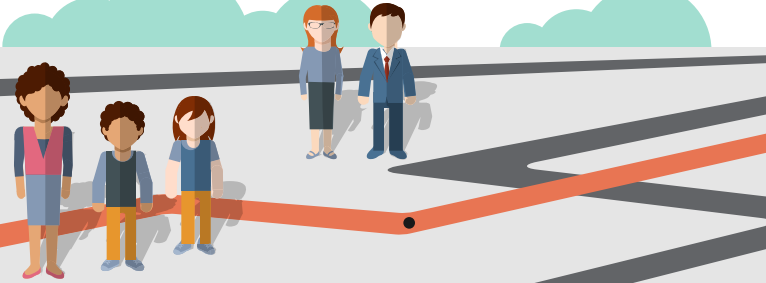


PEEM

THE PARENT EMPOWERMENT
AND EFFICACY MEASURE (PEEM)



The Parent Empowerment and Efficacy Measure (PEEM): A Tool for Strengthening the Accountability and Effectiveness of Family Support Services

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Keywords: Prevention, Empowerment, Evidence-based Practice,
Social Work Research

Published in 2014 in Australian Social Work, 67, 405–418

<http://dx.doi.org/10.1080/0312407X.2014.902980>

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Abstract

This article describes the development, validity and reliability of the Parent Empowerment and Efficacy Measure (PEEM). Development was guided by theory and by challenges faced by Pathways to Prevention family support staff who required a short, practical and reliable measure of parent empowerment. The measure's psychometric properties were tested using data from 866 parents of children aged 5 to 12, living in high to low socioeconomic status areas. Principal factor analysis revealed a strong general dimension with high internal consistency ($\alpha = 0.92$) that correlated at 0.60 or more with three validation measures, as well as the existence of two hypothesized sub-factors (correlated at 0.78): efficacy to parent and efficacy to connect, each with internal consistencies of 0.85+. Test-retest reliability ($n = 200$) was 0.84. PEEM exhibits excellent content and concurrent validity and is a reliable tool for use in planning services, monitoring participant progress, and evaluating program effectiveness.

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Although much is known about factors that influence child and family wellbeing the prevalence of poor developmental outcomes remains unacceptably high, especially for socially marginalised groups (Stanley, Richardson, & Prior, 2005). One important reason for the perpetuation of poor child outcomes is the difficulties that human service systems face when they attempt to implement into their routine practices demonstrably effective preventive and remedial strategies on behalf of the many families struggling with economic adversity and social stress (Fixsen, Blase, Naoom, & Wallace, 2009). The gap between science and service (that is, between what is known and what gets done) is wide because, once placed into the mainstream system, initiatives that were successful in their demonstration tend to get watered down or broken up, or they drift back to the status quo. This breakdown in the translation of science to service has prompted increased interest in the science of implementation, particularly the use of outcome measures as part of an iterative cycle of service improvement.

Such an approach nevertheless presents a dilemma for many services. In spite of a widespread understanding of the ethical imperative to guard against ineffective and adverse practices, service providers are not often resourced, in terms of time, tools, or training, to collect the types of data that would enable them to make well-informed assessments of the efficacy of the services they provide (Gray, Joy, Plath, & Webb, 2013). In many cases, therefore, services operate without the information that would allow them to make an objective appraisal of how, or indeed whether, involvement with the service has enhanced participants' personal development or empowered them to gain greater control of their lives.

The purpose of this paper is to report the psychometric properties of a measure of parent empowerment that was developed in response to these challenges within one family support service.

