

Preventing alcohol use among adolescents by targeting parents: A qualitative study of the views of facilitators, parents and teachers on a universal prevention programme Effekt

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Abstract

Objective: To better understand facilitators', parents' and teachers' experiences, attitudes and perceived impact of the international alcohol prevention programme Effekt and its delivery to help explain its ineffectiveness in Estonia.

Method: One focus group with programme facilitators (n=8, seven women) and individual interviews with 7th grade teachers (n=12, eleven women) and parents (n=24, all women) were carried out. The semi-structured interview schedules sought to explore participants' attitudes towards the programme, delivery process, impact, participation barriers and facilitators and long-term implementation. Interviews were transcribed, and data analysis was guided by the thematic analysis method.

Results: Participants identified both positive and negative elements regarding programme delivery that are broken down into three main themes. *The perceived value of the programme:* participants perceived the programme to be effective from the parents' perspective, but they considered its effect on children questionable. *The perception of low participation rates:* The perception of low participation rates was considered as the main factor reducing the programme's impact. This was potentially influenced by factors such as a weak engagement process, lack of perceived relevance, infrequent meetings and parents not attending school meetings. *Long-term perspective:* Most participants supported the idea of implementing the programme with some adjustments, such as involving children, tailoring the content, and increasing the engagement of teachers.

Conclusions: Limited engagement, low perceived relevance, practical issues and impractical format were perceived as major contributors to the ineffectiveness of the programme. Taking these and other identified factors into account may help inform future prevention programmes targeting parents.

Introduction

Countries worldwide are tackling the issue of underage youth consuming alcohol and facing a variety of short and long-term negative physical, psychological and social consequences (World Health Organization, 2018). According to the Health Behaviour in School-aged Children Study, 59% of 15-year-old students report of having ever drunk alcohol, and 20% report having been drunk at least twice by the age of 15 (Inchley et al., 2020). Children's alcohol use is amongst others influenced by parental factors, including parental attitudes, quality of the parent-child relationship, parental alcohol supply and parents' alcohol use (Carver et al., 2017; Rossow et al., 2016; Ryan et al., 2010; Sharmin et al., 2017; Tael-Öeren et al., 2019a; Yap et al., 2017).

Family-based alcohol use prevention programmes have gained increased attention in the last 25 years and their small but lasting effects on reducing alcohol use, particularly when focusing on psychosocial development and developing skills, have been shown in different reviews (Bo et al., 2018; Stockings et al., 2016; Van Ryzin et al., 2016). However, the latest findings by Gilligan et al. (2019) show that while there is a subgroup of studies that provide some limited evidence that such programmes have a small lasting effect, the quality of the evidence is low and thus, the results are inconclusive.

Researchers have emphasised that qualitative data can contribute to enriching the findings of quantitative programme evaluations (Allen et al., 2008; Hopson & Steiker, 2010; Steckler et al., 1992; Strandberg, 2014), and can add valuable insights into participants' views, perceptions and experiences, and broaden the understanding of successes and failures.

In 2012–2015, a universal parent-based alcohol prevention programme Effekt was carried out and evaluated among 5–7th grades in Estonia by the National Institute for Health Development (NIHD) (Box 1). The focus on alcohol use prevention and reduction was due to the fact that

alcohol use is initiated among children at an early age (12 on average; Aasvee & Rahno, 2015) and by the age of 15–16 more than 85% of adolescents have consumed alcohol (Kraus et al., 2016).

The results from a cluster-randomised controlled trial showed that while the intervention was effective in increasing parental restrictive attitudes, it did not influence children's alcohol use (Tael-Öeren et al., 2019b). Similar results have been shown by other Effekt studies (Bodin & Strandberg, 2011; Koning et al., 2011), with one exception (Koutakis et al., 2008).

The objective of this study was to undertake the first qualitative study of the Effekt programme to better understand facilitators', parents' and teachers' experiences, attitudes and perceived impact of the programme and its delivery.

Method

Study design, sample and recruitment

A focus group and interview study using a semi-structured schedule (Arthur et al., 2008) was carried out. The study was approved by the Tallinn Medical Research Ethics Committee (KK 932, 12.02.15).

The project leader (M.TÖ) contacted all programme's facilitators via e-mail and invited them to participate in the study; eight out of 10 participated. M.TÖ was deliberately excluded from the study to reduce response bias among participants.

