

STEPS To Success Programme



Evaluation 2005-2006

Oldham Children's Fund



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Examining the impact of Oldham's Children's Fund's Steps to Excellence for Personal Success (STEPS) Project 2005-2006

Section One: Introduction and Methodology

1.0 Introduction

The STEPS programme is one of The Pacific Institute's programmes. It has been implemented in Oldham for more than three years and runs predominately as an eight-week course, although the actual length of the course varies depending on the frequency and length of sessions.

The STEPS programme is delivered to parents (or carers and relatives) of children aged between birth and 13 years who live within the priority wards of Oldham. It is also delivered to employees of statutory and voluntary organisations on an *ad hoc* basis, as a means to train these employees as facilitators for future STEPS courses.

Oldham Children's Fund's (OCF) primary aims of the STEPS programme are to increase parents' self-esteem and self-confidence and to encourage them to set goals around personal development, plans for their futures and consider their career goals and options. Its secondary aims are to improve parent's relationships with their children, and to encourage the parents to progress into training, education or employment.

This report examines the impacts of the programme on:

- Parents' self-esteem
- Parents' well-being
- Parents' depression and anxiety
- Parental-child relationship
- Exposure to risk and building resilience (linked to Every Child Matters outcome areas)

1.1 Methodology

The evaluation sought to assess whether the STEPS programme met OCF's aims and it consisted of two stages. Stage One was a quantitative baseline assessment conducted with parents before the course began (or after the first session of the course). It used a range of standardised instruments to collect data on parents' reasons for joining the programme, their aspirations, and their levels of self-esteem and well-being. Stage Two of the research was conducted at the end of the STEPS project and collected follow-up data on the same measures. Impact data was also collected across 26 risk and protective factors linked to Every Child Matters (ECM) outcomes from the parents involved. The methodology and data analysis instruments were replicated from a previous external evaluation of STEPS carried out by Research and Data Services Ltd.

This evaluation is based on parents who attended one of 7 STEPS courses starting in the 2005-2006 financial year. The evaluation of impact is only based on the responses from those 46 parents whom completed both the baseline questionnaire (at the start of course) and follow-up evaluation form (end of course).

1.2 Data Analysis

The data that was collected was in two main forms and this influenced its analysis. The quantitative data (elicited by the before and after measures) was coded and analysed using SPSS, a statistical analysis package. In addition to the quantitative data, the parents also provided some qualitative data in the form of their open responses to survey items. This data was coded and analysed manually, primarily to develop themes to add context to, and increase the understanding of, the quantitative data. All of the instruments used on which the report is based may be requested from Oldham Children's Fund and On Track. The instruments and the data they produced remain the property of Oldham Children's Fund and On Track.

1.3 Anecdotal Evidence

Appendix 2 and 3 contain additional qualitative data collated from STEPS participants and facilitators during the period of 2005-2006.

Section Two: Summary of Main Findings

2.0 Key Findings

The main impacts of the evaluation are outlined in the table below. Section four explores these findings in greater detail

Key finding	Summary
The programme positively affected parent's self-esteem	There was a statistically significant increase in parents' self-esteem after taking part in the programme and therefore this increase could be directly attributed to parents' involvement. That is, involvement in STEPS increased parents' self-esteem.
The programme reduced levels of parents' anxiety	There was found to be statistically significant decrease in parents' levels of anxiety at the end of the programme. This decrease could therefore be directly attributed to parents' involvement. Involvement in STEPS reduced anxiety.
The programme reduced levels of parents' depression	There was found to be statistically significant decrease in parents' levels of depression at the end of the programme. This decrease could therefore be directly attributed to parents' involvement. Involvement in STEPS reduced feelings of depression
The programme positively affected parents' overall well-being	There was found to be a statistically significant increase in overall parental well-being between the start and end of the programme and this can be directly attributed to parents' involvement in the STEPS programme.
The programme had a number of positive impacts	<p>The programme had a predominantly positive impact on those taking part. The most significant impacts (in terms of reducing risk and building resilience) were:</p> <ul style="list-style-type: none"> • parents' confidence • relationship between parent and child. • parental interest in their child's behaviour • take up of training and/or employment opportunities <p>Other impacts (not captured through the more structured measures) included:</p> <ul style="list-style-type: none"> • the development of self confidence • the ability to make changes/ set goals in their lives • Increased self-awareness and ability to conceptualise their difficulties
<p>The programme reduced exposure to risk and built resilience under all ECM outcome areas</p> <p>A summary of ECM impact areas is provided overleaf</p>	<p>The STEPS programme had a number of project-specific and programme wide impacts. There was a high degree of congruence between its stated aims and actual impacts.</p> <p>The evaluation suggests that the project may make the most significant contribution to reducing risk and building resilience under the following ECM outcome areas:</p> <p>BE HEALTHY</p> <ul style="list-style-type: none"> • mentally and emotionally healthy <p>STAY SAFE</p> <ul style="list-style-type: none"> • Have security, stability and are cared for • Safe from maltreatment, neglect violence, etc. • Safe from bullying and discrimination <p>ENJOY & ACHIEVE</p> <ul style="list-style-type: none"> • Ready for school • Achieve personal and social development • Achieve stretching personal national standards <p>MAKE A POSITIVE CONTRIBUTION</p> <ul style="list-style-type: none"> • Develop positive relationships and choose not to bully/discriminate <p>ACHIEVE ECONOMIC WELL BEING</p> <ul style="list-style-type: none"> • Engage in further education, training, employment • Ready for employment

