from me asking for myself... but overhearing her (facilitator) from other parents asking her.' (P10 child 13 months)

Facilitators also empowered peer learning by encouraging parents to share their experiences of parenting and to learn from each other as illustrated here:

'One of the other mums... maybe even overheard the conversation... you'd have one mum come over and... maybe do this... I did this and it worked... and then you'd have another and another one and then all of a sudden you have this group of people trying to help you. And it's nice.' (P5 child 12 months)

Facilitators would deliver talks on parenting topics such as sleeping and feeding, and organise incursions from experts as needed or requested by the parents. The value of responding to the needs of parents by tailoring talks was confirmed by one mother:

'(Facilitator) did a talk last week about hygiene... and even though I'm pretty cluey about that stuff there's still things that she mentioned that I didn't know... and so you're learning little things here and there.' (P3 child 32 months)

Several of the parents interviewed reported traumatic childhoods and/or difficult peer relationships, and had little positive parenting experience to draw on in their own role as a parent. Parents learned through the group how to 'tune in' to their child's needs. An attuned parent is responsive to their infant, soothing when needed and mirroring pleasure and affect so the child feels secure in the care (32). One facilitator illustrated the infant 'tuning in' and encouragement and support needed for parents who had experienced trauma and rejection in their own lives.

'We get a lot of these first-time mums... because they have had quite a lot of trauma in their own background and rejection... as we know... comes out in their parenting. So sometimes a comment can be made (by parent)... "Oh, she just doesn't like me. She never smiles at me." and just by having someone there to say... "Well... look at her... she's actually looking at you. She needs you. You're a great mum." So... all of that promotes attachment and caring and bonding and picking up then on the needs of the child which strengthens the (parent and child) relationship.' (F2)

A few of the parents stated they did not want to repeat some of the parenting practices they experienced as children. Several parents were referred to specialist programs. One parent described the struggle with parenting their child's behaviour:

'I said to (the facilitator) "I can start to feel like I want to smack her. She's... driving me crazy. I should learn the skills." The last thing I want is to hit my kids. I don't want them to be scared of me.' (P13 children 18 and 30 months, has been attending parent behaviour courses referred through YPP)

Facilitators felt that parent confidence had increased over the course of the program and this was regarded as an important outcome. Parents did not spontaneously use the term 'confidence' in the interviews. However, when asked if attending the program had influenced their parenting confidence they all shared that they were more confident. One parent spoke of being more comfortable as a parent:

'It's made me a lot more comfortable... as a parent and a friend... like I was saying I was nervous coming here... but now... I feel like I can go out and do more things without having that worry of being nervous I guess.' (P6 child 6 months)

3. Child/ren cared for and stimulated with age appropriate play and interactions (S-M4, S-M5)

'Tuning in' (S-M4) is further reported on here. In addition to traumatic backgrounds experienced by several parents, most parents had little to no experience with infants prior to becoming a parent and many had limited support networks with parenting experience. Observing facilitators role modelling responses to infants as well as peer learning helped parents to 'tune in' and develop ways of positively interacting and stimulating their child (32). One parent described how she learned about 'tummy time' and this helped her child to learn to roll over:

'Before she was five-and-a-half months old... she never rolled... she never did tummy time... she never did any of that because she just didn't want to and I just didn't push her. She started coming here and probably the second time we're here she rolled. Her skills are developing.' (P19 child 10 months)

Facilitators provided age appropriate activities for the children. This included baby massage and sensory mats for the infants, toddler outdoor and play-based learning activities, and sing-a-longs. Although some parents were reluctant to sing along with the facilitators, in time, more of the parents joined in: *'All these nursery rhymes I'd never heard before... so I had to learn them...most of*

us sing them now. At the start...there wasn't very many of us singing the rhymes with them but we are doing it now'. (P20 child 6 months)

Parents wanted the socialisation for their child with other children, and enjoyed learning about stimulation and play, activities they could replicate at home. These activities supported the importance of a home learning environment for children (31). A few parents wanted more craft activities for older children, while others felt child activities were well covered as explained here:

'I think everything they do here is good. They have this sensory day... so the kids can touch things and work out with their fingers and what things feel like... and then days where they got experts and they shed light on problems that we're having as parent. ' (P11 child 9 months)

Observing the interactions of their child with other children and adults was reassuring to parents on their child's development. Described by one parent as 'on the right path':

'I just have to make sure that my child was still on the right path and she was... I like to come here because my child is benefiting and I'm getting that reassurance. So it was best for the both of us at the time.' (P9 child 30 months)

4. Fostering friendships and social support network (S-M7)

Facilitators felt peer support was integral to the success of the program, as there were several vulnerable parents, who had limited support outside the group. This was reflected in a parent's view who confirmed that *'It is a good little group... I think we all have each other's back... like if something went wrong.'* (P8 child 24 months) Several parents found the company and support of other parents provided reassurance about their parenting. The combined benefits such as adult company, advice and reassurance from participating in YPP sessions are illustrated in this quote:

'Being a first time mum and not having a family or friends around... it was kind of my way of reassuring myself that I'm not a bad parent... that I do know what I'm doing and my child is okay. I guess it was for a little bit of advice and reassurance and then at the same time it was talking to other human beings instead of not just taking baby talk 24/7.' (P9 child 30 months)

Half of the parents stated they were isolated prior to joining the program and many of those isolated had not known other parents prior to joining YPP. Some parents talked about how becoming a parent resulted in losing old friends who did not have children and how it was important to have friends who were parents. Others had few friends before making friends through YPP. To illustrate one parent explained:

'I felt really alone before I started coming 'cause I didn't know where else to go... and I didn't really have any friends. Coming here I've made lots of friends and there's always... someone to talk to or ask questions... I'm a very quiet person as well... so I think coming here I'm a bit more louder.' (P3 child 32 months)

For many parents the support within the group had extended to a supportive network outside the program as has been found in other young parent group programs (2-4). One parent described her support network:

'The people in the toddler group... some of the girls there have met up outside of the group. So that gives you that connection to people when you need a hand or need someone to talk to... or just want to hang out and take the kids out.' (P11 child 9 months)

For one parent who had no family support the friendships fostered in the group became her 'family' as explained here:

'Since coming to the group I've got friends... that I can call up and be like... can you just come over and relieve me for 10 minutes, whereas before I never had that... since coming to this group I've got a family now from the girls... this group was family...' (P1 children 24 and 40 months)

Socialisation was important for isolated parents with poor social support, particularly for those who had current or past history of mental health problems. *'Socialising for me... so I don't get really bad depression... cause I've had depression before.'* (P2 child 12 months) Almost half of the parents (n=9) disclosed to the interviewer a history of mental health problems existing before pregnancy and four identified as having postnatal depression. Five parents disclosed a history of trauma or domestic violence.

A few parents had not extended their contact with other YPP parents outside the program and generally these parents had histories of mental health, bullying or trauma that made it difficult for them to get to know others as described here.

'I find it really difficult to connect with people on that friendship level mainly because of my anxiety and my depression. So it's hard to connect and find something that we're both interested in... and I get really socially awkward when I'm talking and meeting new people. (Is that harder or easier talking to people now you're a parent?) It's easier in some ways. I still get a bit uncomfortable and awkward but you can talk about how your child is doing... that they can crawl, or they can walk... and all the parents can relate to that but it's still a bit uncomfortable.' (P11 child 9 months)

5. Co-design program with parents (S-M8)

Co-design is a partnership where service providers work with clients and community to design and deliver programs in an 'equal and reciprocal relationship'(33). Co-designing aspects of YPP with parents, such as talks, incursions and excursions helped to address specific needs and relevance for parents. Sometimes the suggestions were gathered using a confidential note system which enabled parents to raise issues they had or were concerned about within the group. To illustrate, one facilitator explained:

'... after so many weeks we'll do a Post-It note... what they've enjoyed about the group... is there anything to change? Part of our planning for the term is based on what ideas of parents come up with those things.' (F1)

For example, one parent was particularly concerned about car seats for infants as she felt some parents were not using correct car seating but did not want to raise this issue within the group. The confidential note system enabled her to raise the issue and the facilitator organised Kidsafe (weblink) for an incursion talk about a variety of safety issues for families with young children. The process is summarised by one parent:

'Every couple of weeks they hand around Post-in notes and we can all write a question on there. So that if we want it to be confidential... nobody knows whose question that was. And the girls give some input... suggestions of things that we want to do in the next term... with the children or the group... food that the children might want to eat.' (P15 child 6 months)

Although there was some natural attrition of the YPP membership due to parents leaving for employment and education, the group had become very large (20 parents with children attending) during 2016. Parents were then consulted about splitting the group and while some parents did not want this, the facilitators felt it would be better to split the group into child age groups. In 2017 the group was split into two sessions on the same day: 1) parents with infants attended the afternoon, and 2) parents with toddlers attended the morning session. Once children reached one year of age a couple of parents with their children were moved into the toddler group. Following the split the facilitators reported that *'the feedback is... it's working well for the families.'* (F1) The parents interviewed in 2017 were pleased with the change. Generally, these parents felt they had more opportunities to talk to the facilitators and to get to know other parents in a smaller group.

Overall, parents enjoyed co-designing and the facilitators felt co-designing empowered young parents through addressing both their parenting and personal development needs, a nexus also identified by community engagement proponents (34).

6. Parent and child community connections (S-M9)

In our study facilitators organised excursions and had a solid knowledge of local community services such as child health, mental health, education, family support services to link parents into; recognised as key factors in successful facilitation of supported playgroups (35) and the 'Smalltalk' parent group intervention (31). One facilitator accompanied parents to local services or provided transport if needed. Facilitation skills as for other supported parent groups with young children (36) are pivotal in achieving program outcomes.

Participating and getting to know others in the local community, particularly for parents who had been isolated, helped a sense of 'connectedness' and is congruent with other community studies of parents with young children (37, 38). The sense of 'connectedness' was stronger for those who had been isolated prior to attending YPP as they now had a social network and help nearby if needed. Several parents had discovered enjoyable family activities and services in the local area. *So it's good to kind of find out things to do and what other mums do in the area as well* (P16 child 12 months). Participating by *'going out'* and *'actually doing stuff in the community'* enhanced the feeling of connectedness as described here:

'Going out and socialising with the other mums... going to places I don't ever used to go... I didn't really have friends in the area until I started coming to YPP because I didn't work or anything... so I didn't have any way to make friends.' (P20 child 6 months)

Getting to know a positive social network in the local community changed a couple of parents' negative views of their community. The local area is a low socio-economic area and is perceived by some parents to be unsafe due to drug issues. One parent's view changed after meeting people through YPP to where she now feels more comfortable and safer in the community as explained here:

'It makes me feel like it's not such a derro (terrible) place, because all you hear about (town) on the news is terrible things... I always thought that it was just a dodgy drug area. But since coming to YPP and meeting all these other people... who aren't dodgy... it's actually made me feel a lot more comfortable and safer about living here...' (P4 child 15 months)

Limitations and strengths

This evaluation has several limitations. The sample size is small as limited to a case study of YPP at one location. Facilitators, employees of the same organisation as three of the investigators, may have felt pressure to overstate the perceived program benefits for parents, notwithstanding the focus group was facilitated by an independent researcher. However, the illustrations and comments from parents corroborated well with the discussion on program benefits and outcomes from facilitators. Triangulation of data from different sources in this study included parent and facilitator data and contributed to achieving trustworthiness and confirmability of the qualitative findings (25).