Empowerment in the Pathways to Prevention Project

The Pathways to Prevention Project was for more than ten years between 2001 and 2011 a research-practice partnership between Griffith University, national community agency Mission Australia, and seven primary schools located in a socially disadvantaged region of Brisbane (Freiberg et al., 2005; Homel et al., 2006). The Pathways Project was designed within a preventive framework to promote positive child development and prevent youth antisocial behaviour. It adopted an ecological/developmental systems approach (Lerner & Overton, 2008; Quiery, McElhinney, Rafferty, Sheehy, & Trew, 2003) and operated within a strengths-based philosophy of family empowerment with service activities tailored to the needs of individual families often facing considerable stress. Support was offered through a broad menu of activities but the Project did not constitute a traditional ‘program’ in the sense (say) of a parenting course with a defined curriculum (although such courses could be, and on occasion were, included in the service menu). Rather, families received a ‘loose’, open-ended, intermittent style of support that could vary from minimal to intensive, or from participation in a single-focus program element to a rich layering of activities.

While practitioners recognized the desirability of being able to demonstrate that families gained tangible benefits from participation, they anticipated participant discomfort with measures that were lengthy, and were themselves not prepared to use scales deemed intrusive or at odds with a strengths-based service philosophy. The researchers for their part appreciated the burdens of data collection, and were pragmatic about the need to simplify the evaluation and data collection process. The challenge was thus to distil, and then measure, the core goal of the family support service in a way that: (a) underpinned the diverse program elements; (b) was invariant to the forms participation took; and (c) was acceptable to parents, practitioners and researchers. To

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this end, it was determined that the central goal of ‘family empowerment’ could be operationalized, on an individual level, as *parental efficacy*: efficacy to deal with family stressors and parenting issues, and to function effectively in the parenting role.

Although they supported the use of an efficacy or empowerment measure, Pathways staff expressed considerable dissatisfaction with the available options. After examining a number of parental efficacy scales we realized that there was a need for a robust measure of individual parental empowerment and capacity to position oneself as the ‘author’ of one’s life (Parton & O’Byrne, 2000). We also recognized that this was a need experienced by many agencies that work with disempowered families in community settings, and that such a measure could contribute to research in social work more broadly (Butler, McArthur, Thomson, & Winkworth, 2012; Gibbs, 2001).

As discussions between research and community staff proceeded we identified a number of indispensable attributes of suitable measures:

- *Brevity* – Appropriate measures are concise, easily administered by non-specialist personnel, and have a simple scoring process.
- *Positive focus* – The measurement of empowerment should show where a person’s strengths lie and identify capabilities that might be fostered to help them achieve their goals rather than highlight deficits (Speer & Peterson, 2000).
- *Accessibility* – Items constructed using straightforward wording and unambiguous concepts reduce the likelihood of misinterpretation, help the measure seem less forbidding, and are acceptable to a wide range of families who may be wary of judgmental reactions.
- *Practical value* – Value is enhanced when: (i) in the short-term, each participant’s responses can be used in a diagnostic way to guide decisions at the individual participant level and

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tailor services to identified need; and (ii) in the longer-term, data showing patterns of responses across groups of participants can be used to guide decisions about the shape of the overall service.

Measuring empowerment in family support services

Empowerment is generally understood as a process: the means by which people gain control over their lives (Gutierrez, 1990; Zimmerman, 1995). A three-part conceptualization of empowerment as knowledge of context, feelings of competence, and effectual behaviour provides an overarching structure for the measurement of parent empowerment in the context of family support programs. These three components highlight the kinds of issues that are essential to tap with an instrument that might help both practitioners and participants to observe the process of empowerment unfold as families develop an awareness of the factors within their environment that can either help or hinder their capacity to achieve their goals and take effective action to determine the course of their life.

The need to understand contexts highlights the centrality of social engagement and participatory competence to measures of empowerment (Kieffer, 1984). For family empowerment, understanding of situations or context may be evidenced as:

- (i) capacity for active involvement in a range of developmental settings starting with the family but extending to other arenas such as mothers' groups, kindergartens, schools and community agencies, right through to the political sphere where policies relating to issues as diverse as family-friendly work conditions, educational curriculum development, or certification of child care facilities are considered;
- (ii) recognition of and ability to mobilize relevant resources, which can include the capacity to access services and natural support systems such as maternal and child health, affordable

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high-quality child care, and more experienced parents who may be able to offer simple yet effective practical assistance; and

- (iii) capacity to join with others to set common goals and work towards these through such steps as setting up playgroups, or creating neighbourhoods that are safer for children.