2.2 Impacts under ECM outcome areas

EVERY CHILD MATTERS																									
(From: <i>Outcomes Framework</i> , published with <i>Every Child Matters: Change for Children</i> , DfES, 2004)																									
Project/programme code (see key)	BE HEALTHY					STAY SAFE					ENJOY & ACHIEVE				MAKE A POSITIVE CONTRIBUTION			ACHIEVE ECONOMIC WELL BEING							
		Physically healthy	Mentally & emotionally healthy	Sexually healthy	Healthy lifestyles	Choose not to take illegal drugs	Safe from maltreatment, neglect, violence, etc.	Safe from accidental injury & death	Safe from bullying & discrimination	Safe from crime & anti-social behaviour	Have security, stability & are cared for	Ready for school	Attend & enjoy school	Achieve stretching national standards (Primary)	Achieve personal & social development	Achieve stretching national standards (Secondary)	Engage in decision-making & support the community...	Engage in law-abiding & positive behaviour	Develop positive relationships & choose not to bully/discriminate	Develop self confidence and deal with life changes	Develop enterprising behaviour	Engage in further education, training, employment	Ready for employment	Live in decent homes and sustainable communities	Access to transport & material goods

Impacts	
Significant impacts	
Main impacts	
Limited/lesser impacts	

Section Three: Parents' Aspirations for the STEPS Programme

Before starting the STEPS course parents were asked about what they hoped to achieve from the programme (see Table 3.1). The main aspirations of parents were to increase their self-confidence (46 %) and for them to achieve personal development and make changes in their lives (26%).

Table 3.1 Parents' aspirations for the STEPS programme

	Rank	% of parents
Increase self-confidence		
e.g. 'gaining more confidence in myself'	1	48
Personal development/ make changes in their lives		
e.g. '..to change areas in my life that are not so good'	2	18
Greater self-awareness		
e.g. 'I hope to learn more about myself'	3	12
Unsure of aspirations		
	4	8
Impact/help with work and/or training		
e.g. '...to plan for future training and job opportunities'	5	6
Improve relationships with their children		
e.g. '..improve [my] parenting skills' 'to understand my children better'	=6	4
Increase Knowledge		
e.g. '..gain more knowledge'	=6	4

On the whole, parents' aspirations were directly linked to improving or changing something about themselves rather than expecting that the programme would influence their children or family.

These aspirations link directly to the priority aims of the STEPS as a self-development programme and the aims of the project. The report will focus in the next section whether the expectations of the parents were met.

Section Four: The Main Impacts of the STEPS Programme

4.0 Introduction

This section sets out the main impacts of the STEPs programme on parents. To measure the impacts of the STEPS programme on the parents involved, before and after measures were taken across the following components: self-esteem and well being.

Comparisons were made between parents responses before and after their involvement to determine impacts that could be directly attributed to participation. In addition to this, at the end of the programme parents were asked to attribute the impact (that is, positive, negative or no change) of 26 risk and protective factors linked to the Every Child Matters outcomes to the STEPS programme.