All seventh-grade classes across 34 schools (n=60) that were randomised to receive Effekt programme were divided into groups based on the attendance rate and the size of the settlement. These two characteristics were chosen to provide a more varied sample which was hoped to provide a variety of attitudes and experiences. Twelve classes (two per group, e.g. low attendance rate, large settlement) were randomly selected, and class teachers were sent an e-mail to take part in the study.

For the parents' interviews, each teacher was asked to recruit two parents to participate in the study, while considering that one should have high attendance rate or a somewhat positive attitude towards the programme and the other with opposite attitude or low attendance rate (attitudes were based on teacher's own judgements).

Data collection and analysis

E.K who was independent of the programme undertook the focus group (~2 hours) at NIHD. All facilitators gave their verbal consent and were paid an hourly rate of 10€ for their participation. The event was audio-recorded and later transcribed by M.TÖ.

The individual interviews with parents and teachers were conducted in Estonian in February–April 2015 by four interviewers from NIHD who were not related to the programme. The interviews took place in school facilities, with one exception, where the interview was held in a local cafe. All participants gave their verbal consent to participate in the study and received a 30€ gift card after finishing the interview; the interviewees were not notified about the gift card before the interview. The gift card value was based on the average value used in other similar studies by NIHD. The interviews varied between 27–63 minutes (M=42min) among teachers and between 23–54 minutes (M=39min) among parents, were audio-recorded and later transcribed by M.TÖ. The interviewers also wrote a summary after each interview. Due to one interviewer accidentally deleting audio files of six interviews, written summaries of these interviews were used in the data analysis.

The semi-structured interview schedules were developed by M.TÖ and E.K. Parents' and teachers' schedule addressed: (1) programme delivery, (2) participation's barriers and facilitators, (3) perception of the programme's impact, (4) strengths and weaknesses, and (5) suggestions regarding how the programme could be improved. The facilitators' schedule

included reflection of own training experience, views on the adaptation and delivery process of the programme and topics 3–5 from parents' and teachers' schedules.

Thematic analysis was applied when analysing the data from individual interviews (Braun and Clarke, 2006). M.TÖ created an initial thematic framework, which was based on the teachers' interview schedule, indicating a semi-inductive approach (Ormston et al., 2014). To validate the framework's content and applicability and assess coding consistency, M.TÖ and E.K independently coded one teacher's interview. The results were compared and discussed to improve coding coherence. After the coding framework was refined, both researchers independently coded another teacher's interview, resulting in minimal discrepancies. A similar dual coding process with one interview was undertaken when coding the parents' interviews, which was carried out separately. Then, the codes were sorted into potential themes and sub-themes in the qualitative software program NVivo 12 (QSR International Pty Ltd., 2018).

The data from the focus group were analysed in two stages, separately from previous two groups. At stage 1, E.K documented moderator notes, analysed and summarised the data shortly after it took place. At stage 2, M.TÖ applied thematic analysis (Braun & Clarke, 2006). The findings obtained from stages 1 and 2 were then compared and discrepancies resolved. As the analysis of the data from the focus group and individual interviews was conducted separately and were not dependent on each other, the researchers looked for overlap among the themes and integrated the findings from the two methods.

To give direct examples of participants' views and experiences, illustrative quotes have been presented in Table 1.

Results

Three different groups of people participated in the study: facilitators (seven women, one man; M=32.3 years, range 26–39), parents (24 women), and teachers (11 women, one man). Overall,

participants found the programme beneficial for parents who took part in the meetings but were unconvinced that it would influence children's behaviour. Their views are summarised into three themes: the perceived value of the programme, the perception of low participation rates and long-term perspective.

The perceived value of the programme

Most of the teachers found that despite their existing knowledge on discussed topics, new valuable aspects were covered in the meetings, *e.g.* information on the hidden content of alcohol advertisements, brain development, and statistics. In addition, teachers acquired new methods to support the school curriculum, such as using a problem-solving approach and roleplay. Involving parents was perceived as supportive, as the school alone cannot do much about the alcohol topic. This also gave teachers a new perspective as the topic was usually covered only with children.

When addressing the parents' perspective, parents and teachers who found the programme beneficial for parents suggested the following reasons: 1) the programme gave a theoretical foundation as it provided a systematic overview of the alcohol topic and proposed ideas and practical examples on how to address the topic at home. Simultaneously, it was felt it would make parents think about their influence on children, *e.g.* limiting alcohol use in front of them, not offering alcohol, improving parenting skills; 2) regular meetings (unlike one-off activities) created an opportunity to discuss, share worries and ask questions due to good quality content and clear objectives; 3) information was brought together and made available to all parents; 4) useful newsletters; 5) supported collaboration between the school and home and also between parents; 6) parents received confirmation of doing the right thing, creating a norm around children's non-use of alcohol.