As well as understanding their situation, an empowered individual has to believe that they are able to bring about change (Zimmerman, 1995). Without a sense of personal agency there is neither incentive to find out how to take charge nor motivation to act on that information to meet the challenges of one's life. This view that the behavioural component of empowerment is underpinned by a cognitive component is analogous to Bandura's articulation of the concept of self-efficacy (Bandura, 1997) as "the mediational link between knowledge and behaviour" (Coleman & Karraker, 2000, p.16). Self-efficacy beliefs have been shown to have a positive influence on the performance of a wide spectrum of behaviours including parenting behaviour (Coleman & Karraker, 2000; Sanders & Woolley, 2005).

In the therapeutic context, people are more likely to modify their behaviour if program participation reinforces their sense of being able to carry out the behaviour and their expectation that the behaviour will help them reach their goal. This suggests that in disempowered populations, the acquisition of new skills may be limited by low efficacy levels. Simple exposure to new information (e.g., attending a parenting course) may not be sufficient to initiate real changes in behaviour unless the program also provides the kind of emotional support that promotes participants' sense of competence and confidence to put new (or even existing) skills into practice. That is, changes in efficacy mediate changes brought about by intervention (Cervone, 2000).

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A number of measures of parenting efficacy (e.g., Hoover-Dempsey, Bassler, & Brissie, 1992; Teti & Gelfand, 1991) focus on self-perceptions of confidence in one's ability to undertake specific tasks in relation to a particular aspect of parenting (e.g., ability to use strategies such as time-out and rewards to manage children's behaviour). Such scales have clear value when used, as they often are, to monitor outcomes of parenting courses designed to promote positive parenting techniques (e.g., Sanders & Woolley, 2005). However, task-related and narrow-domain measures of parental efficacy may have less utility at the service evaluation level for more broadly-oriented family support programs attended by families who live with the relentless stress occasioned by multiple forms of adversity.

Constructing a measure of parent empowerment for the Pathways Program

The Parent Empowerment and Efficacy Measure (PEEM) aims to tap participants' sense of control or capacity to engage confidently with the challenges of being a parent. It reflects the assumption that there is a strong general dimension of empowerment, but that this overarching construct is also multi-layered and that to be of value to family support professionals its measurement should address:

- *Confidence to be a good parent* – to make effective parenting decisions and carry out parenting responsibilities;
- *Capacity to connect with informal and formal networks; specifically:*
 - *Confidence to recognize when to seek help*, how to access support, and to exercise one's rights as a service user; and
 - *Confidence to participate and capacity for reciprocity* – the ability to be linked in as part of a mutually supportive community or social network within settings that

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promote personal growth and fulfilment and the achievement of goals shared by families collectively.

As a starting point, members of the Pathways researcher and practitioner team examined a range of parent efficacy scales that had originally been considered as possible program evaluation tools by the researchers. During a consultative process Pathways family support staff explained why they were not convinced that existing scales were suited to their purposes. This deliberative discussion continued over a series of meetings that allowed varying ideas regarding item content, wording, question and response format to be debated and progressively refined. The scale that resulted from these extensive negotiations has been used since then as a core measure of outcomes within the Pathways to Prevention Project.

Method

Measures and Survey Instruments

The PEEM consists of 20 positively worded items. Respondents are asked to use a 10-point scale to indicate how well each statement captures the way they feel about themselves in relation to their role as parent. A rating of 1 is used to indicate that the statement is a poor match for the way they feel and sounds nothing like them. A rating of 10 indicates that the statement is a perfect match and describes exactly how they feel. No items are reverse scored.

Two of the previously considered scales were selected as the most appropriate measures against which to validate the PEEM:

1. The Family Empowerment Scale: FES (Koren, DeChillo, & Friesen, 1992) is a 34-item questionnaire designed to measure empowerment in families whose children have emotional difficulties and disabilities.