4.1 Impact on Parents' Self-Esteem

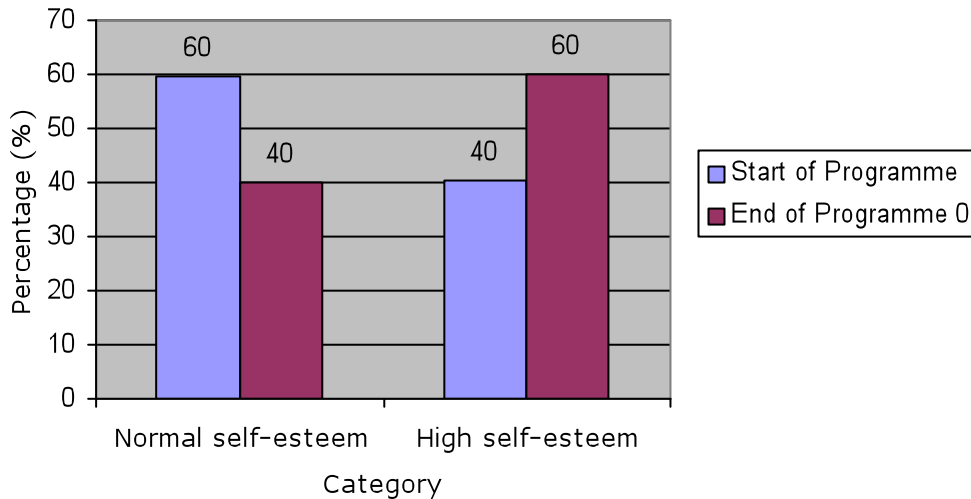
A before and after measure of parents' self-esteem was taken from the sample using Rosenberg's (1965) scale. The scale itself was a four-point Likert scale and consisted of 10 items. Parents were asked to state their level of agreement (whether they strongly agreed, agreed, disagreed, or strongly disagreed) with each item in the scale. A score of one to four was then allocated to the response to each item. The measure is scored on a scale of 10 – 40 and the following scoring applied (see Table 4.1 below).

Table 4.1 Scoring of Rosenberg's Self-esteem scale

	Score
High self-esteem	10 – 20
Normal self-esteem	21 – 30
Low self-esteem	31 - 40

It is important to determine whether parent's level of self-esteem (that is, low, normal or high) had changed between the start and end of the programme. Chart 4.1 (overleaf) shows that there had been a shift in the levels of self-esteem, with 60% having high self-esteem at the end of the STEPS programme compared to just 40 per cent at the start of the programme. This chart indicates a clear increase in the parents' levels of self-esteem between the start of the start of the STEPS programme and the end of the programme.

Chart 4.1 Self-esteem Scores



In order to determine if the increase in parental self-esteem between the start and end of the STEPS course was statistically significant, a Wilcoxon Signed-Ranks test was conducted. This showed that there was a decrease in the mean scores of the scale from 21.7 (SD=3.6) to 19.7 (SD=3.7) between the start and the end of the programme indicating a statistically significant increase in self-esteem across the parents interviewed ($z=-3.338$, $p<0.05$).

This means that the increase in self-esteem between the start and end of the programme is greater than chance and can be attributed directly to the parents' involvement in STEPS.

4.2 Impact on Parents' Well-Being

In order to assess any impact on parents' well-being before and after involvement in the STEPS programme a well-being scale published by the Department of Health was used. The Well-being scale itself was devised from the Irritability, Depression, Anxiety (IDA) scale developed by Snaith et al (1978).

For the purposes of this evaluation, the anxiety and depression items contained within the scale were examined and the irritability measures excluded. The irritability items were excluded because they did not relate to the aims of the STEPS programme. The exclusion of the irritability items resulted in a 10-item measure, 5 items that measured anxiety; and 5 items that measured depression. Analysis was first carried out on the total responses of the sample population to the scale at both the start of the STEPS programme and the end of the programme to determine any change.

A reduction in the mean scores was found between the start of the programme (mean = 10.98, SD = 4.02) and the end of the programme (mean = 9.5, SD = 4.1) indicating that well-being had increased across the parents. In order to see if this increase in well-being was statistically valid a Wilcoxon Signed-Ranks test was conducted. This test indicated that the difference in well-being between the start of the programme and the end of the programme was statistically significant ($z=-2.720$, $p<0.007$) and therefore could be directly attributed to the parents' involvement in the STEPS programme.

4.3 Impact on Depression and Anxiety

The well-being scale, as previously mentioned, was divided into a measure of anxiety and depression, with five items relating to anxiety and five items relating to depression. These two parts of the measure were looked at separately to determine how the samples responses to the depression and anxiety measures differed between the start and end of the programme.