At the end of the meetings, parents were encouraged to establish common rules by making verbal agreements. Most of the parents and teachers said that the agreements made between parents gave a theoretical basis, were important and helped to create a unified front, if everyone would adhere to them. However, due to the irregularity of meetings and varying attendance, the feasibility of the agreements was highly questionable.

Parents gave examples of good practices, such as reducing own alcohol use, having more restrictive attitude towards children's alcohol use, monitoring children's activities, increasing communication with children and other parents, successfully using agreements outside the class environment, sharing new information with other family members (Table 1, Quote 1, 2).

Facilitators, parents and teachers all agreed that the programme's usefulness was related to participation rates at the meetings, and parents' attitudes and interest towards the topics. Teachers suggested that the programme had an impact on parents if they attended the meetings, were actively engaged in discussions and were interested in their children's activities in general. The facilitators pointed out that taking part in the discussion showed that parents thought through the topics, which helped to reinforce the programme's messages (Table 1, Quote 3). At the same time, some of the parents and teachers suggested that the programme gave the impetus to act, but the next step had to be taken alone, at home.

When parents and teachers were asked about programme's effectiveness from children's perspective, they indicated it was difficult to assess impact or change (Table 1, Quote 4) as most children were perceived to have a negative attitude towards alcohol and to have not initiated alcohol use. At the same time, it was pointed out that the exposure of information from parents had to be consistent and regular to make the programme beneficial for children. On the other hand, it was perceived more likely that the child would accept a drink when offered alcohol by peers who were drinking, than think of what their parents had said at home.

The perception of low participation rates

Most participants perceived the participation rates to be low and found it a good reflection of parents' attitudes towards the programme (actual participation rates can be found in Tael-Öeren et al., 2019b). While most of the interviewed parents (or their spouses) had attended more than half of their class meetings, the overall participation rate gradually decreased over time and showed seasonal variation. This trend of declining participation was a common problem after elementary school and not specific to the programme.

Teachers and parents proposed different reasons for low number of parents showing up in the meetings, emphasising the reasons being speculative, due to minimal communication between parents in most classes. For example, parents might not have acknowledged the programme's usefulness to themselves. While the programme's main objective was to prevent children's alcohol use, participants' perception of the aim was divided into three aspects: 1) prevention, 2) harm reduction, 3) education (Table 1, Quotes 5–7). Several parents and teachers pointed out that parents who attended were mostly the ones who did not have any problems or did not express a specific need for the content (Table 1, Quote 8).

Parents suggested that the initial positive reaction about the programme might have changed due to the repetitive content and long pauses between meetings. In addition, participants suggested that some parents might have felt that their parenting skills were questioned. It was suggested that it is not possible to convince parents with liberal views (who might have been reluctant to participate), but more likely to influence those parents who have not "*made up their mind*" (Table 1, Quote 9).

Lastly, several teachers expressed their dissatisfaction with being left out of the decision-making process at the beginning of the programme. They implied that the first contact was made with the school administration and lack of awareness appeared to create the feeling of

being left out. Teachers suggested that a high level of ignorance among them could have transferred to parents, of whom many did not appear to understand why the programme had to start among such young children.

Long-term perspective

Participants indicated that in general, the programme seemed useful, and they would support its upscaling after weaknesses were addressed and strengths kept (Table 2), and if the trial results support it. However, they also indicated that encouraging parents to attend the meetings is a serious issue to address.

Both facilitators and teachers suggested that as the teachers were left out from the planning in the current programme, the future version should put a stronger focus on the collaboration between facilitators and teachers, *e.g.* holding a special training event for teachers, more effective communication during the programme (Table 1, Quote 10). Initially, the programme's target group had been parents, but parents and teachers also recommended that children should be included.

Most of the participants found 4–5th grade (10–11-year-olds) the right time to start with the programme, although some of the teachers pointed out that from a parent's perspective, starting in 6–7th grade (12–13-year-old) would be more reasonable as experimentation with alcohol starts and problems become real. Parents indicated that, although children might be perceived too young to talk about alcohol and not yet interested in the topic, they slowly begin to be influenced by their friends. Facilitators suggested that the likelihood of involving more parents in the programme would be higher in earlier grades, but it would also need a different approach, such as focusing on the parent-child relationship and not on alcohol.

