



Impact evaluation of the Positive Discipline in Everyday Parenting Programme (PDEP)

Final report

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Authors:

Paul Balogun, Ans Smulders, Johanna Lindström

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FCG Swedish Development AB

Dalagatan 7, SE-111 23 Stockholm, Sweden

E-mail: evaluation@fcgsweden.se

Homepage: www.fcgsweden.se

Corporate Reg No: 559034-3793

VAT No: SE559034379301

Registered office: Sweden

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Acronyms

AMC	Action for Mothers and Children
CSO	Civil society organisation
DSK	Downs Syndrome Kosova
€	Euro
GAGA	Grate Ashkane per Grate Ashkane
HANDIKOS	Association of Paraplegics and Paralysed Children of Kosovo
OFAP	Organization of Children without Parental Care
OH	Overhead cost
PDEL	Positive Discipline in Everyday Life (NGO)
PDEP	Positive Discipline in Everyday Parenting Programme
PHP	Physical and humiliating punishment
QCA	Qualitative comparative analysis
RCT	Randomised control trial
RFP	Request for proposals
SCI	Save the Children International
SCiK	Save the Children in Kosovo
SCS	Save the Children Sweden
SiV	Syri i Vizionit
ToC	Theory of change
TOR	Terms of Reference
VfM	Value for money

Executive summary

Background

i. The Positive Discipline in Everyday Parenting (PDEP) programme is based on the theory that a person's *behavioural beliefs* determine whether the person perceives that behaviour as positive or negative. It is designed to *reduce parents' approval of physical punishment* by increasing their understanding of: i) the long-term developmental risks of physical punishment, and ii) the long-term developmental benefits of trust, attachment, and communication. This is achieved by enhancing parents' knowledge and skills through a series of interactive activities and problem-solving exercises that build on their existing strengths. Currently, in some form, the PDEP programme has been used in 30 countries, with support from the not-for-profit organisation (Positive Discipline in Everyday Life - PDEL) that have developed the programme and financial support, in the main, from Save the Children Sweden.

ii. PDEP is seen as a direct contributor towards achieving Save the Children's Breakthrough on Violence agenda. To date, monitoring of the PDEP programmes across the 30 countries has focused on gathering views of parents immediately before and after the training is completed but evidence on actual impact is lacking. Save the Children Sweden (SCS) therefore thought that it was time for a systematic in-depth impact evaluation of the PDEP programme. SCS chose to focus the evaluation on experience in one country, Kosovo, and its impact on families where one or more care-givers from a family participated in the programme delivered in 2017. The evaluation's purposes were to:

- Gain a better understanding of what behavioural changes the programme brings about and what factors affect the outcomes of the programme;
- Contribute to Save the Children Sweden's broader learning process on PDEP, on what works, how and under what circumstances; and
- Develop a better understanding of the costs of the intervention in relation to the results achieved.

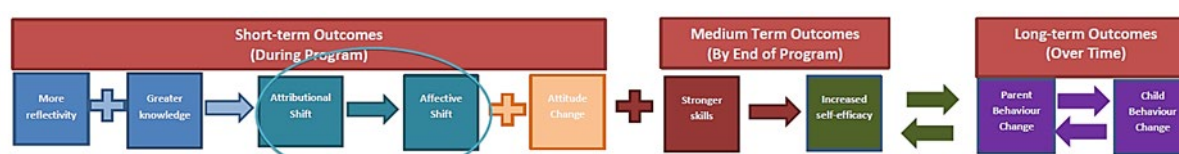
iii. Six evaluation questions framed what was evaluated in order to meet these purposes:

- To what extent did the PDEP programme achieve intended results?
- Were there any unintended effects, positive or negative?
- What difference has participating in the PDEP programme made for beneficiaries (parents and caregivers that have taken the programme)? What difference has it made for their children?
- What factors contributed to achieving the intended results? What factors negatively affected intended results?
- What lessons can be learned that can inform PDEP programming in other places/ countries?
- What has been achieved with the investment made (results achieved in relation to the costs)?

Evaluation methods

iv. In 2017, 246 people, who based on survey data came from approximately 220 families, completed the PDEP programme in Kosovo. Ninety percent of the participants were women. The overall evaluation design was based on completed case studies of what has happened in 24 families of people who participated in the 2017 PDEP programme in Kosovo. Within each of the case studies, we focused on collecting evidence that allowed judgement of whether the short, medium and long-term outcomes identified in the detailed PDEP logic model were in place. A detailed discussion of the evaluation methods used can be found in Annex 8.

Figure 1: Summary of the PDEP logic model



v. The evaluation design was therefore explicitly theory based and aimed at examining whether the evidence supported PDEP's theory in terms of whether the presence of the short- and medium-term outcomes specified in the theory led to the presence of the long-term outcomes. Fuller details of how the outcomes were defined within the theory and how the evaluators judged whether they were present or not within each individual case (family) can be found in Annex 3. Evidence was collected from 27 people (6 men and 21 women) from 24 families who completed the programme in October-November 2017 and 24 children between the age of 6 and 17 (17 boys and 7 girls) within these case study families. This evidence was used to answer evaluation questions 1-5.

vi. As data collection included interviews with children, to verify if they perceived long term positive change in their behaviour and well-being, ensuring safe-guarding procedures were followed (as set out in Save the Children's Child Safeguarding Policy and the Save the Children Practice Standards in Children's Participation (2005)) and strong ethical practice in how we carried out the evaluation were vital. How both of these issues were managed is set out in Annex 7, structured against the eight principles set out in Save the Children US' Research and Evaluation Ethics Policy. In practice, no instances of needing to implement the safe-guarding provisions were encountered.

vii. To answer evaluation question 6, which focused on costs of the programme, evidence was collected from Save the Children in Kosovo (SCiK), the six organisations who actually delivered the programme, and PDEL in Canada. These costs were then divided by the numbers of children and care-givers identified in answering evaluation question 1 to estimate the requested unit costs.

viii. Before drafting this report, analysis and preliminary findings were presented and discussed with key stakeholders from Kosovo, SCS and PDEL in workshops held in Kosovo and Sweden. Corrections of factual errors and areas for further analysis identified in those workshops are reflected in this report. The evaluation also had an independent external quality assurance process. The external quality assurance expert reviewed the inception and final reports. In the process, he provided valuable comments and pointed out – and helped address – questions concerning the findings' reliability and validity.

A guide to the reader

ix. Section 2 of the report provides an over-view of implementation of the programme in Kosovo. This section is important for two reasons. First, to provide sufficient knowledge for a reader to contextualise the evaluation findings. Second, for those in other countries where PDEP is implemented, to identify the degree to which the approach implemented in Kosovo is similar, or dissimilar, to how implemented in their country.

x. Section 3, answering evaluation questions 1, 2 and 3, focuses on whether PDEP made the difference identified in the logic model across the 24 families we interviewed. Section 4, answering evaluation question 4, broadens the analysis within these 24 families, to attempt identify what the key factors are that explain performance. The implications for unit costs (evaluation question 6) are covered in section 5. Chapter 6 presents conclusions and recommendations.

Headline messages

Does PDEP achieve its intended results?

xi. To date, there has been a lack of evidence that PDEP works at the long-term outcome level. In terms of the most important long-term outcome, children's well-being, this evaluation shows that the programme works. It also works when considering care-giver behaviour. The programme is less successful in terms of delivering enhanced care-giver well-being, but this is not considered to be the main intended impact of the programme. As such, the evaluation provides proof of concept based on empirical evidence for the efficacy of the PDEP programme and demonstrates the key strength of the PDEP programme.

xii. PDEL's assumption is that the programme will work in all contexts, assuming targeted at supporting children on the normal developmental pathway, but that how the programme is delivered may need to be tailored to the specific context. For instance, the programme needs to be tailored differently if the target population is mainly illiterate. The evidence from Kosovo would tentatively support the conclusion that this assumption is correct; the PDEP programme was successful with families in a wide range of contexts and situations in Kosovo. However, this experience only comes from one country and needs to be verified with evidence from other countries to strengthen confidence in this conclusion.

What difference does participating in the PDEP programme make for care-givers who participate and their children?

xiii. We assume that the PDEP programme has been designed specifically to deliver the outcomes identified in the PDEP logic model (see Figure 1). Our conclusion is that in the main the model includes the right short- and medium-term outcomes needed to explain what was observed in Kosovo in terms of long-term outcomes. As would be expected if the logic model is robust, when the intended short- or medium-term outcomes identified in the logic model are absent, so are the intended long-term outcomes.

xiv. However, there are 10 cases that suggest that the PDEP logic model is not fully supported by the empirical evidence. The evidence from these cases raises questions about whether: (i) the medium-term outcome of self-efficacy is always needed for the longer-term outcome of care-giver behaviour change and enhanced child well-being; and (ii) the absence of self-efficacy causes the absence of enhanced care-giver well-being.

xv. One explanation for the evidence not supporting the role of self-efficacy is that we either measured the wrong thing or that we set the threshold in the wrong place between present and absent. We didn't find evidence to support these explanations. We also explored the interviews to see if possible, why some care-givers didn't demonstrate increased self-efficacy yet did demonstrate changed behaviour and the children also perceived an increase in their well-being. The case study evidence suggests two reasons. First, that in these cases benefits were observed by the children despite the fact that the care-givers struggled to apply the full set of skills for creating or controlling a situation rather than responding to it. Second, the care-givers weren't confident in their ability to solve problems in a collaborative way.

xvi. This points to one of the challenges in measuring the impact of PDEP. The model defines outcomes in terms of increases/improvement in the individual outcome. Success is therefore defined as a positive improvement in the long-term outcomes rather than some pre-defined measure of either parental or child behaviour being reached. So, we were measuring the trend in well-being. If we had been dealing with a training programme for managers, or the like, change could be expressed as profitability, market shares, or something similar and a target for success pre-defined. PDEP outcomes are different. As shown in this report, the parental and children's' behaviour before, during, and after the programme, was different in each of the families. Equally, detailed knowledge of the case study evidence suggests that a small change for the better in some families is a great achievement, but for others the level of expectation would be higher. Change, even though of the same kind, will have different value in different cases. Our view is that attempting to move from measuring a trend in behaviour to setting a pre-defined measure of either parental or child behaviour would entail very high measurement costs and might still not be particularly accurate.

xvii. PDEP does not necessarily lead to the complete cessation of physical and humiliating punishment but can be seen as one contribution to helping care-givers address these challenges. If complete cessation of physical and humiliating punishment is the reason for supporting PDEP, then it should be seen as one, and not the only, intervention that needs to be supported. Looking more broadly, in discussion of the development of SCiK's broader child protection programme for 2017-2021 and the PDEP documentation we also found nothing considering the strengths and weaknesses of PDEP relative to alternative approaches to addressing PHP or where there would be opportunities for using more than one type of intervention to foster greater synergistic results.

Are there unintended effects and are these either positive or negative?

xviii. No unintended negative consequences of completing the programme were observed for the children in these 24 families. On the other hand, there was evidence that attempting to use a positive discipline style accentuated disagreements on parenting styles within some families.

xix. More positively, several of the care-givers, rather than the CSOs, have taken active steps to promote the use of PDEP to help themselves maintain the parenting style.

Are there things beyond the programme that influence how successful it is or its failure?

xx. The increase in the degree to which the programme enhances a care-giver's practice of positive discipline and a child's well-being appears to be contingent on: (i) whether the main care-givers (including those who have not participated in the PDEP programme) agree on the parenting style; and (ii) the degree to which participants have support networks with whom to discuss parenting after completion of the programme. As noted in the findings, the lack of self-efficacy observed with several of the care-givers interviewed was related to a lack of positive support from immediate family and authority figures. A current gap in the programme approach is that it does not address these two issues in targeting of who participates or considering how participants could build support networks after completing the programme.

How much does it cost and how does that compare with costs of comparable programmes?

xxi. Costs per participant completing the programme or child are in line with comparators that we have found. The most obvious way to reduce costs is to plan from the start to run the programme with the same country trainers and facilitators for more than one year; this immediately spreads the initial establishment costs over a larger number of participants. On the other hand, we also observed significant variation between the six CSOs in terms of their unit costs. Experience in Kosovo would suggest that if delivery is by CSO partners, unit costs are lower when the programme is being delivered as part of a wider package of support to the concerned families, and where fixed costs can be spread over a wider range of support. The Kosovo experience also suggests that it cannot be assumed that additional investment by a CSO in recruitment of care-givers is cost-efficient. However, we note that for CSOs such as SiV, the argument was that these heavy initial costs are more related to achieving wider objectives rather than just delivery of the PDEP programme.

Recommendations

To SCS

1. PDEP is justified as a contribution to the promotion of the rights of all children as outlined in the UN Convention on the Rights of the Child. Save the Children should clarify what the PDEP contribution actually is in achieving these rights and the Save the Children's Breakthrough on Violence agenda. Further clarify how PDEP might be positioned within a range of possible programme interventions e.g. advocacy, capacity building and technical support to governments that all contribute to achieving these rights. This would enhance the opportunity to identify synergies between possible programme options. It would also help country teams consider the alternative interventions for achieving the same results when developing their overall child protection programme and identify which have the greatest potential for making a contribution to achieving intended higher-level results.
2. Save the Children Sweden should develop and issue guidance to country programmes emphasising that they should carefully consider who the best positioned delivery partner is, and the implications for the types of results that can be expected, before selecting delivery partners.

When implementing PDEP, the decision on which partner organisation delivers the PDEP programme dictates which population is then targeted and whether there are opportunities to nest PDEP within a broader range of support to particular families. This therefore affects the results that can be expected from supporting PDEP and dependent on the target population, its potential effectiveness.

3. We are not entirely certain why, but in Kosovo, experience suggests that when delivered through CSO partners with on-going relationships with the target population, unit costs are lower per participant who completes the programme. If this is the dominant modality funded by SCS elsewhere, this finding should be verified and if proven to be general experience the implications be considered when discussing selection of CSO partners to deliver PDEP.

To SCiK

4. In other countries, a challenge cited is that the problem-solving component during practice sessions may be rushed due to: (i) a lack of sufficient time; or (ii) a lack of confidence by the facilitators. This would be a specific risk that should be monitored during delivery of future programmes in Kosovo.
5. Analysis suggests that results would be enhanced if all the main care-givers participated from individual families. Scheduling programme sessions mainly during working hours by most of the CSOs restricts the opportunity for working care-givers (assumed to be mainly the fathers) to enter the programme. For 2019 onwards, explore with the CSOs whether it would be feasible to schedule programmes outside of working hours or identify other opportunities to actively involve working care-givers in PDEP programmes.
6. While the evaluation was not focused explicitly on evaluating the process of implementing PDEP, our view is that there would be value in scheduling lesson learning opportunities with the CSO partners into the future development and delivery of the PDEP programme. Our impression is that the lack of these has meant that the opportunity has been missed for the CSOs to learn from each other and also for SCiK to learn what is working and why in a more structured fashion. Clear initial areas of focus might be the differing unit costs across the CSOs and approaches to recruitment and retention of participants into the programme and whether arranging on-going mentorship of the facilitators in areas they feel would help should be arranged.
7. Learning is an iterative process. Analysis suggests that the stronger a participant's self-efficacy, the greater the positive change in children's well-being. Therefore, discuss with your CSO partners, especially given that three of the five currently delivering the programme have on-going relationships with many of the participants' families, whether there are opportunities to support participants to become involved in support networks after the programme finishes in which they can discuss their concerns and learn from each other.

To PDEL

PDEL takes the lead in development of the programme material and also the training of the country trainers. In refinement of the material and how the programme is delivered, we make a number of recommendations on areas that should be considered.

8. Whereas care-givers completing the programme understand the importance of providing warmth, structure and collaborative problem solving, the evidence suggests that more attention needs to be given to building their skills in how to do this. For example, listening and questioning and non-judgemental communication skills.
9. The evidence suggests that the stronger a care-giver's self-efficacy, the more likely it is that he/she will actually use the skills on a consistent basis. General experience in adult education indicates that feedback on behaviour is an important and effective way of building self-confidence/efficacy. Therefore, consider including feedback loops in the PDEP programme; for instance, sessions on experiences (reflecting on PDEP skills practiced at home).
10. Consider how to encourage the creation of self-organised support networks as part of delivery of the programme.
11. The need to adapt how the programme is delivered with some target populations is correct. We have not evaluated who identifies when such adaptation is required and whether approaches to adaptation are based on evidence of what works. If either of these has not been done, we suggest it is an area that PDEL reflect on. Possible initial steps might include: (i) quickly moving to operationalise empirically-based evidence in this area from the academic research carried out by members of PDEL; and/or (ii) developing an assessment tool that can be used by PDEL with country offices to systematically identify the target population and assumptions of the country offices and jointly think through the implications for expected programme results.
12. Our experience is that when delivering such programmes, tools that allow tracking the fidelity of implementation are available. We know that PDEL are aware that such tools need to be developed, and piloted one in 2012, but suggest further work be done in this area sooner rather than later.

1 Introduction

1.1 The PDEP approach

1. The Positive Discipline in Everyday Parenting (PDEP) programme is based on the theory of planned behaviour (Ajzen, 2002¹), a social cognitive theory of behaviour change². The theory of planned behaviour proposes that a person's *behavioural beliefs* determine whether the person perceives that behaviour as positive or negative. For instance, if a parent believes that children will become spoiled without physical punishment, he or she will have a positive attitude toward physical punishment. And the more positive parents' attitudes, the stronger their intention to perform the behaviour, and the more likely the behaviour is to occur. PDEP is designed to *reduce parents' approval of physical punishment* by increasing their understanding of: i) the long-term developmental risks of physical punishment, and ii) the long-term developmental benefits of trust, attachment, and communication.

2. PDEP is designed to enhance parents' knowledge and skills through a series of interactive activities and problem-solving exercises that build on their existing strengths. This, it is assumed, will strengthen a parent's *perceived behavioural control* in generating and implementing non-punitive solutions to conflict with their children. PDEP's theory of change consists of five components that guide parents through the conflict resolution process:

- i. Focusing on long-term goals;
- ii. Creating a learning environment in which children feel physically and emotionally safe ('warmth');
- iii. Providing clear communication of the information children need in order to learn ('structure');
- iv. Understanding children's perspectives across the developmental trajectory;
- v. Approaching discipline as problem-solving rather than punishment.

3. The programme takes parents through these components in sequence, with each component building on the previous ones. It is expected that behavioural change will occur if parents master all five components. Currently, in some form, the PDEP programme has been used in 30 countries, with support from the not-for-profit organization Positive Discipline in Everyday Life (PDEL) which develops the programme and training system on an ongoing basis, and financial support, for its implementation beyond Canada, from Save the Children Sweden.

¹ Ajzen, I. (2002). Residual effects of past on later behavior: Habituation and reasoned action perspectives. *Personality and Social Psychology Review*, 6, 107–122.

² Durrant, J. E. et al (2014) Preventing punitive violence. *Canadian Journal of Community Mental Health* Vol 33(2): 109-125, <https://doi.org/10.7870/cjcmh-2014-018>.

1.2 Purposes of the evaluation

4. PDEP is seen as a direct contributor towards achieving Save the Children's Breakthrough on Violence agenda. To date, monitoring of the PDEP programmes across most of the 30 countries has focused on gathering views of parents before and immediately after the training is completed but evidence on actual impact is lacking. Save the Children Sweden (SCS) therefore thought that it was time for a systematic in-depth impact evaluation of the PDEP programme³.

4. SCS chose to focus the evaluation on experience in one country, Kosovo, because of three factors. First, given the level of resourcing available, it was only feasible to carry out the evaluation of experience in one country. Second, Kosovo is one of the 30 countries in which the approach is being implemented with the most experience of implementation; starting from 2015. Third, the Save the Children in Kosovo (SCiK) team were supportive of an evaluation.

5. The evaluation's purposes were therefore to:

- Gain a better understanding of what behavioural changes the programme brings about and what factors affect the outcomes of the programme;
- Contribute to Save the Children Sweden's broader learning process on PDEP, on what works, how and under what circumstances; and
- Develop a better understanding of the costs of the intervention in relation to the results achieved.

6. The evaluation's ToR⁴ identifies the following six evaluation questions:

- To what extent did the PDEP programme achieve intended results?
- Were there any unintended effects, positive or negative?
- What difference has participating in the PDEP programme made for beneficiaries (parents and caregivers that have taken the programme)? What difference has it made for their children?
- What factors contributed to achieving the intended results? What factors negatively affected intended results?
- What lessons can be learned that can inform PDEP programming in other places/ countries?
- What has been achieved with the investment made (results achieved in relation to the costs)?

7. Answering the above evaluation questions and meeting these purposes should, in turn, help SCS to:

³ Two RCTs are currently being carried out, although it should be noted that the outcomes being measured are likely to differ between the two studies and those used in this study as they were developed independently of each other.

⁴ See Annex 1

- Make more evidence based strategic decisions on future support (where and how to invest in PDEP);
- Help further develop the programming guidelines of the PDEP programme; and
- Critically assess what functions best under what type of conditions to see if there are elements of the programme model or delivery mode that need to be modified under particular circumstances.

8. It should also help Save the Children in Kosovo to:

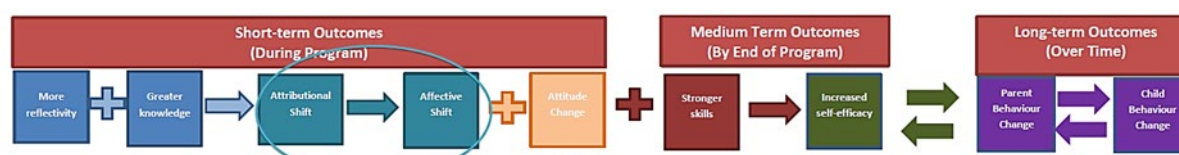
- inform decisions on PDEP implementation and strategic decision-making in relation to investment in the programme in Kosovo;
- assess what delivery mode should be the way forward (e.g. with CSO partners or other institutions); and
- accredit the programme in Kosovo.

1.3 Evaluation methods

9. A detailed discussion of the evaluation methods used can be found in Annex 8. It is important to start by appreciating that the evaluation questions do not ask how the 2017 programme was implemented or the quality of PDEP implementation in 2017. Instead, the evaluation questions are asking whether, if we assume that the PDEP approach is implemented as intended, does it deliver the intended (or unintended) long-term outcomes and what explains this? However, although not an evaluation question, we probed the degree to which the 2017 programme was implemented as intended. In section 2.1, we present evidence that the facilitators were trained by Country Trainers, who in turn were trained and mentored by Master Trainers according to the PDEP training system.

10. In 2017, 246 people who based on survey data came from approximately 220 families, completed the PDEP programme in Kosovo. Ninety percent of the participants were women. The overall evaluation design was based on completed case studies of what has happened in 24⁵ families of people who participated in the 2017 PDEP programme in Kosovo. Within each of the case studies, we focused on collecting evidence that allowed judgement of whether the short, medium and long-term outcomes identified in the detailed PDEP logic model (see Annex 3) were in place.

Figure 1: Summary of the PDEP logic model



11. The evaluation design was therefore explicitly theory based and aimed at examining whether the evidence supported PDEP's logic model, in terms of whether the presence of the expected short-

⁵ Basic descriptions of the 24 case study families are in Annex 5.

and medium-term outcomes led to the presence of the predicted long-term outcomes. Fuller details of how the outcomes were defined within the logic model and how the evaluators judged whether they were present or not within each individual case (family) can also be found at Annex 3. This meant that evidence was collected from 27 people (6 men and 21 women)⁶ from 26 families (two interviews were not included in our analysis as the interviewees were judged as not being fully open and cooperative) who completed the programme in October-November 2017 and 24 children (17 boys and 7 girls) between the age of 6 and 17 within these case study families. This evidence was used to answer evaluation questions 1-5.

12. For evaluation questions 1-3, the focus was mainly on identifying actual change in care-giver/parent behaviour (long-term outcomes) drawing on in-depth interviews with the parents/caregivers and selected children⁷. The interviews focused on a real conflict situation expected to yield evidence of change in parents' knowledge, thoughts (attributions), emotional responses, attitudes, self-efficacy, and behaviour. For evaluation questions 1 and 3, the approach was to triangulate (compare), where possible, findings from the case studies against the evidence in the pre, post and follow-up surveys that participants in the 2017 programme had completed. This triangulation mainly allowed checking that parental behaviour had actually changed in the case study families as the surveys provided the baseline status for parental behaviour.

13. An analytical method called qualitative comparative analysis (QCA)⁸ was used to answer evaluation questions 4 and 5, drawing on evidence of the presence or absence of the intended long-term outcomes across the 24 case study families and the degree to which the presence or absence of the intended long-term outcomes was associated with the presence or absence of enabling factors thought likely to be needed for these outcomes to be triggered. The assumption was that whilst the skills and attitude change delivered through the PDEP programme are necessary for these long-term outcomes to happen, they may not be only thing that needs to be in place.

14. As data collection included interviews with children, to verify if they perceived long term positive change in their behaviour and well-being, ensuring that safe-guarding procedures were followed (as set out in Save the Children's Child Safeguarding Policy and the Save the Children Practice Standards in Children's Participation (2005)) and strong ethical practice in how we carried out the evaluation were vital. How both of these issues were managed is set out in Annex 7, structured against the eight principles set out in Save the Children US' Research and Evaluation Ethics Policy.

⁶ This was fewer than planned, as the intention was to interview more families where more than one member participated in the programme. In practice, reflecting that the number of such families was limited in the 2017 cohort, our 24 cases only included one such family.

⁷ The standardised interview protocols used for all interviews are at Annex 6.

⁸ The QCA approach enables systematic case comparison, with each case viewed holistically as a complex configuration. QCA thus views outcomes as the products of combinations of factors; it recognises that causality can be non-linear and complex, involving several contributing factors for an outcome to be achieved.

15. To answer evaluation question 6, which focused on value for money, evidence on the costs of the 2017 PDEP programme were collected from both SCiK⁹ and PDEL in Canada. These costs were then divided by the numbers of children and care-givers identified in answering evaluation question 1 to estimate the requested unit costs.

16. Before drafting the report, analysis and preliminary findings were presented and discussed with key stakeholders from Kosovo, SCS and PDEL in workshops held in Kosovo and Sweden. Corrections of factual errors identified and areas for further analysis identified in those workshops are reflected in this report. The evaluation has also had an independent external quality assurance process. The external quality assurance expert reviewed the inception and final reports. In the process, he provided valuable comments and pointed out – and helped address – questions concerning findings’ reliability and validity.

1.4 Limitations

17. As discussed in the inception report, the sampling strategy used to select families (cases) was not intended to deliver a statistically representative sample, but instead a sample reflecting maximum diversity within contexts of those who completed the programme and also cases where the programme was successful or unsuccessful¹⁰. Challenges included that information on the context of the individuals who participated in the 2017 programme was collected in the surveys but then anonymised. This meant that we had to rely on the knowledge of the facilitators to identify participants to be included as case studies based on their knowledge of the participants and their administrative records. Our conclusion is that the sampling strategy was successful except in terms of recruiting programme participants from one group generally seen as being severely socially deprived. As discussed in the report, we strongly suspect that the effectiveness of the programme when delivered with this sub-population diverges from that of other programme participants, but we could not gather the evidence to confirm this based on evidence.

18. Our ability to fully answer evaluation question 1 – To what extent did the PDEP programme achieve intended results – was dependent upon our ability to extrapolate our results from the case studies to the approximately 220 families. As the survey responses were anonymised, doing this credibly required one of two things. Either, our being able to identify a ‘proxy’ indicator of success or failure of the programme to deliver the long-term outcomes from our case studies that could be linked to responses in the survey data collected and could be then used to extrapolate based on the survey responses. While cases of ‘failure’ found in our case studies can be explained, based on the evidence, analysis did not identify such a proxy indicator that could be used to extrapolate. Or, our being able to link the case study care-givers with their survey responses and then seeing if examination of the attitudes expressed between those who succeeded and those who failed offered a route to extrapolation. Linking case study interviewees with their survey responses required being able to identify their relevant identification codes within the survey responses. This proved

⁹ Note that in some instances, more than one person from a family participated in the programme in 2017.

¹⁰ Basic descriptive details across the 24 case study families can be found in Annex 5.

straightforward in half of the 24 case studies, but not in the others¹¹. Our conclusion therefore was that this approach could not be applied. With hindsight, on identifying unintended results of participation in the programme, whilst we observed such in the interviews, our evidence might have been stronger and more complete had we directly asked those interviewed whether participation had resulted in something unexpected.

19. The evaluation approach was based on judgement of whether the outcomes identified in the PDEP logic model, and a suite of enabling factors identified during discussion with PDEL as possibly influencing their presence or absence, were present or absent. Following good practice, consistent definitions for the outcomes and enabling factors (see Annex 3) were used. To ensure consistency in rating the presence or absence of outcomes or enabling factors across the 24 case studies, rating was carried out by two team members, with the two both independently rating presence or absence within the same case and then comparing ratings to identify areas of divergence and ensure consistency. While rating was successful, analysis has revealed two limitations. The first related to the medium-term outcome in the logic model – increased self-efficacy – and whether we have measured the right thing. We note that PDEL also report that they have not found a fully convincing way of measuring this outcome. A second limitation lies in the intended long-term outcome for the children. Reflecting the PDEP logic model, what we measured was that children report better behaviour and sense of well-being. Our experience/sense from the data was that there was significant variation in the degree to which behaviour and well-being was perceived by the children to have changed. Unfortunately, our evaluation approach did not allow us easily and transparently to take this variation into account in the analytical process.

20. Overall, while recognising the limitations associated with the evaluation methods used, we believe that the findings are accurate as they are based on the sum of the findings using multiple methods of inquiry.

1.5 A guide to the reader

21. Section 2 provides an over-view of implementation of the programme in Kosovo. This section is important for two reasons. First, to provide sufficient knowledge for a reader to contextualise the evaluation findings. Second, for those in other countries where PDEP is

¹¹ For the pre- and post-programme surveys, to preserve anonymity, respondents were identified using a random number code and a self-chosen code word that the respondents were supposed to write down. The self-chosen code word could then be used to link to the random number code across surveys. However, in practice, respondents either did not fill in the self-chosen code name or more commonly they had not written it down, forgotten what used in the pre-programme survey and so used a different code name. An additional problem was that many respondents used the same code-word (flower, star, etc.) making it impossible to distinguish between them and link them to the correct random number code. Once the problem was spotted, part way through administering the post-programme surveys, a code formula was introduced. This was used with some of the post-programme survey respondents and all of those who completed the follow-on survey. The immediate consequence was that responses from only 96 participants can be matched across the three surveys. An additional problem is that we asked those interviewed in the case studies to give us their code formula (all those interviewed had completed the follow-on survey), but we then found that we could not identify an exact match for the code derived from the code formula in the survey responses.

implemented, to identify the degree to which the approach implemented in Kosovo is similar, or dissimilar, to how implemented in their country.

22. Section 3, answering evaluation questions 1, 2 and 3, focuses on whether PDEP made the difference identified in the logic model across the 24 families we interviewed. Section 4, answering evaluation question 4, broadens the analysis within these 24 families, to attempt identify what the key factors are that explain performance. The implications for unit costs (evaluation question 6) are covered in section 5. Chapter 6 presents conclusions and recommendations.

2 Implementation of PDEP in Kosovo in 2017 - process and initial results

2.1 Description of PDEP implementation in 2017

23. **2017 was the third year of experience with delivering PDEP in Kosovo and SCiK had a strong and established skills base.** In 2015 and 2016, two staff members of SCiK had been trained by PDEL as country trainers, although one left before the start of development of the 2017 programme. SCiK had also received an unusual degree of in-country support (compared to other countries) from a PDEP master trainer who had been physically present in a mentoring role when the SCiK country trainers delivered the training to the initial batch of PDEP programme facilitators, observed some delivery by the programme facilitators, and also gave advice on conducting the pre and post programme surveys for programme participants. Programme facilitators trained in 2016 were social workers and pre-school teachers who delivered the programme on a voluntary basis. However, the experience was that this approach of using volunteers to deliver the training was unsustainable as it required a significant on-going commitment from the volunteers. The approach to selection of programme facilitators for delivering the 2017 programme was different. In consequence, for the 2017 programme, SCiK was experienced but the programme facilitators who delivered the programme were not.