The parent perspectives are limited to parents who consented to participate and may not reflect the experiences of other parents who may have left the program due to a negative experience. Consequently, there may be an overrepresentation of positive experiences. Nonetheless, many of the parent participants had complex social problems and experienced isolation prior to attending YPP, which provided a deeper understanding of the tangible benefits from participating in a program for these often 'hard to reach' young parents. Only two parents from Aboriginal and Torres Strait Islander and CALD backgrounds have attended the program and were not attending during the periods of data collection. Further understanding is needed in linking young Indigenous and CALD parents into young parent programs, in particular for young Indigenous women who are more likely to be a young parent (<25years) than non-Indigenous women (5). The voice of only one father whose comments were not identified to protect his privacy was a limitation. Further research is needed to capture the potential benefits for fathers attending young parent programs.

Evaluation of parenting programs can be problematic as there may be several external factors influencing the outcomes for parents, such as changes in partner support, life circumstances or relocation, which are difficult to capture quantitatively. On the other hand, qualitative evaluation captures the context of peoples lived experience and gives participants a voice (26). Furthermore, a deeper understanding of participant experience and progress enables a review of assumptions, theory and expected outcomes underpinning programs. The review can then inform future planning of inputs and outputs in program logic models, as has been undertaken with YPP.

Evaluation of more structured programs such as McDonald et al.'s (2) 'Families and Schools Together (FAST) babies' in Canada provided quantitative results on benefits for parents and intergenerational relationships. Many of the parents in McDonald et al.'s (2) study had grandparents involved in their eight week program. In our study, many of the parents had limited family support and social complexity that would make attendance and graduating from a FAST babies' course difficult. Nonetheless, the YPP strategies and activities align with the FAST babies program, and the core elements of the Australian 'Smalltalk' (31) intervention, but are more flexible in delivery and parents can continue to attend while their child is within the age group.

Our study provides new insights on the outcomes of a parenting program for young parents (<25years) with complex social needs. Through the perspectives of parents and facilitators, we were able to explore the logic model pathways and assumptions not previously reported in the literature. Our findings are congruent with Commerford and Robinson's (36) proposal that vulnerable families are likely to benefit from supported programs that run over longer terms, and Hoffman and Vidal's (39 p35) review that concludes effective programs for young parents are those that are 'comprehensive, flexible and responsive' to their often complex needs. Overall, qualitative evaluation methods are suitable for assessing the outcomes of longer and flexible programs provided in complex contexts, such as used in our study. Qualitative evaluation is likely to require ethical oversight from a Human Research Ethics Committee (HREC) (40). Therefore, service providers considering program evaluation would benefit from partnering with researchers.

YPP is an early intervention parenting program that aligns with several health promotion principles and action areas in the Ottawa Charter (41) and more recently the Vienna Declaration (42). Specifically, YPP creates a supportive environment where parents feel safe and supported to learn about and develop positive parenting practices that foster good outcomes for both parent and child attachment and development. The Vienna Declaration states that 'Optimal early childhood conditions, offering loving, supportive, responsive, nurturing and stimulating environments' are prerequisites for health (42 page 2). Programs such as YPP are important initiatives that help young parents. However, these programs need to be accompanied by broader social policy and strategies that target the social determinants, such as reducing unplanned pregnancies, and social, economic and educational disadvantage.

Conclusion

Findings from this YPP qualitative evaluation provides multiple key learnings. A holistic 'wrap-around' parenting program for young parents is essential to engage and to keep young parents engaged with health and other community services. Co-designing empowers parents, and ensures the program is relevant and responsive to their needs. The program requires an advanced level of facilitation skill to use every opportunity to build parenting knowledge, skills, child play-based stimulation, parent confidence and peer support, and to provide avenues to connect young parents to their local community. The significance and value of role modelling and other incidental learning for young parents who have experienced trauma as children, or have little parenting resources to draw from cannot be overemphasised. Success is contingent on a welcoming and non-judgemental environment.