Parents' and teachers' views on the programme's optimal duration varied greatly from twice in a semester to once a year. It was indicated that regular meetings would make it easier to remember parental agreements and strengthen the facilitator-participant bond. On the other hand, a higher meeting frequency might annoy parents and ensuring good attendance would be more challenging. Some parents preferred to have programme meetings as separate events because the objective of the class meeting was different. Parents and teachers suggested to take into account that class teachers change, and classes get restructured at many schools at the beginning of secondary school.

Regarding the content, parents and teachers agreed to keep the discussed themes, but wanted more practical examples that would consider the local situation. Also, recommendations were made to include other relevant topics, such as illegal drugs, digital addiction and sexual health, as parents are already making an effort to attend meetings (Table 1, Quote 11). Parents also suggested to start with the most important topics, which would also create the theoretical framework and show parents the clear impact of the programme. Parents expressed their concern that the current content was not tailored and thus, the future approach should be more individual.

In terms of views on facilitators, parents and teachers showed a preference for out-of-school facilitators, as they were perceived to have a different point of view, more time to prepare the meetings, more knowledge, new ideas and to be more neutral. It was suggested to include different professionals (*e.g.* police officers, doctors, social workers) who would cover the topics, but also people who have had personal experience, *e.g.* former addicts and people who had "*hit rock bottom*". While some parents preferred trainers with more experience in parenting, others found it more important to comply with the above-mentioned requirements. On the other hand, including someone local was perceived as beneficial, as the person could

give a thorough overview of what is happening at the school, and there would be more flexibility in coordinating the meetings.

Discussion

This was the first qualitative study exploring teachers', parents' and facilitators' attitudes and experience of the Effekt programme. The feedback collected at the end of the programme showed that the participants believed the programme had an effect on parents, by improving their skills and knowledge, rather than their children's behaviour. Evaluations of the programme's impact in Estonia (Tael-Öeren et al., 2019b), Sweden (Bodin & Strandberg, 2011) and the Netherlands (Koning et al., 2010) confirm this perception, as all showed increases in parents' restrictive attitudes in intervention groups compared to control groups, but no change in adolescents' alcohol use, with one exception (Koutakis et al., 2008).

Participants suggested a variety of reasons why the programme might lack effectiveness, starting with the most prominent – small number of parents showing up in the meetings. Based on participants' responses, four factors, which can act alone or in combination, were identified: low perceived relevance, practical issues, impractical format and low engagement. Low engagement issues reported in Estonia are quite universal, as similar findings have been described in other studies as well. For example, while parents might perceive the general situation regarding alcohol use among children as serious, they tend to underestimate the exposure to their own children (Berge et al., 2015; Bogenschneider et al., 1998), which may lead to a decreased need for preventive measures from a parent's perspective. Having practical issues as barriers has been commonly reported as one of the main reasons behind parents not taking part in meetings/programmes (Mendez et al., 2009; Pettersson et al., 2009; Spoth & Redmond, 2000).

One interesting aspect that came out from the interviews concerned the perception of relevance and how it related to participants' understanding of the programme's objective. The programme was considered more as an educational harm reduction intervention, despite the programme being a universal prevention programme, and several participants found that people who 'needed' the programme the most did not attend the meetings. Baker et al. (2011) point out that participants might find it more difficult to perceive the expected benefit when the focus of the programme is to prevent, instead of reduce harm. Rosenman et al. (2012) show that high-risk families are less likely to participate in universal prevention programmes than well-functioning families, but the same could apply to some of the well-functioning families, as they may not see the need to participate. If the parents perceive their relationship with their child to be of good quality and do not see alcohol as an acute issue, it is more likely that they will not participate in a programme that targets alcohol use (Cohen & Rice, 1995). Several participants proposed the idea of widening the target group and including the children as well. One such example comes from the Netherlands, where a shortened version of the Effekt programme was combined with a student-oriented programme (Koning et al., 2009; Koning et al., 2011). This approach showed promising results in reducing children's alcohol use in the short- and long-term, while separate interventions focusing only on children or parents had no effect. In addition to widening the target group, involving different stakeholders (e.g. teachers, parents) already in the development of the approach through co-creation would offer valuable insights and increase the (perceived) value and usefulness of the intervention (Leask et al., 2019; Tossavainen, 2016).

While widening the target group might be one solution, it is important to consider local norms when tackling attendance. Al-Halabi Diaz et al. (2006) point out that if parents are used to attending school meetings, then participation in a prevention programme is more likely. The habit of not attending school meetings was pointed out by our participants as well. While

several parent-based programmes are meeting-based, having regular meetings may not be the optimal way to keep parents engaged and other options should be explored. For example, the number of digital interventions available has been increasing (Serbanati et al., 2011), and digital interventions targeting adolescents, young adults and parents have shown to be effective in reducing alcohol use (Voolma, 2017; Wurdak et al., 2016).