24. **The 2017 selection of programme facilitators was driven by wider programming considerations within SCiK.** PDEP from 2017 is delivered within SCiK's broader child protection programme for 2017-2021. The decision taken in 2016 was that PDEP would be delivered through Civil Society Organisations (CSOs) supported within the broader programme that were interested in PDEP and were thought by SCiK to have the operational and professional capacity to successfully deliver PDEP. This meant that PDEP was delivered by six CSOs in 2017, and that five of these have continued to deliver the programme in 2018. Potential facilitators, all staff members of the CSOs, to be trained in delivery of PDEP were nominated by the CSOs rather than selected by SCiK. All those trained from the CSOs had a background in psychology, social work or teaching.

25. **Facilitators were given a standard training programme, drawing on experience of training delivered in 2016.** The SCiK country trainer, with some ad hoc long-distance support from PDEL, delivered the standard training to 12 CSO staff and 2 medical staff. The training assumed that children would be on the normal developmental pathway and also no adjustments were made to compensate for variability in participants in the programme; as seen in some other countries. The programme would be delivered through eight sessions, although adaptations in session numbers were made by PDEP facilitators based on participants' group requests. Looking at implementation in 2019, we do note that Kosovo diverges from a current trend in PDEP world-wide, where the move is to increasingly requiring that facilitators undergo mentorship through the first two programmes that they deliver, so increasing their skills and confidence. No investment in mentorship of the facilitators delivering the 2018/19 programme – their second – was reported to us.

26. **The programme was delivered usually in either a CSO's own facilities or a school and SCiK maintained over-sight of programme delivery.** SCiK staff, although not the country trainer,

monitored programme delivery by the facilitators. Monitoring reports and interviews with SCiK and programme facilitators reveal no major divergences between what was intended and what was actually delivered during delivery of the programme. Whilst the SCiK staff maintaining over-sight were not PDEP country trainers, they had observed most of the facilitator training programme and did have a good understanding of what they should expect to see. On the other hand, a standard protocol for assessing fidelity of delivery of the programme wasn't available.

27. **Across the 30 countries where the PDEP programme has been implemented, a pre- and a post-programme survey are used with participants. Practice diverged in Kosovo, with addition of a third, follow-up, survey that included additional questions on care-givers' use of punishment and positive discipline.** In Kosovo, to aid this impact evaluation, a third survey was administered, 10-12 weeks after participants had completed the programme. Surveys were administered not by the programme facilitators, but by independently contracted survey enumerators. To preserve anonymity of participants, but allow linking an individual's response to the three surveys, the approach planned was to use a sticker code attached to the survey questionnaire, with the same sticker code used by an individual for all three surveys. Provision was made for illiterate participants to complete the survey, with the enumerator reading out the question and the individual then circling the symbol that reflected their answer.

2.2 Enrolment and the number of participants who completed the programme

28. **SCiK's decision to work in partnership with the six CSOs in delivery of PDEP had significant implications on how PDEP participants were recruited and who was recruited into the programme.** As shown in Tables 1 and 2 below, who the individual CSOs worked with and the length and nature of relationship with these people differed. Whilst two – AMC and SiV – work with the general population, the remaining four work with specific sub-populations and with the exception of GAGA already have on-going relationships with families.

Table 1: CSOs' main focus and relationship to potential PDEP participants

CSO	CSO's main focus	On-going relationship with potential PDEP programme participants?
AMC	Develop and deliver programmes that improve the health care for mothers and their children	No
DSK	Supports parents of children with Down Syndrome	Yes
GAGA	Focus on supporting socially disadvantaged communities, mainly Roma, Ashkali and Egyptians around Mitrovica	No
HANDIKOS	Supports people with disabilities	Yes
OFAP	Support for foster parents	Yes
SiV	Promotes local democracy and citizen participation in Kosovo	No

Table 2: Approaches to recruitment of PDEP participants across CSOs

CSO	How parents became part of the PDEP programme
AMC	Parents applied after PR material was disseminated in target schools/ institutions
DSK	Parents of DSK support groups invited to apply. Invested heavily in recruitment, implication for VfM.
GAGA	Community mobilizer invited women during visits to households
HANDIKOS	Parents of Handikos support groups in 4 municipalities were invited to apply.
OFAP	Parents applied after PR material was disseminated in target schools/ institutions
SIV	Parents applied after PR material was disseminated in target schools/ institutions. Targeted heads of school parent associations and teachers. Invested heavily in recruitment, implication for VfM.

29. **The programme was delivered across Kosovo, mainly in school facilities, but participants were urban or peri-urban based.** As shown in Table 3, the CSOs delivered the programme, even if to differing target groups, across the main urban areas in Kosovo. The general expectation is that the number of participants within a group is 16-17, but as shown, on average, in 2017, group size was generally smaller than the 16-17 assumed.

Table 3: Where the CSOs worked and the number of PDEP groups established

CSO	Locations	Number of groups	Av. number of participants per group
AMC	Pristina	6	6.7
DSK	Prizren, Pristina	2	18.5
GAGA	Mitrovice	3	13.3
HANDIKOS	Pristina, Ferizaj, Mitrovice, Gjakove	4	14.2
OFAP	Pristina, Ferizaj, Mitrovice, Gjakove	7	12.3
SIV	Gjakove, Peje	4	14
Total		26	12

30. **Four of the CSOs diverged from expected practice by having an introductory session before the first of the eight programme sessions.** Four out of the six CSOs organised introductory sessions with potential participants before the first of the eight programme sessions. This was unexpected and in the instance of OFAP, there was a significant drop out rate between those attending the introductory and first programme session. The OFAP facilitator interviewed thought that many foster parents, OFAP's target group, initially assumed that they needed to participate as part of the

Government's process of certification to be a foster parent. Once told that it wasn't, they decided that the course wasn't relevant to them.

31. **Seventy-eight percent (246) of those who started the programme completed the eight sessions, but completion rates varied between the CSOs.** Based on participation records, 317 people started the programme and 246 completed it. As shown in Table 4, completion rates varied between the six CSOs.

Table 4: Completion rates across the six CSOs

CSO	Number started programme	Number completed programme	Percentage completion rate
AMC	40	34	85%
DSK	37	25	68%
GAGA	40	26	65%
HANDIKOS	57	49	86%
OFAP	87	61	70%
SIV	56	51	91%
Total	317	246	78%

32. **Reasons given by facilitators for non-completion varied but have lessons for recruitment in future.** High non-completion rates can be an indicator of poor delivery of the programme, amongst other reasons. No systematic attempt was made to ask those dropping out for their reasons why and it was beyond the resources of the evaluation to follow-up and ask participants why they didn't complete the programme. However, facilitators expressed a number of opinions for why participants dropped out in their groups, as shown in Table 5. A clear lesson appears to be the need to ensure clear communication with potential participants during the recruitment process, so as not to raise false expectations as happened for DSK and OFAP.

Table 5: Opinions of facilitators for why participants dropped out

CSO	Reasons given by facilitators for non-completion
AMC	Didn't ask
DSK	Parents wanted something that tailored specifically to helping them with their child with Down syndrome
GAGA	Thought that informative but not practical approach and also thought that survey was burdensome and also too personal Difficult to get attendance without material support

CSO	Reasons given by facilitators for non-completion
HANDIKOS	Training fatigue as this was one of number of training and other programmes that participating in Timing of the sessions was thought inconvenient and couldn't arrange child-care
OFAP	Foster parents initially assumed that training required for national certification as a foster parent. Once clear that not so, those not interested dropped out
SIV	Thought that informative but not practical approach Timing of the sessions was thought inconvenient and couldn't arrange child-care

2.3 Status at the end of the programme - Reflections on who completed the programme, their levels of satisfaction, and changes in attitudes reported.

33. **While 246 people completed the programme in 2017, our best evidence on who they were and what they thought is from the post-programme survey administered after the eighth session of the programme but it still has unknown biases.** Three surveys were administered during the 2017 programme. The pre, post and follow-on surveys. The pre-programme survey has limitations, as at least one CSO administered it during the introductory session, as reflected in the fact that the number of participants starting the actual programme was 317 but there are 344 completed pre-programme survey responses. As the survey responses are anonymised, there is no way that people who completed the survey but then decided not to start the programme can be removed. This means that we cannot use the survey data to examine whether there are differences between those who started the programme and completed it, and those that did not. For the follow-on survey, 139 responses are available; responses from just over 55 percent of those who completed the programme. The problem is that we don't know the degree to which the 45 percent who didn't complete the survey differ from those that did. The post-programme survey was completed by 86 percent of those who completed the programme and provides the most reliable, and reasonably credible/robust, evidence of who completed the programme and their views when the programme was completed.

Table 6: Summary on numbers starting and completing the programme

CSO	Number who started programme	Number who completed programme	Number of participants that didn't complete	Percentage of those completing the programme who also completed post survey
AMC	40	34	6	85%
DSK	37	25	12	68%
GAGA	40	26	14	34%
HANDIKOS	57	49	8	88%
OFAP	87	61	26	82%
SIV	56	51	5	96%

CSO	Number who started programme	Number who completed programme	Number of participants that didn't complete	Percentage of those completing the programme who also completed post survey
Overall	317	246	71	86%

34. As shown above in Table 6, both completion rates and then completion of the post-programme survey was lowest for GAGA, the CSO targeting socially disadvantaged groups.

35. **Responses from the post-programme survey on levels of satisfaction show very high overall levels of satisfaction with the programme.** Reflecting broader experience with the PDEP programme, satisfaction rates recorded in the post-programme survey were very high and care-givers thought that it would help them in strengthening their relationship with their children.

Table 7: Satisfaction rates based on responses in the post-programme survey

Aspect of the programme	Percentage of respondents (n=212)				
	Very dissatisfied	Mostly dissatisfied	Mostly satisfied	Very satisfied	No response
The overall programme	1%	0%	4%	94%	0%
The facility	1%	1%	19%	76%	2%
The Positive Discipline book	1%	0%	7%	89%	3%
The activities	1%	0%	10%	87%	3%
The facilitator	1%	0%	4%	92%	3%

Table 8: Views on benefits of the programme based on responses in the post-programme survey

	Perceived Impact of PDEP on Parenting N = 212				
	Post-Test				
	Strongly Disagree	Mostly Disagree	Mostly Agree	Strongly Agree	N
Helped me understand child's development	0%	1%	15%	84%	204
Helped me understand child's feelings	0%	0%	14%	85%	205
Will help me control my anger	0%	0%	12%	88%	202

	Perceived Impact of PDEP on Parenting				
	N = 212				
	Post-Test				
	Strongly Disagree	Mostly Disagree	Mostly Agree	Strongly Agree	N
Will help me communicate better	0%	0%	10%	89%	205
Will help me build stronger relationships	0%	0%	8%	91%	205

36. **High satisfaction rates with the programme were also reflected in shifts in attitudes for those who completed the programme, although it is also important to recognise that a significant number of the participants disapproved of punishment before entering the programme. Nevertheless, the evidence from the pre and post programme surveys suggests that there is no evidence from participants' perspectives of implementation failure.** Summaries of changes in attitudes to punishment showed when comparing responses to the pre and post-programme surveys are at Annex 4, tables A4.3, A4.4 and A4.5. As illustrated in Table 9 below, the evidence suggests that reported attitudes towards punishment shifted substantially after the programme, with high levels of disapproval of punishment, both physical and humiliating, being reported.

Table 9: Shifts in attitudes on punishment between before and after the programme

	Pre-test (N=201)		Post-test (N=201)	
	Disagree	Agree	Disagree	Agree
Children who are punished learn better	59%	40%	86%	14%
Parents should take away activities	36%	63%	80%	20%
If parents don't punish children will be spoiled	44%	57%	88%	11%

37. **On the other hand, despite improvement between the pre and immediate programme in terms of attitudes to discipline, and high disapproval rates towards punishment, near three-quarters of the care-givers were still practicing some form of physical punishment and a third were practicing some form of humiliating punishment when the programme finished.** There is a seeming paradox between the positive shifts in attitudes and satisfaction with the programme and the levels of continuing physical (defined as either 'shook the child', or 'pulled the child's ear or hair', or 'hit, spanked, or slapped the child) and humiliating (defined as 'shouted or yelled at the child', or 'made the child sit alone' or 'took away a favourite activity') punishment.

Table 10: Percentage of parents that, before and after the programme, reported using any physical punishment in past month and percentage of parents that used no physical punishment in past month.

Physical Punishment vs. No Physical Punishment				
N = 201				
	Pre-Test %	N	Post Test %	N
Physical Punishment	91.4%	198	72.9%	199
No Physical Punishment	8.6%		27.1%	

Table 11: Percentage of parents that, before and after the programme, reported using humiliating punishment in past month and percentage of parents that used no humiliating punishment in past month.

Humiliating Punishment vs. No Humiliating Punishment				
N = 201				
	Pre-Test %	N	Post Test %	N
Humiliating Punishment	53.0%	198	29.1%	199
No Humiliating Punishment	47.0%		70.9%	

38. The 'gap' between satisfaction with the programme but the continued prevalence of punishment revealed in the surveys may be due to the simple fact that it takes time to learn how to apply new skills and changes in attitudes and measurement took place too early. Our assumption is that the seeming gap reflects the time at which the data were collected rather than a fundamental failure of the PDEP programme. The failure to consider the shape of the impact trajectory over time is a common fault in impact evaluation, as discussed in Woolcock (2009).¹² In this evaluation, adults were interviewed as part of the case studies between 10 and 12 months after the care-givers interviewed had completed the programme and the post-programme survey completed. The assumption was that sufficient time had passed for care-givers to either successfully, or not, use what learned through the programme and for the results to show up in the relationship between the care-giver and concerned children.

¹² Woolcock, M. (2009) Towards a Plurality of Methods in Project Evaluation: A Contextualised Approach to Understanding Impact Trajectories and Efficacy. January 2009 BWPI Working Paper 73. Brooks World Poverty Institute. University of Manchester. UK
<http://hummedia.manchester.ac.uk/institutes/gdi/publications/workingpapers/bwpi/bwpi-wp-7309.pdf>

3 Consequences of participating in the programme for care-givers and their children

Summary of findings

Evaluation question 1: To what extent did the PDEP programme achieve intended results?

On impact for the child, the main intended impact of PDEP, we focused on measuring the result of behaviour change, rather than purely behaviour change itself, as evidenced by greater trust by the child interviewed in the care-giver and happiness within the family.

Across the 24 cases, the evidence indicates positive impact for children, the most important intended impact, in three-quarters of the cases.

The evidence also suggests that three-quarters of the care-givers interviewed across the 24 cases (n=17) thought that their parenting behaviour had changed for the positive since participating in the PDEP programme. A positive change in care-giver behaviour is almost always associated with the child seeing an improvement in their well-being.

On the other hand, across the 24 families, the evidence suggests less impact in terms of care-giver well-being, although this impact is not explicitly identified as an intended impact of the PDEP programme.

Evaluation question 3: What difference has participating in the PDEP programme made for beneficiaries (parents and caregivers that have taken the programme)? What difference has it made for their children?

We didn't measure whether either had achieved a pre-defined absolute level of well-being, or the degree to which well-being had increased or decreased. Rather, we judged whether either the care-giver or child perceived that well-being had improved. So, we were measuring the trend in well-being. Our view is that a more detailed expression of expectations would entail very high costs and might still not be particularly accurate.

We defined presence as meaning that child well-being was improving, but review of the interviews with the children indicates that well-being has probably increased more significantly for some children as compared with others. A greater increase in child well-being was observed mainly in those cases where the other 11 outcomes in the PDEP logic model were also all present.

For 10 out of the 24 cases, the initial evidence is completely supportive of how the PDEP logic model suggests PDEP works.

In four cases, we found lack of presence of some, or all, of the short-term outcomes and, as expected, then found failure at medium- and long-term outcome levels, which again supportive of a conclusion that the PDEP logic model is correct.

However, there are 10 cases that suggest that the PDEP logic model is not fully supported by the empirical evidence. The evidence from these cases raises questions about whether: (i) the medium-term outcome self-efficacy (MO2) is always needed for the longer-term outcome of care-giver behaviour change (LO1a) and enhanced child well-being (LO2); and (ii) the absence of self-efficacy causes the absence of enhanced care-giver well-being (LO1b).

One explanation for the evidence not supporting the role of self-efficacy is that we either measured the wrong thing or that we set the threshold in the wrong place between present and absent. We didn't find evidence to support these explanations.

We also explored the interviews to see if possible to explain why some care-givers didn't demonstrate increased self-efficacy yet did demonstrate changed behaviour (LO1a) and the children also perceived an increase in their well-being (LO2). The case study evidence suggests two reasons. First, that in these cases benefits were observed by the children despite the fact that the care-givers struggled to apply the full set of skills for creating or controlling a situation rather than responding to it. Second, the care-givers weren't confident in their ability to solve problems in a collaborative way.

3.1 How did we define impact?

39. The detailed logic model, see Annex 3, identifies short, medium and long-term outcomes for both care-giver and children. As discussed in Box 1, we split the first short-term outcome in the logic model – more reflectivity – into three components. Second, we split the long-term outcome for the care-giver into two, so allowing us to measure intended behaviour change by the care-giver as well as the impact of that behaviour change on the well-being of the care-giver.

Box 1: Elaborations we made to the PDEP logic model

Given the importance of care-givers being aware of long-term parenting goals - “a first step in using them as guidance” – we split short-term outcome 1 into three components:

- i. Awareness of long-term parenting goals;
- ii. Recognition of long-term teaching opportunities presented by short-term challenges;
- iii. Self-awareness of stress triggers and stress response.

The evaluation questions ask that we evaluate what difference PDEP makes for care-givers and children. Difference can mean changes in behaviour by both or either the care-giver/parent, as identified in the long-term outcome statements in the logic model. However, behaviour change is a means to an end, rather than the end itself. Reflecting this, we split the long-term outcome we measured for care-givers into two. First, care-giver behaviour change - *the way in which a care-giver acts or conducts his- or herself towards the child*. Second, the assumed result of this behaviour change for the care-giver – *well-being* – as evidenced by there being a more positive relationship between care-giver and children, less stress and greater satisfaction in the parenting role with greater trust in these relationships.

40. **On impact for the child, the main intended impact of PDEP, we focused on measuring the result of behaviour change, rather than purely behaviour change itself, as evidenced by greater trust by the child interviewed in the care-giver and happiness within the family.** What we did not do is directly attempt to measure if there had been a reduction in physical and humiliating punishment, as measured in the surveys. We didn't want explicitly to discuss instances of physical and humiliating punishment because of child safe-guarding reasons. Under Save the Children's safe-guarding policy, had parents talked directly of physically punishing their children, we could have been obligated to report them to the appropriate authorities. The interview teams did not come across child safe guarding cases. On the other hand, if there was any indication that physical punishment was still used by the PDEP participant on a regular basis, we judged that medium and long-term outcomes had not been achieved.

41. An important issue in measurement of well-being for both the children and adult-care-givers was that we didn't measure whether either had achieved a pre-defined absolute level of well-being, or the degree to which well-being had increased or decreased. Rather, we judged whether either the care-giver or child perceived that well-being, as defined above and in Annex 3, had improved. So, we were measuring the trend in well-being. If we had been dealing with a training programme for managers, or the like, change could be expressed as profitability, market shares, or something similar and a target for success pre-defined. PDEP outcomes are different. As shown in this report, the parental and children's behaviour before, during, and after the programme, was different in each of the families. Equally, detailed knowledge of the case study evidence suggests that a small change for the better in some families is a great achievement, but for others the level of expectation would be higher. Change, even though of the same kind, will have different value in different cases. Our view is that attempting to move from measuring a trend in behaviour to setting a pre-defined measure of either parental or child behaviour would entail very high measurement costs and might still not be particularly accurate.

42. Finally, we would also note that PDEP is justified within Save the Children as a contribution to the promotion of the rights of all children as outlined in the UN Convention on the Rights of the Child. Nonetheless, in our review of Save the Children's literature, we did not find a clear explanation of how PDEP's intended impact is expected to contribute to achievement of the UN Convention on the Rights of the Child.

3.2 Did we observe impact across the care-givers and children in the case studies?

43. Details of the 24 case study families that we drew our evidence from can be found at Annex 5. Whilst the sample was drawn to ensure maximum diversity of context and experience, in practice, we couldn't get enough care-givers from the socially disadvantaged families (GAGA) to agree to be interviewed. In selecting the case study families, our analytical approach required that there be a mixture of cases in which despite the programme being successfully delivered, our case studies include a mixture of families in which the long-term outcomes had, and hadn't, been achieved. The challenge was that when selecting the families, there was no sampling frame available that identified families in which the intended long-term outcomes had, and hadn't, been achieved. We therefore asked the CSO facilitators to identify a mixture of families, who they thought would, or not, have successfully achieved the intended long-term outcomes and used their suggestions to construct our

sample framework. The results showed that this approach was successful, in terms of identifying a mix of families that did and didn't show the intended long-term outcomes. However, facilitators weren't very successful at identifying beforehand which particular families would, or wouldn't, show the intended long-term outcomes.

44. Below, when summarizing the presence or absence of outcomes across the 24 cases, we use codes for the 12 outcomes in the logic model. The codes and for which outcomes they are is summarized in Table 12 below.

Table 12: Codes used for the 12 outcomes we judged

Code used for outcome in the logic model	Outcome
Short-term	
SO1a	More reflectivity: Increased awareness of long-term parenting goals
SO1b	More reflectivity: Increased recognition of long-term teaching opportunities presented by short-term challenges
SO1c	More reflectivity: Greater self-awareness
SO2	More knowledge
SO3	Attributional shift: linking behaviour to child's development
SO4	Affective shift: decreased anger and increased empathy
SO5	Attitudinal change.
Medium-term	
MO1	Stronger skills in terms of knowledge, understanding and examples of application of skills
MO2	Increased self-efficacy in applying skills, in terms of observable care-giver behaviour
Long-term	
LO1a	Parent behaviour change
LO1b	Parent well-being
LO2	Child behaviour change and / or child well-being

45. **Across the 24 cases, the evidence indicates positive impact for children, the most important intended impact, in three-quarters of the cases.** Table 13, summarizes whether each of the 12 outcomes is judged to be present or absent in each of our 24 cases. Greater child well-being –

LO2 (Child is not aggressive; communicates more respectfully; trusts the parent; and is happy in the family) - can be seen to be present in 18 of the cases.¹³

Table 13: Summary of the presence or absence of the 12 outcomes across the 24 case studies

Case number	SO1a	SO1b	SO1c	SO2	SO3	SO4	SO5	MO1	MO2	LO1a	LO1b	LO2
A6	0	0	0	0	0	0	0	0	0	0	0	0
A7	1	0	1	1	1	1	1	0	0	0	0	1
B12	0	0	1	0	1	0	0	0	0	0	0	0
B1	0	1	1	1	1	1	0	0	0	0	0	0
A5	1	1	1	1	1	0	1	1	0	0	0	0
A8	0	1	1	1	1	1	0	1	0	0	0	1
A4	1	1	1	1	1	1	1	1	0	0	0	0
A9	1	1	1	1	1	1	1	1	0	1	0	0
A13	1	1	1	1	1	1	1	1	0	1	0	1
A11	1	1	1	1	1	1	1	1	0	1	0	1
B6	1	1	1	1	1	1	1	1	0	1	0	1
B7	1	1	1	1	1	0	1	1	0	1	0	1
B13	0	1	1	1	1	1	1	1	0	1	0	1
B3	1	1	1	1	1	0	1	1	0	1	1	1
A2	1	1	1	1	1	1	1	1	1	1	1	1
A1	1	1	1	1	1	1	1	1	1	1	1	1
A3	1	1	1	1	1	1	1	1	1	1	1	1
A10	1	1	1	1	1	1	1	1	1	1	1	1
B2	1	1	1	1	1	1	1	1	1	1	1	1
B4	1	1	1	1	1	1	1	1	1	1	1	1
B8	1	1	1	1	1	1	1	1	1	1	1	1
B9	1	1	1	1	1	1	1	1	1	1	1	1
B10	1	1	1	1	1	1	1	1	1	1	1	1
B11	1	1	1	1	1	1	1	1	1	1	1	1

46. We defined presence as meaning that child well-being was improving, but review of the interviews with the children indicates that well-being has probably increased more significantly for some children as compared with others. A greater increase in child well-being was observed mainly in those cases where the other 11 outcomes in the PDEP logic model were also all present. Table 13 above clearly shows 10 cases (A2-B11) in which all 12 outcomes in the logic model are judged to be present. In contrast, for the 10 cases (A5-B3) above them in the table, enhanced child- well-being was found in seven of the cases. To further explore these results, the views of children from the

¹³ Those cases where the LO2 box is green and with a 1 show where greater child well-being is present. Conversely, it is absent in the remaining six case where the LO2 box has a 0 and is red.

seven cases were compared with views of children from the 10 successful cases i.e., the cases in which empirical evidence was found demonstrating presence of all nine intended outcomes. This comparison suggests that the degree of change was greater for the children in the 10 cases as compared with the children in the other seven cases, as illustrated in quotes from the interviews with the children shown below.

Box 2: Illustrative quotes on level of child well-being

Quotes from interviews with children where all 12 outcomes are present

A2 Boy. *[Before the training] I talked to my best friend, I was missing in school. They threw me out of the class because I didn't have my book with me, I didn't tell this to her [the mother] because I thought she was going to be angry. The hardest part is when I want to tell her something, and I know I cannot stop. Before the training, I was afraid that she would neglect me and she would not talk to me. But during the training, she noticed when I have a worry and we talked. [After the training] if I have any problems with my friends and I want to talk to my mom because I don't have anybody else, we talk and we find a solution. [This change happened] when the training was happening. It is easy because the first time that I communicated with her was easy. Now it's even easier, not just because she is my mom, but she is my friend. I can tell her my secrets and my problems.*

B8 Girl. *Yes, I am well aware of the training mother attended, and I believe her behaviour has changed for better since then; our communication is better and more fruitful. It is not only about the way she behaves, she is more open now, explains her behaviour so we can understand why she is behaving like that. Now it is also easier for me to understand her behaviour in the past. This has made me reason that sometimes we children don't understand difficulties our parents go through. I have two ways to managing the conflict, the old one, I still couldn't get rid of it, crying, yelling and staying alone in my room, as I behaved that day we had guests. Now, when I do that, mom doesn't let me alone, she comes to my room and says that we should discuss and solve together every problem we have. I often talk with my sister how mum sticks to us and doesn't go until everything is cleared, until we discuss about our feelings and thoughts we have about that particular situation.*

Quotes from interviews with children where not all the other 11 outcomes are present.

B3 Boy. *My mother has told me that she is attending a training at our school. She has told me that they are learning about parents' responsibilities and how they should raise children. Now we are discussing more often, and she is not punishing me anymore. Now, it is easier for me to talk and to discuss with her.*

B6 Boy. *But, I am very I am aware how hard it is for my mother to understand me, she cannot understand me. I am open with mother, I talk to her very easily and openly, even now when I am in this age [adolescence]... she knows everything about me. Now we have our own house, this is the fourth year living in our own house. Before we lived with my uncles and their families. It is different now...we did not have any verbal conflict with mother except for that about tobacco [smoking]. I think both me and her are calmer now, even though we both have impulsive characters and it is hard for us to be calm. I never have any kind of disagreement or conflict with my father or my younger brother. Both me and mother become angry very easily. In these moments when I become angry, I only think to destroy something...when I do something, I only get out, it's better to go out and drink a coffee with my friends rather than to stay home and have problems with my mother. I have learned this from her (laughs loudly).*

47. The evidence also suggests that three-quarters of the care-givers interviewed across the 24 cases (n=17) thought that their parenting behaviour had changed for the positive since participating in the PDEP programme. A positive change in care-giver behaviour is almost always associated with the child seeing an improvement in their well-being. Table 13 clearly indicates the

strong association between the presence of the intended parenting behaviour and the child also perceiving an improvement in their well-being. The exceptions are case A9, where improvement in intended parenting behaviour isn't associated with enhanced child well-being and cases A7 and A8, where the children interviewed thought that their well-being had improved but the care-giver's behaviour hadn't improved.

Box 3: What we found in case A8

The child [boy]: *I don't know, maybe when I got a bad grade, my dad asked me why I got a 3, he asked me why I didn't study and this made him angry. I listen to my dad and my school success is excellent. Sometimes he acts so softly, like that with words and we listen to him much more. When dad is here, we don't fight, we don't tease.*

The care-giver [father]: *Everything I do with them I enjoy, sending them school, even though it is not entirely an obligation, I do it with pleasure. I send them to school, I pick them up, I send them to the training. I have pleasure buying them something. I haven't continued with what the programme says because it was just me, a sole male on the programme, and all the women were married. I haven't discussed with them since the programme finished because we still don't have the culture of going out with somebody else's wife. My father has troubled us a lot, but I've learned from that time that it's not okay. It's okay to scold, give orders, but not to beat them. I have four children, I've never beaten them, I've told my wife to beat them.¹⁴*

48. **On the other hand, across the 24 families, the evidence suggests less impact in terms of care-giver well-being, although this impact is not explicitly identified as an intended impact of the PDEP programme.** We split the original long-term outcome in the PDEP logic model into two long term outcomes; namely the care-giver – child positive behaviour change (LO1a) (this is an outcome) and the care-giver's own sense of well-being (LO1b) (this is the impact). From Table 13, it appears that the lack of presence of parent well-being is clearly strongly associated with the absence of self-efficacy (MO2) which we discuss further in section 3.3 below.

Box 4: Quotes on parent well-being

I saw that I needed to devote more time to him. When he asks to go out, in the past I used to stop him, now he lets me know where he goes and tells me the time [when he'll be back], I am scared, but I see that he comes back. One should trust their child;

He finishes his homework in time, comes home. I say to him, if there is something I need to know and help him with, tell me. It's been year-and-a-half that I'm not testing him, because I used to test him and then I saw that he knows.

49. **While we did not directly assess the incidence of physical and humiliating punishment in the case study families, our evidence suggests that increased child well-being was**

¹⁴ Although the father suggests that physical punishment is not OK, he still suggests that it is OK for his wife to beat the children. We can as such not see any real understanding of the PDEP approach and he contradicts himself.

observed even though the impression was that this does not necessarily mean a complete cessation of either physical or humiliating punishment. Interviews with children did not focus explicitly on exploring the incidence of physical or humiliating punishment by care-givers. If there was evidence of continued shouting and physical punishment, we have not rated LO1a as present or MO2 and LO1b have been rated absent. On the other hand, several of the care-givers interviewed, even though children thought that the relationship was better than before, still mentioned their use of humiliating punishment and particularly shouting at the child. However, what may be different than before in such instances is that care-giver and child/children discussed why the care-giver was shouting and how to prevent this happening. Care-givers then cited a number of coping strategies they used.

3.3 Does the empirical evidence from the case studies support the logic model's assumptions on the linear causal relationship between medium and long-term outcomes?

50. **For 10 out of the 24 cases, the initial evidence is completely supportive of how the PDEP logic model suggests PDEP works.** As shown in Table 13, when all nine (cases A2-B11) of the short- and medium-term outcomes identified in the PDEP logic model are present, then the intended long-term outcomes are also found. This would support a conclusion that the PDEP logic model is supported by the empirical evidence.

