In what ways do the views of parents/carers change through the participation in Multi-Family Groups in Schools?

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Abstract

This qualitative research examines the lived experiences of three parents who took part in a Multi-Family Group Intervention (MFGI) in School, alongside their children, in primary schools in England. The research explored any changes in parental views over the course of the intervention, with a focus on their views of family, their own wellbeing, the school and school community.

The research sits within the critical realist ontological approach, which acknowledges that there is a basis of a truth that sits behind the subjective and socially located knowledge that researcher's access. The research is based on the social constructionist and contextual epistemological view that the world is constructed through discourses and different systems of meaning. In this study, knowledge is created subjectively resulting in multiple perspectives and emerges from the different contexts the participants inhabit and their individual experiences.

A systematic literature review sought to explore and present key research relevant to this study. It concluded that there is very little research in the current literature exploring Multi-Family Groups within a school context for the parents of children with special educational needs. This research adds to and expands on the current understanding of the use of Multi-Family Groups in Schools which address presenting problems in the dual context of family and home.

The participants were interviewed using semi-structured interviews and a visual tool called the 'Tree of Change' to record views and facilitate conversations over time. Participants were interviewed at three points throughout the intervention (pre, mid-point and post) and transcripts were analysed using Interpretative Phenomenological Analysis (IPA). Four general experiential themes emerged from the analysis: Changes in Support and Coping, Changes through Observation, Changes in Identity and Self-Concept and finally Changes in Relationships with Child and School. Each theme is discussed and exemplified by quotes from the participants. Findings are discussed in relation to relevant psychological theory and research. The study is considered as relevant for

Educational Psychologists, and to those working in wider educational contexts. Suggestions for future research are made in order that the findings can be extended further.

Acknowledgements

List of Abbreviations (In order of first use)

Abbreviation	Full Term
SEBD	Social, Emotional and Behavioural Difficulties
MFG-S	Multi-Family Groups in Schools
MFGI	Multi- Family Group Intervention
UK	United Kingdom
ToC	Tree of Change
ToL	Tree of Life
EP	Educational Psychologist
SSI	Semi structured interview
MFGT	Multiple Family Group Therapy
SEN(D)	Special educational needs and disabilities
(S)AP	(Specialist) alternative provision
SEMH	Social emotional and mental health
CYP	Children and young people
NHS	National Health Service
MFT	Multi(ple) Family Therapy
LA	Local Authority
EHCP	Education, Health and Care Plan
DfE	Department for Education
CoP	Code of Practice
Ofsted	Office for Standards in Education
DCFC	Department for Children, Schools and Families
WSOA	Written Statement of Action
UEL	University of East London
RCT	Random Controlled Trials
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
ODD	Oppositional Defiance Disorder
CD	Conduct Disorder
DBD	Disruptive Behaviour Disorder
GT	Grounded Theory
NA	Narrative Analysis
FAST	Families And Schools Together
TRF	Teacher Report Form
CBM	Curriculum Based Measures
CBCL	Child Behaviour Check List
SSRS	Social Skills Rating System
SED	Serious Emotional Disturbance
MFEC	Marlborough Family Education Centre
CAMHS	Child and Adolescent Mental Health Service
SDQ	Strengths and Difficulties Questionnaire
SAU	Services As Usual
TEP	Trainee Educational Psychologist

TA	Thematic Analysis
IPA	Interpretative Phenomenological Analysis
LIPA	Longitudinal Interpretative Phenomenological Analysis
ADHD	Attention Deficit Hyperactivity Disorder
ASC	Autism Spectrum Condition
ELSA	Emotional Literacy Support Assistant

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1. Introduction

1.1 Overview

This research explored the changing views of parents, (with children identified as having social, emotional and behavioural difficulties (SEBD) in primary school), whilst taking part in a Multi-Family Groups in Schools (MFG-S) intervention.

This chapter introduces the aims of the research (1.2) followed by a brief background to the MFG-S intervention (1.3) and the purpose and rationale of the research is explained (1.4). An overview of the national (1.5) and local context (1.6) is provided along with a discussion of the theoretical and conceptual framework (1.7). Finally, the researcher's position is outlined (1.8), the unique contribution of the research is explained (1.9) with a summary (1.10).

1.2 Aims of the research

This research aims to expand on the current literature and further develop the evidence-base for Multi-Family Groups-in Schools (MFG-S) intervention (also known as a Family Class), with a focus on the changing perspectives of participating parents as suggested by Morris et al. (2014). This intervention, developed by Dawson and McHugh (2005), remains under-researched and under-utilised in mainstream schools in the United Kingdom (UK).

Using a qualitative approach, semi-structured interviews supported by the Tree of Change (ToC) adapted from the Tree of Life (ToL, Ncube, 2006, Lock, 2016) focus on capturing the changing views of parent participants at three time points, pre, mid and post participation.

1.3 Background

1.3.1 Educational Psychologists and Group Work

This research has a focus on the role of the Educational Psychologist (EP) working with parents and children in groups. This concept is not new, and it has been previously acknowledged that working with parents is good practice for practitioner psychologists. However, collaboration between families, schools and psychologists often requires a clear rationale to be successful and the intervention of professionals to challenge barriers to such collaborative practice (Dunsmuir et al., 2014).