4.3.1 Depression

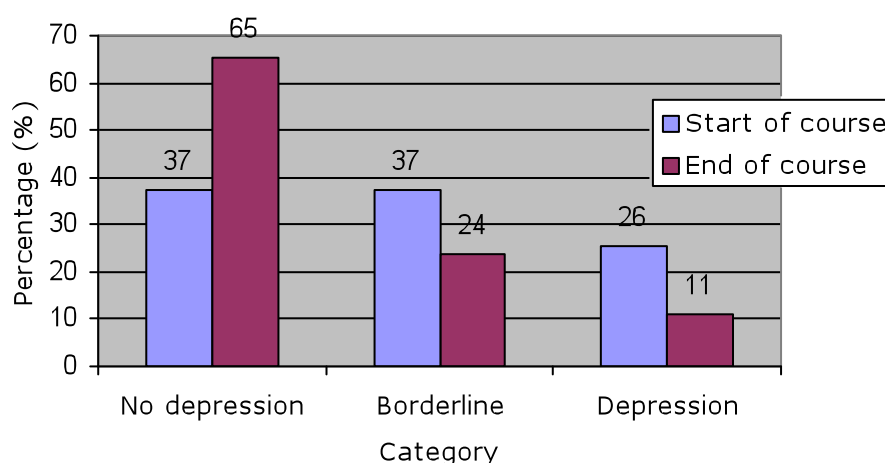
The scoring for the depression measure ranged from nought to 15.

Table 4.2 Scoring for the depression scale

	Score
No depression	0 - 4
Borderline depression	4 - 6
Depression	6 - 15

At the start of the STEPS programme, the majority (63%) of parents had a borderline (37%) or above borderline (26%) score of depression. However, by the end of the STEPS course 61% of parents scored below borderline scores of depression indicating that involvement in STEPS had reduced parents' feelings of depression (see chart 4.1).

Chart 4.1 Depression scores



To statistically determine if there had been a decrease in depression between the start of the STEPS programme and the end of the programme the overall responses were analysed. It was found that the mean number of responses to the depression items in the scale had decreased from 4.72 (SD=2.3) to 3.9 (SD=2.2), indicating a drop in levels of depression.

Wilcoxon Signed-Ranks test found that this difference in the means was statistically significant ($z=-2.882$, $p<0.05$). This shows that the reduction in depression rates between the start and the end of STEPS can be attributed to parents' involvement in the STEPS programme.

4.3.2 Anxiety

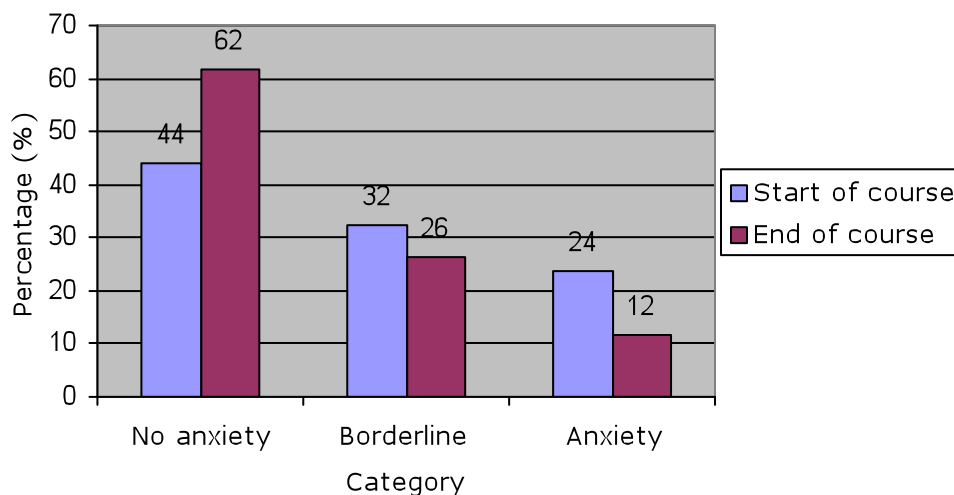
The scoring for the anxiety measure ranged from nought to fifteen:

Table 4.3 Scoring for the Anxiety scale

	Score
No Anxiety	0 - 5
Borderline Anxiety	6 - 8
Anxiety	8 -15

At the start of the STEPS programme 21% of parents scored higher than eight on the anxiety measure suggesting that they had a problem in this area. A further 35% scored in the borderline anxiety category. However, by the end of the STEPS course 61% of parents scored in the no anxiety category suggesting that STEPS reduced feelings of anxiety (see chart 4.2).