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Table 1 Assumptions underpinning Logic Model in Figure 1

Assumptions underpinning the Strategies and Activities that will contribute to the short and long term outcomes in the Logic Model in Figure 1	
1.	Age limit of parents <25 years helps to focus on the needs of young parents, particularly those with complex needs, and helps to provide a safe non-judgemental environment that fosters attendance, peer sharing, trust, learning and social support. Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) families need culturally safe environments to engage with services. Mothers and fathers are important to the wellbeing and development of children. Fathers and grandparents are encouraged to attend.
2.	A 'soft entry', holistic and strengths-based approach helps young parents who may be vulnerable and have other social needs and challenges aside from parenting support that they need help with. 'Soft entry' helps to engage with parents who are poorly engaged with services.
3.	Role modelling 'positive parenting' demonstrates how to 'tune in' and interact with child/ren and builds parent knowledge, skills and confidence.
4.	Parenting information sessions and incidental learning increases parent knowledge of how their child develops and grows and builds parent confidence.
5.	Child age appropriate activities help parents to respond and understand the link between play and learning and different ways to engage and stimulate their child in play.
6.	Referral and liaison with other services helps to support young parents with complex parenting, health and social needs.
7.	Ice-breakers are effective tools to use to help young parents who feel socially awkward or shy to get to know others in the group. Young people are often awkward in social situations and some have experienced bullying. This helps to foster friendships and a social supportive network with the other parents.
8.	Co-designing activities for the program empowers parents and ensures relevance to their needs. Program events are organised to enable working fathers to attend.
9.	Providing the program to parents locally enables parents to develop friendships and supportive social network locally, particularly important for those with no family or other social support nearby.
10.	Incursions and excursions help to address the parenting and non-parenting needs and alerts parents to services and information resources in their local community. This enables connections to education and other health sectors in the preschool years.
11.	Team debrief and reflective practice ensures team members are supported in their work and that parents needs are being addressed.

Table 2 Parent interview guide

1. How did you find out about YPP?
2. What has been your experience/s in YPP?
3. What do you feel have been the benefits for you from attending this group?
4. How does the YPP group compare to your other experiences of parent or playgroups in the community?
5. Can you share with us some of the things that you have experienced through YPP that have helped you and your baby?
6. How have the group facilitators and support staff been of assistance to you?
7. How has coming to YPP helped you, if at all, to know your local community?
Prompts: Do you know more people in the local area now? Do you know more services in the local area now? How has that helped or not helped you or your child?
8. Are there things that could be done differently to make YPP work better?
9. Are there other things you would like to see as part of YPP?
Prompts: Co-design aspects – How parents contribute to the program topics, incursions and excursions, and program activities. What they value and why?

Table 3 Facilitator focus group guide

1. Can we start with each staff member describing their role with YPP?
2. What do you feel have been the benefits for parents, children and the community from attending this program?
 - Parent benefits prompts - parenting knowledge and confidence. Have you observed parents advising/mentoring other parents? If so, can you give an example?
 - Child benefits
 - Building local community connections and networks, friendships, broader community benefits?
3. This year the group session was changed to two sessions – morning for parents with older children and afternoons for parents with infants. Can you please explain why this was done and what positive and negatives, if any, there are from this change?
4. Can you describe some of the activities/strategies you use in the groups e.g the introduction/ getting to know each activity. Why are these activities/ strategies important/effective? Can you provide an example/s of where they have been effective?
5. Can you describe some of the speakers you have invited to talk to the parents? Why are these speakers important/effective? Can you provide an example/s?
6. How do the YPP sessions compare to your experiences of other community playgroups? What are the key differences between YPP and these other groups or programs?
7. What are the enablers that help the usefulness and effectiveness of YPP? What are the 'must haves'? This can include resources, activities, staff skills, speakers
8. Can you share with us some of the challenges of providing and facilitating YPP?