51. **In four cases, we found lack of presence of some, or all, of the short-term outcomes and, as expected, then found failure at medium- and long-term outcome levels, which again supportive of a conclusion that the PDEP logic model is correct.** Under the logic model it is assumed that:

- More reflectivity (SO1) plus greater knowledge (SO2) leads to attributional change (SO3).
- Sufficient attributional change (SO3) leads to an affective shift (SO4).
- An affective shift (SO4) plus attitudinal change (SO5) plus stronger skills (MO1) leads to increased self-efficacy (MO2).

52. Table 13 identifies four cases (A6 – B1) where as expected, the absence of two or more short-term outcomes is associated with absence of both the medium- and long-term outcomes. Case A8, which also shows a failure in two or more short-term outcomes has been discussed above in a box in section 3.2. But overall the evidence again supports the conclusion that the PDEP logic model is supported by the empirical evidence. We went back to the documented evidence for these four cases and also discussed each of them with the data collectors in Kosovo. The evidence is summarized below.

Table 14: Reasons for failure observed

Case No.	Evidence
A6	An illiterate mother from a disadvantaged background with five children, that still thought it acceptable to use physical punishment and who was very concerned by drug use by the elder children. She had expected immediate results from applying PDEP skills but gave up straight away

Case No.	Evidence
	when she didn't get them. She also believed that her husband wasn't giving support to the positive discipline parenting style.
A7	Mother (3 children, 8, 13 & 17) with concerns focused on the adolescent son – his need to attend school and to be successful - in the context of the family facing economic hardship and her husband getting angry and projecting this anger onto the children and the mother trying to keep the peace. She did not apply structure and warmth in the relationship with her children. The interviewed son was not expressing stress, but on threshold for this. The sense from the interview with the mother was that there was hostility from the extended family to the PDEP approach.
B12	A strict mother and a school teacher with one son and who was living in extended family. Had been 'ordered' by her principal at school to attend the PDEP programme. Interview suggests that while the mother is not using humiliating punishment and rewarding good behaviour from the son, she was not providing warmth. Contrast with grand-mother who was also present during part of the interview, who did provide warmth. Mother is well aware of child development issues and PDEP programme content but has chosen not to apply it.
B1	A lot of warmth but total lack of structure evident from the interview. A foster family – mother is concerned to show to interviewer that they gave the family everything. Proud to say that they were using a rewards system. Child – explained the rewards system and seemed very happy. Key issue that a major problem to get clarity between interviewer and mother on which training the PDEP programme was as she had done a lot of different trainings.

53. **However, there are 10 cases that suggest that the PDEP logic model is not fully supported by the empirical evidence. The evidence from these cases raises questions about: (i) whether the medium-term outcome self-efficacy (MO2) is always needed for the longer-term outcome of care-giver behaviour change (LO1a) and enhanced child well-being (LO2); and (ii) the absence of self-efficacy causes the absence of enhanced care-giver well-being (LO1b).** Self-efficacy is found when a care-giver: (a) is pro-active; (b) shows confidence in solving problems in a collaborative way; (c) communicates respectfully, (d) encourages the child's own thoughts and ideas, understanding the child's perspective, and (e) is sensitive to the child's feelings. As shown in Table 15 below, these are all families in which the care-giver is not able to pin-point examples of applying these skills in terms of observable care-giver behaviour or evidence of strengthened parent-child relationships, care-giver acting as problem solver, greater satisfaction in the parenting role (LO1b).

Table 15: Presence or absence of all outcomes in the PDEP logic model when care-giver shows an absence of self-efficacy

Case number	SO1a	SO1b	SO1c	SO2	SO3	SO4	SO5	MO1	MO2	LO1a	LO1b	LO2
A5	1	1	1	1	1	0	1	1	0	0	0	0
A8	0	1	1	1	1	1	0	1	0	0	0	1
A4	1	1	1	1	1	1	1	1	0	0	0	0
A9	1	1	1	1	1	1	1	1	0	1	0	0
A13	1	1	1	1	1	1	1	1	0	1	0	1
A11	1	1	1	1	1	1	1	1	0	1	0	1
B6	1	1	1	1	1	1	1	1	0	1	0	1

Case number	SO1a	SO1b	SO1c	SO2	SO3	SO4	SO5	MO1	MO2	LO1a	LO1b	LO2
B7	1	1	1	1	1	0	1	1	0	1	0	1
B13	0	1	1	1	1	1	1	1	0	1	0	1
B3	1	1	1	1	1	0	1	1	0	1	1	1

54. **One explanation for the evidence not supporting the role of self-efficacy is that we either measured the wrong thing or that we set the threshold in the wrong place between present and absent. We didn't find evidence to support these explanations.** Discussion with PDEL has revealed that measurement of self-efficacy is the outcome they have most struggled with measuring. How we defined self-efficacy and then judged whether present or absent is summarised below.

MO2: Increased self-efficacy in applying skills, in terms of observable care-giver behaviour	When present: Care giver is pro-active; Care giver solves problems in a collaborative way and communicating respectfully.	When absent: Care giver is reactive; Care giver does not solve problems in a collaborative way and is not communicating respectfully.	Threshold used: <ul style="list-style-type: none"> • Care-giver is pro-active; • Care-giver shows confidence in solving problems in a collaborative way; • Care-giver communicates respectfully; • Parent encourages the child's own thoughts and ideas; • Increased parents' understanding of children's perspectives; • Care-giver is sensitive to the child's feelings.
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55. It is important to note that when assessing self-efficacy, evidence was sought on caregiver's perceptions that he/she is able to perform the behaviour and that this would lead to positive change. The threshold used was the care-giver creating or controlling a situation rather than responding to it, and/or the care-giver showing confidence in solving problems in a collaborative way and not doubting themselves in their application of the PDEP skills.

Box 5: Quotes suggesting self-efficacy or the lack of self-efficacy

Indicating self-efficacy

...the daughter, she didn't want to go to class. If this situation happened before the training, probably I would push her to go to class and I would yell. Now, when she didn't want to go to class, I asked her why she doesn't want to go school. In the beginning she wouldn't talk, and I tried respecting that, but finally she said that her friend who was sitting with her was hitting the table constantly and she was scared because of the noise and scared of him. ...we talked with the teacher and jointly dealt with the problem. If this had happened before the training, I wouldn't listen to her, I would think that she was only seeking attention, and I would take her to school by force.

Before the training sometimes I was angry about that, and I wouldn't allow her to be up at that time. I just simply forbid it. After the training, I have tried to discuss and explain to her that sleeping is necessary for her health and development...for her body and her mind. To keep her a bit more away from the books I have taught her to play chess, I'm a good player, we are spending a good amount of time playing chess...she is preparing to

take part on her school competition. As well as at home, I have been trying to use positive discipline also in school, like techniques of good communication.

Indicating a lack of self-efficacy

A9: [The care-giver/mother talks about one of her daughters who is having problems with her weight] **'I'm trying hard but I'm not sure if she's [the daughter] understood it.'** She thinks I'm trying to save food and I'm giving it to the other daughters. I tell her that I don't want to save anything because we do everything for you, it's just for your own good. I think sometimes she understands, sometimes she leaves it and listens. Sometimes she says I want to quit it, then she goes back to the same thing; I talk to them all the time, I like to care about them. They understand me;

A11 [Father]: Now he knows that when I'm angry he shows me a sign 'mom calm down'. I know that I go out of my limits, and **I'm trying to overcome it.** One has stress during the day and it seems that's the only way. The food they have at school, he doesn't eat his breakfast. I've tried to explain it to him, I've connected it with vitamins and soldiers that he likes. I've told him that when we get the vitamins, they fight the bad things in our body. I've explained they help with growth, to get taller and bigger.

B7 [Mother]: And it was about something we had learned, and I knew that my son knew the answer.... But he didn't. And he came back from school and accused me about it. And I reacted with a raised and harsh voice.... And he was yelling, so I kind of reacted abruptly and said "how could you not know that" and he was startled. **I felt really disappointed with myself.**

56. We also explored the interviews to see if possible to explain why some care-givers didn't demonstrate increased self-efficacy yet did demonstrate changed behaviour (LO1a) and the children also perceived an increase in their well-being (LO2). The case study evidence suggests two reasons. First, that in these cases benefits were observed by the children despite the fact that the care-givers struggled to apply the full set of skills for creating or controlling a situation rather than responding to it. Second, the care-givers weren't confident in their ability to solve problems in a collaborative way. Care-givers sometimes described this struggle as going against their own nature or that they felt a lack of approval from an authority figure or that they weren't the primary carer and so lacked the opportunity to practice all the time. To illustrate what we found when we reviewed the interviews with this group of seven cases, evidence from three of the cases is presented below.

Table 16: Evidence for why positive impact for the child but not self-efficacy for the care-giver

Case number	But the care-giver doesn't demonstrate self-efficacy (MO2)
A5	<p>A father with learning difficulties. Felt that he struggled to help his son with his home-work, which made him feel inferior and that the son was ashamed of him. Although he has grasped aspects of the PDEP approach and has started to apply some, his understanding is limited and parenting is still done by reward and punishment.</p> <p>Quote by interviewee: "How would you encourage him in gaining these habits? <i>With small critiques, for him to know his mistakes.</i> What kind of critiques? <i>Because you look awful, see what your friends look like. I've told him in school too, that we know your clothes are clean. He just doesn't pay attention. He made some tea yesterday, and said, 'This is hard'.</i></p>
B13	Interviewer impression: No evidence that the father has improved his self-efficacy (as a result of the

Case number	But the care-giver doesn't demonstrate self-efficacy (MO2)
	<p>PDEP programme). Religiously observant, he only focused when interviewed on his ability to stay calm when engaging with his children, which he learned from his family. Great respect for his mother and what she thinks. Does not see himself as the primary care-taker.</p> <p>Quote by interviewee: <i>"I can't say that my behaviour with children has always been as good as today, I cannot say I was a perfect dad. We are humans, sometimes we rush and explode. But this has happened very rarely. Now after the training, obviously, it almost never happens. I have learned this calm behaviour also from my family, my father has been very wise and quiet, my mother as well, I had a good environment growing up"</i>.</p>
B7	<p>Interviewer impression: Gave up working to devote herself to bringing up her son and researches a lot on parenting. Judged on this and her parenting by her parents. Care-giver analyses her behaviour during conflict situations and attempts to apply all aspects of PDEP, but she is reactive, does not solve problems in a collaborative way, and still shouts occasionally.</p> <p>Quote by interviewee: <i>" ... and it was about something we had learned, and I knew that my son knew the answer.... but he didn't. And he came back from school and accused me about it. And I reacted with a raised and harsh voice.... And he was yelling, so I kind of reacted abruptly and said "how could you not know that" and he was startled. I felt really disappointed with myself..."</i></p>
B6	<p>Interviewer impression: The mother seemed very honest and very energetic. She talked sincerely about her impulsivity and anger issues. She was raised in a very authoritarian family and it was evident that had impacted her personality and parenting style. She came across as a strong believer of "tough love". With an attitude that "life is really hard" and with some very difficult personal experiences, she believed she was raising her boys to be able to live strong independent lives. Mentioned that criticised by co-workers for how related to old son.</p> <p>Quote by interviewee: <i>"I'm trying to teach them to discuss more. To make decisions together and to discuss issues together...we have always had cooperation in family, now we are trying to make decisions together, but before the training I had these habits of not listening my son's opinions, not listening to his explanations and accusing my husband for being too kind with the children and not shouting at them sometimes... I can't still resist asking twenty questions every time our son goes out, but I'm trying to do it more softly and don't judge him. I'm trying to understand that he is young...and simply wants to hang out, try new things...I'm trying to create an open relation so he doesn't hide anything from us, to discuss things together, not only with me but also with my husband and younger son, as family members. He is being calmer since we have been discussing more and is seeing me to be calmer. We are learning together to control ourselves"</i>.</p>

3.4 What unintended consequences of the programme were observed?

Summary of findings

Evaluation question 2: Were there any unintended effects, positive or negative?

No unintended negative consequences of completing the programme were observed for the children in these 24 families. On the other hand, there was evidence that attempting to use a positive discipline style accentuated disagreements on parenting styles within some families.

More positively, several of the care-givers, rather than the CSOs, have taken active steps to promote the use of PDEP to help themselves maintain the parenting style.

57. **No unintended negative consequences of completing the programme were observed for the children in these 24 families. One the other hand, there was evidence that attempting to use a positive discipline style accentuated disagreements on parenting styles within some families.** We interpret unintended effects to mean things happening beyond what specified at long-term outcome level in the PDEP logic model.

Box 6: Interviewees discussing negative unintended results

The extended family in general don't understand. When I go to my mum's or in-laws, if my son has broken a glass, they get up and shout. And when we're home, I tell him let's clean it together so that he can be careful. And they pressure me 'Oh you with your positive discipline'. They think a child can't be disciplined without using violence. Of course, I've mentioned it, I've spoken a bit about it but they think so.

It happens sometimes that I say to my mother-in-law that she is treating my son with excessive kindness and spoiling him. I understand that she loves him very much and has compassion for him, but rules are rules. It is not good that if I lay-down a rule for my son, my mother-in-law interferes and says that it is okay for him to break home rules.

I think men should be involved in discipline even more. I notice that the training hasn't had the same effect on him that it had on me. He isn't convinced when I explain it; he thinks that sometimes he should shout at our son when it's needed.

58. **More positively, several of the care-givers, rather than the CSOs, have taken active steps to promote the use of PDEP to help themselves maintain the parenting style.** Instances are illustrated below.

Box 7: Interviewees discussing positive unintended results

Since I've finished 'discipline' I've started a group with my friends and there we give moral support to each other.

We talk with the other women even after the training; we see each other and talk in the school when we drop-off or collect our children. We've talked about what we've done in the training, and we've said it was successful, we've calmed down after we went to the training. We had a good time, we asked questions and received answers.

I have also read some parts of the book for him [her husband] and we have agreed on everything written there; he supports me a lot on educating and raising children.

I'd like to change this mentality, I want to open doors for each one of them and break the ice. In this group I've shared some links about activities with children, different stages of children.

4 The influence of contextual enabling factors

Summary of findings

Evaluation question 4. What factors contributed to achieving the intended results? What factors negatively affected intended results?

Although we identified 21 different factors that might potentially affect performance of PDEP, we focused analysis on five enabling conditions which the interviews suggested were most relevant in these cases. These were:

- EC9: Support of extended family members in making change
- EC10a: Joint support group of participating care-givers - PDEP caregivers
- EC10b: Joint support group of participating care-givers - friends and others
- EC11: Agreement between care-givers regarding use of the positive discipline approach
- EC15: Real or perceived criticism by peers of care-givers who do not follow traditional or widespread childrearing practices, such as using punitive forms of punishment is not common

Analysis revealed three different scenarios in which combinations of the above enabling conditions support greater results from participating in PDEP. These are:

- **Scenario 1:** The care-giver doesn't have support from a group of others who participated in the PDEP programme but there is agreement between the care-givers regarding use of the positive discipline approach.
- **Scenario 2:** Support of extended family members in making change in parenting approach for the care-giver who participated in the PDEP programme even though no agreement between primary care-givers regarding use of the positive discipline approach.
- **Scenario 3:** There is real or perceived criticism by peers of care-givers who do not follow traditional or widespread childrearing practices but this is overcome because support from a joint support group of participating care-givers - friends and others and agreement between care-givers regarding use of the positive discipline approach.

4.1 Explaining how we linked context to explaining performance

59. One purpose of the evaluation is to '*critically assess what functions best under what type of conditions to see if there are elements of the programme model or delivery mode that need to be modified under particular circumstances*'. Currently, the assumption is that the PDEP programme will work in all contexts. But, if targeting some groups, for example those who are mainly illiterate, how the programme is delivered may need to be adapted. To date, adaptation has mainly been in making sure that the examples used in the programme are relevant within the context of those participating. In Kosovo, the 2017 experience with engaging and then retaining participants from a particular socially disadvantaged group is an instance where the approach to delivery, with hindsight, possibly needed to be further adapted to the specificities of working with this population. Unfortunately, identifying what needed to change to enhance the success of the programme with this particular group would have required evaluating the actual process of delivering the programme with them in

2017 and this was beyond the scope of the evaluation. We also could not discuss experience in 2018 or whether the concerned CSO – GAGA - had learnt anything from its 2017 experience and tested it in 2018, as the PDEP programme wasn't delivered by GAGA in 2018.

60. Based on the results discussed in section 3, analysis focused on exploring two particular questions. First, are there factors in the context that mean that although self-efficacy isn't found, compensate and help to deliver change in care-giver behaviour and children's well-being. Second, given that we found that the level of long-term outcome change observed in the families where all 12 PDEP outcomes were observed was greater compared with families in which some of the short- or medium-term outcomes were absent participants, was this partially explained by the presence of factors in the family context?

61. To answer these two questions, we used an analytical method called qualitative comparative analysis that is briefly described in paragraph 13. The analysis allows one to look at a number of enabling factors and explore whether any combination is either necessary or sufficient for better performance of the PDEP programme. A detailed discussion of how this method has been applied rigorously in development evaluation can be found at Befani (2016)¹⁵

4.2 Which contextual enabling factors did we examine and for which of the 24 cases?

62. To examine which factors might affect performance of PDEP, it is necessary to have data on the factors that can be used in the analysis. In this evaluation, given that all data was collected at one point in time, this meant identifying which factors were thought likely to be important in influencing performance. As part of design of the evaluation, we therefore asked PDEL to reflect on their experience to date with the programme in 30 countries and also what the theory under-pinning PDEP suggests to identify possible enabling factors. After discussion, a preliminary list of 21 such factors were identified, but we could only find a way of collecting data to allow us to judge the presence or absence of 15 of these enabling factors. The list of 21 enabling factors initially identified and the summary ratings for their presence and absence in each of our 24 case studies is at Annex 3.

63. For analysis, we then reviewed the interview data to identify which of these 15 factors were identified by those interviewed as causes of success or failure and based on this identified the below five enabling conditions as the most likely to influence the degree to which PDEP is implemented and then works well.

- EC9: Support of extended family members in making change
- EC10a: Joint support group of participating care-givers - PDEP caregivers
- EC10b: Joint support group of participating care-givers - friends and others
- EC11: Agreement between care-givers regarding use of the positive discipline approach
- EC15: Real or perceived criticism by peers of care-givers who do not follow traditional or widespread childrearing practices, such as using punitive forms of punishment is not common

¹⁵ Pathways to Change: Evaluating development interventions with Qualitative Comparative Analysis (QCA) Barbara Befani. http://eba.se/wp-content/uploads/2016/07/QCA_BarbaraBefani-201605.pdf

Box 8: Interviewees discussing contextual issues affecting their ability to use positive discipline

B3 [Mother]: Disagreement between care-givers: If you wonder about my motivations why I attended the training, it was because I wanted to learn more about how to raise and educate children, and I do want to improve myself always, as I mentioned earlier, I am kind of impulsive character. Also, I was free at the time when they called me to attend the training so I was happy to continue. I have been implementing the things we have learned there. Not only I have implemented myself, but also I have tried to tell my husband about skills I have learned and tried to convince him that even he should try to implement those skills. I am having some misunderstandings with my husband. He tends to fulfil every single request of our children. I'm saying that we should not fulfil everything they ask for, sometimes we have to refuse that. I have told him about the importance of structure and warmth, but he is not trying to implement them. Sometimes his behaviour prevents me from achieving what I'm trying.

When I go out with my friends, I talk to them about the skills we have learned. I don't meet often with other parents that have been together in the training, but I talk about this with other people. But, here it's a bit more difficult... it's our mentality... people tend to interfere while you raise your children.

B6: Mother was struggling a lot between her personality (her temper), her family (she was raised in a very authoritarian family) and her wish to apply positive discipline:

...asked him how much pocket money do you need, he said about 100 euros. I immediately asked him what do you need them for...to drink alcohol?!!!. Immediately regretted, I know that I did a mistake reacting like that, even if he hadn't planned to drink, my words can cause him to drink when in Albania.

When we were kids, it was more common and socially accepted that parents punish their children, now it has changed a lot, has improved a lot.

Family of my mother helps me, but they also interfere too much in the same time. They are very educated, one of my brothers has a PhD, he likes to advise me, he says that I should try to better understand the son.

Well, the family has had an impact, and the fact that our children are not problematic, they do not cause a lot of troubles.

B7: Mother comes at parenting from a more philosophical perspective, linking it largely also with teaching of Islam. She talked a lot about how much the training she received was fully compatible with the preaching of her religion and she also talked a lot about our human and social responsibility to influence the society positively:

We are both engineers. We both agreed that we will raise our son by the book, but our education was technical, it had nothing to do with child education. Years ago, the extended family supported the new couples in raising children, and I think this was very beneficial for new mothers, but for me... I live in a nuclear family, and I didn't have this chance... my mother could not help me so I had to discover everything myself. I think this is why I appreciate PDEP so much, because I needed it... it had an awareness raising role also.... Building awareness among mothers. I shared everything with my husband, and we support each other a lot on this. All in all, it was very challenging for me. I worked a lot on myself, and the training and my religion helped a lot.

64. We focused the analysis on those cases where care-giver behaviour change (LO1a) and/or enhanced child well-being (LO2) had been found. The summary of presence and absence of the selected enabling factors in these 17 case studies is shown in Table 17.

Table 17: Presence or absence of possible enabling factors in selected case studies

Case number	MO1	MO2	LO1a	LO2		EC9	EC10a	EC10b	EC11	EC15
A9	1	0	1	0		0	1	0	0	1
A13	1	0	1	1		1	1	1	1	1
A11	1	0	1	1		0	1	1	0	0
B6	1	0	1	1		1	1	1	1	1
B7	1	0	1	1		1	1	1	1	1
B13	1	0	1	1		1	1	1	1	1
B3	1	0	1	1		0	0	0	0	0
A2	1	1	1	1		0	0	0	1	1
A1	1	1	1	1		1	1	1	0	1
A3	1	1	1	1		1	1	1	1	1
A10	1	1	1	1		1	1	1	0	1
B2	1	1	1	1		1	0	1	1	1
B4	1	1	1	1		1	0	0	1	0
B8	1	1	1	1		1	1	1	1	1
B9	1	1	1	1		1	0	1	1	1
B10	1	1	1	1		0	0	0	1	0
B11	1	1	1	1		1	0	1	1	1

4.3 Are there key combinations of enabling factors that help better explain performance?

65. Results of the QCA analysis suggest three scenarios and combinations of enabling factors that support enhanced care-giver behaviour and child well-being. These are:

Scenario 1	The care-giver doesn't have support from a group of others who participated in the PDEP programme but there is agreement between the care-givers regarding use of the positive discipline approach. ¹⁶
Scenario 2	Support of extended family members in making change in parenting approach for the care-giver who participated in the PDEP programme even though no agreement between primary care-givers regarding use of the positive discipline approach
Scenario 3	There is real or perceived criticism by peers of care-givers who do not follow traditional or widespread childrearing practices but this is overcome because support from a joint support group of participating care-givers - friends and others and agreement between care-givers regarding use of the positive discipline approach

66. Table 18 provides evidence from selected cases that illustrate the three scenarios identified.

¹⁶ In a number of cases "agreement between care-givers" needs to be understood as the non-participating care-giver having "no objection to his/her partner participating in and applying PDEP parenting skills". In these cases, although the survey answer to EC11 was 'yes', the interview text demonstrates that the non-PDEP care-giver does not change or show behaviour change which often conflicts with PDEP behaviour.

Table 18: Case evidence illustrating the three scenarios identified

Scenario	Illustrative case description
Scenario 1	<p>B2: Both parents attending the training. Before they had lived with extended family and now only with mother-in-law, but she did not interfere in parenting approach:</p> <p><i>Before we used to live together with my sisters-in-law, it was a bit more difficult for us to educate our children since my children and children of my sisters-in-law were constantly fighting with each other, we often punished them.</i></p> <p><i>Maybe because my husband was also at the same training, so we had the ability to talk to each other about it how to implement it and we could share our best experiences with each other.</i></p> <p><i>We very often talk with my husband about the future of our children. It is my husband from whom I have my biggest support. My mother-in-law lives with us, but she never interferes in how we educate our children. Regardless of how I work with my children, she never interferes. Even before when it happened that I slapped my children when he was young, she never said anything. She used to say to my children that they should respect their mother.</i></p> <p>B8: Only mother attended the PDEP training, but clear from the interview that both parents had taken the lessons from the training and implemented them jointly as a family, not the mother as an individual:</p> <p><i>I mentioned earlier that I sometimes have used physical violence. When I was attending PDEP training, my husband also was in a training in Albania, when he came back home, we discussed together and he told me that their trainer has spoken about consequences of physical violence, even though that training was for something else; not about parenting. I also shared with him what we learned and we decided together that our approach toward children has still to improve. He never used violence, never was rough with daughters as I. Even after the training, sometimes when I was angry, he said to me lets go out to walk, and during our walk he recalled to me the things I have told him from the training.</i></p> <p><i>The parenting of my mother has also guided me, she was my mother and like my friend at the same time. I understand her better from today's perspective and try to implement some behaviours like her did with me. I talked to her very openly, about boys I liked and everything. And I believe I am successful on creating such a relationship with my daughters, so they can freely express themselves and have a full trust on me, this relationship is very important for us as parents.</i></p>
Scenario 2	<p>A1: The interview was with mother and her son with Down Syndrome. It is clear from the interview and the case impressions that the mother is the primary care-giver who has established rules, between her and her husband and between her and her son at home including a "sleep schedule" for her son "because he needs to be well rested for school tomorrow":</p> <p><i>Does it happen that he stays longer [sleep schedule]?</i></p> <p><i>He complains to my husband because he fulfils his wishes, and I say to him 'you know what time it is, look at it'. I want for both of us to be on the same page with my husband.</i></p> <p>A10: The father is divorced and described that the child's mother has mental problems. Father and lives with children live with extended family members:</p> <p><i>The children are with me, they meet with their mother every two weeks for about 2 hours, that's how the court decided. I take them to the centre of social work; my wife isn't okay</i></p>

Scenario	Illustrative case description
	<p><i>mentally and I don't dare to leave them with her. She is very aggressive she would maltreat us and would beat the children. My children don't dare to hang out with her because she beat them when they were little. They said 'Dad we'll go only with you to hang out with her' and I'm present when they meet her.</i></p> <p><i>Do they express their mother's absence?</i></p> <p><i>No, I couldn't notice. They don't mention her, they don't say 'if mom was here'. My mother cooks, my sisters clean and I live in a family of 12 members.</i></p> <p><i>My son consults with my sister more, she's around the house and deals with his homework. She doesn't do his homework, just guides him how to do it, it's like this and that. It has happened to me too, but my sister deals with it more.</i></p>
Scenario 3	<p>We have no cases that demonstrate this scenario. With QCA, the solutions can include some that are not reflected in the actual cases. These are remainders and represent a combination of factors that based on substantive and theoretical knowledge, it is reasonable to speculate that if such cases existed, they would have been be positive. The reasoning is as follows: (1) the remainder case resembles the empirical cases above it in every respect except one; (2) the one difference (the remainder cases in this analysis include EC15 (Real or perceived criticism by peers of care-givers who do not follow traditional or widespread childrearing practices, such as using punitive forms of punishment is not common) involves a condition that should only make greater child well-being and care-giver behavioural change more likely; (3) therefore, the remainder case, if it existed, would display these two long term outcomes, just like the empirical cases.</p>

5 Costs of the 2017 Kosovo programme

Summary of findings

Evaluation question 6. What has been achieved with the investment made (results achieved in relation to the costs)?

As agreed during the inception phase, rather than a full value for money (VfM) analysis, the evaluation includes an estimation of the cost of implementing PDEP in Kosovo during 2017 and calculation of unit costs against the number of participants in the programme and children potentially benefiting long-term outcomes achieved. Moving to a full VfM analysis is impossible as the benefits cannot be quantified in monetary terms.

The three CSOs with low unit costs per participant are the three CSOs that had pre-existing and on-going relationships with the PDEP programme participants.

To some degree higher costs per participant entering the programme can be justified if it is reflected in a higher proportion of those starting the programme also completing it. Greater investment by AMC, SiV and GAGA is not reflected in higher retention rates and this only increases their unit cost per completed PDEP participant compared with the other three CSOs.

A significant proportion of SCiK's 2017 costs were associated with training the new facilitators and all but one of these facilitators is delivering the programme in 2018 as well.

Costs to PDEL for delivery of the 2017 programme were modest, but as discussed at paragraph 24, PDEL gave some ad hoc support for the 2017 programme, but the main investment and engagement had been in 2015 and 2016 and by the time the 2017 programme was developed, SCiK had the skills and experience necessary.

Total costs of delivering the Kosovo PDEP programme in 2017 are estimated to be €126,850. This translates into a cost per person starting the programme of €400 and a cost per person for those completing the programme of €515.

Assuming that the impact is most likely for children where the care-giver has completed the programme, then based on the survey data, the 246 care-givers who completed the programme were responsible for the care of approximately 480 children below the age of 17. This means a cost per child of €265.

We found it difficult to find comparable costings from similar programmes against which to benchmark these for PDEP in Kosovo, but the limited number we could find suggest that PDEP costs in Kosovo were comparable or lower than those in other programmes.

5.1 How did we estimate costs?

67. As agreed during the inception phase, rather than a full value for money (VfM) analysis, the evaluation includes an estimation of the cost of implementing PDEP in Kosovo during 2017 and calculation of unit costs against the number of participants in the programme and children potentially benefiting long-term outcomes achieved. Moving to a full VfM analysis is impossible as the benefits cannot be quantified in monetary terms. This assessment is based on the numbers of participants, and long-term outcomes, discussed above and a compilation of costs from the following sources:

- Estimation of costs of the six implementing organisations (the CSOs) in terms of their staff attending trainings to become a facilitator and then delivering the PDEP programme sessions, including time spent, materials and venue costs. This was assessed in two ways. Firstly, we reviewed financial reports from 2017 from the CSOs to SCiK for the relevant grant that included PDEP¹⁷. This allowed us to compile direct costs of implementation of PDEP, such as printing, venue hire and recruitment campaigns, the salary costs of relevant staff and the overhead (OH) costs of the CSO. Secondly, we asked the facilitators to estimate how much time they spent specifically on PDEP activities in 2017 (using a time sheet developed specifically for this), including training to become facilitators, recruitment of care-givers to the programme, and holding the PDEP sessions. The costs of time spent were then calculated, based on time spent multiplied with salary costs, to which we added a relevant proportion of the OH costs and the direct costs.
- Estimation of costs borne by Save the Children Kosovo, primarily in terms of staff time, and including training the facilitators, providing technical assistance to CSOs, and managing communication with and over-sight of implementation by the individual CSOs related to PDEP specifically. Monitoring and evaluation costs were compiled separately and included standard monitoring of the programme, the implementation of the pre-, post- and follow-up surveys, as well as reporting costs. This was assessed in two ways. Firstly, we reviewed financial reports from 2017 from SCiK to SCS to assess direct costs; in this case the implementation of surveys by research assistants and the OH costs attached to the overall grant that PDEP was funded out of. Secondly, we asked relevant SCiK staff to estimate the time spent on PDEP activities in 2017, again using a specific time sheet. Finally, salary costs for SCiK staff were sourced from the SCiK human resources department. The cost of time spent was then calculated, based on time spent, multiplied by salary costs, to which we added a relevant proportion of the OH costs and the direct costs.
- Estimation of the time spent, and the costs of this, by PDEL in Canada for supporting development and implementation of the 2017 programme. This was assessed using invoices sent to SCS by PDEL staff working on data inputting and analysis, which were added together and converted from Canadian dollars to Euro.

¹⁷ GAGA was the only organisation that implemented only PDEP as part of the SCiK grant. The other five organisations also implemented other activities unrelated to PDEP from their grant with SCiK.

68. We have not included any costs of time spent on the part of Save the Children Sweden in 2017 for the Kosovo programme in particular, although this could have been included in terms of costs of managing the SCiK grant by a relevant Programme Officer and costs of the developing the follow-up survey and supporting its implementation by the Research and Evaluation Specialist. We pragmatically chose not to try to estimate these costs because they were either directly related to this impact evaluation or we thought it unrealistic to allocate Programme Officer time to PDEP in Kosovo.