Parents who are interested in obtaining new information and improving their skills are found to be more open to participating in programmes (McCurdy & Taro, 2001). However, parents who see their knowledge and skills as already sufficient might feel their role as a parent is being questioned, thus feeling reluctant to participate. One option to mitigate this could be for parents to take part in an assessment of parenting skills and based on the results receive recommendations for specific educational modules (such as the combination of a digital and face-to-face approach). The modules would create and/or strengthen the foundation of parenting skills in earlier grades and gradually introduce age-appropriate topics. This approach could be developed into a tailored whole-school approach, rather than a programme targeting one specific behaviour. Providing fundamental knowledge and examples that are applicable in different situations would be more valuable for parents (Valentine et al., 2010). This, in turn, could potentially improve the collaboration between the parents and the school (Helgøy & Homme, 2017). Additionally, integrating such approaches with environmental interventions, such as reducing availability, reducing exposure to media and increasing prices would be an effective way in tackling the issue more holistically (Harding et al. 2016; Jernigan et al., 2016; World Health Organization, 2010). *Limitations and strengths*

One potential limitation is related to the reliability of the facilitators' feedback – while M.TÖ was not included in the study, participants were made aware that she would analyse the data. Thus, not making the study anonymous in the analysis process might have reduced facilitators'

eagerness to reflect their negative feelings and made them more consensual in their answers. However, E.K who conducted the focus group acted as a neutral intermediary. Similarly, to encourage parents and teachers to give honest feedback, the interviewers were not related to the programme.

Another limitation is not having control over parent recruitment. This relied on teachers who may have included people they were most comfortable contacting rather than people who represented the best participants. Additionally, the findings may not apply to other similar programmes or if other individuals were to deliver this programme elsewhere. But as the replicability of the findings was not the aim of this study, it is not a major concern.

A key strength of this study is providing different perspectives, often referred to as triangulation, which can help provide a more in-depth and comprehensive understanding of participants' views, attitudes and experiences. Another strength is including participants from different schools and areas (*e.g.* urban, rural) while considering the participation rates (*i.e.* low/high), thus increasing the variation of people's experiences. Also, almost all facilitators who were involved with the delivery of the programme (eight out of 10) took part in the study.

Conclusions

The findings from this study indicate that while parents, teachers and facilitators perceived the Effekt intervention to be effective in changing parental attitudes, the effect on children's alcohol use was questioned. Perceived low engagement, practical issues, low perceived relevance, and impractical format were considered as major contributors to the ineffectiveness of the Effekt programme. More emphasis should be put on the engagement process of parents and teachers, both directly and indirectly, as a lack of understanding of the necessity may significantly reduce participants' motivation to be engaged in programme-related activities.

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Boxes

Box 1. Description of the intervention

The aim of the Effekt programme was to delay alcohol use onset and reduce alcohol use among 11–13-year old children (5–7th grade) by maintaining their parents' restrictive attitudes towards children's alcohol use. To achieve the objective, parents attended six school meetings twice a year, which were delivered by trained facilitators. In addition, two-page newsletters were sent to parents twice a year. Topics covered in the meetings and newsletters, varying from children and alcohol to general parenting, aimed to increase parental knowledge and improve parenting skill. The main messages repeated in all materials covered communication with the child, parental alcohol supply and parental restrictive attitudes.

Tables

Table 1. Illustrative quotes by themes

Theme	Illustrative quotes
The perceived value of the programme	<p>Quote 1: “We managed to agree on limiting children’s computer time. Mutual agreements, there is no point for the parent to play Don Quixote alone, to tilt at windmills. We created a unified front with other parents, so, after nine PM, no child was allowed to stay behind the computer.” (Parent #1)</p> <p>Quote 2: “You have to be persistent, not offer alcohol yourself. /.../ This is a big thing that I have done, offered champagne “Want to try? Well, come and try.” /.../ I am not doing it anymore, not anymore.” (Parent #2)</p>

Quote 3: "I found it very gratifying, especially in the last year when there were new parents in the class, who had not heard anything about previous meetings, and we started from the main things, e.g. why you cannot offer alcohol to children, and it was a good opportunity to let other parents answer it, and they rolled their eyes and said that how they (new parents) cannot understand why it is not allowed. This was so awesome, at least somebody had received the message." (Facilitator #1)