Chart 4.2 Anxiety Scores



Statistical testing of the mean responses to the anxiety measures showed a decrease from 6.3 to 3.9 indicating a significant drop in levels of anxiety in the sample population ($z=-2.37$, $p < 0.05$). This indicates a statistically significant relationship between the decrease in anxiety levels seen and the parents' involvement in STEPS. This means that this decrease can be attributed directly to parents' involvement in the programme, as opposed to other factors.

4.4 Impacts on Risk & Protective Factors – ECM Outcome Measures

The impact of the STEPS programme was measured across 26 key risk and protective factors and potential impacts were grouped under the five Every Child Matters (ECM) outcomes.

All impacts were attributed directly to the STEPS programme (as opposed to potential extraneous causes) and the direction of impact (positive, negative and no change) was recorded. In order to address which were the most significant impacts a simple model was applied:

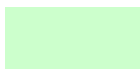
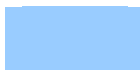

- Where 75 per cent or more parents reported a positive impact and attributed it directly to the STEPS programme, it was deemed as a **significant impact**
- Where between 50-75 per cent of parents reported a positive impact and attributed directly to STEP, it was deemed as **an area of positive impact**
- Where fewer than 30 per cent reported a positive impact and attributed it directly to STEPS, it was deemed as **an area of least change**

When asked about the impact of the STEPS programme, Table 4.4 (below) outlines the parents' reported impacts across the 26 risk and protective factors and the location of these impacts.

Table 4.4 Impacts on risk and protective factors

ECM Outcome	Impact		
	Positive	No change	Negative
Be Healthy			
Relationship between child and parent	79	21	
Parent's management of child's behaviour	70	30	
Parent's method of discipline / supervision	65	35	
Parent's confidence	85	15	
Child's self-esteem	58	40	2
Stay Safe			
Parent's interest in child's behaviour	79	21	
Parent's interest in child's peer relationships	67	33	
Family conflict	58	37	5
Family violence	32	68	
Parents acceptance of problem behaviour	54	46	
Child's problem behaviour	50	47	3
Child's ability to follow instructions	51	49	
Child's ability to control emotions	53	47	
Enjoy and achieve			
Parent's involvement with school	47	50	3
Parent's expectation for child's education	54	46	
Child's relationship with school	39	58	
Child's learning skill and attainment at school	45	55	
Child's attendance or commitment to school	30	70	
Make a positive contribution			
Child's bonding and social skills	57	43	
Child's aggression	31	69	
Child's involvement in bullying	11	86	4

Child's offending behaviour	28	68	4
Economic well-being			
Parent's take up of training opportunities	77	23	
Parent's take up of employment opportunities	71	29	
Parent's volunteering	47	53	
Parent's interest in child's learning	48	49	3

-  Significant impact, i.e. 75 per cent or over of parents attributing a positive impact to STEPS
-  Positive Impact, i.e. 50-74% of parents reporting a positive impact
-  Area of least change, i.e. fewer than 30 per cent of parents attributing a positive impact to STEPS

The five most commonly reported positive impacts are set out in Table 4.5.

Table 4.5 The five main impacts of the STEPS programme

	Rank	Positive Impacts (%)
Parents' confidence	1	85
Relationship between child and parent	=2	79
Parents' interest in their child's behaviour	=3	79
Parents' take up of training opportunities	4	77
Parents' take up of employment opportunities	5	71

These impacts align with the parents' aspirations for the STEPS programme and also the main aims of the STEPS programme: to increase parents' confidence, and to positively impact on the relationship between the parent and the child. However, when parents were originally asked about their aspirations for the course there was no mention of aspirations around further training and/or employment. This was therefore an unintentional impact of the STEPS programme for the parents involved and suggests that the increase in self-esteem and well being that was found in the research may directly impact on parents intention to progress into other training/employment opportunities.

The areas of least change for the programme as a whole are set out in the Table 4.6. It was reported that the least impact of the programme was across a number of factors relating to the parents' children (including involvement in bullying, attendance/commitment to school, offending behaviour, and aggression). As these areas of least change were not directly linked to the aims of the programme, and indeed were not stated as an aspiration by parents, it is not unusual these were the areas of least change.

Table 4.6 Areas of least change

	Rank	Positive Impacts (%)
Child's involvement in bullying	1	11
Child's offending behaviour	2	28
Child's attendance or commitment to school	3	30

4.5 Qualitative information

In addition to the impact data obtained from the 26 risk and protective factors, qualitative information was also gathered from parents on their experience of the STEPS programme and what impact they felt it had had on them (see appendix 2 for further anecdotal data).