69. This assessment has a number of limitations:

- One of the main challenges has been to get an accurate picture of staff time spent on this particular programme, in relation to others activities funded under SCiK's grant. This particularly influences how much of the OH costs charged by the individual CSOs against the entire grant we have added into the calculation of the cost of the PDEP programme. We have approached this by allocating the overall OH charge proportionately to time spent on PDEP versus other activities in the grant.
- Since SCS and in turn SCiK do not require specific reporting of time spent on PDEP, the robustness of the estimated allocation from the OH charge, and other costs, is dependent on the involved individuals being able to recall time spent accurately for what they did 12-15 months before:
 - For SCiK, we can assume that individuals' estimates of time spent are relatively accurate, since they were done for all staff involved jointly, allowing some assessment of the accuracy by our SCiK contact point.
 - For the six CSOs, the time spent and subsequent costs varied, so it is difficult to draw strong conclusions of about how much time it took to implement the programme during 2017. Some of the organisations have also reported managerial staff separately and some have not, complicating the assessment of OH costs, as we have not been able to go back to the organisations to ask why managerial staff has been added and whether this was specifically for PDEP tasks or for more managerial tasks. We have as such chosen to present OH costs separately. In addition, linking salary costs to specific staff is not straightforward from the financial reports, due to differences between titles in the time sheets and in the financial reports. However, this should be a minor issue as salary costs are relatively similar across staff categories.
 - For PDEL costs, these should be accurate as they depend on invoices, linked to number of hours worked, and as such are not based on recall and include OH costs by their very nature.
- This is an estimate of costs in one particular year of running the programme in one particular country. It includes some start-up costs (such as training new facilitators who actually have continued to deliver the programme in 2018), but it does not include other start-up costs to SCiK which were incurred in 2015-2016. For SCiK, it is probable that the major costs from PDEL were in 2015-2016, when supporting initial PDEP implementation and training the two country trainers, and as we have noted elsewhere Kosovo is unusual because in previous years the level of support from PDEL in 2015-2016 was greater than in most other countries.

- In the assessment, we present what are fixed and variable costs and what influences this in any given context. This also means that we present the costs of preparing for this impact evaluation - additional data collection and analysis – that would not be incurred in a normal programme separately¹⁸.

5.2 Estimation of costs in 2017

70. The following presents the costs at three different levels and then the combined costs. All costs are presented in Euro.

5.2.1 Costs at the level of implementation partners

71. It should be noted that for 2017, PDEP was new, so training of facilitators could be seen as a start-up costs that will not be required in subsequent years. In practice, five of the six CSOs are running PDEP programmes in 2018 using the same facilitators. The exception is GAGA, which is not running the programme in 2018. The table below presents the costs for each of the six CSOs, with and without overhead costs. It also presents the number of PDEP groups and the cost for each group.

Table 19: PDEP partner costs in 2017 (Euro) based on the number of participants starting the PDEP programme

Partner	Number of groups	Average number of participants per group	Costs (€) when including OH costs			Costs (€) when excluding OH		
			Total costs	Cost per group	Cost per care-giver starting the programme	Total costs	Cost per group	Cost per care-giver starting the programme
AMC	6	6.7	21,644	3,607	538	16,333	2,722	406
SiV	4	14	26,682	6,670	476	26,110	6,527	466
GAGA	3	13.3	19,228	6,409	482	3,581	1,194	90
Handikos	4	14.2	7,508	1,877	132	5,581	1,395	98
DSK	2	18.5	7,544	3,772	204	7,239	3,619	196
OFAP	7	12.3	12,601	1,800	146	8,080	1,154	94
Total			95,207			66,924		

72. If excluding our estimate of the OH costs, then the cost per participant entering the programme is between two and four times higher for three CSOs, AMC, GAGA and SiV, when

¹⁸ The costs of this evaluation are not included at all, in terms of the contract with FCG Sweden and the local data collection team in Kosovo.

compared with the other three. Whilst obviously including the OH increases cost per participant for all six CSOs, the fact that AMC's and SiV's unit costs are significantly higher than for the others remains the same. The exception is GAGA, where the inclusion of OH costs significantly increases cost per participant. The question is why the observed variations in costs across the CSOs. For AMC and SiV, the high unit costs partly reflect the additional costs of awareness campaigns that were focused on information about the PDEP programme and its benefits, but not specifically aimed at recruitment for the programme in 2017. AMC's high unit costs also reflect the relatively low number of participants per group, 6 rather than the 17-18 normally expected. On the other hand, AMC only implemented the programme in Pristina and as such did not spend large amounts on transport for its facilitators, facilitators for all the CSOs were generally resident in Pristina, to deliver the programme. As noted in the 2017 SCiK annual report to SCS, AMC produced two videos, one being an animated video with information on PDEP programme and its benefits, and the second one providing insight on the programme delivery to parents/caregivers, including individual interviews with two parents/caregivers. SiV participated in two TV shows, and four radio shows to inform the public on the mechanisms for violence prevention in schools along with a focus on the ban on physical punishment¹⁹. For GAGA, the increased cost per participant after inclusion of the OH costs reflects the fact that PDEP was the only programme funded under the SCiK grant and so the entire OH has been allocated to the PDEP programme and the fact that GAGA (note that GAGA works with socially disadvantaged groups and as flagged in Table 5 above, experience is that it is difficult to ensure attendance without material support) used its community mobilisers to ensure that care-givers attended each session.

73. **The three CSOs with low unit costs per participant are the three CSOs that had pre-existing and on-going relationships with the PDEP programme participants.** As shown in Table 1, Handikos, OFAP and DSK, are the three CSOs that on-going relationships with those who participated in the programme. This means that they possibly needed to invest less in enrolling people on the programme and, to some degree, other costs associated with delivery of PDEP may have been subsumed into their general costs and so not reflected in our cost estimates above.

74. **To some degree higher costs per participant entering the programme can be justified if it is reflected in a higher proportion of those starting the programme also completing it. Greater investment by AMC, SiV and GAGA is not reflected in higher retention rates and this only increases their unit cost per completed PDEP participant compared with the other three CSOs.** As shown in Table 6, DSK's and GAGA's completion rates were significantly lower than that of the participants of the programme under the other four CSOs. Table 20 below examines the implication. The poor completion rate significant increases unit cost per participant who completed the programme, but does not support the assumption that investment at the recruitment stage is particularly cost-effective.

¹⁹ We don't have specific information on DSK's campaign, but it was a large post in their financial report.

Table 20: Comparison of CSOs' unit costs (Euro) for delivery programme by numbers starting vs completing the programme

Partner	Costs (€) when excluding OH costs		Costs (€) when including OH costs	
	Cost per care-giver starting the programme	Cost per care-giver completing the programme	Cost per care-giver starting the programme	Cost per care-giver completing the programme
AMC	406	480	538	637
SiV	466	512	476	523
GAGA	90	138	482	740
Handikos	98	114	132	153
DSK	196	290	204	302
OFAP	94	132	146	207
Total	211	272	300	387

5.2.2 Costs at Save the Children Kosovo

75. **Costs of the 2017 programme to SCiK were about a third of the cost of implementation by the six CSOs.** The table below presents the costs for SCiK, with and without overhead costs and with and without the costs of implementing surveys, in terms of recruiting research assistants. We have not disaggregated the time spent on supporting the survey implementation in SCiK.

Table 21: Costs of PDEP for SCiK in 2017 (Euro)

	Total costs (€) – with OH	Total costs (€) - without OH
Total with direct survey costs	31,381	24,493
Total without direct survey costs	29,805	22,917

76. **A significant proportion of SCiK's 2017 costs were associated with training the new facilitators and all but one of these facilitators is delivering the programme in 2018 as well.** In comparison with the implementing organisations, the majority of SCiK costs are related to staff time. The majority of this was focused on initial engagement with the organisations, which were new for 2017, training of the facilitators, and monitoring and reporting, rather than on support for implementation of the actual PDEP sessions. As such, much of the staff time was related to start-up costs for these organisations and also preparation for this evaluation, in terms of management of the survey data collection. These costs will not be required in supporting delivery of the 2018 programme by the five CSOs that have continued and most of SCiK's 2018 costs will relate to monitoring and reporting activities.

5.2.3 Costs for PDEL

77. Costs to PDEL for delivery of the 2017 programme were modest, but as discussed at paragraph 24, PDEL gave some ad hoc support for the 2017 programme, but the main investment and engagement had been in 2015 and 2016 and by the time the 2017 programme was developed, SCiK had the skills and experience necessary. The table below presents the costs for two researchers from PDEL that were involved in inputting and analysing data from surveys from Kosovo.

Table 22: Costs of PDEP Kosovo for PDEL in 2017 (Euro)²⁰

	Total costs (€)
Total with follow-on survey costs	9,475
Total without follow-on survey costs	2,800

78. The costs have been split into two parts. Work done with the pre- and post-surveys which is almost standard across PDEP programmes implemented elsewhere and the work done with follow-on survey which is a cost specifically associated with preparation for this impact evaluation. This incremental cost is not one incurred in the 2018 PDEP programme in Kosovo. As the latter was more specifically related to the costs of this evaluation and not a standard service performed for the implementation of the programme and will not be relevant for subsequent years. These costs include OH.

5.2.4 Total PDEP costs in 2017

79. Total costs of delivering the Kosovo PDEP programme in 2017 are estimated to be **€126,850**. This translates into a cost per person starting the programme of **€400** and a cost per person for those completing the programme of **€515**. Table 23 presents a summary of overall costs in 2017. In the table, where possible we have excluded costs directly associated with preparation for this impact evaluation but included our estimation of the proportion of the organisations' overheads that should be allocated to the PDEP programme.

Table 23: Summary of costs of PDEP in Kosovo in 2017 (Euro)

Organisation	Total costs (€)	Cost (€) per person starting the programme (n=317)	Cost (€) per person completing the programme (n=246)
CSO partners	95,207	300	387
SCiK	29,805	94	121
PDEL	1,838	6	7

²⁰ The conversion rate was 1.52359641 between EUR and CAD.

Organisation	Total costs (€)	Cost (€) per person starting the programme (n=317)	Cost (€) per person completing the programme (n=246)
Total	126,850	400	515

80. Assuming that the impact is most likely for children where the care-giver has completed the programme, then based on the survey data, the 246 care-givers who completed the programme were responsible for the care of approximately 480 children below the age of 17. This means a cost per child of €265. In the post survey, completed by 212 of the 246, the average number of children 17 years and below in age was 2.0 per participant. Adjusting for the fact that in some families two care-givers attended the programme and assuming the 34 people who didn't complete the post-programme survey have similar family characteristics to the 212 that did, this comes to approximately 480 children. This figure is used although our case study work shows that not all care-givers who completed the programme, even if they expressed satisfaction with the programme, actually managed to use the skills acquired on a sustained basis. Therefore, the actual number of children that will have seen a positive increase in their well-being will be lower than the 480 stated here. Unfortunately, we could find no methodologically credible means of coming to a figure of impact across the 480 children based on impacts observed across the case studies. See the limitation set out in paragraph 18.

81. We found it difficult to find comparable costings from similar programmes against which to benchmark these for PDEP in Kosovo, but the limited number we could find suggest that PDEP costs in Kosovo were comparable or lower than those in other programmes. In this analysis, we can see that the cost for each caregiver who completed the programme is €515. Without having a comparison, this does not tell us much. We searched for suitable comparators against which to benchmark PDEP in Kosovo, but our experience is that such evidence is extremely scarce. Three are presented below, although the fact that these come from programmes in very different contexts makes direct comparison difficult, and therefore should only be seen as giving an indication of the cost-efficiency of the programme.

Table 24: Comparison of unit costs in various programmes

	PDEP in Kosovo	Happy Families	Parents Make the Difference	All 4 programmes in Swedish evaluation ²¹
Country	Kosovo	Thailand	Liberia	
Targeting	All parents	Care-givers and older children	Care-givers of younger children	

²¹ Komet, Connect, the Incredible years, Cope.

<https://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/19594/2014-11-12.pdf>

	PDEP in Kosovo	Happy Families	Parents Make the Difference	All 4 programmes in Swedish evaluation²¹
Total cost per care-giver	515 Euro	N/A	N/A	
Total cost per child	265 Euro	N/A	N/A	4,000-11,000SEK (~390-1070 Euros)
Total cost per family (number of children not indicated)		900 USD (~800 Euro)	650 USD (~570 Euros)	

82. The most suitable comparators found are parenting and family skills programs implemented by the International Rescue Committee (IRC), who implements these in fragile and conflict-affected areas around the world to encourage safe home environments for vulnerable children. An IRC evaluation that assessed the impact and value for money of two parenting and family skills programmes in Liberia and in Thailand on the Thai-Burmese border found that the costs were quite similar to the ones in Kosovo, although not directly comparable as the unit of analysis was here the family and these were implementing in very different contexts²².

²² <https://www.rescue.org/sites/default/files/document/960/parentingdesignedbrieffinal.pdf>

6 Conclusions and recommendations

6.1 Conclusions

Conclusion 1: To date, there has been a lack of evidence that PDEP works at the long-term outcome level. In terms of the most important long-term outcome, children's well-being, the evaluation shows that the programme works. It also works when considering care-giver behaviour. The programme is less successful in terms of delivering enhanced care-giver well-being, but this is not considered to be the main intended impact of the programme. As such, the evaluation provides proof of concept based on empirical evidence for the efficacy of the PDEP programme and demonstrates the key strength of the PDEP programme.

Conclusion 2: PDEP's assumption is that the programme will work in all contexts, assuming targeted at supporting children on the normal developmental pathway, but that how the programme is delivered may need to be tailored to the specific context. The evidence from Kosovo would tentatively support the conclusion that this assumption is correct; the PDEP programme was successful with families in a wide range of contexts and situations in Kosovo. However, this experience only comes from one country and needs to be triangulated with evidence from other countries to strengthen confidence in this conclusion.

Conclusion 3: The increase in the degree to which the programme enhances a care-giver's practice of positive discipline and a child's well-being appears to be contingent on: (i) whether the main care-givers (including those who have not participated in the PDEP programme) agree on the parenting style; and (ii) the degree to which participants have support networks with whom to discuss parenting after completion of the programme. As noted in the findings, the lack of self-efficacy observed with several of the care-givers interviewed was related to a lack of positive support from immediate family and authority figures. A current gap in the programme approach is that it does not address these two issues in targeting of who participates or considering how participants could build support networks after completing the programme.

Conclusion 4: PDEP does not necessarily lead to the complete cessation of physical and humiliating punishment but can be seen as one contribution to helping care-givers address these challenges. If complete cessation of physical and humiliating punishment is the reason why supporting PDEP, then it should be seen as one, and not the only, approach that needs to be supported. The question therefore is how use of PDEP as an option for support should be considered when developing and agreeing a programme such as SCiK's broader child protection programme for 2017-2021. In Kosovo, the decision on who was targeted, and hence what results were delivered, was based on the decision that it be implemented by CSOs supported within the broader programme with the necessary capacity to deliver it. While this decision was sensible in itself, it is possible that it meant that opportunities for enhancing results were missed. While we didn't specifically evaluate this issue, in the PDEP, and other, documentation reviewed we found nothing considering the strengths and weaknesses of PDEP relative to alternative approaches to addressing PHP or where there might be opportunities for using more than one type of intervention to foster greater synergistic results. The lack of such information may be one reason why this issue was not considered.

Conclusion 5: We assume that the PDEP programme has been designed specifically to deliver the outcomes identified in the PDEP logic model. Our conclusion is that in the main the model includes the right outcomes needed to explain what was observed in Kosovo. Our only real reservation is that the model defines outcomes in terms of increases/improvement in the individual outcome rather than clearly specifying an absolute level in each outcome needed for success. Our design was specifically designed with this in mind, but it still caused challenges. The clearest example was with the judgement of self-efficacy, where we judged that not in place in several cases. First, that in these cases benefits were observed by the children despite the fact that the care-givers struggled to apply the full set of skills for creating or controlling a situation rather than responding to it. Second, the care-givers weren't confident in their ability to solve problems in a collaborative way.

Conclusion 6: Costs per participant completing the programme or child are in line with comparators that we have found. The most obvious way to reduce costs is to plan from the start to run the programme with the same country trainers and facilitator for more than one year; this immediately spreads the initial establishment costs over a larger number of participants. On the other hand, we also observed significant variation between the six CSOs in terms of their unit costs. Experience in Kosovo would suggest that if delivery is by CSO partners, unit costs are lower when the programme is being delivered as part of a wider package of support to the concerned families, whilst it cannot be assumed that additional investment in recruitment is cost-efficient. However, we note that for CSOs such as SiV, the argument was that these heavy initial costs are more related to achieving wider objectives rather than just delivery of the PDEP programme.

6.2 Recommendations

To SCS

1. PDEP is justified as a contribution to the promotion of the rights of all children as outlined in the UN Convention on the Rights of the Child. Save the Children should clarify what the PDEP contribution actually is in achieving these rights and the Save the Children's Breakthrough on Violence agenda. Further clarify how PDEP might be positioned within a range of possible programme interventions e.g. advocacy, capacity building and technical support to governments that all contribute to achieving these rights. This would enhance the opportunity to identify synergies between possible programme options. It would also help country teams consider the alternative interventions for achieving the same results when developing their overall child protection programme and identify which have the greatest potential for making a contribution to achieving intended higher-level results.
2. Save the Children Sweden should develop and issue guidance to country programmes emphasising that they should carefully consider who the best positioned delivery partner is, and the implications for the types of results that can be expected, before selecting delivery partners. When implementing PDEP, the decision on which partner organisation delivers the PDEP programme dictates which population is then targeted and whether there are opportunities to nest PDEP within a broader range of support to particular families. This therefore affects the results that can be expected from supporting PDEP and dependent on the target population, its potential effectiveness.

3. We are not entirely certain why, but in Kosovo, experience suggests that when delivered through CSO partners with on-going relationships with the target population, unit costs are lower per participant who completes the programme. If this is the dominant modality funded by SCS elsewhere, this finding should be verified and if proven to be general experience the implications be considered when discussing selection of CSO partners to deliver PDEP.

To SCiK

4. In other countries, a challenge cited is that the problem-solving component during practice sessions may be rushed due to: (i) a lack of sufficient time; or (ii) a lack of confidence by the facilitators. This would be a specific risk that should be monitored during delivery of future programmes in Kosovo.
5. Analysis suggests that results would be enhanced if all the main care-givers participated from individual families. Scheduling programme sessions mainly during working hours by most of the CSOs restricts the opportunity for working care-givers (assumed to be mainly the fathers) to enter the programme. For 2019 onwards, explore with the CSOs whether it would be feasible to schedule programmes outside of working hours or identify other opportunities to actively involve working care-givers in PDEP programmes.
6. While the evaluation was not focused explicitly on evaluating the process of implementing PDEP, our view is that there would be value in scheduling lesson learning opportunities with the CSO partners into the future development and delivery of the PDEP programme. Our impression is that the lack of these has meant that the opportunity has been missed for the CSOs to learn from each other and also for SCiK to learn what is working and why in a more structured fashion. Clear initial areas of focus might be the differing unit costs across the CSOs and approaches to recruitment and retention of participants into the programme and whether arranging on-going mentorship of the facilitators in areas they feel would help should be arranged.
7. Learning is an iterative process. Analysis suggests that the stronger a participant's self-efficacy, the greater the positive change in children's well-being. Therefore, discuss with your CSO partners, especially given that three of the five currently delivering the programme have on-going relationships with many of the participants' families, whether there are opportunities to support participants to become involved in support networks after the programme finishes in which they can discuss their concerns and learn from each other.

To PDEL

PDEL takes the lead in development of the programme material and also the training of the country trainers. In refinement of the material and how the programme is delivered, we make a number of recommendations on areas that should be considered.

8. Whereas care-givers completing the programme understand the importance of providing warmth, structure and collaborative problem solving, the evidence suggests that more attention needs to be given to building their skills in how to do this. For example, listening and questioning and non-judgemental communication skills.
9. The evidence suggests that the stronger a care-giver's self-efficacy, the more likely it is that he/she will actually use the skills on a consistent basis. General experience in adult education indicates that feedback on behaviour is an important and effective way of building self-confidence/efficacy. Therefore, consider including feedback loops in the PDEP programme; for instance, sessions on experiences (reflecting on PDEP skills practiced at home).

10. Consider how to encourage the creation of self-organised support networks as part of delivery of the programme.
11. The need to adapt how the programme is delivered with some target populations is correct. We have not evaluated who identifies when such adaptation is required and whether approaches to adaptation are based on evidence of what works. If either of these has not been done, we suggest it is an area that PDEL reflect on. Possible initial steps might include: (i) quickly moving to operationalise empirically-based evidence in this area from the academic research carried out by members of PDEL; and/or (ii) developing an assessment tool that can be used by PDEL with country offices to systematically identify the target population and assumptions of the country offices and jointly think through the implications for expected programme results.
12. Our experience is that when delivering such programmes, tools that allow tracking the fidelity of implementation are available. We know that PDEL are aware that such tools need to be developed, and piloted one in 2012, but suggest further work be done in this area sooner rather than later.

Annexes

Annex 1: ToRs

Date 2018-01-30

Impact evaluation of the Positive Discipline in Everyday Parenting Programme (PDEP)

1. Background

Main objective of PDEP

Positive Discipline in Everyday Parenting (PDEP)²³ is a parent support programme aimed at eliminating parents' use of physical and humiliating punishment. It provides parents with a framework for understanding, and responding constructively to, parent-child conflict. By increasing parents' knowledge of child development, their skills in scaffolding children's learning, and their empathy with children's emotions, it is expected that PDEP will lead to a significant reduction in punishment and a significant increase in parenting behaviours that promote children's healthy development.

Basic elements

PDEP is based on two foundational pillars – the elimination of physical and humiliating punishment of children, and the promotion of the rights of all children as outlined in the UN Convention on the Rights of the Child. PDEP is based on the most current understanding about healthy child development informed by research in neurobiology, cognitive psychology, and emotional regulation.

Characteristics

PDEP differs from traditional parents training programmes in several key ways:

- Theoretical approach: traditional parent training programmes are based on principles of behaviourism, teaching parents how to implement reinforcement and punishment contingencies. PDEP on the other hand is developmentally based, focusing on the importance of trust and attachment, helping parents understand children's perspectives, and building parental empathy.
- Target outcomes: traditional parent training programmes are aimed ultimately at reshaping children's behaviour to increase compliance. PDEP's objective is to shift parents' thinking so that they reduce their use of physical and humiliating punishment and increase their use of problem-solving methods that promote children's healthy development.
- Target group: parent training programmes were initially developed for at risk or highly aggressive parents or children. Most of them are secondary prevention programmes. PDEP was conceived from the outset as a universal programme for typical parents facing everyday conflicts with their children. It is a primary violence prevention programme.

²³ The programme was developed by Dr. Joan E. Durrant together with Save the Children Sweden. For more information visit: <<https://resourcecentre.savethechildren.net/library/positive-discipline-everyday-parenting-pdep-fourth-edition>>.

- Practice approach: Parent training programmes are generally prescriptive, giving parents direction on what to do in specific situations. PDEP is non-prescriptive. Rather than suggesting particular strategies, it gives parents a framework for figuring out why the child is behaving in a particular way and then problem solving a solution that scaffolds the child's learning.
- Many parent training programmes focus on the early years. PDEP focuses on all of childhood, from birth through adolescence, to help parents understand the developmental themes that underlie much parent-child conflict.

The PDEP logic model

The PDEP logic model outlines the intended outcome and focuses on three stages of progress: short, medium and long-term outcomes. The focus is on a progressive shift in thinking, which is expected to lead to shifts in behaviour. The logic model is clear on how the programme aims to change behaviour but does not take into account the external/contextual factors that may influence behaviour. The aim is that this evaluation will look into such factors.

PDEP implementation

The programme, in some form, is being implemented in some 30 countries worldwide. In Kosovo, the case study for this evaluation, Save the Children is working with six partner organizations on PDEP. In 2017, more than 300 parents participated in the PDEP sessions in Kosovo. Before 2017 the programme had reached some 200 parents in Kosovo.

In Kosovo the target population is varied and how parents became part of the programme also varies. On one hand, there are those who independently sought the PDEP sessions. On the other hand, there were also cases where implementing partners suggested individual parents be targeted as the implementing partner felt they would benefit from attendance. In all cases parents have volunteered to attend the PDEP sessions. Some attend with their spouses; others attend by themselves. The location of the PDEP sessions also varies (urban/rural, community centres, schools etc.).

Monitoring and evaluation

To date, the global level monitoring and evaluation of the programme has primarily focused on the implementation of a set of standardised questionnaires administered at the start and end of the programme measuring attitudes towards physical punishment; satisfaction with the programme, etc. Data collection has been carried out as part of a research collaboration between Save the Children Sweden and its PDEP programme development partner, Prof. Joan E. Durrant. The data have been used for conference presentations and in peer reviewed journal articles²⁴. The findings suggest that the programme reduces parents' approval of physical punishment of children and that the programme is relevant across a range of cultural contexts.

²⁴ Parents' Views of the Relevance of a Violence Prevention Program in High, Medium, and Low Human Development Contexts, Durrant et al, 2017; Preventing Punitive Violence, Preliminary Data from the PDEP Program, Durrant et al, 2014;

Evidence to be able to claim that behaviour changes have taken place has not yet been systematically collected. For this reason, Save the Children Sweden decided in 2016 that an impact evaluation²⁵ of PDEP will be carried out. Kosovo has been selected as the country where the impact evaluation will be carried out.

In planning for this impact evaluation, the questionnaires have been revised and new questions have been introduced that assess behaviour changes. In the 2017 round of PDEP parent sessions in Kosovo, these new questionnaires have been implemented. Follow-up data from the same parents will be collected in early 2018.

A randomized-controlled trial (RCT) of standard group PDEP is underway in Canada carried out by a team led by Dr. Elisa Romano at the University of Ottawa. This five-year project began in 2017. There is also another RCT of a hybrid model of PDEP carried out in Indonesia, led by Dr. Monica Ruiz Casares at McGill University in Canada. The results will be released later in 2018.

2. Purpose, use and scope of the evaluation

With its current scale of implementation (some 30 countries, in some form) and its importance as a direct contributor towards achieving Save the Children's Breakthrough on Violence²⁶, Save the Children Sweden recognises the need for a systematic in-depth impact evaluation of the PDEP programme. The purpose is to gain a better understanding of what behavioural changes the programme brings about and what factors affect the outcomes of the programme. Save the Children wants to understand to what degree the PDEP programme is effective as a behaviour changing intervention and when the intervention is most effective. Save the Children also wants to gain a better understanding of the costs of the intervention in relation to the results achieved. The latter will not be a full cost effectiveness analysis which takes alternatives into account, but rather an inquiry into what has been achieved with the investment made that allows Save the Children to have an informed discussion on to what extent the results justify the costs. For this reason, it is suggested that this evaluation uses a Value for Money approach to cost effectiveness.

The three main objectives of the evaluation are:

- To assess whether the PDEP programme as implemented in Kosovo has achieved its intended results, in particular (but not limited to) in reducing the use of physical and humiliating punishment by parents and caregivers
- To identify and describe the external/contextual factors which enhance or hinder the impact of PDEP in particular (but not limited to) in reducing the use of physical and humiliating punishment by parents and caregivers
- To carry out a Value for Money analysis of the intervention

Key evaluation questions:

²⁵ Defined as an evaluation concerned with effects caused by the intervention (aims to establish causal linkages)

²⁶ Violence Against Children is No Longer Tolerated" one of three breakthroughs in Save the Children's global strategy "Ambition for Children 2030"

1. To what extent did the PDEP programme achieve intended results?
2. Were there any unintended effects, positive or negative?
3. What difference has participating in the PDEP programme made for beneficiaries (parents and caregivers that have taken the programme)? What difference has it made for their children?
4. What factors contributed to achieving the intended results? What factors negatively affected intended results?
5. What lessons can be learned that can inform PDEP programming in other places/ countries?
6. What has been achieved with the investment made (results achieved in relation to the costs)?

The evaluation team is expected to further elaborate the evaluation questions during the inception phase, together with Save the Children Sweden.

The OECD/DAC evaluation criteria in focus for this evaluation are: effectiveness, efficiency and impact. Although evaluating sustainability is not a main objective of this evaluation, it is important that the evaluation reflects upon issues of sustainability and likelihood of behaviour changes enduring over time.

Intended users and uses of the impact evaluation

The primary intended users of the evaluation findings are Save the Children Sweden and the Save the Children International in Kosovo country office.

Save the Children Sweden intends to use the findings of the evaluation to:

- inform strategic decision-making regarding the programme (where and how to invest in PDEP)
- further develop the programming guidelines of the PDEP programme
- to critically assess what functions best under what type of conditions to see if there are elements of the programme model or delivery mode that need to be modified under particular circumstances

Save the Children in Kosovo intends to use the findings of the evaluation to:

- inform decisions on PDEP implementation and strategic decision-making in relation to investment in the programme in Kosovo
- to assess what delivery mode should be the way forward (e.g. with CSO partners or other institutions)
- accredit the programme in Kosovo²⁷

It is Save the Children Sweden's aim that this impact evaluation will contribute to a broader learning process on PDEP, on what works, how and under what circumstances. A reference group has been

²⁷ PDEP currently is the only parenting programme in Kosovo

formed to involve key internal and external stakeholders with interest in this evaluation and in the evaluation process.

Scope

Kosovo has been selected as the country where the impact evaluation will be carried out. Save the Children in Kosovo has received rigorous PDEP training and mentorship. The evaluation will focus on the 2017 round of PDEP implementation in Kosovo in which 14 PDEP facilitators were trained and 377 parents participated in parent sessions carried out by six partner organisations in cooperation with Save the Children.

3. Approaches and standards

It is expected that the *Utilization Focused Evaluation* and *Equity Focused Evaluation*²⁸ – approaches guide the conduct of this evaluation.

Child participation

To ensure consistent, high quality child participation practice Save the Children has a set of standards²⁹ for children's participation. Children may participate in an evaluation process in a number of ways. For the purpose of this evaluation children will participate as respondents, using child-friendly methods and tools. Children's participation should always be meaningful, safe, voluntary and inclusive and in accordance with the practice standards.

Child safeguarding

According to Save the Children's standards, children's safety and well-being should always be paramount. Children and young people should not be exposed to any risks and all staff, partners and consultants should adhere to Save the Children's Child Safeguarding Policy and Code of Conduct.

The evaluation is expected to adhere to widely agreed standards for evaluation quality³⁰ and research ethics.

4. Evaluation design and methodology

In the search for an appropriate design for this evaluation Save the Children Sweden commissioned a pre-study to assess the evaluability of the PDEP programme, review the appropriateness of existing questionnaires, and propose a design and methodologies for the impact evaluation. During the planning process the following has been concluded:

²⁸ Utilization Focused Evaluation: Michael Quinn Patton (2008). *Equity Focused Evaluation*: Kim Forss, Mita Marra (eds) *Speaking Justice to Power: Ethical and Methodological Challenges for Evaluators*

²⁹ International Save the Children Alliance, Practice Standards in Children's Participation, 2005. Available at: <<https://resourcecentre.savethechildren.net/node/3017/pdf/3017.pdf>>.

³⁰ such as the DAC Quality Standards for Development Evaluation

Firstly, not to opt for a randomized controlled trial (RCT): Many parenting interventions of different types have been evaluated using RCTs. Save the Children Sweden concluded early on that this design would be too costly, cumbersome and would not answer the questions on *how* and *why* that it is interested in.