Quote 4: "My child is so good; there could not have been any change. As I have not had any problems with my children, I would rather say that I have not seen any changes. /.../ This whole class, regarding these topics, alcohol is a no, and it is interesting that there is no risk group. Is it because of the programme or are they essentially that good? I do not know." (Parent #1)

Low participation rates	Quote 5: "I understand that the objective was the same as in Sweden. On the one hand, to reduce children's alcohol use or raise awareness through parents and on the other hand, to delay or avoid alcohol use initiation. And I understand that indirectly the influence is wider, not just alcohol, but other things too. To develop a restrictive attitude towards alcohol use through parents, this has been my impression. (Teacher #1)
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Quote 6: "Well, what has happened is that this class is a bit too good for this programme. I am not saying that we do not have any problems in rural schools, we do! But this class, we have these families, and honestly, we do not have any problems with smoking and alcohol use." (Teacher #2)

Quote 7: “To educate parents and how to cope with problems, drugs etc. I remember the last one – what to do and how to behave when your child comes home while being drunk.” (Parent #3)

Quote 8: “One parent who has problems with alcohol use was horrified when she was called and introduced the alcohol use prevention programme. She has not attended any of the meetings.” (Teacher #3)

Quote 9: “I do not care what others have agreed on, because I drink wine when I want to, and I do not hide, this is absurd. I will not change my habits before and after this programme.” (Parent #4)

Long-term perspective	Quote 10: “Teachers had often received some abstract, some kind of order from above to participate and there were teachers who said that they did not care, and order is one thing, but the way they comply with it another – how effectively do they forward the information, motivate parents to participate, understand the programme’s objectives.” (Facilitator #2)
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Quote 11: “For example, does the parent know, what happens when the child breaks the law, and how does it depend on the child’s age. I do not know does the parent know. I am not sure this topic was covered in this programme, that when can children legally drink alcohol, what do you lose in life when you break the law. For example, American visa and so on, it will leave a mark.” (Teacher #5)

Table 2. Perceived strengths and weaknesses related to the programme and its delivery among facilitators (F), parents (P) and teachers (T)

Themes	Strengths	Weaknesses
Delivery	<ul style="list-style-type: none"> • Face to face interaction (not just sending materials) (T) • Supportive programme’s management – reminders, notifications, flexibility (T) 	<ul style="list-style-type: none"> • The objective and the process were not well described (P, T) • Incomplete notification at the start (P, T) • Teachers were not involved enough (F, T) • Uncertainty of the topics covered in the subsequent meetings (F) • Not all parents received newsletters and meetings summaries (P) • Meetings were longer than initially planned (P) • Intensive workload for short periods (F) • Vast amount of information to cover (F)
Content	<ul style="list-style-type: none"> • A systematic, holistic and consistent approach (F, P, T) 	<ul style="list-style-type: none"> • Repetitive content (F, P) • The material was not tailored to individuals (F, P) • Too few practical examples, which were rather general (P, T)

	<ul style="list-style-type: none"> • Useful and relevant topics, evidence-based information, practical examples (F, P, T) • Supportive, helpful and well-prepared materials (P, T) • Diverse presentation of materials (<i>e.g.</i> videos, pictures) (T) • Delivered by the National Institute for Health Development (T) • Same content for all (F) 	<ul style="list-style-type: none"> • Too many and too much emphasis on slides (P, T) • A minimal amount of new information (P)
Outcome	<ul style="list-style-type: none"> • Making agreements between parent (P) • Supports existing attitudes (P) • Facilitated teacher-parent collaboration (T) 	<ul style="list-style-type: none"> • Examples and agreements difficult to implement in practice (P, T)
Facilitators	<ul style="list-style-type: none"> • External professional facilitators – had a thorough knowledge of the topics and involved parents in discussions (P, T) • Facilitators’ rotation (P, T) 	<ul style="list-style-type: none"> • Facilitators did not have real-life experience in parenting (P, T) • Facilitators’ rotation (P)

<p>Format</p>	<ul style="list-style-type: none"> • Involving parents (T) • Too long (P, T) • Not involving the children (P, T) • Took place at the end of the workday – people were tired (P, T) • Unsolicited format (P) • Too infrequent (twice a year), people forgot the topics (T)
<p>Participation</p>	<ul style="list-style-type: none"> • Low participation rates (F, P, T) • Those in need were not participating (P, T) • Participants unsupportive attitudes towards the topic (F)