Parents were asked what they liked most about the STEPS programme (see Table 4.7 below).

Table 4.7 What parents liked most about STEPS programme

	Rank	% of parents
The social function/ support mechanism within group		
e.g. 'making new friends' 'interacting with new people'	1	45
Learning new ideas/ ways of thinking		
e.g 'taking away new ideas that have worked' 'learning about how the mind works'	2	34
Sharing with others		
e.g. 'having the chance to say my opinion' 'taking to other people about their views'	3	10

The research found that the majority of parents (45%) reported that it was the group setting that they enjoyed most about it. A further 34 per cent reported that they liked that they could learn new ideas and specifically more about themselves.

Although parents had been asked about the impact of the STEPS programme on them in relation to the 26 risk & protective factors, Table 4.8 (overleaf) sets out some additional impacts that parents reported.

Table 4.8 Main impact of the STEPS programme on parents

	Rank	% of parents
Positive attitude/ self confidence		
e.g. 'getting back my self-confidence that yes, I can do it!' 'it has given me the confidence to speak out more about what I want at home'	1	63
Make changes in their lives		
e.g. 'I now have more confidence to go on to do more courses' 'learn to overcome barriers and move on'	2	19
Increased self-awareness		
e.g. 'it made me think about my life' 'I now have much more self-awareness'	3	13
Changed way of thinking		
e.g. 'thinking differently is always good' 'it has changed my view of thinking'	4	5

The majority (63 per cent) of parents reported that the main impact of STEPS was that the course had resulted in them having a more positive attitude and had increased their self-confidence. This mirrors the impact measures obtained from the 26 risk and protective factors.

When parents were asked what they disliked about the STEPS programme (see table 4.9 overleaf) 24% highlighted an aspect of the programme.

Table 4.9 What parents disliked about STEPS programme

	Rank	% of parents
Nothing	1	76
e.g. 'everything is perfect' 'there wasn't anything I disliked'		
Videos	2	14
e.g. 'the DVD was too long'		
Practical aspects	3	8
e.g. 'every week coming is very hard for me to do with my family' 'sometimes it is too long and tiring'		
Concepts difficult to grasp	=4	2
e.g. 'it took me a couple of weeks to understand it'		
One particular unit	=4	2
e.g. 'I thought the comfort zone was too long'		
Other	=4	2
e.g. 'looking deep inside yourself'		

The main dislike reported was the videos that were used followed by a dislike of the practical arrangements of the course e.g the start/finish times.

Section 5: Summary of Findings

The evaluation found that there was a considerable degree of congruence between Oldham Children's Fund's stated primary and secondary aims of the STEPS project and its impacts. The outcomes also mirrored closely the original aspirations expressed by participants.

The main findings of the research (for the project as set out in section two) are:

- Participating in a STEPS course is likely to increase self-esteem
- Participating in a STEPS course is likely to reduce anxiety
- Participating in a STEPS course is likely to reduce depression
- Participating in a STEPS course is likely to increase well-being

There was a range of impacts of STEPS, the most significant positive impacts being on:

- Self-confidence
- the relationship between parent and child
- parental interest in child's behaviour
- take up of training and/or employment opportunities

Importantly, participating in a STEPS course was found to reduce exposure to risk and build resilience under all ECM outcome areas:

BE HEALTHY

- mentally and emotionally healthy

STAY SAFE

- have security, stability and are cared for
- Safe from maltreatment, neglect violence, etc.
- Safe from bullying and discrimination

ENJOY & ACHIEVE

- Ready for school
- Achieve personal and social development
- Achieve stretching personal national standards