Secondly, although this will not be a RCT; quantitative data on (changes in) attitudes and behaviours of PDEP beneficiaries should be collected pre-programme, post-programme and 3,5 months after completion. Pre, post and follow-up questionnaires are typical features of the monitoring and evaluation systems of other similar programmes and Save the Children is expected to be able to present such data. Save the Children Sweden has concluded, based on the recommendations of the pre-study, that the following methods and tools are suitable to answer the questions in this impact evaluation:

- Most Significant Change workshops to collect the experiential perspective of beneficiaries and their children
- Qualitative Comparative Analysis (QCA) to enable a systematic comparison of cases (which for this study are likely to be family units) and analysis of factors that affect the attainment of results
- Analyses of available quantitative data on attitudes and behaviours (have been collected during the 2017 round of PDEP implementation). The evaluation team will receive the datasets and will be expected to perform analyses.
- Interviews with the partner organizations, PDEP facilitators, parents that have participated in the PDEP programme, family members and children, Save the Children and others
- Value for Money analysis using the 3E Approach

In the proposal, the consultant may make an argument for why an alternative to the above should be employed, and detail how such an alternative is better suited.

5. Organisation, roles and responsibilities

The following management structure has been put in place for the evaluation:

The *evaluation manager* at Save the Children Sweden will assume the day-to-day responsibility for managing the evaluation process from Save the Children's side. The evaluation manager will be the main point of contact for the evaluation team and is responsible for providing the team with access to relevant documentation and information. Technical support will be provided by the *evaluation specialist*.

An *evaluation steering group* will be responsible for managing overall evaluation process, support prioritisation and focus for the evaluation, approve inception report, draft report and final reports. The steering group reports back to the *Evaluation and Research Committee* which is the commissioner of this evaluation.

A *reference group* consisting of key stakeholders will have an advisory role in the evaluation process. The reference group will provide feedback to the ToR, the inception report and the draft report and guides post evaluation action planning.

Save the Children in Kosovo will support the evaluation process. Specifically, Save the Children in Kosovo will support the evaluation team's access to information and informants during in-country data collection.

6. Work plan, timeline and deliverables

The assignment will be carried out between May 2018 and March 2019

<i>Evaluation phase</i>	<i>Focus/content</i>	<i>Deliverable</i>	<i>Timeline</i>
Inception phase (June-August)	The inception phase will include, but not necessarily be limited to: further elaboration of the evaluation questions, design and methodology, including design of data collection and analysis tools. Detail stakeholder participation. Analyze risks, risk management. Develop detailed work plan and timeline. One trip to Kosovo envisioned. Possibly also one trip to Stockholm. Inception report to be developed according to an agreed format	Draft inception report	June (end) 2018
		Final inception report	August (beginning) 2018
Evaluation research phase (September-December)	Data collection and analysis. Data collection in Kosovo in September.		September-December
Report writing phase (January-February)	Developed according to an agreed format.	Draft evaluation report	January-February 2019
	When the draft report has been submitted the evaluation team will present the report to stakeholders. Possible trip to Stockholm.	Workshop for discussion at SCS	February 2019
	The final report should be presented in a way that enables publication without further editing.	Final evaluation report	February 2019
Presentation of the evaluation findings	Two seminars where the evaluators present the evaluation findings, support use of findings: one in Stockholm and one in Pristina	Two seminars on final report	March 2019
Preparation of communication materials	Prepare summary report and PowerPoint presentation for the use of Save the Children according to an agreed format	Summary Report PowerPoint	February-March 2019

7. Qualifications of the evaluation team

It is expected that the assignment will require a team of consultants. Preferably the team will be small (2-3 persons), The team shall have the following skills:

- All team members shall have an advanced academic degree, i.e. a minimum of a Master's degree or equivalent
- All team members shall be fluent in English, written and spoken

- The team shall have significant practical and theoretical knowledge and experience of conducting evaluations of development projects, including projects that aim to change behaviours
- Experience in conducting evaluations of projects/programs related to child rights issues or child development
- An evaluation Team Leader with extensive experience in leading evaluation studies and teams
- Experience of utilization focused evaluation
- Demonstrated experience of using Qualitative Comparative Analysis and Most Significant Change
- Expertise in interviewing children: ample experience in the design and implementation of interview techniques that are effective with and safe for children
- Experience in quantitative data analysis
- Knowledge of methods and experience of conducting Value for Money analysis

Additionally,

- It is expected that the assignment will require a local consultant in Kosovo that can collect data in the local language. The local consultant will be recruited by the Team Leader selected for this assignment together with Save the Children in Kosovo
- It is expected that the assignment will require support from a parenting expert and possibly other specific technical support from additional persons. These additional experts will be identified in collaboration between the Team Leader and Save the Children Sweden
- It is expected that the evaluation team will travel within this assignment

8. Submission of Proposals

The deadline for proposals is: 21st of February 2018

Proposals are expected to contain:

- CVs of each person in the team
- the roles (who will do what) and hourly/daily rate of each person in the team and estimated number of work days for each person
- an explanation how the skills and experiences of the team match the requirements of this ToR
- design considerations: consultants' view of the proposed design and methodology
- quality assurance system: how quality assurance of the evaluation will happen
- ethical considerations: how the consultants will ensure that the evaluation is conducted in an ethical manner

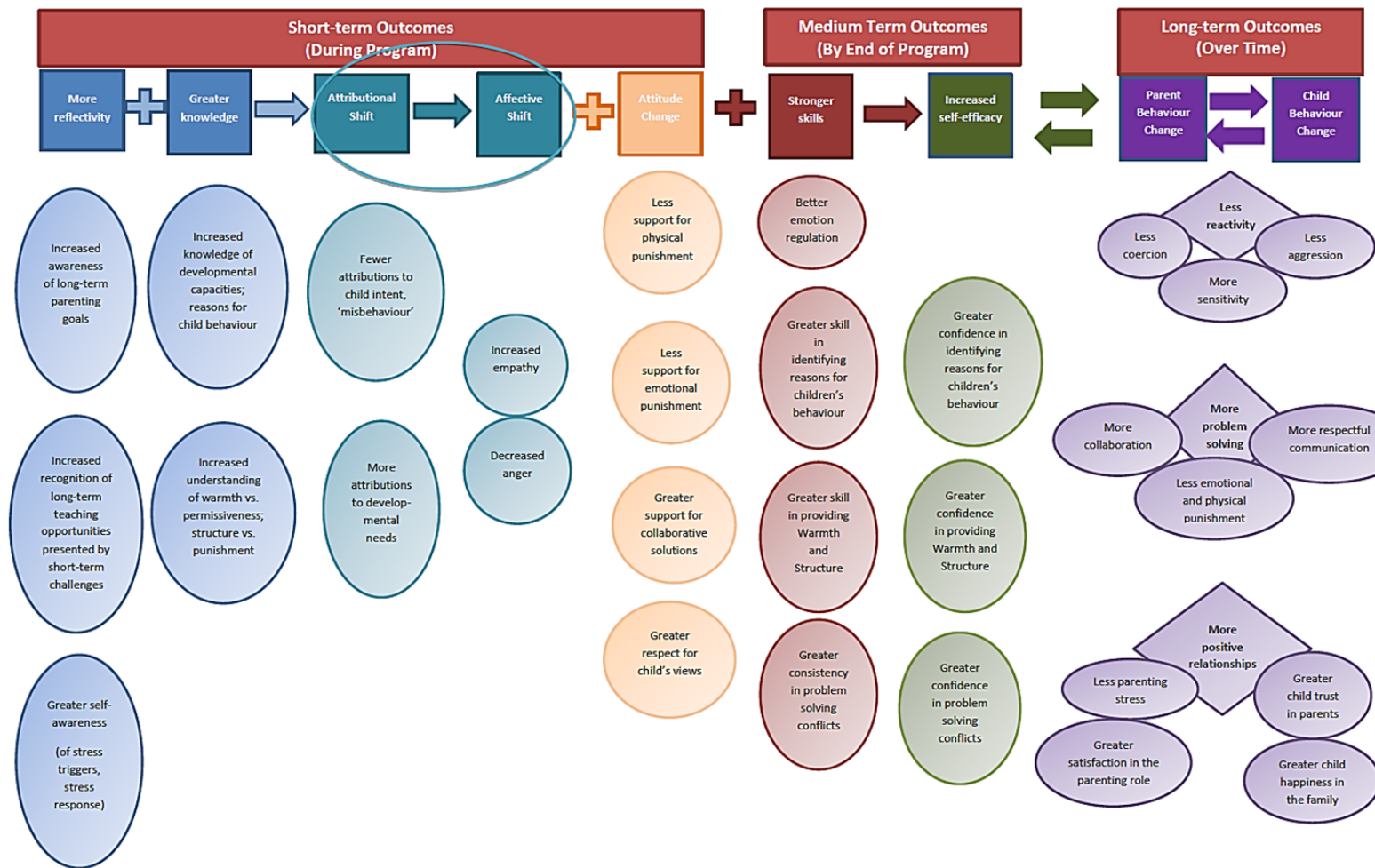
Contact persons

Susanna Nordh, Thematic Adviser for Child Protection susanna.nordh@rb.se

Annex 2: List of those consulted

Name	Position	Organisation
Kosovo		
Ahmet Kryeziu	Country Director	Save the Children (Kosovo)
Rudina Ademi Shala	Program Development and Quality Manager	Save the Children (Kosovo)
Nertila Latifi	MEAL Coordinator	Save the Children (Kosovo)
Kanarina Shehu	Thematic Specialist in Child Protection	Save the Children (Kosovo)
Laberie Carreti-Syleimani	PDEP Facilitator	Action for Mothers and Children
Albiona Beselica Beha	PDEP Facilitator	Action for Mothers and Children
Jeta Rexha	Note taker/Research assistant	
Fatmir Fazliu	Note taker/ Research assistant	
Durim Gashi	PDEP Facilitator	Handikos
Blerta Drancolli	PDEP Facilitator	SIV
Fata Rexhepi Mehmeti	PDEP Facilitator	OFAP
Arbnora Rama	PDEP Facilitator	GAGA
Ermiza Shabani	PDEP Facilitator	DSK
Sweden		
Susanna Nordh	Child Protection Adviser	Save the Children Sweden
Emma Holmberg	Research and Evaluation Specialist	Save the Children Sweden
Mie Melin	Director Thematic Section	Save the Children Sweden
Paola Castro Neiderstam	Head of Development Unit	Save the Children Sweden
Dominique Pierre Plateau	Asia Representative, Child Protection Global Theme.	Save the Children
Jenni Wisung	Thematic Advisor Gender Mainstreaming	Save the Children Sweden
Josefin Michanek	Thematic Advisor Child Protection	Save the Children Sweden
Canada		
Joan Durrant	Professor	University of Manitoba
Alysha Jones	Leads on analysis of survey results for PDEP at global level.	
Ashley Stewart-Tufescu	Project Coordinator	University of Manitoba

Annex 3: Detailed logic model used for the PDEP programme and how we judged presence or absence of the outcomes in the model



DIVERGENCES AGAINST THE LOGICAL MODEL/DETERMINATION OF THRESHOLDS

1 **SO1 (reflectivity)**

Given the importance of care-givers being aware of long-term parenting goals - *“a first step in using them as guidance”* - presence or absence of short-term outcome 1 has been rated separately for:

- i. SO1a awareness of long-term parenting goals;
- ii. SO1b recognition of long-term teaching opportunities presented by short-term challenges;
- iii. SO1c self-awareness of stress triggers and stress response.

SO1a is considered to be present if the qualitative data provides evidence of the care-giver:

- Being aware of the importance of long-term parenting goals; for instance, by articulating specific parenting goals; being aware of what kind of person he/she wants the child to be; being aware of what kind of relationship he/she wants with the child, or attempts to be a positive role model; **AND/OR**
- Seeing the contrast between his/her short-term reactions to immediate non-compliance (hitting, yelling, threats, etc.) and the long-term goals he/she actually hopes to achieve;
- Acknowledges the contradiction between their reactions and their goals;
- Is conscious of the contrast between these long-term goals and their reactions to short-term non-compliance;

When rating, our threshold comes in two places:

- Specific goals are being articulated by the caregiver in the interview, e.g. the child's autonomy and self-confidence
- It is clear from the interview that the caregiver is aware or conscious of their long-term parenting goals, but they may not be articulated clearly (and as such deemed not to guide their behaviour in a very specific direction).

The first may be more powerful: Having such specific goal may explain why these care-givers are able to use them as guidance i.e., to adjust or change their behaviour (*“as the foundation of the problem-solving process”*) but the second is still above the threshold.

2 **SO5 (attitude change)**

Increased understanding of long-term developmental benefits of trust, attachment and communication and the risks of physical punishment is expected to reduce care-givers' approval of physical punishment. And the more positive care-givers' attitudes, the stronger their intention to perform the new behaviour, the more likely the behaviour is to occur.

SO5 is considered to be present if the interview text demonstrates that the care-giver re-thinks settled ways of thinking or feeling about parenting/ their parenting role:

- Evidence of lack of approval / rejection of use of punishment (physical or humiliating), clearly stated; and could be exemplified through:
 - Care-giver thinks that they should attempt to find a solution together with the child;
 - Care-giver thinks that children's view should be respected;

Here the threshold lies on the lack of approval/ rejection of use of punishment, and everything about this is over the threshold.

3 **MO1 (skills)**

MO1 – skills – are defined as the *ability to do something well*;

MO1 (skills) *is present* if the interview text provides evidence of care-giver's ability (using concrete examples of understanding and application of the skill) to:

- Control his/her anger;
- Identify reasons for their child's behaviour;
- **AND** providing 'warmth' and 'structure'; exemplified through
 - Finding solutions to a conflict (problem-solving);
 - Allowing children to express their points of view.

Skills are considered to be present when the care-giver demonstrates that he/she is giving the child more freedom to express views and there being more communication within the family.

MO2 (self-efficacy) is about being confident i.e., evidence of caregiver's perception that he/she is able to perform the behaviour. *(the stronger their perception that they are able to perform their new behaviour, the stronger their intent to perform it, and the more likely it is that they actually will perform it).*

LO1 (parent behaviour change and well-being)

We have split LO1 in LO1a and LO1b to be able to differentiate between 'parent behaviour change' (long-term outcome) and 'parent well-being' (impact).

LO1a – behaviour – is defined as *the way in which a care-giver acts or conducts his- or herself towards the child*. LO1a (parent behaviour change) *is present* if the care-giver can explain (using concrete examples) that he/she:

- Is able to refrain from physical and humiliating punishment;
- Is not or less coercive;
- Is not or less aggressive;
- Is sensitive to the child's feelings;
- Is more collaborative; AND/OR
- If the child provides evidence of a behaviour change of the care-giver (child interview).

LO1b – well-being – reflects the results of changes in behaviour. PDEP skills have been applied, behaviour has changed and this has resulted changes in the dynamic of the relationship between the care-giver and the child. There is evidence that there are more positive relationships, less stress and greater satisfaction in the parenting role, greater trust in the relationship.

How presence and absence of outcomes in the logic model were rated

Outcome	Present (Rate as 1)	Absent (Rate as 0)	<i>PDEP programme focus and objectives</i> <i>Rating thresholds and explanations</i>	Source of evidence
Short-term outcomes				
SO1: More reflectivity SO1a: Increased awareness of long-term parenting goals	Care giver(s) who completed the PDEP programme is clear or aware of their long-term parenting goals;	Care giver(s) who completed the PDEP programme lacks clear long-term parenting goals	Long-term parenting goals: <ul style="list-style-type: none"> • <i>Awareness of the importance of long-term parenting goals “is a first step in using them as guidance”;</i> • <i>Seeing the contrast between care-giver’s short-term reactions to immediate non-compliance (hitting, yelling, threats, etc.) and the long-term goals he/she actually hopes to achieve;</i> • <i>Acknowledgement of the contradiction between their reactions and their goals;</i> • <i>Conscious of the contrast between these long-term goals and their reactions to short-term non-compliance;</i> When rating, our threshold thus comes in two places: <ul style="list-style-type: none"> - Specific goals are being articulated by the caregiver in the interview, e.g. the child’s autonomy and self-confidence - It is clear from the interview that the caregiver is aware or conscious of their long-term parenting goals, but they may not be articulated clearly (and as such deemed not to guide their behaviour in a very specific direction). The first may be more powerful: Having such specific goal may explain why these care-givers are able to use them as guidance i.e., to adjust or change their behaviour (“as the foundation of the	Care-giver interviews Follow-up survey questions 32, 35 When inconsistent, the care-giver interview is given preference due to the time lag. In addition, the follow-up survey questions only ask about whether the goal is being thought of, rather than any specifics around what it is.

Outcome	Present (Rate as 1)	Absent (Rate as 0)	PDEP programme focus and objectives Rating thresholds and explanations	Source of evidence
			problem-solving process”) but the second is still above the threshold.	
SO1b: Increased recognition of long-term teaching opportunities presented by short-term challenges	Recognises the long-term teaching opportunities presented by short-term parenting challenges;	Doesn't see that short-term parenting challenges provide opportunities for long-term learning	<ul style="list-style-type: none"> To build parents' skills in thinking a situation through, instead of simply reacting They try to explain why behaviour is not acceptable 	Care-giver interviews
SO1c: Greater self-awareness	Knows what their stress triggers and stress response are.	Isn't clear what their key stress triggers and associated stress responses are.	<ul style="list-style-type: none"> Awareness of our stress triggers is the first step in managing stress promoting emotional self-regulation of parents 	Care-giver interviews
SO2: More knowledge	Care-giver(s) who completed the PDEP programme understand how behaviour reflects the developmental capacities of the child and why this causes the behaviour of the child. The care-giver(s) understand the difference between warmth versus permissiveness and structure versus punishment.	Care-giver(s) who completed the PDEP programme doesn't fully understand how behaviour reflects the developmental capacities of the child and why this causes the behaviour of the child. The care-giver(s) doesn't fully understand the difference between warmth versus permissiveness and structure versus punishment.	Threshold: Evidence of understanding warmth and structure (not the application of) <ul style="list-style-type: none"> increasing parents' knowledge of child development Warmth and Structure: <ul style="list-style-type: none"> Shift parents' views of expressing love from “spoiling” the child to establishing trust, respect and communication. Raise parents' awareness that discipline is not punishment. Shift parents' views of parenting from “controlling” to “teaching”. Warmth: <ul style="list-style-type: none"> Safety Feeling love, accepted What child thinks, needs and feels Structure: Explaining reasons for rules, clear guidelines, positive role model, hearing point 	Care-giver interviews

Outcome	Present (Rate as 1)	Absent (Rate as 0)	PDEP programme focus and objectives Rating thresholds and explanations	Source of evidence
			<i>of view, solving problems together</i>	
SO3: Attributional shift	Care-giver(s) who completed the PDEP programme does normally attribute the child's development needs to its 'misbehaviour'	Care-giver(s) who completed the PDEP programme does normally attribute the child's intent (and not it's developmental needs) to the child's 'misbehaviour'	<ul style="list-style-type: none"> Focus on child behaviour linked to child developmental needs, rather than linking misbehaviour the child's intent increasing parents' understanding of children's perspectives 	Care-giver interviews
SO4: Affective shift	Care-giver(s) who completed the PDEP programme agrees that should able to understand and share the feelings of their children and not get angry	Care-giver(s) who completed the PDEP programme doesn't agree that normally should try to understand and share the feelings of their children and not get angry	<ul style="list-style-type: none"> Increased empathy: increasing parents' understanding of children's perspectives, improving parent-child communication Decreased anger: child behaviour does not anger caregiver 	Care-giver interviews
SO5: Attitudinal change	When reacting to behaviour of a child, care-giver(s) who completed the PDEP programme agrees that should look for collaborative solutions, engaging the child in decision-making and giving the child the opportunity to express their views.	When reacting to misbehaviour care-giver(s) who completed the PDEP programme sees physical and/or emotional punishment as the most appropriate response.	Threshold: Evidence of lack of approval / rejection of use of punishment (physical or humiliating) Also relevant, evidence of: <ul style="list-style-type: none"> Care-giver thinks that they should attempt to find a solution together with the child Care-giver thinks that children's view should be respected 	Care-giver interviews
Medium term outcomes				
MO1: Stronger skills in terms of knowledge, understanding and examples of application of skills	Care giver demonstrates emotion regulation; Care giver identifies reasons for children's behaviour; Parent provides warmth; Parent provides structure.	No examples emotion regulation; Care giver does not identify reasons for children's behaviour; Parent does not provide warmth; Parent does not provide	Threshold: (Freedom) for children to express their points of view Evidence of care-giver able to: <ul style="list-style-type: none"> Regulate his/her emotions Identify reasons for children's behaviour Providing warmth and structure Finding solutions to a conflict	Care-giver interviews

Outcome	Present (Rate as 1)	Absent (Rate as 0)	PDEP programme focus and objectives Rating thresholds and explanations	Source of evidence
		structure.		
MO2: Increased self-efficacy in applying skills, in terms of observable care-giver behaviour	Care giver is pro-active; Care giver solves problems in a collaborative way and communicating respectfully.	Care giver is reactive; Care giver does not solve problems in a collaborative way and is not communicating respectfully.	Threshold: <ul style="list-style-type: none"> ○ Care-giver is pro-active; ○ Care-giver shows confidence in solving problems in a collaborative way; ○ Care-giver communicates respectfully; ○ Parent encourages the child's own thoughts and ideas; ○ Increased parents' understanding of children's perspectives; ○ Care-giver is sensitive to the child's feelings. 	Care-giver interviews
Long term outcomes				
LO1a: Parent behaviour change	The parent-child relationship is positive.	Care-giver is stressed; The parent-child relationship is negative.	Threshold: <ul style="list-style-type: none"> ○ Care giver is not coercive, not aggressive and is sensitive to the child's feelings; ○ Parent thinks a situation through, instead of simply reacting i.e., ○ More collaboration and problem-solving together i.e., finding solutions to a conflict (with the child) ○ Care-giver refrains from physical and emotional punishment 	Care-giver interview; Child interview
LO1b: Parent well-being	Care-giver is satisfied, not stressed or anxious, happy in the parenting role.	Care-giver unsatisfied, unhappy in the parenting role.	Threshold: <ul style="list-style-type: none"> ○ Improved parent-child communication; ○ Strengthened parent-child relationships; ○ Parents see themselves or act as problem solvers; ○ Greater child trust in care-giver(s); ○ Greater satisfaction in the parenting 	Care-giver interview, Child interview

Outcome	Present (Rate as 1)	Absent (Rate as 0)	<i>PDEP programme focus and objectives</i> <i>Rating thresholds and explanations</i>	Source of evidence
			role. ○ Less caregiver anxiety and stress	
LO2: Child behaviour change and / or child well-being	Child is not aggressive; Child communicates more respectfully; Child trusts the parent; Child is happy (in the family).	Child is aggressive; Child does not trust the parent; Child is unhappy (in the family)	Threshold: <ul style="list-style-type: none"> • Greater trust in care-giver • Greater child happiness in the family 	Care-giver interview; Child interview

Enabling conditions

Outcome	Present (Rate as 1)	Absent (Rate as 0)	Source of evidence
EC1: No significant history of the care-giver having received physical punishment during childhood	No significant history of the care-giver having received physical punishment during childhood Survey answer No	Significant history of the care-giver having received physical punishment during childhood Survey answer Yes	From survey issued to parents as part of the case study work: <i>Thinking of your own childhood, do you think your parents often physically punished you for your behaviour?</i> Yes/no This response will be triangulated with evidence from the interviews which will also solicit information circumstances around the interviewee's childhood experiences.
EC2: Low approval by the care-giver of practice of physical punishment	Care-givers don't have the right to spank their children Survey answer No	Care-givers have the right to spank their children Survey answer Yes	From questionnaire issued to parents as part of the case study work: <i>Parents should have the right to decide whether to spank their children.</i> Yes/no If they did the post/follow-up survey, triangulate with Q7-15 in the follow-up survey and also evidence from the interviews which will also solicit information circumstances around the interviewee's views.
EC3: Caregiver perceives child's temperament to be easy	Survey answer No	Survey answer Yes	From survey issued to parents as part of the case study work: <i>Do you think of your child as someone who is difficult?</i> Yes/no
EC4: Parenting goals	Care-giver believes that parenting means collaboration and problem-solving and respect for the child's views. Survey answer no.	Care-giver believes that parenting means finding a way to make my child do what the care-giver says right away Survey answer Yes.	From survey issued to parents as part of the case study work: <i>Parenting is finding a way to make my child do what I say right away.</i> Yes/no If they did the follow-up survey, triangulate with Q27-28 and 35-36 in follow-up survey and also evidence from the interviews which will also solicit information circumstances around the interviewee's views.
EC5: Readiness to change parenting style	Parents express their willingness to apply PDEP positive disciplining skills	No expression of willingness to change	Interviews
EC6: Child's transgressions generally don't make the care-giver angry	The child's transgressions usually don't make the care-giver angry	The child's transgressions usually make the care-giver angry	From questionnaire issued to parents as part of the case study work: <i>When my child doesn't do what I need, it usually makes me angry.</i>

Outcome	Present (Rate as 1)	Absent (Rate as 0)	Source of evidence
			<p><i>Yes/no</i></p> <p>If they did the post/follow-up survey, triangulate with Q 28-29 in the follow-up survey and also evidence from the interviews which will also solicit information circumstances around the interviewee's experience.</p>
EC7: Economic status does not impose undue stress within the family	Survey answer Not hard	Survey answer Hard	<p>From survey issued to parents as part of the case study work:</p> <p><i>How hard is it for you and your family to buy food and pay bills?</i></p> <p><i>Not hard/hard</i></p> <p>If they did the post/follow-up survey, triangulate with Q 33 in the follow-up survey</p>
EC8: Educational attainment	Any schooling	No Schooling	Family characteristics Table
EC9: Support of extended family members in making change	Survey answer Yes	Survey answer No	<p>From survey issued to parents as part of the case study work:</p> <p><i>Do the other members of your extended family support you in applying new parenting skills?</i></p> <p><i>Yes/no</i></p> <p>Interviews</p>
EC10a: Joint support group of participating care-givers - PDEP caregivers	Survey answer Yes	Survey answer No	<p>From survey issued to parents as part of the case study work there are two questions that could address this condition:</p> <p>First question</p> <p><i>Do you talk with other care-givers who received PDEP training about using the methods?</i></p> <p><i>Yes/no</i></p> <p><i>Does it help?</i></p> <p><i>Yes/no</i></p>
EC10b: Joint support group of participating care-givers - friends and others	Survey answer Yes	Survey answer No	<p>Second question</p> <p><i>Do you have or get support from friends or others to help you to use the approaches to parenting learned from your PDEP training?</i></p> <p><i>Yes/no</i></p>
EC11: Agreement between care-givers regarding use of the positive discipline	Survey answer Yes	Survey answer No	<p>From survey issued to parents as part of the case study work:</p> <p><i>Do you think your partner supports you in using positive discipline?</i></p>

Outcome	Present (Rate as 1)	Absent (Rate as 0)	Source of evidence
approach			<i>Yes/no</i>
EC12: Sex of the child	Male	Female	Take from the front sheet of the child interview. Physical punishment customarily more used with boys than girls
EC13: Child is in school (pre-school children get punished more than school age children).	Pre-school	Attending school or have left school	From survey issued to parents as part of the case study work: <i>Is the child we have been talking about:</i> <ul style="list-style-type: none"> •Too young to be at school yet •In school •Has left school
EC14: Physical and humiliating punishment not prevalent in the local neighbourhood	Physical and humiliating punishment not seen as very prevalent in the local neighbourhood by the care-giver	Physical and humiliating punishment seen as very prevalent in the local neighbourhood	This is scrapped due to lack of data
EC15: Real or perceived criticism by peers of care-givers who do not follow traditional or widespread childrearing practices, such as using physical or humiliating forms of punishment, is not common	Other people will criticise someone if they are seen not to follow traditional childrearing practices, such as using forms of physical or humiliating punishment (shouting, blaming or grabbing your child's arm or ear). Survey answer no.	Other people will not criticise someone when they are seen not to follow traditional childrearing practices, such as using forms of physical or humiliating punishment (shouting, blaming or grabbing your child's arm or ear). Survey answer yes.	From survey issued to parents as part of the case study work: <i>Would other people criticise someone if they were seen not to follow traditional childrearing practices, such as using forms of physical or humiliating punishment (shouting, blaming or grabbing your child's arm or ear)?</i> <i>Yes/no</i> <i>Remember that if they answer yes, this means the condition is absent. If they answer no, this means the condition is present.</i>
EC16: Conservative and fundamentalist religious beliefs not dominant in community to which family belong	Conservative and fundamentalist religious beliefs are not dominant in the community to which the family belong	Conservative and fundamentalist religious beliefs are dominant in the community to which the family belong	This is scrapped due to lack of data
EC17: Learning difficulty	No	Yes	Family characteristics
EC18: Physical disability	No	Yes	Family characteristics

Outcome	Present (Rate as 1)	Absent (Rate as 0)	Source of evidence
EC19: Urban Rural	Urban	Rural	Family characteristics
EC20: Is the child under regular supervision other than the parents/caregivers	Yes	No	Family characteristics

Rating of presence and absence across the 24 cases

Case number	EC1	EC2	EC3	EC4	EC5	EC6	EC7	EC9	EC10a	EC10b	EC11	EC12	EC15	EC17	EC20
A6	0	0	1	0	0	0	0	1	1	1	0	1	0	1	0
A7	1	1	1	0	1	0	0	0	1	1	1	1	1	1	0
B12	1	1	1	1	0	0	1	1	0	0	1	1	1	1	1
B1	1	0	1	0	1	0	1	1	1	1	1	1	1	1	0
A5	1	1	1	0	1	0	1	1	1	1	1	1	0	1	1
A8	0	0	1	0	1	1	1	0	0	0	1	1	0	1	0
A4	1	1	1	0	1	1	1	1	0	0	0	1	1	1	0
A9	1	1	1	0	1	1	1	0	1	0	0	0	1	1	0
A13	1	1	1	0	1	1	0	1	1	1	1	0	1	1	0
A11	0	1	1	1	1	1	1	0	1	1	0	1	0	1	1
B6	1	0	1	0	1	0	0	1	1	1	1	1	1	1	0
B7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0
B13	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1
B3	1	1	1	0	1	0	1	0	0	0	0	1	0	1	1
A2	1	0	1	0	1	1	0	0	0	0	1	1	1	1	0
A1	1	0	1	0	1	1	0	1	1	1	0	1	1	0	0
A3	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1
A10	1	1	1	0	1	1	1	1	1	1	0	1	1	1	1
B2	1	0	0	0	1	0	1	1	0	1	1	1	1	1	1
B4	1	1	1	0	1	0	0	1	0	0	1	1	0	0	0
B8	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0
B9	0	1	1	1	1	0	1	1	0	1	1	0	1	1	0
B10	1	1	0	1	1	1	0	0	0	0	1	0	0	0	0
B11	0	1	1	1	1	1	1	1	0	1	1	0	1	1	1

Annex 4: Information on care-givers who completed the programme in 2017

Table A4.1: General characteristics

Characteristics of the Sample N = 212		
	%	N
Gender		
Female	90%	181
Male	10%	20
Missing	-	11
Age		
Under 20	1%	2
21-30	13%	26
31-40	41%	83
Over 40	43%	92
Missing	-	9
Number of families with X children		
0	3%	7
1-2	63%	134
3-4	30%	63
5	4%	8
Missing		-
Age of children (n = 427)		
0-4	20%	86
5-9	31%	131
10-14	33%	141
15-17	16%	69
Missing		-
Highest educational level		
I have never attended school	< 1 %	1
I have attended elementary school	4%	9
I have completed elementary school	21%	44
I have attended secondary school but didn't complete it	6%	13

Characteristics of the Sample N = 212		
	%	N
I have completed secondary school	25%	53
I have taken some university courses	8%	18
I have completed a university degree	33%	70
Missing	2%	4
Are you the grandparent of any of these children?		
Yes	8%	18
No	84%	177
Missing	8%	17
Is your spouse (or other person responsible for these children) taking this programme with you?		
Yes	7%	14
No	90%	191
Missing	3%	7