Inputs	Outputs		Outcomes -- Impact	
	Strategies and Activities		Short to Medium	Long
<p>What we invest</p> <p>1. Facilitation from qualified staff and volunteers from a variety of disciplines – child health nursing, early childhood educators and social workers</p> <p>2. Partnership with local early years' service</p> <p>3. Staff are supported with supervision, professional development and reflective practice</p> <p>4. Collaboration with stakeholders in the local community</p>	<p>What we do Deliver and facilitate weekly 2x2 hour programs (parents and children 0-12 months, parents with children 1-3 years)</p> <p>Principles</p> <ul style="list-style-type: none"> Holistic, strengths-based, inclusive and culturally sensitive and safe <p>Strategies:</p> <p>S1. Soft entry (service or self-referral, transition with age of child/ren, catchment area). Message parents re upcoming activities and follow-up absentees</p> <p>S2. Provide safe non-judgemental environment to foster trust, respect, peer sharing, friendships and a support network.</p> <p>S3. Role model positive parenting and engagement with children.</p> <p>S4. Create opportunities to build parent skills and knowledge through a strengths-based approach and incidental learning.</p> <p>S5. Identify needs of the parents. Refer to specialist parenting education or other services.</p> <p>S6. Role model positive peer interactions and establish group rules</p> <p>S7. Foster peer friendships and social support network</p> <p>S8. Co-design with parents (activities, incursions and excursions) using 'post it' suggestions or direct requests</p> <p>S9. Build community connections. Refer parents to services (family support/financial/health) and liaise as needed</p> <p>S10. Team debrief and reflective practice post sessions</p> <p>Activities</p> <p>A1. Use ice-breaker games and 'paired activities' (e.g. food preparation, chores) to encourage parents to talk and get to know others.</p> <p>A2. A dynamic environment that fosters play-based learning (singing, craft, sensory activities)</p> <p>A3. Facilitators engage and employ incidental learning opportunities with parents – knowledge on child development, skills, parent/child interaction and the importance of play</p> <p>A4. Facilitators provide parent sessions on baby massage, sleeping, preparing food, starting solids etc</p> <p>A5. Weekly food preparation and sharing</p> <p>A6. Incursions - Speakers/visitors in response to needs of parents (e.g. child safety, education, financial, health)</p> <p>A7. Excursions -To local community services and resources (e.g. library rhyme and story time, infant swimming, parks)</p>	<p>Who we reach</p> <p>Young parents (<25 years)</p> <p>Children 0-3 years of age</p>	<p>S-M1. Young parents are engaged in early parenting support services that are holistic, inclusive and culturally sensitive, and where they feel safe and not judged. (S1. S2. S4. S5. S6. S8)</p> <p>S-M2. Young parents have the parenting skills and knowledge needed to parent their children. (S2. S3. S4. S5. S8. A2. A3. A4.)</p> <p>S-M3. Young parents have increased confidence in their parenting (S2. S3. S4. S5. A2. A3. A4.)</p> <p>S-M4. Young parents are tuned into their children's needs and respond appropriately (S3. S4. S5. A2. A3. A4.)</p> <p>S-M5. Children are cared for and stimulated with age appropriate play and interactions (S3. S4. S5. A2. A3. A4. A5. A6. A7.)</p> <p>S-M6. The needs of young parents are identified and met through holistic care (S2. S3. S4. S5. S6. S7. S8. S9. A6.)</p> <p>S-M7. Young parents have developed friendships and a social support network in their local community (S2. S6. S7. A1. A5. A7.)</p> <p>S-M8. Young parents are empowered to co-design activities in the program to meet their parenting and non-parenting needs (S5. S8. A6. A7.)</p> <p>S-M9. Young parents are linked in to community services and resources relevant to their needs (S9. A6. A7.)</p> <p>S-M10. Facilitation team are supported and attend professional development (S10.)</p>	<p>L1. Parents continue to be engaged in health and education services relevant to their and their child/rens' needs</p> <p>L2. Parents feel confident and have well developed parenting skills and knowledge</p> <p>L3. Parents have long term friendships and support networks locally</p> <p>L4. Parents feel connected and supported by services in the community</p> <p>L5. Contributes to long term positive outcomes for child development, education and health. For example, Australian Early Development Census</p>

Figure1. Young Parent Program (YPP) Logic Model