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2. The Parenting Sense of Competence Scale: PSOC (Johnston & Mash, 1989) is a 17-item assessment of parents' efficacy, satisfaction with and interest in parenting. It uses a mix of positively and negatively worded items and takes a domain general approach to the measurement of efficacy.

Furthermore, because wellbeing is a global concept that is aligned to the goals of many family support services, a decision was made to examine the correspondence between the PEEM and the Warwick-Edinburgh Mental Wellbeing Scale: WEMWBS (Tennant et al., 2007). The hypothesis was that the PEEM may tap some broad dimension of confidence to deal with the world with a positive attitude. The WEMWBS is a 14-item scale designed to indicate general wellbeing and positive state. Finally, since all items in the PEEM are positively worded we were conscious of the need to guard against response bias, so in addition to these validation scales the 13-item short form version of the Marlow-Crowne Social Desirability Scale: MCSDS (Reynolds, 1982) was used.

Participants

Respondents were parents and carers of 5- to 12-year-old children enrolled in 11 primary schools located in high (n = 290 respondents), medium (n = 228) and low (n = 348) SES areas. The socio-demographic banding of schools is based on the Australian Bureau of Statistics Socio-Economic Index For Areas (SEIFA) (Australian Bureau of Statistics, 2012). A higher SEIFA ranking indicates greater advantage. The schools included in the low, medium and high SES groups recorded SEIFA deciles of 2, 5 and 10 respectively. Surveys were collected from 909 households, but the sample for analysis consists of 866 parents who completed the PEEM in full. Data from these respondents were also used to validate the content of the PEEM. Of this number,

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341 were validated against Koren, et al. (1992) FES and 435 were validated against Johnston & Mash's (1989) PSOC. Another 192 were compared to the WEMWBS (Tennant, et al., 2007). A sample of 200 completed the PEEM twice for the purposes of measuring test-retest reliability. A total of 474 respondents completed the Marlowe-Crowne Social Desirability Scale (Reynolds, 1982) in addition to the PEEM and at least one of the validation scales.

The majority of respondents were female ($n = 744$; 85.9%). Of those respondents ($n=653$) who reported their highest education level: 229 (35.1%) indicated that they had a university qualification; 76 (11.6%) said that had not completed high school; and 348 (53.2%) reported holding either a high school, trade, or other certificate. The number of primary school-aged children reported in their care ranged from 1 to 5 (with an average of 1.5; $SD = 0.70$). The majority ($n=513$) of respondents reported that they had only one child attending primary school. A total of 153 (17.7%) respondents identified as single parents, and 18 (2%) respondents reported being the grandparent or non-parental guardian of the child(ren) in their care.

None of the 866 respondents in the validation sample had ever participated in the Pathways to Prevention project. However, the PEEM was routinely collected as evaluation data from families as part of their involvement in the Pathways Family Support Service and in the analyses comparisons are made between the scores in the validation sample and in a sample of 174 Pathways participants.

Procedure

At four of the 11 schools surveyed, survey packs were distributed on two separate occasions approximately 4 weeks apart. At Time 1 the survey package included the PEEM and the FES. At Time 2 the package included the PEEM, the PSOC and the MCSDS. Unique identifiers were

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used to link parents who responded on both occasions. At the other 7 schools the PEEM was completed on a single occasion as part of a separate parent survey that also included the WEMWBS.

The survey pack including a cover letter, the PEEM and at least one other scale, and instructions for completing the questionnaires were sent home with the oldest child in every family enrolled at participating schools. The survey pack also included a short section asking respondents to provide some basic demographic information. Parents were offered entry in a raffle to win prizes including family movie passes and shopping vouchers as an incentive for returning the completed surveys. Raffle tickets were detached from returned surveys on receipt.

Results

Distribution of scores in the validation sample. The total scores on the PEEM for the validation sample ($n = 866$) ranged between 51 and 199 with a mean score of 154.32 and a standard deviation of 24.17. The distribution was slightly negatively skewed (-.68) revealing an overall tendency for scores to reflect positive feelings in relation to parenting efficacy. This is characteristic of scales tapping constructs where population groups are generally happy with their lives. PEEM did not vary significantly across SES groups in the validation sample ($F_{(2,863)} = 1.257, p > .05$).