Table A4.2: Interpretation of Typical Behaviour as Intentional Misbehaviour

	Interpretation of Typical Behaviour as Intentional Misbehaviour									
	N = 212									
	Pre-Test					Post-Test				
	Strongly Disagree %	Mostly Disagree %	Mostly Agree %	Strongly Agree %	N	Strongly Disagree %	Mostly Disagree %	Mostly Agree %	Strongly Agree %	N
Babies cry to make their parents mad (1)	80	14	3	3	206	87	8	0	5	209
Teenager who does not want to be seen with mother is disrespectful (2)	43	29	19	9	197	64	27	6	3	205
2-year-old who says no is defiant (3)	51	30	15	4	199	72	20	5	2	207
4-year-old scared to go to bed is making excuses (4)	30	31	34	5	202	53	26	17	4	203
4-year-old who interrupts is rude (5)	51	31	10	7	202	70	23	5	1	209
8-year-old who uses bad words is disrespectful (6)	21	29	27	24	204	47	29	17	7	207

Table A4.3: Attitudes toward Punishment

	Attitudes toward Punishment N =212									
	Pre-Test					Post-Test				
	Strongly Disagree %	Mostly Disagree %	Mostly Agree %	Strongly Agree %	N	Strongly Disagree %	Mostly Disagree %	Mostly Agree %	Strongly Agree %	N
Children who are punished learn better (7)	39	20	34	6	203	73	13	8	6	207
Sometimes spanking is the best way (8)	49	26	22	3	209	72	17	9	1	206
Parents should take away activities (10)	17	19	41	22	206	47	33	18	2	209
Ok to spank 5-year-old's bottom (11)	46	23	26	7	200	69	19	9	3	208
If parents don't punish children will be spoiled (13)	22	22	41	16	200	65	23	9	2	201
Spanking ok if parent not angry (14)	47	19	24	10	196	69	14	12	4	203
Parents should have the right to decide (15)	33	17	30	20	100	63	16	16	5	206

Table A4.4: Attitudes toward Physical Punishment

	Attitudes toward Physical Punishment N = 212									
	Pre-Test					Post-Test				
	Strongly Disagree %	Mostly Disagree %	Mostly Agree %	Strongly Agree %	N	Strongly Disagree %	Mostly Disagree %	Mostly Agree %	Strongly Agree %	N
Sometimes spanking is the best way (8)	49	26	22	3	209	72	17	9	1	206
Ok to spank 5-year-old's bottom (11)	46	23	26	7	200	69	19	19	3	208
Spanking ok if parent not angry (14)	47	19	24	10	196	69	14	12	4	203
Parents should have the right to decide (15)	33	17	30	20	208	63	16	16	5	206

Table A4.5: Attitudes toward Punishment in General

	Attitudes toward Punishment in General N = 212									
	Pre-Test					Post-Test				
	Strongly Disagree %	Mostly Disagree %	Mostly Agree %	Strongly Agree %	N	Strongly Disagree %	Mostly Disagree %	Mostly Agree %	Strongly Agree %	N
Children who are punished learn better (7)	39	20	34	6	203	73	13	8	6	207
Parents should take away activities (10)	17	19	41	22	206	47	33	18	2	209
If parents don't punish children will be spoiled (13)	22	22	41	16	200	65	23	9	2	201

Table A4.6: Accurate View of Positive Discipline

	Accurate View of Positive Discipline N = 212									
	Pre-Test					Post-Test				
	Strongly Disagree %	Mostly Disagree %	Mostly Agree %	Strongly Agree %	N	Strongly Disagree %	Mostly Disagree %	Mostly Agree %	Strongly Agree %	N
PD means letting children do whatever they want (9)	56	37	7	0	201	69	23	5	2	206
PD means non-physical punishments (12)	29	14	36	22	189	65	15	13	6	202

Table A4.7: Punishment in Response to Conflict with Target Child

	Punishment in Response to Conflict with Target Child N = 212									
	Pre-Test					Post-Test				
	Never %	Sometimes %	Often %	Very Often %	N	Never %	Sometimes %	Often %	Very Often %	N
Shook (17)	74	24	2	0	194	84	15	1	0	201
Shouted or yelled at this child (18)	18	70	10	3	194	40	54	5	0	201
Made child sit alone (19)	62	32	4	2	192	81	17	2	0	202
Took away activity (20)	32	44	18	6	190	54	37	6	2	202
Pulled ear or hair (22)	61	35	2	2	193	80	19	1	1	198
Hit, spanked, slapped (24)	64	34	2	1	195	82	17	0	1	202

Table A4.8: PD in Response to Conflict with Target Child

	PD in Response to Conflict with Target Child N = 212									
	Pre-Test					Post-Test				
	Never %	Sometimes %	Often %	Very Often %	N	Never %	Sometimes %	Often %	Very Often %	N
Gave child something else to do (16)	21	58	18	4	198	21	58	17	4	197
Listened to what child had to say (21)	4	4	24	68	191	7	2	24	68	200
Explained why behaviour was a problem (23)	7	18	27	48	194	6	10	38	46	192
Breathed deeply (25)	6	22	36	36	194	5	13	35	47	198
Talked calmly to find a solution together (26)	1	5	28	66	196	3	6	19	72	199

Table A4.9: Perceived Impact of PDEP on Parenting

	Perceived Impact of PDEP on Parenting N = 212				
	Post-Test				
	Strongly Disagree %	Mostly Disagree %	Mostly Agree %	Strongly Agree %	N
Helped me understand child's development (27)	0	1	15	84	204
Helped me understand child's feelings (28)	0	0	14	85	205
Will help me control my anger (29)	0	0	12	88	202
Will help me communicate better (30)	0	0	10	89	205
Will help me build stronger relationships (31)	0	0	8	91	205

Annex 5: Basic information on our case study families

Case number	CSO	Who entered the programme	# of Children	Ages of Children	Disability?	If yes, what kind	Family structure
A6	GAGA	Mother	5	6, 10, ? ? ?	No		Extended
A7	OFAP	Mother	3	17, 13, 8	No		Nuclear
B12	OFAP	Mother	1	5	No		Nuclear
B1	OFAP	Mother & Father	4 bio + 2 foster	20, 18, 17, 15	No		Nuclear
A5	Handikos	Father	2	12, 8	No		Nuclear
A8	SIV	Father	4	15, 13, 11, 9	No		Nuclear
A4	AMC	Mother	2		No		Nuclear
A9	SIV	Mother	9	14, 11, 7	No		Nuclear
A13	OFAP	Mother	4	13, 11, 9, 6	No		Nuclear
A11	AMC	Mother	2		No		
B6	Handikos	Mother	2	17, 13	Yes	Cerebral palsy	Nuclear
B7	AMC	Mother	1	7	No		Nuclear
B13	OFAP	Father	3	7, 5, 2	No		Extended
B3	OFAP	Mother	2	20, 8	No		Extended
A2	SIV	Mother	3	15, 11, 6	No		Nuclear
A1	DSK	Mother	3	19, 15, 12	Yes	Down syndrome	Nuclear
A3	SIV	Mother	1	12	No		Nuclear
A10	Handikos	Father (divorced)	2	9, 7	No		Extended
B2	OFAP	Mother	2 bio + 1 foster	11, 8, 1	No		Extended
B4	DSK	Mother	2	11, ?	Yes	Down syndrome	Nuclear
B8	SIV	Mother	2	17, 14	No		Nuclear
B9	SIV	Father	6	13, ? ? ?	No		Nuclear
B10	Handikos	Mother	5	28, 22, 20, 15, 13	Yes	Physical	Extended
B11	OFAP	Mother	3 bio + 2 foster	13, 14, ? ? ?	No		Extended

Annex 6: Data collection instruments – the manual

1. INTRODUCTION

Positive Disciplining in Everyday Parenting (PDEP) is a parent support programme aimed at eliminating parents' use of physical and humiliating punishment. It provides parents with a framework for understanding, and responding constructively to, parent-child conflict.

By increasing parents' knowledge of child development, their skills in scaffolding children's learning, and their empathy with children's emotions, it is expected that PDEP will lead to a significant reduction in punishment and a significant increase in parenting behaviours that promote children's healthy development.

This manual for the administration of evaluations tools is based on i) the Terms of Reference for the impact evaluation of the PDEP programme, ii) the Methodology as outlined in the Technical Proposal, and iii) consultations held with key stakeholders during the inception meetings in Sweden (20-21 June 2018) and Kosovo (2-4 July 2018).

1.1 Objectives of the impact evaluation

The impact evaluation has three main objectives:

- To assess whether the PDEP programme as implemented in Kosovo has achieved its intended results, in particular (but not limited to) in reducing the use of physical and humiliating punishment by parents and caregivers.
- To identify and describe the external/contextual factors which enhance or hinder the impact of PDEP in particular (but not limited to) in reducing the use of physical and humiliating punishment by parents and caregivers.
- To carry out a Value for Money analysis of the intervention.

The evaluation is expected to answer six evaluation questions:

1. To what extent did the PDEP programme achieve intended outcomes?
2. Were there any unintended effects, positive or negative?
3. What difference has participating in the PDEP programme made for beneficiaries (parents and caregivers that have taken the programme)? What difference has it made for their children?
4. What factors contributed to achieving the intended outcomes? What factors negatively affected intended outcomes?
5. What lessons can be learned that can inform PDEP programming in other places/ countries?
6. What has been achieved with the investment made (results achieved in relation to the costs)?

Kosovo has been selected as the country where the impact evaluation will be carried out. The evaluation will focus on the 2017 round of PDEP implementation in which 14 PDEP facilitators were trained and 377 parents participated in parent sessions carried out by six partner organisations in cooperation with Save the Children.

2 EVALUATION DESIGN

In order to gain understanding of i) actual change in parent behaviour as a result of participating in the PDEP programme and ii) factors enabling or hindering such change of behaviour to occur and sustain, the evaluation approach draws on in-depth interviews with a variety of stakeholders. In-depth interviews also allow to explore a range of different outcomes, intended or unintended, from the perspective of the different stakeholders.

In-depth interviews will evolve around a real-life parenting/conflict situation. During the interview the situation described will be explored. Questions asked will help to dig behind the facts and opinions, and to prompt

reflection in order to get a clear (mental) picture of the situation covering interviewee's thoughts, feelings, what the interviewee said, and what he/she did.

The family (case) will be the unit of analysis meaning that interviews will be held with the participating caregiver(s) and one child from the same family. This allows for cross-referencing information collected from parent(s) and child(ren).

2.1 Selecting cases

The primary objective of the evaluation is not to evaluate impact of the PDEP programme in Kosovo in 2017, but to explore whether PDEP delivers the intended (or unexpected) long term outcomes, and to identify factors which enable or hinder such change to occur. We will use a purposive sampling approach and a maximum variation sampling strategy for the identification of cases (families). For our evaluation, not the number of cases is the most important, but the quality of the cases, range of diversity of cases, and how cases have been selected. Only families who completed the PDEP training will be included in our sample.

2.2 Enabling factors

To determine what factors enable or hinder the achievement of long-term outcomes, we identified factors that are beyond the ability of the PDEP programme to trigger. At the end of the interview, care-givers will be asked to complete the following very short questionnaire, which will need to be translated first into Albanian.

Enabling condition	Question	Answer
No significant history of the care-giver having received physical punishment during childhood	Thinking of your own childhood, do you think your parents often physically punished you for your behaviour?	Yes / No
Low approval by the care-giver of practice of physical punishment	Parents should have the right to decide whether to spank their children.	Yes / No
Child's transgressions generally don't make the care-giver angry	When my child doesn't do what I need, it usually makes me angry.	Yes / No
Parenting goals (short-term versus long-term goals)	Parenting is finding a way to make my child do what I say right away.	Yes / No
Human capital: Economic status/ Employment status	How hard is it for you and your family to buy food and pay bills?	Not hard / Hard
Support of extended family members in making change	Do the other members of your extended family support you in applying new parenting skills?	Yes / No
Human capital: Extent of care-givers' support networks.	Do you have or get support from friends or others to help you to use the approaches to parenting learned from your PDEP training?	Yes / No
Joint support group of	Do you talk with other care-givers who participated in the PDEP programme about using	Yes / No

Enabling condition	Question	Answer
participating care-givers	the methods? Does it help?	Yes / No
Agreement between care-givers regarding use of the approach	Do you think your partner supports you in using positive discipline? Does it help?	Yes / No Yes / No
Caregiver perceives child's temperament to be easy	Do you think of your child as someone who is difficult?	Yes / No
Child is in school (pre-school children get punished more than school age children).	Is the child you have been talking about:	Too young to be at school yet; In school; or Has left school
Real or perceived criticism by peers of care-givers who do not follow traditional or widespread childrearing practices, such as using different forms of punishment	Would other people criticise someone if they were seen not to follow traditional childrearing practices, such as using forms of physical or humiliating punishment (shouting, blaming or grabbing your child's arm or ear)?	Yes / No

External, contextual factors may enable or hinder parental change of behaviour to occur and sustain. In-depth interviews, therefore, include a number of key topics which will generate information on enabling factors:

Key Topics to be covered
Topic 1. Family relations, family characteristics, decision-making, gender roles, power relations, hierarchy
Topic 2. Social reality; cultural context, social norms, educational and economic background, employment
Topic 3. Motivation, readiness to change, support, agreement/disagreement, cooperation
Topic 4. Most relevant factors for behaviour change to occur; PDEP training, follow-up support, regular practice

3 EVALUATION TOOLS AND IMPLEMENTATION GUIDELINES

The PDEP logical model (Annex 3) comprises nine expected outcomes and a number of outcome descriptions in terms of observable changes in behaviour, actions, and relationships of care-givers and children. The data collection instruments are designed to yield information on i) the specific and verifiable contribution of PDEP to those changes, ii) explanations of context; iii) collaboration with or contributions from others to the specific outcome; and iv) diverse perspectives on the outcome.

Information is collected using in-depth interviews and a variety of interview tools and techniques to yield evidence-based answers to evaluation questions 1-3.

Interviews will be administered for four different target groups; parents/caregivers, children, facilitators from six partner organisations, Save the Children Kosovo staff:

Target group	Data collection tool	Output
Parents/caregivers	In-depth interviews	25-30
Children 6-9 Children 10-14 Children/teens 15-17	Interview, child friendly interview techniques	20
Facilitators	Interview	6-13
Save the Children Kosovo staff	Interview	3

Data collectors will work in teams of two, one interviewer and one note taker. Each team will interview 13 cases holding in between 26 and 39 interviews. Interviewers are responsible for i) filling in case number, ii) for obtaining the code name and/or the formula generated code word, iii) for obtaining consent from the care-giver(s) interviewed, and iv) for ensuring the quality of the translation.

Note-takers are responsible for recording the interview as accurate and comprehensive as possible and will refrain from mixing notes with personal judgements or opinions, and from adding information or improve what is said.

Within 24 hours after the interview:

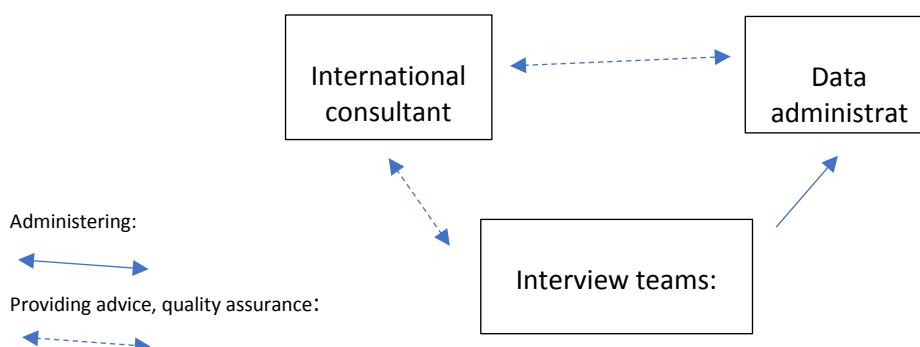
- The interview notes will be transcribed;
- Albanian text will be translated into English (digital format);
- The interviewer will check and ensure the quality of the translation.

Case folders (one per case) are uploaded every Monday (Google drive). A case folder includes:

- Original Notes;
- Translated Notes;
- Data Processing Sheet with Data Case name;
- Family Characteristics Sheet;
- Enabling Factors Sheet;
- Ticked (filled) consent form.

To ensure quality of the data collection and data collected, a Skype team meeting is held every Tuesday to discuss the data collection process, quality and completeness of information obtained, and any other issue that may occur.

Hard copies of raw data texts (notes) are brought to the data administrator who administers the data collection process.



3.1 Procedure for interview teams

Before the start of the interview with a parent, interviewers need to obtain informed consent for the interview from the parent(s) using the Informed Consent Form attached to the interview sheets for parents. They also fill in the case number, the code name and/or the formula generated code word which is based on 3 questions:

1. The first letter of the name of the interviewee's mother (e.g. If your mother's name is Jane Doe, only write J)
2. The number of the birth date of the interviewee (e.g. if your birthday is on December 3rd, please write 03)
3. The last digit of the birth year of the interviewee (e.g. if you were born 1980, please write 0)

CODE WORD: (should be 4 characters, e.g. the above example results in J030).

Informed consent Form, informed consent to be obtained before the interview

Hello, my name is (***name of the interviewer***). Me and my colleague (interviewer mentions the name of the note-taker) are engaged by Save the Children to conduct an impact evaluation of PDEP. This will be a conversation between us on how participation in the PDEP programme may have influenced you in your day-to-day parenting. It means that your parenting skills are not being assessed or judged by Save the Children. This interview usually takes about 60 to 90 minutes.

As you know, I will also interview one of your children (and mention the spouse if two parents participate in the evaluation). All the information that you share will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, you can always let me know. May I start now? (interviewer checks yes or no).

☐
☐

Yes No

The note-taker records family characteristics per case (family) and the questionnaire on enabling factors (see paragraph 2.2) at the end of the interview.

Table 1 Family characteristics

To be filled in before the start of the interview

Family composition: <ul style="list-style-type: none"> • No of parents/caregivers • No of children, and age • Any other family members living in the family • Any child with disability? If yes, physical or learning difficulty? 	
Educational level father/male caregiver	
Educational level mother/female caregiver	
Employment father/male caregiver	
Employment mother/female caregiver	
Is the child under regular supervision other than parents? (I.e. grandparent(s), pre-school professionals, etc.)	

Location: Urban or Rural	
Is the child under regular supervision other than the parents/care givers i.e. grandparent(s), pre-school professionals, etc?	

The impact evaluation takes the family (case) as unit of analysis to obtain the interpretation of the same situation from one parent and the target child. To ensure that parent and child talk about the same situation, the first person to interview from each case should be a parent since his/her interview revolves around a real conflict situation.

While interviewing the target child above the age of 10, the interviewer brings up this conflict situation to seek the child's perspective.

5 DATA COLLECTION SHEETS AND TOOLS

Interview sheet and guidelines - Parents

Male

Female

Date:

Case study number: To be completed by interviewer

Code name used when completing PDEP surveys:

Formula generated code word:

We are doing a study of how parents handle conflict situations with their children. The ***purpose*** of this interview is to collect information on how participation in the PDEP programme may have influenced you in your day-to-day parenting. *Your parenting skills are not being assessed or judged!* The information will help to improve the PDEP programme.

We therefore ask you to provide the information as sincerely and faithfully as possible. There is no 'right' or 'wrong' answer. ***The information given will be treated strictly confidential.*** Please help us by answering the questions below as open and accurate as possible. Thank you!

GUIDELINES FOR IN-DEPTH INTERVIEWS

The in-depth interview focuses on a real situation that the parent experienced in the past two weeks with the child which will be interviewed too (if the case includes a child). This will bring back their actual emotions, will be based in their reality, and will be appropriate to the child's age.

Purpose of the interview is to yield information on the parent's i) reflectivity, ii) knowledge, iii) mis-behaviour versus developmental needs (attribution), iv) anger-empathy (affection), v) skills, and vi) self-efficacy. Phrase your questions in such a way that you get un-biased, fair and accurate responses from the interviewee.

During the interview the real situation will be explored. Questions asked will help to dig behind the facts and opinions, and to prompt reflection in order to get a clear (mental) picture of the situation covering parent's thoughts, feelings, what the parent said, and what he/she did.

Interviewer, do not give your ideas, objections or disagreements!

Start the interview

Ask the parent to focus on a real situation that the parent experienced with one of their children or, with the child which will be interviewed too, in the past two weeks. It could be an event or situation when their child did or said something which was unpleasant or difficult for them. Tell the parent that we want to understand how he/she handles disciplinary situations with that child.

Ask the parent to picture how the event looks like. Where did it happen, what did your child say, did or did not do, which made the interaction with your child difficult for you?

\

Background information

- Think about a situation with one of your children / your son or that daughter we will be interviewing too, which you found unpleasant or difficult in the last two weeks.
- Please describe that situation for me:
 - What were your thoughts in that situation?
 - How did the situation make you feel? [*for instance, Angry, frustrated, powerless?*]
 - How did you express your feelings in that situation?
 - What did you say to the child?
 - How did you handle the situation?
 - What were you trying to accomplish in that situation?
 - What did you do, how did you react?
 - What did you find difficult?
 - When did you decide to react differently?
 - What happened that made you decide differently?

Exploring further:

- What did you do different now compared to your reactions before you took PDEP?
- Thinking back, what thoughts were helpful for finding answers to the situation? Which were not?
- What did you do in that situation which you are positive about?
- With hindsight, how could you have reacted, but did not do?
- Can you think of any reason that you were not able to do that?
- What may block the change in your behaviour?
- What made it difficult for you to apply what you learned in PDEP?
- What do you do different in interacting with your children after taking PDEP?
- Can you give me an example?
- What would make it easier for you to stick to PDEP behaviour (act as you learned in PDEP)?

Key Topics to be covered

- Topic 1. Family relations, family characteristics, decision-making, gender roles, power relations, hierarchy
- Topic 2. Social reality; cultural context, social norms, educational and economic background, employment
- Topic 3. Motivation, readiness to change, support, agreement/disagreement, cooperation
- Topic 4. Most relevant factors for behaviour change to occur; follow-up support, regular practice

INTERVIEW TOOL

To facilitate the discussion on a real conflict situation between parent and one of their children, you may want to use the illustrations picturing **possible** parent reactions:



A parent shouting, or waving a finger angrily;



A parent blaming or shaming a child;



A parent pulling a child's ear (aggression);



A parent listening to a child, showing respect for the child's views (structure);



A parent sharing a child's feelings (empathy, affection, warmth).

The illustrations are a non-threatening way to discuss parent behaviour both before and after PDEP training, covering all PDPE outcomes:

- Reactions of parents [angry, aggressive, punitive, blaming or shaming the child];
- Sharing the child's feelings, respecting the child's views;
- Time and opportunity for the child to express his/her views;

- Finding solutions to the problem, involvement of the child in finding solutions;
- Parents' affection or empathy;
- The child's trust in his/her parents;
- The child's happiness in the family.

Interview sheets and guidelines – Children (3 age-groups)

INTERVIEWING CHILDREN³¹

Why interview children

- Children want to speak out
- Children have fresh and interesting things to say
- Children have different perspectives
- Some issues affect children more than adults
- Boost children's confidence
- Children have a right have an opinion
- Children have a right to be listened to
- You'll learn something

Preparation

- Be aware of your own attitudes to children. Don't patronise them or show that you know more than they do. Put yourself in their place and treat them with respect;
- Be aware that children can be placed at risk as a result of participating in an interview;
- Unintended consequences can occur when children speak out (see the Practical Protection Protocol);
- Details from the interview are anonymised, making it impossible to trace the child such as names, locations and details;
- Explain in detail what you're doing, and why you want to talk to them. Explain what you'll use the material for and seek their permission to use it;
- Be honest about what you're doing, and don't raise expectations. Make it clear that you're not gaining anything personal from the interview, but that it will help Save the Children's work;
- Note takers, keep the originality of the child's language and expression as much as possible;
- Find a suitable place (inside or out) that is quiet and where the child feels comfortable and relaxed. Let them choose it;
- Ensure that adults are out of the way – except for the note taker and, for the youngest children, perhaps another adult the child knows and trusts;
- Try to create a relaxed environment. Have a chat, play a game. Get down to their level e.g., by sitting on the floor or on a small chair with them;
- Use the interview tools – toy, illustrations, family cards, to put the child at ease and to start the interview talk;
- Remember to take verbal consent from the child.

Prior to planning the interview ask yourself:

- Will the interview give children the chance to have a say and speak out, or are they simply giving you what you need to satisfy your needs?
- Will they enjoy the interview? If not, how can you at least mitigate the stress and foster discussion?
- Will they learn anything from it?
- Will there be any danger/ negative impact to the child as a consequence of the interview?

³¹ Based on *Guidelines Interviewing Children*, Save the Children

Interview purpose

The purpose of the interview is to solicit information on PDEP related parenting outcomes:

- Physical or emotional punishment;
- The child's misbehaviour being perceived as being on purpose (or not);
- Parents' sharing feelings of the children (or not);
- Decrease of anger, better control of anger (or not);
- Aggression;
- Respect for the child's views, the child gets the opportunity to express his/her views;
- Parents finding solutions together with the child;
- Parents showing affection, empathy;
- Child's trust in parents;
- Child's happiness in the family.

General interview guidelines

- Introduce yourself, and the note taker and why you want to talk to them;
- Let the child set the pace and tell their story in their own time;
- Ask some easy questions first – e.g. their name, age, where they live. Keep using their name when addressing them;
- Ask open questions. Avoid too many closed questions, such as 'do you?' which call for a yes or no answer;
- You may have to ask questions in several different ways before you get the information you need. It's worth talking around a subject, and even challenging (older) children to think about the questions you're asking;
- Be aware of when the child is uncomfortable, and don't push them on sensitive issues;
- Be prepared to finish the interview or move on to a less sensitive topic if they become upset.

Interviews sheets, children 6-9-year-olds

Age Male Female

Date:

Case study number: To be completed by interviewer

Code name used when completing PDEP surveys:

Formula generated code word:

To make sure that children's participation is genuine and meaningful explain, make clear, agree upon:

- The purpose about children's participation;
- Roles and responsibilities of child and interviewer;
- That children's participation is voluntary and that they can withdraw at any time they wish;
- That girls and boys can freely express their views and opinions;
- Make sure that the child's participation builds on their personal knowledge, skills and abilities.

Make sure the child understands that the information given will be treated strictly confidential

GUIDELINES FOR INTERVIEWING 6-9-YEAR-OLDS

For this age group you do not refer to the actual conflict situation identified by the parent. The younger children will just speak about daily parenting situations in general, from their perspective, expressing their views freely.

Be prepared to finish the interview or move on to a less sensitive topic if the child becomes upset.

- *Create a safe space for discussion:*
 - Listen carefully to the child. Avoid expressing your own views on the matter. A reaction of shock or disbelief could cause the child to shut down, retract or stop talking;
 - Refrain from making judgements, criticism, giving opinions, explaining or lecturing;
 - Focus on concrete actions the child may have observed (I saw, I heard, I remember);
 - Follow this up by asking how it made the child feel, ask about their needs, desires, expectations;
 - Reassure the child by listening empathically; when you saw, heard, remembered, did you feel..., because you need... ?
 - Do not blame or criticise the child.
- *Be sensitive to kids' emotions and temperament.*

INTERVIEW TOOLS

- 1** ***Puppets, making it easier for younger children to talk freely about sensitive issues***



Younger children may find it difficult to talk to an unknown person about sensitive issues. Instead of addressing the child directly, you can explain that *Pino* is a friend who listens very well. Ask the child if he/she would like to talk to *Pino* about the family and how it is at home. Young children open up and talk much easier to an animal.

Make sure paper, pencils are available in case the child wants to draw how it is at home.

Whatever tool you choose, let the conversation develop gradually and naturally soliciting information on:

- Reactions of parents [angry, aggressive, punitive, blaming or shaming;
- Sharing the child's feelings, respecting the child's views;
- Time and opportunity for the child to express his/her views;
- Finding solutions to the problem, involvement of the child in finding solutions;
- Parents' affection or empathy;
- The child's trust in his/her parents;
- The child's happiness in the family.

2 *Illustrations, to facilitate the interview*

Another tool to facilitate the interview are illustrations picturing a **potential** conflict situation in a non-threatening way:



A child who does not (want to) go to bed

A child refusing to get dressed for



school and leave the house in time



A child feeling embarrassed by the parent's behaviour

You can start the interview by asking the child if he/she recognises one of the situations. Or if he/she wants to talk about another one. Let the interview evolve around PDEP outcomes:

- Reactions of parents [angry, aggressive, punitive, blaming or shaming the child];
- Sharing the child's feelings, respecting the child's views;
- Time and opportunity for the child to express his/her views;
- Finding solutions to the problem, involvement of the child in finding solutions;
- Parents' affection or empathy;
- The child's trust in his/her parents;
- The child's happiness in the family.

You may use the illustrations picturing **possible** parent reactions to facilitate talking about parental reactions.



A parent shouting, or waving a finger angrily;



A parent blaming or shaming a child;

A parent pulling a child's ear



(aggression);



A parent listening to a child, showing respect for the child's views (structure);



A parent sharing a child's feelings (empathy, affection, warmth).

AFTER THE INTERVIEW

- Thank the child for his/her time and for talking to you;
- Ask him/her if he/she has any questions for you;
- Explain again what the interview will be used for;
- Ask the child if they want to leave anything out or change any other details;
- Reassure that all child's questions are addressed before you end the interview.

Interviews sheets, children 10-14-year-olds

Age Male Female

Date:

Case study number: *To be completed by interviewer*

Code name used when completing PDEP surveys:

Formula generated code word:

To make sure that children's participation is genuine and meaningful explain, make clear, agree upon:

- The purpose about children's participation;
- Roles and responsibilities of child and interviewer;
- That children's participation is voluntary and that they can withdraw at any time they wish;
- That girls and boys can freely express their views and opinions;
- Make sure that the child's participation builds on their personal knowledge, skills and abilities.

Make sure the child understands that the information given will be treated strictly confidential

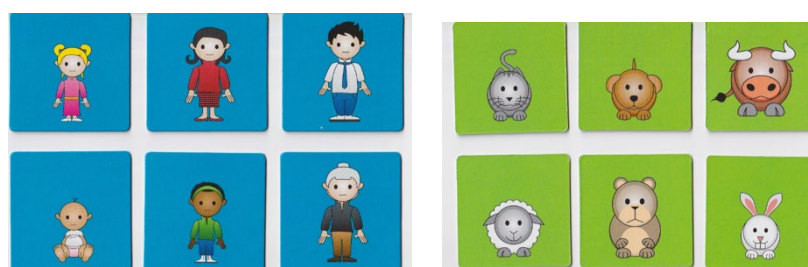
GUIDELINES FOR INTERVIEWING 10-14-YEAR-OLDS

- *Create a safe space for discussion:*
 - Listen carefully to the child. Avoid expressing your own views on the matter. A reaction of shock or disbelief could cause the child to 'shut down', retract or stop talking;
 - Focus on concrete actions the child may have observed (I saw, I heard, I remember);
 - Refrain from making judgements, criticism, giving opinions, explaining or lecturing;
 - Follow this up by asking how it made the child feel, ask about their needs, desires, expectations;
 - Reassure the child by listening empathically; when you saw, heard, remembered, did you feel..., because you need... (do not blame or criticise the child).
- *Be sensitive to kids' emotions and temperament*
- *Ask open-ended questions*

INTERVIEW TOOLS

3 *Family cards*

Interviewers can use family-cards to i) make a social map of the family using either use people or animal cards (depending on the (age of the) child).