MAKE A POSITIVE CONTRIBUTION

- Develop positive relationships and choose not to bully/discriminate

ACHIEVE ECONOMIC WELL BEING

- Engage in further education

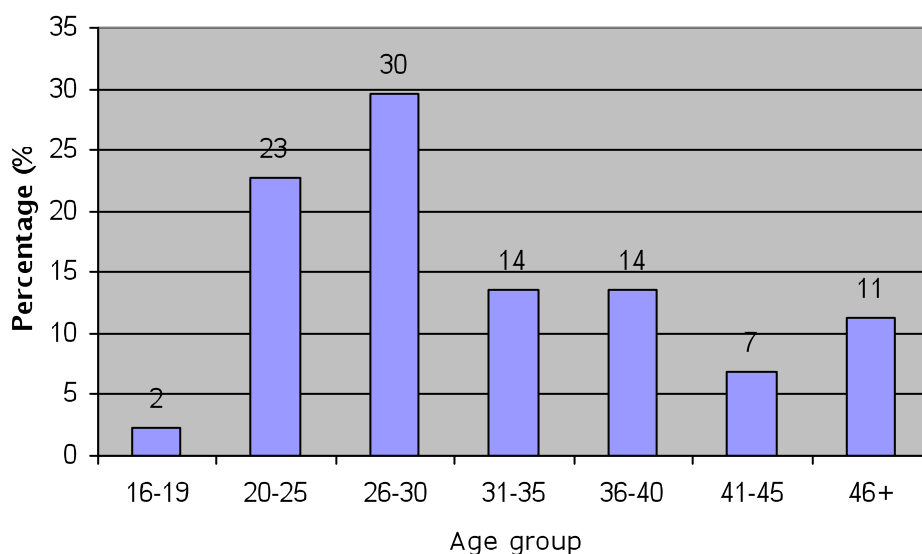
Appendix 1

Population Characteristics

This section sets out some of the key characteristics of those parents taking part in the STEPS course. This only contains characteristics of the 46 parents who completed both a baseline questionnaire and follow-up evaluation.

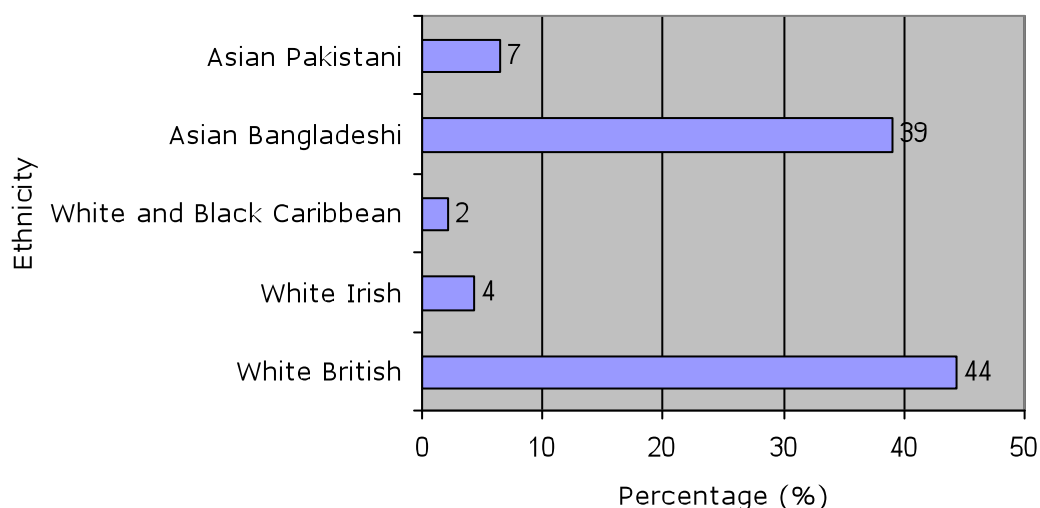
Of the parents who completed a baseline and follow-up questionnaire 87% were female and 13% were male. The majority of the parents were aged between 20 and 30 years old (52%).

Chart A Parents' Age Group



The ethnicity of the parents is outlined in the chart below where 44% of parents were of White British ethnicity and 40% of Asian Bangladeshi ethnicity:

Chart B Parents' Ethnicity



Employment Status

Parents were asked about their current employment status. Nearly half, (49%) were looking after the home/family, compared to 36% who were part-time or full-time employed.

Statistics from the Office of National Statistics (ONS) shows that in 2001, 59% of adults in Oldham are employed whilst only seven per cent of people in Oldham were looking after the home or family. This indicates that STEPS attracts a disproportionate number of parents who are not employed. There may be a gap in current provision for parents who are currently within employment.

Route to provision

The most common route to provision was through the organisation delivering the course (81%) either by outreach, advertisement or direct contact. Other routes were via 'word of mouth' (14%), via other courses (5%).

Appendix 2

Participants' responses to the question: What difference has the STEPS course made to your life?

These quotes have been taken both directly from participants at face-to-face evaluation sessions and from written personal stories.

"I feel I have gained in confidence after doing the STEPS course. After completing the course I was given a STEPS certificate. My son was attending a playgroup and I showed my certificate to the staff and they offered me a job which I accepted. After working for the playgroup it gave me even more confidence to go out and find another job as a relief worker in a refuge which I really enjoy"

'This is the most successful course I have been on'

'I think this course has been fantastic- its changed my life, I've realised a lot of the bad things in my life wasn't my fault but I've now got the strength to move on and change things'

'I always hated school- I had really poor attendance and thought I was thick- now I know that I can learn new ideas and I'm much more confident- I've enrolled at college!'