Factor structure. Computation of total scores is justified if the PEEM items all reflect a general dimension of parent empowerment, as hypothesized. Two or three meaningful sub-dimensions were also hypothesized to exist, corresponding to *confidence to be a good parent* and *capacity to connect with informal and formal networks*, the latter dimension possibly breaking into the *capacity to access support* and the *capacity to participate and reciprocate*. To test these hypotheses, Principal Factor Analysis (PFA) with Oblimin rotation was performed using StataSE

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12. Inspection of the correlation matrix revealed a majority of coefficients above 0.30 (Pett, Lackey, & Sullivan, 2003). The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was 0.94, well in excess of the recommended value (Pett, et al., 2003; Tabachnick & Fidell, 2007) and Bartlett's Test of Sphericity was significant, supporting the factorability of the correlation matrix.

The PFA extracted a dominant general empowerment factor, as hypothesized, with the first eigenvalue accounting for 85.6% of the variance and the second and the third for all of the remaining variance (Table 1). Rotation of three factors resulted in a third factor with no loadings exceeding 0.37, most being of negligible magnitude. A two-factor solution was therefore explored. Apart from a single item that loaded just below the usual 0.32 criterion (Tabachnick & Fidell, 2007) all items loaded on one of the two factors in a pattern that closely corresponded to the hypothesized distinction between *efficacy to parent* (11 items) and *efficacy to connect* (9 items) (Table 1). A decision was made to retain the item with a low loading: *I have good friends outside my family*, given its practical significance. The general factor correlated with the two sub-factors at 0.95 and 0.93 respectively, while the sub-factors correlated at 0.78.

INSERT TABLE 1 ABOUT HERE

Regression methods are used in PFA to calculate factor scores, but the use of such a complex method in community agencies, where practicality and simplicity are critical, is neither necessary nor desirable. The general factor scores (calculated using regression) correlated at 0.995 with the scores obtained by adding the 20 items, indicating that the summed scores are more than adequate for practical purpose. These summed scores have been used in the following analyses.

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Internal consistency. The general Parental Efficacy factor was highly reliable ($\alpha = .92$). The two rotated factors also had highly satisfactory alphas of 0.88 and 0.85 respectively (Nunnally, 1978).

Test-retest reliability. The stability of the PEEM over a 4-week period was measured by calculating the correlation between survey wave 1 and 2 total scores for the parents in the validation sample who responded on both occasions ($n = 200$). Test-retest reliability was 0.84 ($p = 0.00$) indicating that the PEEM is reliable and stable in a general population sample.

Concurrent Validity. Concurrent validity can be assessed by comparing groups that the scale theoretically should be able to distinguish, as well as by correlating PEEM with previously validated measures of the same general construct (Litwin, 2003). Although the Pathways sample ($n = 174$) does not constitute a strictly ‘clinical’ sample, it is generally representative of people who access family support programs in disadvantaged communities who tend to experience high levels of stress and a general sense of disempowerment. In this group higher levels of adversity (indicated by casework data) were associated with lower efficacy scores ($r = -0.17$; $p < .05$; $n = 132$). Within the Pathways sample, baseline PEEM scores (i.e., at the point of service entry) ranged between 55 and 197 with a mean score of 148.11 ($SD = 29.04$). A one-way between-groups ANOVA comparing the validation sample to the Pathways sample revealed that the mean score of the Pathways sample was significantly lower than the validation sample mean of 154.32 ($F_{(1,1038)} = 8.908$, $p < .01$). This observed difference supports the scale’s capacity to detect variation in the construct it was designed to measure.

Repeated measures analysis of variance was also used to compare Time 1 and Time 2 total PEEM scores in the Pathways group (as long as at least 3 months of contact with the family service had elapsed). This analysis showed that participation in Pathways programs was

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associated with a significant increase in PEEM score ($F_{(1,173)} = 21.41, p = 0.00$) from baseline ($M = 148.11, SD = 29.04$) to follow-up ($M = 157.84, SD = 25.54$). Importantly, the mean PEEM score at follow-up was comparable to the validation sample ($F_{(1,1036)} = 2.72, p = .10$).