1. Ask the child to choose a card with the person or animal he/she would like to be (if the child chooses an animal, ask the child why he/she chooses this animal – because it is strong, kind, small, soft, dangerous, warm):
2. Put the chosen card in the middle of the table.
3. Then ask the child who is important for him/her. The child will name someone. Let the child choose another card with a person/character or animal who represents this person.
4. Ask the child where this card should be placed (close to the child's card, further away, above or below).
5. Repeat step 3 and 4 till the family map is complete according to the child.
6. *Refer to the conflict situation the parent brought up.*
7. Keep the family map on the table and continue asking in-depth questions using the symbol cards:



If you worry about something, who do you go to? Where do you feel at home? Who is part of your family? If you have a question, who do you ask? Who listens to you?

Has anyone in your family ever had a fight, arguments? What makes you happy? Is there something you prefer to write down, or draw?

You can use the symbol cards in different ways:

- Put a number of symbol cards at your side of the table as a reminder for the questions you may want to ask;
- Put the symbol cards randomly on the table and choose a symbol which fits the phase of the interview;
- Make a stack of cards and take the top one if you want to give the interview a random turn.

There are also emotion cards:



The card with the stop sign can be used when the child does not want to continue talking.

The emotion cards can be used in the same way during the interview as the other symbol cards:

1. Put the five basic emotions next to the family map;
2. Ask the child to move family member card(s) to the emotion card;
3. Example questions about these emotions:
 - a. When are you sad?

- b. When are you happy?
- c. Who can you be angry with?

When making the family map, make sure to obtain information on the following parenting issues:

- Reactions of parents [angry, aggressive, punitive, blaming or shaming the child];
- Sharing the child's feelings, respecting the child's views;
- Time and opportunity for the child to express his/her views;
- Finding solutions to the problem, involvement of the child in finding solutions;
- Parents' affection or empathy;
- The child's trust in his/her parents;
- The child's happiness in the family.

AFTER THE INTERVIEW

- Thank the child for his/her time and for talking to you;
- Ask him/her if he/she has any questions for you;
- Explain again what the interview will be used for;
- Ask the child if they want to leave anything out or change any other details;
- Reassure that all child's questions are addressed before you end the interview.

Interviews sheets, children 15-17-year-olds

Age Male Female

Date:

Case study number: To be completed by interviewer

Code name used when completing PDEP surveys:

Formula generated code word:

To make sure that children's participation is genuine and meaningful explain, make clear, agree upon:

- The purpose about children's participation;
- Roles and responsibilities of child and interviewer;
- That children's participation is voluntary and that they can withdraw at any time they wish;
- That girls and boys can freely express their views and opinions;
- Make sure that the child's participation builds on their personal knowledge, skills and abilities.

Make sure the child understands that the information given will be treated strictly confidential

GUIDELINES AND TOOLS FOR INTERVIEWING 15-17-YEAR-OLDS

- *Create a safe space for discussion:*
 - Listen carefully to the child. Avoid expressing your own views on the matter. A reaction of shock or disbelief could cause the child to 'shut down', retract or stop talking;
 - Focus on concrete actions the child may have observed (I saw, I heard, I remember);
 - Refrain from making judgements, criticism, giving opinions, explaining or lecturing;
 - Follow this up by asking how it made the child feel, ask about their needs, desires, expectations;
 - Reassure the child by listening empathically; when you saw, heard, remembered, did you feel..., because you need... (do not blame or criticise).
- *Encourage open dialogue:*
 - Let the child know that they can ask questions, test their opinions, and speak freely without fear of consequences.
- *Refer to the conflict situation the parent brought up. Then ask open-ended questions and ask them to support their ideas:*
 - Can you describe what happened? What did you think when this happened? What did you feel, what did you do? What happened next?

INTERVIEW TOOL

4 Pictures

With older children you can use the family cards or pictures (instead of illustrations) to facilitate the dialogue on "My family and I".

When having the interview, make sure to obtain information on the following parenting issues:

- Reactions of parents [angry, aggressive, punitive, blaming or shaming the child];
- Sharing the child's feelings, respecting the child's views;
- Time and opportunity for the child to express his/her views;
- Finding solutions to the problem, involvement of the child in finding solutions;
- Parents' affection or empathy;
- The child's trust in his/her parents;
- The child's happiness in the family.



AFTER THE INTERVIEW

- Thank the child for his/her time and for talking to you;
- Ask him/her if he/she has any questions for you;
- Explain again what the interview will be used for;
- Ask the child if they want to leave anything out or change any other details;
- Reassure that all child's questions are addressed before you end the interview.

Annex 7: Delivering an ethical evaluation

In line with the Research and Evaluation Ethics Policy of Save the Children US, the evaluation was guided by a set of protocols detailing how respondents, caregivers and children, would be protected.

1 Voluntary participation

Participation of caregivers and children in the impact evaluation needs to be of their own free will. Written instructions or scripts were used when PDEP facilitators contacted shortlisted cases/caregivers to: i) clarify the purpose of the evaluation; and, ii) to obtain consent from the care-giver(s) on being interviewed. The script used is in the Box below.

Box: The script used when gaining consent.

“Hello (*name*). My name is (*your name*), facilitator for the PDEP programme. We are now doing an impact evaluation of the *Positive Discipline in Everyday Parenting* programme. We are trying to find out under what circumstances the programme works best. To be able to do this, we need parents which have completed the PDEP programme and talk with them about their experiences. We are interested in finding out why you have or have not been able to apply some or all PDEP techniques you have learned.

I am inviting you to join this evaluation. Joining the evaluation is up to you. If you decide to join, you will be interviewed by one of our interviewers. We will not be asking many questions. The idea is that you share your experience in efforts to apply the PDEP techniques after the program has ended. If you decide to join, you can always choose not to answer certain questions.

If your spouse has also taken the PDEP programme, we will ask if he/she wants to participate in our evaluation too [*I assume the spouse will be approached separately to obtain his/her consent.*]
[*I also assume that the parent will not decide by him/her self if we can interview one of their children*]:

We would also like to interview one of your children, if you and your spouse are ok with that, and the child agrees to do so.

The children’s interviews will be carried out in a child friendly environment with relevant age-group relevant seating, toys and tools. If your child is younger than 10, you will not be asked to leave the room while your child is being interviewed.

The interviewers are experienced in working with children and creating safe and comfortable environments for you and your child. We wish to interview children to hear their perspective and learn on how they think your parenting has changed since you have taken the programme.

In case your child begins to share irrelevant and or sensitive information during the interview, the interviewer will change the course of the discussion to collect only the data that is relevant for this

study and will not put the child, you or your family in an unfavourable situation. All the information we obtain will remain strictly confidential and anonymous.

If the parent says “no” for any reason, you will say “that’s fine. Thank you for your time you have given us. We appreciate your help very much and we wish you the best. Good bye”.

If the parent has a question you will answer them.

If the parent says “yes”, you will say, “thank you very much. We greatly appreciate your time and energy in doing this. And, if applicable, the facilitator reconfirms “we are also grateful that you will consult with your partner if one of the children can also participate in this evaluation.” The facilitator then asks the parent “would you prefer to hold the interview at your home or in a place outside your home where confidentiality is also secured?”

The facilitator will note the name and mobile phone number of the parent and inform the parent on the date, time and place of the interview. The facilitator will ask the parent if they agree to hold the interview at their house and ask if it is possible to have a space where confidentiality is better secured.

After the interview, the facilitator will send the agreed details about interview time and place via a text message to make sure that each parent has that information in writing as well. The facilitator will also phone the spouse (if applicable).

When the parent and you (the facilitator) have come to an agreement, you say “if anything comes up and you need to change the time, please call me at (number) or e-mail me (address). Thank you very much for your help with our evaluation. Goodbye”.

2 Informed consent, purpose of the evaluation

Information collected might be highly sensitive. Before the start of each interview, informed consent was obtained (see Annex 6, paragraph 3.1). The interview started by explaining the purpose of the interview and that all information volunteered would be treated strictly as confidential. The standard script used is in the box below.

Box: The standard script used at the start of interviews with adult care-givers

We are doing a study of how parents handle conflict situations with their children. The ***purpose*** of this interview is to collect information on how participation in the PDEP programme may have influenced you in your day-to-day parenting. *Your parenting skills are not being assessed or judged!* The information will help to improve the PDEP programme.

We therefore ask you to provide the information as sincerely and faithfully as possible. There is no ‘right’ or ‘wrong’ answer. ***The information given will be treated strictly confidential.*** Please help us by answering the questions below as open and accurate as possible. Thank you

3 Confidentiality and privacy procedures

Case numbers and codes are used for forms and interview sheets, ensuring confidentiality and privacy of interviewees. No full names and addresses were recorded as a means of identifying the interview or interviewee. The code name and/or the formula generated code word which is based on 3 questions:

Case study number: To be completed by interviewer

Code name used when completing PDEP surveys:

Formula generated code word (*according to instructions in the data collection manual*):

CODE WORD:

4 Ensuring child safety and well-being

Save the Children has established procedures for child safeguarding. Save the Children International in Kosovo has a Child Safeguarding Coordinator, who is responsible for overseeing and coordinating matters related to child safeguarding aspects during overall programme implementation. For the purpose of this data collection activity, a staff member from SCiK has been appointed as the Child Safeguarding focal point and is the contact person for the two field teams on child safeguarding issues. In case of any child safeguarding concern, the Child Safeguarding focal point of this activity will report directly to the SCiK Child Safeguarding Coordinator.

Limits to confidentiality when there are safety concerns

Confidentiality may need to be breached to provide immediate protection to a child. Children (according to level of maturity) and adults are to be made aware of the confidentiality procedures before being asked to provide any information. The confidentiality procedures are consistent with Kosovo legislation concerning reporting of child abuse. If the interviewer feels that the child's safety is at risk, then the interviewer would be obliged to discuss the case with the Child Safeguarding Focal Point of this activity.

5 Being consultative

The PDEP programme is delivered by CSO staff from six Civil Society Organisations who were trained as PDEP facilitators. Care-givers who completed the PDEP programme are informed by their facilitators on the purpose and aim of the impact evaluation including the ethical guidelines and child safeguarding protocols.

Written instructions or scripts were used when contacting care-givers to ensure voluntary participation (see paragraph 1).

6 Preparation of interviewers and note-takers

3-Day training of interviewers and note-takers including sessions on:

- Purpose and approach of the evaluation
- Safeguarding the Rights of the Child
- Setting up the interview
- Practice interview tools for care-givers
- Practice interview tools for children
- Reflection on experiences

1-Day piloting interview tools

1-Day feedback on experiences by interview teams

7 Respecting dignity and autonomy of respondents

The evaluation included the participation of children as respondents. Their safety and well-being were safeguarded through the following procedures, protocols and mechanisms:

- Procedures for child-safety and well-being were established
- A Child Safeguarding coordinator oversaw and coordinated child safeguarding during the data collection phase
- A Child Safeguarding focal point acted as a contact person for interview teams
- A referral mechanism was in place
- A complaints and feedback mechanism was put in place

The interviewers were trained in child protection and safeguarding:

- To make sure that the child's safety and well-being always comes first and that the child would not be exposed to and protected against any risk. A practical protection protocol was developed for this purpose;
- To ensure that they gave each child the opportunity to express their views on changes in behavioural patterns of their parents;
- To ensure that the participation of each child was meaningful, safe, voluntary and inclusive;
- To make sure that each child interviewed understood the purpose of the evaluation, and the value of his/her participation.

The ethical guidelines for interviewing children (and parents/caregivers) given in the interview tools and techniques were underpinned by and were always be used in conjunction with the organisational Child Protection Policy and the Save the Children Practice Standards in Children's Participation (2005). These guidelines:

- Ensured that Practice Standards on Children's Participation were fully incorporated in the process;
- Provided general principles for good child participation practice;
- Ensured that Child safe guarding issues were dealt with appropriately and sensitively;
- Ensured that the diversity of children's experiences was captured;
- Ensured that issues which reflected or reinforced child-adult power relations were dealt with;
- Explored discrimination and ensured non-discrimination was practiced;

- Ensured effective communication and co-ordination.

8 Accountability

Referral Mechanism

In case a child or a parent/caregiver disclosed information of abuse or there was risk of harm to a child's wellbeing, following the safeguarding principles, the interviewer was required to make a note to address the issue with Child Safeguarding Focal Point.

After this, the Child Safeguarding focal point was to discuss the different actions that could be undertaken with the Child Safeguarding Coordinator. These actions might include:

- a. Discussion between Child Safeguarding Focal Point and parent/caregiver or child and possible ways of support to that parent/caregiver or child;
- b. Liaising to put the parent/caregiver or child in touch with local mandated support services;
- c. Involving mandated social support services in the discussion to ensure child-safeguarding.

Complaints and Feedback Mechanism

A Complaints and Feedback Focal Point for the PDEP impact evaluation data collection activity was appointed. The interview teams would hand out a card with the contact details of the focal point to each respondent, whom they can contact in confidence if they had questions or concerns related to this research activity. In terms of this, SCiK has an internal standardized complaints and feedback mechanism. Interviewers were prepared to answer questions about the study and the need to consult with the Complaints and Feedback Focal Point and the international evaluation team as necessary.

Annex 8: Methodology (from the inception report)

1 Overall approach

1.1 Overall design

As summarised below in Table 4, the overall evaluation design is based on the use of case studies to answer evaluation questions 1-5. It is important to start by appreciating that the evaluation questions are not asking that a process evaluation be carried out or that we evaluate the quality of PDEP implementation in 2017. Instead, these evaluation questions are asking whether if we assume that the PDEP approach is implemented well, does it deliver the intended (or unintended) long-term outcomes and what explains this?

For evaluation questions 1-3, the focus is mainly on identifying actual change in caregiver/parent behaviour (long-term outcomes) drawing on in-depth interviews with parents/caregivers and children. The interviews will focus on a real conflict situation yielding evidence of change in parents' knowledge, thoughts (attribution, affection), attitude, self-efficacy, and behaviour. For evaluation questions 1 and 3, we also propose to triangulate our findings from the case studies against the evidence provided in the pre, post and follow-up surveys. This triangulation will initially focus upon the degree to which these surveys, and in particular the follow-up survey, provide credible indications of the degree to which PDEP delivers its intended outcomes and also allow us to check that parental behaviour has actually changed in the case study families. Effectively, these surveys provide the baseline status for parental behaviour.

Qualitative comparative analysis (QCA) will be used to answer evaluation questions 4 and 5, drawing on evidence of the presence or absence of the intended long-term outcomes across 25 families and the degree to which the presence or absence of the intended long-term outcomes is associated with the presence or absence of enabling factors thought likely to be needed for these outcomes to be triggered. The assumption is that whilst the skills and attitude change delivered through the PDEP programme is necessary for these outcomes to happen, it isn't the only thing that needs to be in place. The QCA therefore focuses on what else needs to be in place.

Evaluation question 6, which focuses on value for money, will be answered through a simple calculation of costs per family where the long-term outcome is achieved.

Table 4: PDEP evaluation framework

Evaluation Question	Analytical method to be used to answer the evaluation question	Sources of data to be used
1. To what extent did the PDEP programme achieve intended results?	Case studies with selected families	Interviews with parents and selected children with case study families
	Triangulation with findings from surveys.	Pre, post and follow-up surveys
2. Were there any unintended	Case studies with selected families	Interviews with parents and selected

Evaluation Question	Analytical method to be used to answer the evaluation question	Sources of data to be used
effects, positive or negative?		children with case study families
3. What difference has participating in the PDEP programme made for beneficiaries (parents and caregivers that have taken the programme)? What difference has it made for their children?	Case studies with selected families	Interviews with parents and selected children with case study families
	Triangulation with findings from surveys.	Pre, post and follow-up surveys
4. What factors contributed to achieving the intended results? What factors negatively affected intended results?	Qualitative Comparative Analysis	Case studies with selected families
5. What lessons can be learned that can inform PDEP programming in other places/ countries?	Qualitative Comparative Analysis	Case studies with selected families
6. What has been achieved with the investment made (results achieved in relation to the costs)?	Basic description of costs set against number of participants that completed the PDEP programme and number that entered the programme	Key informant interviews with SCiK staff and PDEP facilitators Financial reports from SCiK Estimated allocated cost of support to PDEP in Kosovo by Dr. Durrant et al.

1.2 How a Utilization and Equity Focus are reflected in the evaluation design and approach

As said in our proposal, our approach to delivering a utilization focused evaluation draws on the 17-step checklist for delivering such an evaluation developed by Michael Quinn-Patton.³² The degree to which individual steps suggested by Quinn-Patton are equally important or relevant varies by evaluation. In Table 5 below we set out which steps we consider important in this evaluation and how we either have already or intend during the rest of the evaluation to address them.

Table 5: How we will deliver a utilization focused evaluation

³² From our point of view, the process starts at step 6 in the 12 step checklist by Michael Quinn Patton. Please see the whole list here, where the first 5 steps and steps 15 and 16 are the responsibility of the evaluation manager: https://wmich.edu/sites/default/files/attachments/u350/2014/UFE_checklist_2013.pdf

Evaluation stage	Step in Quinn-Patton framework	Our response
Inception	Step 5. Identify and prioritize primary intended uses by determining priority purposes.	We have discussed use with both SCS in Stockholm and Kosovo. Our view is that to date a formal learning loop on how PDEP has been implemented and its results hasn't been institutionalised in Kosovo. We find that how the two groups will use results also differ, reflecting their different roles and needs. We therefore have amended our implementation approach to allow analytical workshops to be held in both Kosovo and Stockholm. Both workshops would include a core component discussing the data and what the analysis implies.
	Step 6 Consider and build in process uses if appropriate.	However, in Kosovo, a second component would focus on examining lessons on implementation within Kosovo. For the Stockholm workshop the second component would focus on implications for generalisation of findings from Kosovo to other country contexts and the feasibility of using the data collection and analytical methods used in this evaluation in other countries. Involving stakeholders in both Stockholm and Kosovo in the analytical process is explicitly intended to strengthen their evaluative skills as well as ownership and understanding of the findings.
	Step 7 Focus priority evaluation questions.	We have discussed the evaluation questions with SCS and agreed that all six will be addressed. We have agreed on the limits to which we can answer the sixth question, on value for money, given the resource constraints and SCS's relative prioritisation of the evaluation questions.
	Step 8 Check that fundamental areas for evaluation inquiry are being adequately addressed.	As discussed below, we have refined and selected evaluation methods appropriate to answering the evaluation questions.
	Step 11 Make sure intended users understand potential controversies about methods and their implications.	In terms of what should be measured, the data collection tools and the theory underpinning PDEP, we have engaged extensively with Dr. Durrant and her team to address this issue. We believe that she and her team believe what we intend to do in this area is credible and feasible. We have also discussed what should be measured and the data collection tools with SCiK and believe that they are comfortable with what we propose. The main area not yet addressed is the qualitative comparative analysis method that will be used to answer evaluation questions 4 and 5. This is a method that few people are familiar with and it is challenging to understand given its

Evaluation stage	Step in Quinn-Patton framework	Our response
		approach to understanding causality. We will address this in the analytical workshops and in the final report. However, the experience of both the evaluation team leader and the internal QA lead is that to enhance usefulness, both the analytical workshop and report should not focus excessively on the details of the QCA analytical process but instead on the results of that analysis.
Data collection	Step 13 Gather data with ongoing attention to use.	Our assumption is that SCiK will be engaged to some extent in the data collection exercise, mainly through observing the initial training of our data collectors and pre-testing of the data collection tools and also in the analysis of the data before the analytical workshops. SCiK has also been involved in development of the data collection tools. Both SCS and SCiK will see the compiled anonymised data at the analytical workshops.
	Step 14 Organize and present the data for use by primary intended users.	This will be addressed through SCS and SCiK participation in the analytical workshops.
Analysis and interpretation	Step 12 Simulate use of findings.	This will be addressed through SCS and SCiK participation in the analytical workshops.
	Step 16 Follow up with primary intended users to facilitate and enhance use.	This will be addressed through SCS and SCiK participation in the analytical workshops.
Report	Step 15 Prepare an evaluation report to facilitate use and disseminate significant findings to expand influence.	Our current workplan includes, in addition to the two analytical workshops, a presentation of the final report in Stockholm. In terms of the content of the final report, we will discuss its form and content with SCS after the analytical workshop to ensure that it meets their needs.

Equity Focused Evaluation is concerned with ensuring that an evaluation does not introduce a bias by virtue of who is targeted as respondents. Practice is normally to examine this around one or more of the following three aspects of equity: (i) poverty; (ii) gender; and (iii) intergenerational (consumption of natural resources, hence long-term sustainability). Our reading of the PDEP documentation does not suggest that it is explicitly focused on either poverty or inter-generational equity. Gender, and gender roles, are obviously important, given that most care-givers trained, at least in Kosovo, are female but shifting or influencing gender roles is also not an explicit objective of the programme. For PDEP, equity is more important in terms of its targeting of vulnerable groups of children. Hence there is a need to include the views and perspectives of children in an equitable manner in the

evaluation. How we will include the views of children on changes in the parenting approaches of their parents is covered in section 4.2 below.

2 Answering EQs 1, 2 and 3

2.1 What is PDEP?

The PDEP approach is based on the theory of planned behaviour (Ajzen, 2002) a social cognitive theory of behaviour change³³. The theory of planned behaviour explains that a person's *behavioural beliefs* determine whether the person perceives that behaviour as positive or negative. For instance, if a parent believes that children will become spoiled without physical punishment, he or she will have a positive attitude toward physical punishment. And the more positive parents' attitudes, the stronger their intention to perform the behaviour, and the more likely the behaviour is to occur.

PDEP is designed to *reduce parents' approval of physical punishment* by increasing their understanding of i) the long-term developmental risks of physical punishment, and ii) the long-term developmental benefits of trust, attachment, and communication.

Normative beliefs refer to people's perceptions of what others expect them to do. Normative beliefs influence parent's perception of social pressure to engage in that behaviour (*subjective norms*). For example, if the social norm is that "parents who love their children should spank them when they misbehave", the perceived degree of pressure to punish will then depend on parent's personal definition of misbehaviour and the attribution for that misbehaviour to factors internal to the child (Dix, Ruble, & Zambarano, 1989)³⁴. The more parents perceive parent-child conflict as child misbehaviour - attributing misbehaviour to the child's characteristics - and the more parents believe that misbehaviour requires punishment, the stronger will be their intent to punish and the more likely they will be to respond angrily and punitively.

PDEP is designed to shift parents' *subjective norms* so that they understand parent-child conflict as reflecting typical developmental tasks, rather than misbehaviour rooted in the child's internal characteristics.

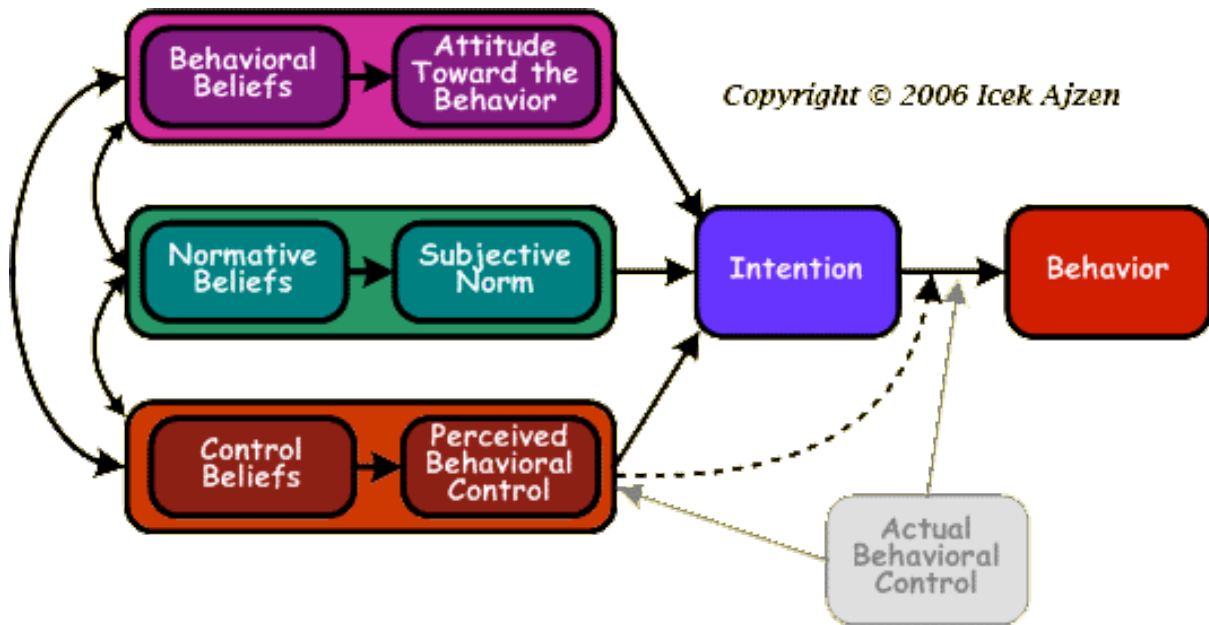
Control beliefs are a person's perceptions of the factors that make it easier or harder to perform a particular behaviour, such as the degree of skill needed to respond non-aggressively to conflict. Upon consideration of these factors, parents develop perceptions of the degree to which they can perform the behaviour - *perceived behavioural control* or self-efficacy. The stronger their perception that they are able to perform the behaviour, the stronger their intent to perform it, and the more likely it is that they actually will perform it.

³³ *Preventing punitive violence*. Canadian journal of community mental health VOL. 33, NO. 2, 2014

³⁴ Dix, T., Ruble, D. N., & Zambarano, R. J. (1989). Mothers' implicit theories of discipline: Child effects, parent effects, and the attribution process. *Child Development*, 60, 1373–1391.

PDEP is constructed to enhance parents' knowledge and skills through a series of interactive activities and problem-solving exercises that build on their existing strengths. This will strengthen parent's *perceived behavioural control* in generating and implementing non-punitive solutions to conflict with their children.

Figure 1: Logic Model Underlying the Theory of Planned Behaviour (TPB)



PDEP's theory of change consists of five components that guide parents through the conflict resolution process:

- i. Focus on long-term goals;
- ii. Creating a learning environment in which children feel physically and emotionally safe ('warmth');
- iii. Providing clear communication of the information children need in order to learn ('structure');
- iv. Understanding children's perspectives across the developmental trajectory;
- v. Approaching discipline as problem-solving rather than punishment.

The programme takes parents through these components in sequence, with each component building on the previous ones. Behavioural change will occur if parents master all five components. The theory of planned behaviour change does, however, not explain how acquired behaviour changes will be sustained.

2.2 What will we be able to say against these evaluation questions?

Evaluation Questions 1, 2 and 3 ask us to assess the extent to which the PDEP programme achieved intended results, what difference participating in the PDEP programme made for both caregivers and children, and to identify any unintended effects whether positive or negative. These evaluation questions are therefore seeking to effectively provide 'proof of concept' in terms of whether PDEP

actually contributes to the expected changes in parental behaviour and what other factors need to be in place for this to happen, since this is the current evidence gap. The evaluation approach therefore focuses on outcomes and generates information on 'what' was achieved, assuming that PDEP is implemented well. How the programme was actually implemented and whether or not there was implementation failure is **not** the main focus of the evaluation, although as discussed in paragraphs 22 to 24 above, the evidence available to us indicates that the programme, in 2017, was successfully implemented. We will nevertheless explore with the 2017 facilitators the degree to which the factors associated with a well-run programme were in place and, if not, this information will be integrated into our findings and conclusions.

Successful implementation of PDEP is expected to result in more positive relations between parents/caregivers and child(ren). To date, and from what we know of the two RCTs of PDEP currently on-going, and what has been collected through the surveys administered, evidence is focused at the level of the short and medium-term outcomes found in PDEP's detailed logic model (see Annex 3). The focus in this evaluation, and when answering evaluation questions 1 to 3, will be at the level of the longer-term, as well as short and medium-term, outcomes, where the evidence gap lies and so provide evidence of proof of concept.

To understand the process of actual change in caregiver/parent behaviour at the longer-term outcome level and whether and under what conditions PDEP contributes to this change, the evaluation will carry out in-depth interviews with parents/caregivers and children. These interviews will focus around a real conflict situation yielding evidence of change in parents' knowledge, thoughts (attribution, affection), attitude, self-efficacy, and behaviour (evaluation question 1) and how the same situation was perceived by the child. So what difference the participation of parents in the PDEP programme made for their children will be generated by actively involving children in the evaluation i.e., the conduct of child-friendly interviews (evaluation question 3). As the interview approach starts with the situation and not pre-defined behaviours or outcomes, we will be able, as part of the analytical process, assess the degree to which the evidence supports the assumption that PDEP contributes to the expected and unexpected outcomes.

2.3 Sampling approach

Given that the focus of PDEP is parenting behaviour, the family is the unit of analysis (case study). We define the family ('case') as the primary caregiver(s) and one child from the same family, since in some cases in Kosovo it is the grandparents rather than the parents who are primary care-givers. We need to have rich data on complex situations from care-givers and children around the same real conflict situation and then triangulate the perspectives of both care-giver(s) and child in order to judge whether the long-term outcomes are observed. This means that we can't just use a survey instrument to gather the data. It also means that we will need to use a case-based approach and sample from the overall population, given our time and resource constraints.

Our sampling strategy therefore reflects the following challenges/realities:

- i. The evaluation questions focus on providing proof of concept of PDEP rather than delivering an evaluation of long-term impact across the 2017 population. SC Sweden have requested

whether we can assess impact across the 2017 population as well. Why we think this infeasible, by using a random sample of households, is discussed in Box 1 below.

Box 1: Challenges to estimating impact across the 2017 population

While there are several definitions of impact used in development, the commonest is the OECD DAC's definition, which is '*Positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended*'. We can't use the surveys to measure impact across the population, as they didn't measure either the long-term behavioural change by the care-givers (see table 6) or impact on children (the primary beneficiaries), which are the long-term impacts in the PDEP logic model.

Estimating impact across the population by collecting new data from both care-givers and children would require using sampling for statistical representation (we don't have the resources to cover all households), which would in turn require a suitable sampling framework from which to select the sample. From the survey data, we know that 212 care-givers completed the training, although we also know that in some instances two primary caregivers from the same family completed the training. So, the number of families is less than 212. However, in the survey data, individuals are identified by a code name and there is no way to extract a sampling framework of families from the survey data. We could work with the CSOs to develop the sampling framework using attendance records but this would take time we don't have. More challenging for construction of a sampling framework, children are the actual beneficiaries of the Kosovo PDEP programme in 2017 and there are no data available that would allow use to easily develop a credible sampling framework that covered the primary beneficiaries. Our judgment is that there are not the resources available to both overcome these challenges whilst also carrying out the actual evaluation. In the absence of the requisite sampling framework, sampling for statistical representation isn't possible.

What we may be able to do is discussed in paragraph 42.

- ii. Only families where one or both primary care-givers completed the PDEP training will be included in the sample. Our focus is on whether PDEP makes the anticipated contribution to long-term outcomes when PDEP is competently implemented and not on whether PDEP was competently implemented in Kosovo in 2017.
- iii. Within the time and resources available, the number of cases that is feasible (families) is 25.
- iv. To answer evaluation question 4, on what other factors need to be in place for PDEP to effectively contribute, we need to evaluate cases where the long-term outcomes aren't observed. Unfortunately, we don't know beforehand which families show positive long-term outcomes and in which these outcomes are absent. The informal rule of thumb when using QCA is that the sample needs to consist of two-third successful (presences of outcomes) and on-third unsuccessful (absence of outcomes) cases. We can't use the follow-up survey to identify these individuals/families based on their responses to questions on short/medium-term outcomes because the responses are anonymised. After discussion with SCiK and some

of the involved facilitators, the only approach we could identify was for PDEP facilitators from all six partner organisations to make a short-list of seven to ten possible cases comprising two-third successful (presences of outcomes) and on-third unsuccessful (absence of outcomes) cases. A case would be considered successful when the parent(s) provide warmth and structure (PDEP medium-term outcome 'stronger skills') and is considered a failure if the provision of warmth and structure is absent. When pre-testing our data collection instruments during training of our data collectors, and then again at the beginning of the data collection phase, we will monitor whether this approach delivers the desired 2/3-1/3 mix of successful and unsuccessful cases and, if necessary, the composition of cases will be adjusted.