'I really enjoyed the course. I feel more confident and positive about myself now. I feel I can change my life for the better'

'I can now appreciate my own potential. Before I had it, but didn't acknowledge it'

'Before my family kept pushing me to do things but I was scared about it. Now I try it- even if I don't always succeed. I am now working, I am doing a college course and I have started driving. Before it was like I was locked out but this course was the key for me''

'My children have noticed a difference in me. It has re-defined our relationship as a positive one'

'Because of our confidence our children also have more confidence'

'Before I thought that my husband was my biggest barrier but now I know that I am, or was- you need to respect yourself first'

'I've been promoted. I'm more confident- I can now achieve the unachievable'

'I didn't used to speak in staff meetings- now I do!'

Appendix 3

Facilitator feedback of the impact of STEPS on participants

Facilitators have given the following examples impact on parents. The examples, highlight the wide range impacts that STEPS has on parents:

- A parent starting to drive again after 7 years
- A parent feeling comfortable to leave their house on their own
- A parent able to use positive self-talk and affirmations to deliver their first presentation
- A parent able to feel confident to speak to their children's teachers
- A parent applying for (and successfully achieving) a job after 6 years out of employment
- A parent wanting to go onto parenting courses to improve their relationship with their children
- A parent wanting to get involved in volunteering in the community

Case study 1:

A facilitator of a STEPS course wrote this case study in November 2005

Janine, a mother of 5 children, was recently asked to do a presentation about her experiences of accessing family support as a parent. This was the first time she had had to stand up in front of 60 people to talk about herself and her experiences. However, she remembered the course and says, '*I used positive affirmations and it certainly worked*'. Janine reports that the self-talk aspects of STEPS have had a huge impact on her life.

Additional case study overleaf

Case study 2

A facilitator of a STEPS course wrote this case study in March 2006

On a recent STEPS course that I facilitated, we had a mother who had been referred by the family support unit. At first she was escorted to the venue by support workers. Once at the course she would seek the company of a very young mother and they would spend their time laughing and giggling and making inappropriate comments. The group was wary of these two and there was a visible split in the seating arrangements; the two choosing to sit well away from the rest of the group. They were on the verge of being a disruptive influence on the group.

The "friend" quickly stopped attending the course, however this other mother still attended under escort. She would beg the escort to stay at the course when she was aware her "friend" no longer attended. The escort could not stay and she became a little withdrawn.

We made an effort to bring her into the group. She very quickly settled in and became an active member. The rest of the group accepted her, and even socialised with her outside of the course. Her self-esteem, presentation, and behaviour very quickly changed. She would always seek advice about anything including the course and regularly stayed at the end of the morning for 5 minutes chatting without the rest of the group.

This lady began to attend without her escort. She would openly talk about her problems within a group setting and also on a one to one basis. She would actively use the STEPS manual and obviously read and complete all reflective questions. The more she attended the more she wanted to learn and understand.

At one point she said in open group setting,
"I sit down at home and read the manual whilst my son does his homework. I'm so glad he went to a new school, he's working hard, they must understand him better than his old school."

I let the comment pass at that point.

When she came to me, alone, at the end of the session I took her back to her comment. She explained that nowadays her son would join her at the table, get out his homework, and complete tasks whilst she read and completed her STEPS manual. She said previously the two of them would ignore each other, or if they did say anything it would only be an argument over homework or something. Her son would now even make them both a cup of tea to enjoy whilst they worked. How wonderful his new school must be to get him to behave in this way!

When I broke down all her actions and then pointed out that her son was actually copying her it suddenly dawned on her. It was nothing to do with a new school, it was down to a new mum! She cried on realisation, and if truth be known, I did too.

A very powerful moment.

She has gone from strength to strength on the course, completing every question and filling every available space in the manual.

She has asked me whether she is completing the affirmations correctly and is keen to move her and her family's lives on. She knows that she has the potential to do this.

During the course she has moved house, a major feat in itself, and appears less reliant on various drugs. She is much happier, more confident and understands herself more. She is much more tolerant of people and more willing to accept help and advice.

Moreover, her social worker has been so impressed with her change that he has been moved to contact the STEPS co-ordinator with the results he has observed.

This is the first course that she has actually completed.