The correspondence between the PEEM and each of the validation measures was calculated using Pearson's correlation coefficients. These analyses showed strong correlations (all significant at $p = 0.00$) with measures of family empowerment (FES: $r = 0.66, n = 341$) and efficacy (PSOC: $r = 0.61, n = 435$) as well as with the more universal measure of confident wellbeing (WEMWBS; $r = 0.59, n = 192$). Interestingly, two of the validation measures, the FES and PSOC, correlated with each other at a lower level ($r = 0.49, n = 171$).

Social desirability bias. The tendency for responses to the PEEM to be influenced by social desirability was assessed on the basis of the correlation between the total PEEM score and the Marlow-Crowne Social Desirability Scale (MCSDS: Short Form). Wherever possible, correlations were also calculated between MCSDS and the PSOC and FES. The correlation between the MCSDS and the PEEM was low ($r = -0.27; p = 0.00; n = 474$) and comparable to the correlations between the social desirability measure and the validation measures ($r = -0.21$ for the FES, $n = 183$ and $r = -0.32$ for PSOC, $n = 435$). That is, the PEEM is not particularly susceptible to bias and even though the distribution was slightly skewed it is reasonable to conclude that parents' responses to the PEEM are not unduly influenced by a desire to create a favourable impression.

Discussion

The psychometric analyses demonstrate that the PEEM is a valid and reliable measure that taps critical dimensions of parental efficacy within an empowerment framework. Principal factor analysis provides support for a strong underlying parent empowerment dimension, but the two-

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factor solution highlights the conceptual distinctiveness of efficacy to parent and efficacy to connect, consistent with the theoretical framework of parental efficacy that guides the work of practitioners in many family support services (Sims, 2002).

PEEM performed well in tests of concurrent validity in terms of its relationship with other well-established instruments. It was also found to correlate to some degree with the experience of adversity, which is assumed to undermine sense of confidence and control, and it successfully distinguished between a general population sample and a Pathways Family Support sample that can reasonably be assumed to vary along the dimension it measures.

These findings confirm that the PEEM measures the construct it was intended to measure, while also being well fitted to social work practice in family support settings. In our Pathways work we have demonstrated the value of tracking group change in total PEEM score as a program evaluation technique. This is illustrated by the improvement after program involvement to the general population level that occurred in the Pathways Family Support sample, indicating that the PEEM is appropriately sensitive to ‘real’ change and suitable for use in measuring outcomes of family support services.

Our experience also suggests that paying attention to subscale scores might facilitate more refined decisions at the service planning level. For example, observing low group scores on Factor 2 (Efficacy to Connect) within a particular group of participants may suggest the value of incorporating more program activities that focus on how to access resources and find information relevant to one’s needs. In addition, responses to specific items in the measure could help create a point of focus for discussion around issues that families find personally challenging, and provide a clear anchor against which to chart individual journeys.

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Taking note of individual level change (to specific items or in total PEEM scores) can be illuminating. In the Pathways work we have seen that even where analyses of group level change in total score has established the effectiveness of activities provided at program level, analysis of change at the individual level shows that not every family benefits from participation to the same degree. The majority of respondents in Pathways evaluations exhibit positive change over the course of program participation but a small proportion report no change, while for others there is a negative change which may indicate a reduction in efficacy over time (20% of the Pathways group discussed in this study moved backwards by 10 points or more on the total scale between baseline and follow-up).

A decline in PEEM scores may reflect the potentially harmful effects of participation for some families (e.g., the possibility that in some instances participation promotes dependency). Alternatively, some participants may inflate their initial responses through fear of being reported to child protection authorities (Wise, 2003), while others may simply wish to present their parenting skills in the best possible light. While the validation study shows that the measure is not particularly susceptible to social desirability bias, it is acknowledged that at times in service settings families may not like to divulge a sense of powerlessness that could be construed as weakness before they have developed trust in the agency. Despite these risks, our experience suggests that responses to PEEM items can be used as part of a broad conversation during the process of collaborative goal setting and action planning.