- v. To allow proof of concept and also for QCA, it is not the number of cases that is important for credibility. We will select cases based on the purposeful sampling principle of maximum diversity across the cases, looking at diversity across the six distinct populations, of the differing geographic locations, and children from three different age-groups. Ten out of 25 cases will consist of two participating care-givers and one child, the other cases consisting of one parent/caregiver and one child.

This means that 60 interviews will be conducted (35 with parents/caregivers, 25 with children).

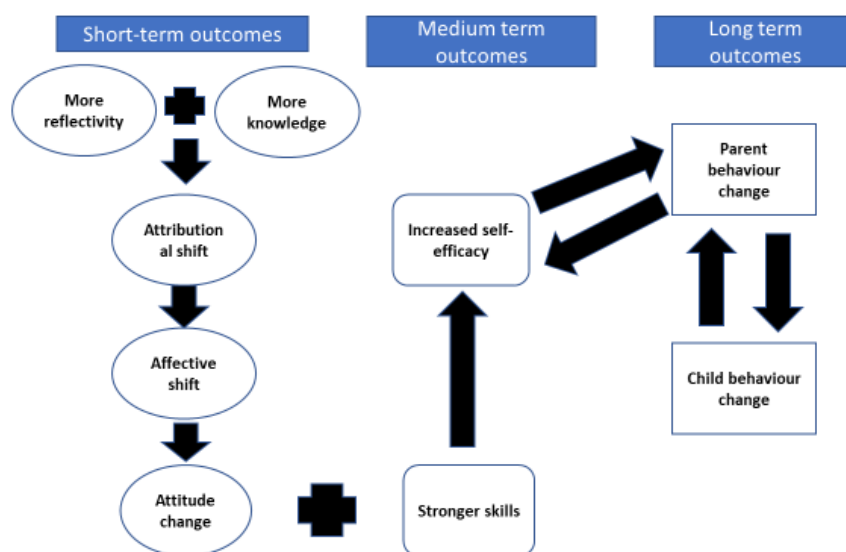
Whilst the need to evaluate the specific impact of the 2017 programme in Kosovo is not the primary purpose of the evaluation, SCS indicated that this was of interest. The analysis of the 25 case studies should indicate whether the expected chain between short, medium and long-term outcomes set out in the detailed programme logic model for PDEP is supported by the empirical evidence and in what instances. We will explore the extent that this then allows us to draw inferences on results from the survey data, although there will be two significant limitations on our ability to do this. First, the survey data is based on individuals rather than families. Second, the survey data tells us nothing about the other enabling factors that might need to be in place for PDEP to make an effective contribution. To do this, our case studies will be labelled using the code names used by the care-givers when completing the survey and formula generated code used on the completed questionnaires.³⁵

2.4 Data collection instruments

The PDEP logical model comprises nine expected outcomes and a number of outcome descriptions in terms of observable changes in behaviour, actions, and relationships of parents and children within an expected linear causal pathway as summarised in Figure 2 (see Annex 3 for the full detailed logic model).

³⁵ In the cases where two care-givers completed all or one completed all and the other attended some of the PDEP training sessions and hence completed the initial survey, we will need to record that there is such a link between the two code names.

Figure 2: Causal pathway between outcomes under the PDEP logic model



We intend to collect data on the following outcomes, using our data collection instrument (Annex 4). In addition, as long as we can link care-givers in the case studies with their previous survey responses, we will use their survey responses to get evidence on other, mainly short-term, outcomes. This is summarised in Table 6 below.

Table 6: Sources of evidence for assessing outcomes

Outcome	Source of evidence	
	Surveys conducted	Case study interviews
Short-term outcomes		
1. More reflectivity	✓	✓
2. More knowledge	✓	✓
3. Attributional shift	✓	✓
4. Affective shift	✓	✓
5. Attitude change	✓	✓
Medium-term outcomes		
6. Stronger skills	✓	✓

7. Increased self-efficacy		✓
Long-term outcomes		
8. Parent behaviour change		✓
9. Child behaviour change		✓

We also intend to use the survey responses, with the caveat specified above, to establish the base line of care-givers behaviour before the PDEP training started.

The data collection instrument for the case studies is found at Annex 4 and it has been developed in close consultation with key stakeholders during a preparatory visit to Kosovo from 1-5 July 2018, and feedback from Dr Durrant et al. Data collection instruments consist of a manual and corresponding interview tools and techniques for parents/caregivers and children, guidelines for interviewing children, child safeguarding and protection protocol, and data processing sheets. Tools and techniques for interviewing children are developed for children in the age of 5-9, 10-14, and 15-17.

2.5 The data collection process

Before the start of the data collection process, a 3-day workshop will be conducted for the training of data collectors and PDEP facilitators. Key purposes of the workshop are: i) to familiarise participants with the ethical guidelines and requirements for working with children³⁶; and ii) to practice different interview tools and techniques.

Data collectors will work in teams of two, one interviewer and one note taker. Each team will collect data for 12-13 cases, carrying out between 20 and 35 interviews. Teams will report to the data administrator who administers the data collection process and ensures the quality of interview translations. The teams will be supported by the international consultant by providing advice and ensuring the quality of data collection.

The note taker will record the interview as accurate and comprehensive as possible and will refrain from mixing notes with personal judgements or opinions, and from adding information or improve what is said. The team will transcribe the interview notes immediately after the interview. Albanian text will then be translated into English and put into a Word file using data processing sheets per case, using separate sheets for parents/caregivers and child.

The information of each case will be uploaded in a software programme for qualitative data analysis. The interview texts will be coded according to PDEP detailed outcomes (short-, medium-, and long-term) and factors which enable or hinder parental change in behaviour to occur and sustain, and which may trigger positive or negative, intended or unintended effects. They subsequent analysis of the qualitative data will result in evidence-based answers to the evaluation questions.

³⁶ Safe the Children Guidelines on “Children at the Centre of our Work”, ‘Engaging with children’, and ‘Interviewing Children’.

To ensure that quality data are collected, in addition to the three-day training planned, we propose to do the following:

- i. The data collection instruments will be pre-tested and improved accordingly as part of our initial training of the data collectors;
- ii. Note takers will be expected to write up interviews immediately after they are completed to ensure that their recall is good. We will monitor that they do this as it is expected that written up interviews will be available for the international team to review within a day of the interviews being completed.
- iii. The quality of the data collected will be monitored on an on-going basis during the data collection phase by two of our international team (Ans Smulders and Johanna Lindström). Nertila Latifi from SCiK team will lead on day to day administrative over-sight of the Kosovo based team members.
- iv. We have budgeted for Ans Smulders to travel to Kosovo on two separate occasions during the actual data collection work to ensure that all is going to plan.

Data quality management and ensuring that full data sets are collected for each case study will be important, since to use QCA to answer evaluation question 4, only cases that include data on all factors being considered can be included in the analysis.

2.6 Analysing the data and answering EQs 1-3

Data collection here is directed at answering the following three evaluation questions:

- i. To what extent did the PDEP programme achieve intended results?
- ii. Were there any unintended effects, positive or negative?
- iii. What difference has participating in the PDEP programme made for beneficiaries (parents and caregivers that have taken the programme)? What difference has it made for their children?

For evaluation question 1, within each case, and drawing on evidence from the surveys and interviews, we will come to a judgement on whether the intended outcomes are present or absent. Table 7 below sets out the metric we will use in coming to a decision on presence or absence against each outcome.

Table 7: Metrics we will use in coming to a decision on presence or absence against each outcome within individual cases

Outcome	How we will judge whether outcome present or absent in an individual case
Short-term outcomes	
1. More reflectivity	Increased awareness of long-term parenting goals; Increased recognition of long-term teaching opportunities presented by short-term parenting challenges; Greater self-awareness (of stress triggers, stress response).
2. More knowledge	Increased knowledge of: <ul style="list-style-type: none"> o Developmental capacities of the child;

Outcome	How we will judge whether outcome present or absent in an individual case
	<ul style="list-style-type: none"> Reasons for child behaviour. <p>Increased understanding of:</p> <ul style="list-style-type: none"> warmth versus permissiveness; structure versus punishment.
3. Attributional shift	Fewer attributions to child intent (the child's 'misbehaviour' is on purpose); More attributions to developmental needs.
4. Affective shift	Increased empathy (parents are able to understand and share the feelings of their children); Decreased anger.
5. Attitude change	<p>Less support for physical punishment. For example, being spanked, slapped, being pulled at their hair/ear, forced to kneel, shake the child, shouting or yelling;</p> <p>Less support for humiliating punishment;</p> <p>Greater support for collaborative solutions, parents engage their children in decision-making;</p> <p>Greater respect for child's views, provide children the opportunity to express their views.</p>
Medium-term outcomes	
6. Stronger skills	<p>Better emotion regulation;</p> <p>Greater skill in identifying reasons for children's behaviour;</p> <p>Greater skill in providing warmth:</p> <ul style="list-style-type: none"> Parents provide emotional security; Respect their child's developmental level; Showing unconditional love, affection; Sensitivity to their child's needs; Empathy with their child's feelings; Understand their children's feelings better; parents provide physical and emotional security in all situations, (decrease in name-calling, ridiculing or humiliating). <p>Greater skill in providing structure:</p> <ul style="list-style-type: none"> Parents control their anger i.e., listen to what the child had to say, talk calmly to find a solution together; Give the child something else to do, explain, why behaviour was a problem; Clear guidelines for behaviour; Give clear information about expectations; Give clear explanations; Support their child's learning; Encourage their independent thinking; Teach their child conflict resolution skills. <p>Greater consistency in problem-solving conflicts.</p>
7. Increased self-efficacy	<p>Greater confidence in identifying reasons for children's behaviour;</p> <p>Greater confidence in providing warmth and structure;</p> <p>Greater confidence in problem-solving conflicts.</p>
Long-term outcomes	
8. Parent behaviour	Less coercion (less persuading the child to do something by use of force or

Outcome	How we will judge whether outcome present or absent in an individual case
change	threats); Less reactivity (less acting in response to a situation versus more proactivity - creating or controlling the situation); More sensitivity (being able to quickly and delicately appreciate the child's feelings). More collaboration; More problem-solving; Less physical and humiliating punishment. Less parenting stress; Greater satisfaction in the parenting role; More positive relationships.
9. Child behaviour change	Less aggression; More respectful communication; Greater child trust in parents; Greater child happiness in the family.

Presence or absence of outcomes will be rated in individual case studies by differing members of the team. For the long-term outcomes in particular, this causes a risk as an assessment of the degree to which the outcomes are either present or absent necessarily involves an element of subjectivity even though we will deploy the same methods and metrics. We will mitigate the risk of applying different standards using the following approach. Both team members involved will independently rate presence and absence of the outcomes in the first case study and then compare their ratings and identify if they diverge on some ratings and if so agree on how they can be consistent. Over the remaining 12 cases that each will then rate, this process of both independently rating the same case and comparing ratings will be repeated twice to mitigate the risk that their interpretation of standards changes over time.

For evaluation questions 2 and 3, we intend to process the qualitative data i.e., in-depth interview scripts, using short-, medium- and long-term outcomes and external, contextual factors as codes. The coded text fragments will then be analysed which allows us to come to the workshops with a set of themes that come out of the qualitative data analysis on the degree to which both care-givers and children identify the effects identified in the logic model (or others which answers EQ 2).

This preliminary analysis will then be used in the analytical workshops scheduled in Kosovo and Stockholm, where the focus will be looking at patterns across the 25 cases and discussing why these patterns are observed. For instance, the logic model assumes that for medium-term outcomes to happen, the short-term outcomes need to be in place. Similarly, for long-term outcomes to happen, the medium-term outcomes need to be in place. A key focus of the workshops will be whether this assumption of the logic model is supported by the empirical evidence and if not, why not? Important in this analysis and discussion will be the results of our discussion with 2017 facilitators on implementation of the 2017 PDEP programme (see paragraph 24) and the question of whether PDEP was actually well implemented in all instances.

3 Using QCA to answer EQs 4 and 5

3.1 What will QCA allow us to say against these evaluation questions?

Evaluation questions 4 and 5 respectively are:

EQ4. What factors contributed to achieving the intended results? What factors negatively affected intended results?

EQ5. What lessons can be learned that can inform PDEP programming in other places/countries?

Answering EQ1 will tell us whether the linear progression of outcomes detailed in PDEP's logic model is supported by the empirical evidence in the 25 case families and also whether there is evidence that the intended long-term outcomes are present or not.

Our current assumption is that the short-term outcomes, which are reliant on successful completion of the PDEP training, will be in place and these will have led to the sixth outcome (stronger positive discipline skills) also being present. Evaluation question 4 is therefore focused on what other factors need to be in place for these short and medium-term outcomes to contribute successfully to the long-term outcomes?

The first question is what these other factors might be. The PDEP literature does not explicitly identify what these might be, and so, we have consulted with Dr. Durrant and her colleagues and asked them to draw on their knowledge of the literature to identify what these might be. Based on these consultants, the below possible enabling factors have been identified (see Table 8).

Table 8: Enabling factors that possibly necessary for successful long-term outcomes

Affect whose behaviour	Enabling factors that might affect whether positive discipline in place or not	
	Micro level (within family)	Mezzo (context outside family)
Care-giver's behaviour	<ol style="list-style-type: none"> 1. No significant history of the care-giver having received physical punishment during childhood 2. Low approval by the care-giver of practice of physical punishment 3. Caregiver perceives child's temperament to be easy 4. Parenting goals 5. Readiness to change parenting style 6. Child's transgressions generally don't make the care-giver angry 7. Human capital: <ol style="list-style-type: none"> a. Educational attainment b. Employment status c. Economic status d. Extent of care-givers' support networks. 8. Support of extended family members in making change 9. Joint support group of participating care-givers 10. Agreement between care-givers regarding use of the approach 	<ol style="list-style-type: none"> 11. Prevalence of physical and humiliating punishment in the local neighbourhood – the more prevalent, the harder to change 12. Real or perceived criticism by peers of care-givers who do not follow traditional or widespread childrearing practices, such as using punitive forms of punishment 13. conservative and fundamentalist religious beliefs were associated with more positive attitudes toward physical punishment
Child behaviour	<ol style="list-style-type: none"> 14. Sex of the child (Girls get punished less than boys) 15. Child is in school (pre-school children get punished more than school age children). 16. Child's information processing profile (e.g., auditory processing of information, communication skill, memory) 	

Table 8 splits these factors between those within the family (termed micro) and those beyond the family (termed mezzo). For those within the family, they are split between those that influence the care-giver and those that influence the child. The broader literature also identifies macro-level factors (such as relevant national legislation) but given that this study is only drawing on cases from Kosovo, it is assumed that the macro factors will be the same for all cases and so are not included in this analysis.

We will use Qualitative Comparative Analysis (QCA) to link and explore the importance of the presence or absence of these enabling factors in whether positive discipline is practiced or not by care-givers (the long-term outcomes).

Box 2: What is QCA?

QCA is a qualitative method that provides the opportunity to systematically and rigorously compare (and eventually synthesise) information on a number of cases, generalising case-specific findings to the entire set while preserving the richness of information in case studies. It is a method that draws on theory and can be used when between 7 and 80 cases.

The main approach is to identify ‘causal packages’, or combinations of causal factors that need to be in place (present) or not there (absent) for an outcome and/or impact to occur. So, in this evaluation, when using QCA, we are assuming that the observed positive long-term outcomes in families (our cases) have been caused by the presence or absence of factors in particular causal packages and that PDEP training has contributed towards the presence of some, but not all, of these factors.

QCA differs from quantitative methods, such as regression analysis, because it assumes that as well as several factors needing to be in place to contribute to a successful outcome there can be multiple combinations that all can lead to the same outcome. Basically, when using QCA for analysis, you expect that:

- The same factor can have completely different consequences depending on what other factors it’s combined with (conjunctural, INUS causality)
- There can be different pathways to the same outcome (sufficiency without necessity)
- There can be single factors that are necessary for success but not sufficient on their own.

QCA is technically challenging to implement credibly and a detailed understanding of both the details of the methods and how analysis can be interpreted are required. For those interested in the details of the methodology, the recent paper by Befani (2016) for the Swedish EBA provides a comprehensive introduction written from the perspective of using QCA in development evaluation.³⁷

QCA, by identifying packages of causal packages that lead to positive long-outcomes in terms of positive discipline, or factors that block this, therefore potentially provides two types of lesson that are relevant to PDEP programmes in other countries. First, by revealing which contextual enabling factors may need to be in place and whether PDEP training is the only thing that needs to be invested in to deliver positive discipline. Second, whether there are contextual enabling factors that suggest that PDEP is unlikely to be an effective investment and so alternative approaches should be considered.

3.2 How the method will be applied and sources of data

³⁷ Pathways to Change: Evaluating development interventions with Qualitative Comparative Analysis (QCA) Barbara Befani. http://eba.se/wp-content/uploads/2016/07/QCA_BarbaraBefani-201605.pdf

We will use a version of QCA in which the concerned outcomes and enabling factors are rated as either present or absent. For outcomes of interest, namely the medium and long-term outcomes, rating of presence or absence and initial exploration of why these are present/absent within individual cases will have been done as part of answering evaluation question 1. In most cases, we will obtain evidence for the enabling factors by administering a short questionnaire to care-givers interviewed.

Table 9: Closed questions to be used in short survey with case study care-givers on presence/absence of enabling factors

Factor	Question
No significant history of the care-giver having received physical punishment during childhood	Thinking of your own childhood, do you think your parents often physically punished you for your behaviour? Yes/no This response will be triangulated with evidence from the interviews which will also solicit information circumstances around the interviewee's childhood experiences.
Low approval by the care-giver of practice of physical punishment	Parents should have the right to decide whether to spank their children. Yes/no If they did the post/follow-up survey, triangulate with Q7-15 in the follow-up survey and also evidence from the interviews which will also solicit information circumstances around the interviewee's views.
Child's transgressions generally don't make the care-giver angry	When my child doesn't do what I need, it usually makes me angry. Yes/no If they did the post/follow-up survey, triangulate with Q 28-29 in the follow-up survey and also evidence from the interviews which will also solicit information circumstances around the interviewee's experience.
Parenting goals (short-term versus long-term goals)	Parenting is finding a way to make my child do what I say right away. Yes/no If they did the follow-up survey, triangulate with Q27-28 and 35-36 in follow-up survey and also evidence from the interviews which will also solicit information circumstances around the interviewee's views.
Readiness to change parenting style	Specific issue that will be pursued during interviews with parents, so no closed question in the questionnaire
Human capital: Educational attainment	Specific issue that will be pursued during interviews with parents, so no closed question in the questionnaire.
Human capital: Economic status/	How hard is it for you and your family to buy food and pay bills? Not hard/hard

Factor	Question
Employment status	If they did the post/follow-up survey, triangulate with Q 33 in the follow-up survey
Support of extended family members in making change	Do the other members of your extended family support you in applying new parenting skills? Yes/no
Human capital: Extent of care-givers' support networks.	Do you have or get support from friends or others to help you to use the approaches to parenting learned from your PDEP training? Yes/no
Do you have or get support from friends or others to help you to use the approaches to parenting learned from your PDEP training? Yes/no	Do you talk with other care-givers who participated in the PDEP programme about using the methods? Yes/no Does it help? Yes/no
Do you talk with other care-givers who received PDEP training about using the methods? Yes/no Does it help? Yes/no	Do you think your partner supports you in using positive discipline? Yes/no
Caregiver perceives child's temperament to be easy	Do you think of your child as someone who is difficult? Yes/no
Sex of the child (Girls get punished less than boys)	On child interview sheet
Child is in school (pre-school children get punished more than school age children).	Is the child we have been talking about: <ul style="list-style-type: none"> • Too young to be at school yet • In school • Has left school
Child's information processing profile (e.g., auditory processing of information, communication skill,	Will be covered during the interview with care-givers

Factor	Question
memory)	
Prevalence of physical and humiliating punishment in the local neighbourhood – the more prevalent, the harder to change	Will be covered during the interview with care-givers
Real or perceived criticism by peers of care-givers who do not follow traditional or widespread childrearing practices, such as using different forms of punishment	Would other people criticise someone if they were seen not to follow traditional childrearing practices, such as using forms of physical or humiliating punishment (shouting, blaming or grabbing your child's arm or ear)? Yes/no

In rating the presence/absence of enabling factors, in fifteen of the cases, it will be straightforward, since we will be drawing on responses from one care-giver and one child. However, in the remaining ten cases, responses will come from two care-givers within the same family. In these instances, we will check first which answers respondents give the same answer to and which they don't. In instances where the answers diverge, we will take two approaches. First, we will review the interview data to see whether further evidence is available to use to rate presence or absence of that factor within the family or mezzo level context. For mezzo level factors, we can also see whether other respondents from the same location/community give which answer. Second, if necessary, we will discuss these ratings with the interview team and seek their opinion for why the divergence.

Once we have rated all of the enabling factors across the twenty-five case studies, our next steps will be to:

- i. A necessity analysis aiming to identify if there are any factors (note that in a medium or short-term outcome can be a factor in the presence of the long-term outcomes although the PDEP logical model assumes that the presence of all short and medium-term outcomes is necessary for the long-term outcomes to happen) that necessarily need to be in place for the outcome to materialise. If a causal factor is discovered to be necessary, it can be considered a requirement, or a "pre-condition": it means that, on the basis of the empirical data available, it's impossible to achieve the outcome unless the factor is in place.
- ii. A sufficiency analysis aiming to identify subsets across the 25 case studies of factors (or a combination of factors) sufficient for success. This means that whenever that enabling factor (or combination) is observed in the dataset, the outcome is always positive. This is a key insight for policy making: while necessary conditions inform about the absolutely required, but not sufficient, ingredients, the sufficient factors won't always be required to be present or absent but, when met, guarantee, on the basis of available information, a successful outcome. A sufficient factor (or combination) doesn't have to be (and in most cases won't be) necessary: in most cases the outcome is achieved with different pathways and "recipes", each sufficient but none strictly required.

- iii. Building the Truth Table, in which all identical cases with the same outcome and same combination of present/absent for the included factors (these could be short or medium-term outcomes as well as enabling factors) are grouped together. Remember that QCA assumes that there will be more than one combination of factors that will lead to the same outcome. The immediate value of the truth table is that it highlights cases where the same combination of presence/absence across the factors included leads to cases in which the outcome is also present and other cases where it is not. The question then for the evaluator is why? Resolving these inconsistencies is one of the main tasks in QCA. Our challenge will be constructing a useful truth table when there are 14 enabling factors and only 25 cases, which means the likelihood is that if all 14 enabling factors are included then each case will probably reflect a unique combination of present/absent across the factors and hence the table will not be useful. This is a common challenge when using QCA and there are well recognised approaches for reducing the number of factors included in the truth table and for credibility we will need to make sure that how we approach this is well-documented and available for readers to inspect (an annex).
- iv. The last step in the QCA analysis is to reduce the Truth Table into a shorter list of simpler combinations, without losing information on causally sufficient pathways. This is known as the Boolean minimisation and is what QCA is often known for. This procedure is based on the deduction that, if two almost identical combinations in the truth table with only one difference lead to the same outcome, this one difference is irrelevant for the outcome and the factor can be removed. At first sight, the Boolean minimisation looks like it is the same as the sub-set sufficiency analysis carried out in step (ii) above but in practice it is more 'conservative' than a subset sufficiency analysis. In sub-set analysis we are simply isolating factors and calculating frequency of success and consistency scores across cases sharing those factors. In Boolean minimisation, simplification is harder to achieve because it is obtained through merging cases which are almost identical across all factors except one (while having the same outcome). Complexity is reduced cautiously and gradually starting from combinations with many factors, while the subset analysis can deliberately focus on any number of factors and ignore all the others. The Boolean minimisation therefore embraces a more holistic approach than the subset analysis and takes into account all conditions included in the model at the same time. Minimisation-sufficiency logically implies subset sufficiency, but not vice-versa: combinations that are sufficient in a Boolean minimisation sense are also subset sufficient (but not vice-versa).

The four steps in the QCA provide evidence on factors that could be seen as necessary and combinations of factors if positive discipline is to be expected to be in place. However, this is not the end of the process of analysis. The outcomes examined reflect those in PDEP's logic model whilst the enabling factors were identified by Dr. Durrant and her colleagues (especially Ashley Stewart-Tufescu). Analysis therefore needs to ask two further questions. First, do the results from the QCA make sense from a theoretical point of view or based on what the evidence in the case studies says or are they simply arbitrary patterns extracted from the data? Second, if these findings are robust, based on answering these two questions, what are the implications for PDEP both in Kosovo and more broadly. These issues will be the focus of the analytical workshops in Kosovo and Stockholm.

3.3 Ensuring quality and credibility

To ensure that the QCA is implemented to ensure quality and credibility, our internal quality assurance team member, Kim Forss, will assess the design and implementation of the QCA against the quality standards for QCA set out in B. Befani (2016).³⁸

4 Answering EQ 6 – identifying costs

4.1 What will we be able to say against this evaluation question?

As agreed during the inception phase, rather than a full 3E value for money analysis, the evaluation will include an estimation of the cost of implementing PDEP in Kosovo during 2017 and comparison, if possible, against the outcomes achieved. This work will not use a particular framework of analysis, but will include a focus on compiling costs from the following sources:

- Estimation of costs of the implementing organisations in terms of attending trainings to become a facilitator and then holding PDEP programme sessions, including time spent, materials and venue costs.
- Estimation of costs borne by Save the Children Kosovo, primarily in terms of staff time:
 - The costs of training the facilitators, in terms of time spent by the country trainer.
 - Any costs of technical assistance provided by Save the Children to the implementing organisations
 - Any material costs, including printing materials. However, the costs of translation of course materials will not be included this would be part of start-up costs that we are not including.
 - Monitoring and evaluation costs, including pre-, post- and follow-up surveys.
- Estimation of the time spent, and the costs of this, on the Kosovo programme by the team at the University of Manitoba, if possible to isolate the time spent.

This assessment will end up with a total figure for the cost of implementing the programme, but this figure will not be used to assess value for money, in terms of comparing the results achieved in relation to the costs, which would necessitate an approach similar to the one presented in the original proposal and that was deemed too resource intensive.

4.2 How the method will be applied

The method will involve interviews with programme staff and stakeholders and review of documents. Most of the material will be reviewed in advance of travelling to Kosovo in September, where interviews with Save the Children Kosovo and possibly some implementing organisations will be conducted. Remote interviews will be conducted with Dr. Durrant and her colleagues, and with Save the Children Sweden.

4.3 Methodological limitations

There are a number of limitations in what will be able to say, including:

³⁸ Pathways to Change: Evaluating development interventions with Qualitative Comparative Analysis (QCA) Barbara Befani. http://eba.se/wp-content/uploads/2016/07/QCA_BarbaraBefani-201605.pdf. pp. 183-185.

- This will only be an estimate of combined costs for one year of running the programme in one particular country and will not include the costs of introducing or scaling up the programme.
- The data will be limited by the quality of the data in the Save the Children Kosovo office that has not yet been assessed. One of the main challenges is getting an accurate picture of staff time spent on this particular programme and will depend on the extent to which SCiK require time reporting on specific projects by staff.
- It is also unlikely that it will be possible to provide a complete and accurate picture of the costs involved on part of Dr. Durrant and her team, but rather will be based on a rough estimate. Past experience shows that time reporting within universities is not practiced and even if it is, it will be unlikely that the time spent on the Kosovo programme will be possible to isolate from other PDEP activities.
- It is assumed that it will not be possible to estimate the costs involved, in terms of time spent, on the part of Save the Children Sweden for the Kosovo programme in particular and this is therefore not included in the assessment.
- Our ability to link costs with outcomes will depend upon our ability to use the survey data to generalise to results across the whole programme rather than within our 25 case studies. We are currently unsure about how feasible this will be and also how credible any generalisation will be.

5 Ethics and safe-guarding

The evaluation will include the participation of children as respondents. The manual on data collection instruments therefore includes i) an informed consent form (Annex 4, page 57), ii) guidelines for interviewing children (Annex 4, page 63), and guidelines for interviewing children of different age groups (pages 65, 69 and 73). The interviewers will practice the application of interview guidelines on child protection and safeguarding during a 3-day workshop:

- To make sure that the child's safety and well-being always comes first and that the child will not be exposed to and protected against any risk. A practical protection protocol has been developed for this purpose and is at Annex 6 and will be talked through during the 3-day workshop.
- To ensure that they give each child the opportunity to express their views on changes in behavioural patterns of their parents;
- To ensure that the participation of each child is meaningful, safe, voluntary and inclusive;
- To make sure that each child interviewed understands the purpose of the evaluation, and the value of his/her participation.

The ethical guidelines for interviewing children (and parents/caregivers) given in the interview tools and techniques given in Annex 4 are underpinned by and should always be used in conjunction with the organisational Child Safeguarding Policy and the Save the Children Practice Standards in Children's Participation (2005). These guidelines:

- Ensure that Practice Standards on Children's Participation are fully incorporated in the process;

- Provide general principles for good child participation practice;
- Ensure that Child Protection issues are dealt with appropriately and sensitively;
- Ensure that the diversity of children's experiences is captured;
- Ensure that issues which reflect or reinforce child-adult power relations are dealt with;
- Explore discrimination and ensuring non-discrimination is practiced;
- Ensure effective communication and co-ordination.

Data collected will be safeguarded according to Save the Children protocol. All information will be treated strictly confidentially and will not be used against anybody. No individuals will be explicitly identified in material either shared with SCS or SCiK or in any material shared either more broadly or in documents prepared. Families will be identified by a case number and individuals identified in individual case studies by a code name, so following practice used in the surveys.

Finally, a key issue ethically will be how different points of view and conclusions drawn from the evidence will be handled during the analytical process and then reflected in the final report. Differences of opinion will be almost inevitable given that the analytical process will include significant participation by Save the Children stakeholders. We will therefore focus on ensuring that participants in the analytical process have the opportunity to tell us when they believe that the evidence can lead to different findings/conclusions and also ensure that differences are transparently recorded in the final report.

6 Variations in methods against what suggested in our initial proposal

Variations in either methods used or how applied from what we proposed in our response to the RFP are as follows:

- For answering evaluation question 1-3, we have moved away from our initial plan to use outcome harvesting to do this or the most-significant change method suggested in the RFP. We have made this decision for two reasons. First, to allow us to both systematically assess the outcomes identified in PDEP's logic framework and also maximise the opportunities to use the existing survey data. Outcome harvesting or most-significant change, used as ex-post methods would have constrained our ability to do both of these, within what is a limited resource envelop. Second, especially when interviewing children, we do not believe that outcome harvesting would have been an effective method in terms of exploring actual parenting behaviours. We believe that the methods we have proposed, and which have been discussed with Dr. Durrant and others, will work better.
- We have adapted our approach to assessing VfM to reflect both the level of resourcing available, SCS's prioritises between the six evaluation questions and what SCS tell us would be useful to them.
- We have detailed the tools to be used in more detail than originally envisaged and also increased the opportunities for both SCiK and SCS and others to participate in the analytical process. This is response to SCS's view that learning is the main purpose of the evaluation and also that they wish to consider whether the evaluation approach should subsequently be implemented in other countries where PDEP is being implemented. We have also been open to engagement by SCiK in the data collection work for the same reasons.



FCG Swedish Development AB
Dalagatan 7, SE-111 23 Stockholm, Sweden
E-mail: evaluation@fcgsweden.se
Homepage: www.fcgsweden.se
Phone: +46 (0)8 406 76 20
Fax: +46 (0)8 21 02 69

Corporate Reg No: 559034-3793
VAT No: SE559034379301
Registered office: Sweden