The PEEM's sensitivity to change when used as a program evaluation tool (to capture the effect of participation in family support services) is evidence of its value in social work practice, consistent with earlier family support research that has explored the value of measuring changes in parent efficacy (e.g., Quiery, et al., 2003). Within the current study the measure was validated

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with parents of primary school aged children, but in Pathways it has also proved suitable for use with parents of preschoolers. Future work should investigate its suitability for use with parents of younger and older children, although some modifications will be required to make it completely suitable for parents of children of any age.

Another area for development revolves around practical issues, particularly how to make the measure more attractive for routine use in family services. To this end we are developing an illustrated on-line version that we believe will make it easier for agencies to administer as part of normal business and easier for participants to interact with. The online version automates data entry and scoring processes, so has the advantage of saving valuable time for service staff. For participants, the appealing interactive medium makes participation in data collection more enjoyable and less intimidating than filling in a sheet of paper. The use of voice-overs in the on-line version also helps overcome some issues related to stigmatization and embarrassment that are commonly experienced by participants with low literacy levels.

Conclusion

The demand for accountability within human services is matched by a demand for appropriate evaluation tools and strong research-practice partnerships that facilitate the routine collection and thoughtful use of outcomes data. Although the PEEM was originally developed to fit the niche requirements of the Pathways to Prevention project, the current research indicates that the measure is generally useful for a range of family support and other services. It can be used to identify areas of need while still focusing on strengths relating to different aspects of parental efficacy. It can be used to monitor participant progress, to evaluate overall program effectiveness, and to guide program planning. Information afforded by a participant's responses to specific items on the measure can be considered when making decisions for individualized

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program planning. On a broader scale service staff may find it useful to use total and sub-factor scores to develop profiles of participant groups in order to highlight areas of need at the whole of service level so programs might be put in place to address these needs.

Acknowledgments

This research was supported by the Australian Research Council through Discovery Project DP0984675 and Linkage Project LP0560771. We should especially like to acknowledge the active support of Cherie Lamb, former Manager of the Mission Australia Pathways to Prevention team, and her colleagues; the Queensland Department of Education and school principals who facilitated access to parents; and the many parents who gave freely of their time.

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Parent Empowerment and Efficacy Measure

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Parent Empowerment and Efficacy Measure

Table 1. Factor loadings for the general empowerment factor and for the Oblimin rotated two-factor solution

Item	Factor		
	Parental empowerment	Efficacy to parent	Efficacy to connect
Q14: I feel that I'm doing a good job as a parent	0.74	0.84	
Q15: I feel good about myself	0.70	0.75	
Q11: I can help other families find help when they need it	0.69		0.74
Q13: I know good parenting tips that I can share with others	0.67		0.48
Q17: I feel part of a community	0.66		0.45
Q20: I know my children feel secure	0.65	0.75	
Q9: I believe my children will do well at school	0.65	0.50	
Q4: I can work out what to do if any of my children have a problem	0.65		0.41
Q10: I can help make this community a better place for children	0.64		0.54
Q7: In my family there is more to enjoy than to worry about	0.63	0.53	
Q16: I feel good about the way my children behave	0.61	0.59	
Q6: I can find services for my children when I need to	0.61		0.74
Q2: I know how to get useful information about how my children's needs change as they grow	0.59		0.74
Q8: I stay calm and manage life even when it's stressful	0.58	0.51	
Q3: I feel good when I think about the future for my children	0.58	0.38	
Q19: I can make time for my children when they need it	0.57	0.63	
Q5: We have clear rules and routines in my family	0.57	0.35	
Q18: I have good friends outside my family	0.56	0.31	
Q12: I have someone I can rely on to help with my children if I need it	0.46		0.33
Q1: I find it easy to talk to people like teachers, doctors and nurses about my children	0.44		0.52