A joint systems approach to working (Dowling & Osborne, 1994) advocated that linking together the two most influential systems in a child's life would facilitate the development of interventions that would be of most benefit. Jones (2003) argued that school referrals, (particularly through 'traded' work), often represented the needs of the school rather than the needs of the child and family with a need to move away from a purely educational provision perspective. Pellegrini (2009) noted that many skills and interventions used by EP's are grounded in systemic thinking, such as solution-focused brief therapy (SFBT) (De Shazer, 1985) being adopted for use with families and children in EP practice. Increased connection with families provides opportunity to gain a deeper understanding of the needs of the child and family, exploring interactions, relationships and communication (Fox, 2009) and a move away from child-centred work.

EP's have historically been actively engaged in evidence-based parenting programs such as the Triple P and Triple P Teen (Positive Parenting Program), (Sanders et al., 2001) the Incredible Years (Webster-Stratton, 1992) and more recently the Families and Schools Together (FAST) approach has been developed and adopted in early years settings in the United Kingdom (McDonald et al., 2006)

A recent study by McGuiggan (2021) identified several areas where EPs are currently working with families, attempting a joint systems approach. These include consultation models with families during statutory assessment procedures which incorporate models focused on a holistic view of the child such as the Interactive Factors framework (IFF) (Woolfson et al., 2003). Working in early years settings, EP's attempt to be involved in home and family-based interventions such as Video Interactive Guidance (VIG) as well as contributing to the educational provision of the child in school. McGuiggan (2021) also noted a move towards a more ecological approach with EP's incorporating Bronfenbrenner's (1979) social ecology model into their practice, suggesting that "EP's should be aware of their wide and varied skill set and how these skills can be transferred to family work to bring about positive changes for children." (p.14).

1.3.2 The Marlborough Model of Multiple Family Group Therapy (MFGT)

Cooklin et al. (1983) developed the Family Day Unit in the Marlborough Hospital London, in response to a need for a specialist provision for complex, multi-problem families (Asen et al., 1982) and the Marlborough Model of MFGT evolved. MFGT has three main aims. First, to reduce the therapists 'expert' identity, encouraging families to take on a therapeutic role and help each other (Asen, 2006). Secondly, to hear and share participants' experiences, leading to greater openness and increasing capacity for change (Asen & Scholtz, 2010), along with the voices of participating children, developing their sense of empowerment (Asen et al., 2001). Finally, families share advice with other families and problem solve collaboratively. This advice is often received more positively than from a therapist (Asen, 2002).

Dawson and McHugh (2000; 2005), further developed MFG-S based on MFGT concepts and applied the intervention in schools for children with special educational needs and disabilities (SEN(D) and their families (Dawson & McHugh, 2012). The Pears Family School was established in 2014, gaining recognition and success (Office of Standards in Education, (ofsted) 2017) as a specialist alternative provision (AP) to work collaboratively with such families, integrating systemic and mentalizing approaches (Carr, 2009), with roots in group

therapy (Yalom & Leszcz, 2005; Laqueur, 1964; 1972), family therapy (Minuchin, 1974) and attachment theory' (Bowlby, 1969, 1980).

MFG-S is defined by Asen and Scholz (2010) as "therapeutic work carried out with a group of families and their individual members, all experiencing similar difficulties, in a setting that permits mutual sharing, understanding and transparency" (p1). Both children and parents take part in tasks and monitor progress through collaborative target setting. Through shared activities, family groups learn to identify mental states, develop affect regulation and reflect on attachment issues (Bowlby, 1969), without children receiving a diagnosis or becoming patients (Dawson et al., 2021). The intervention focuses on collaborative problem-solving and exposure to multiple perspectives, engaging with other families "to examine not only their own but also the interactions and communications of other families - which often mirror their own difficulties" (Morris et al., 2014). MFG-S aim to help families rediscover skills, improve the emotional wellbeing of children, reducing SEBD's both in the family and in school. (Asen & Fonagy, 2021) The MFG-S intervention is available for use in mainstream schools but remains under-utilised and under researched (Dawson & McHugh, 1994).

1.4 Purpose and Rationale

Research indicates that a failure to support children who display SEBD in school carries a serious cost to the family and society (Scott, et al., 2001; Cunningham et al., 1995). The social, emotional and mental health (SEMH) of children and young people (CYP) is also deteriorating with waiting times for mental health services increasing. According to a National Health Service Digital survey, (NHS Digital, 2021) 1:6 children aged 5-16 have a probable mental health issue, an increase from 1:9 in 2017, with 83% of CYP stating the Covid-19 pandemic had worsened their mental health (Young Minds, 2020), creating an urgent need to engage with vulnerable children and their families (Dawson et al., 2021). Many families with children who exhibit SEBD at school report feelings of isolation and stigmatisation by the school system and wider community (Asen & Scholtz, 2010). However, the connection between student progress and parental

involvement is well established (Dunst, 2002; Connell et al, 2008 ; Connell & Dishion, 2008)) and increased family-school collaboration identified as providing benefits such as connecting families and increasing parent's skills (Epstein, 1991;1990; 1995).

The research available on multi-family therapy (MFT) has shown some positive outcomes within clinical settings (Eisler, 2005), including reduced isolation, expansion of social networks, new hope for families (Morton, 2002; Lemmens et al., 2009) and increased parent-adolescent closeness (Dickerson & Crase, 2005; Depestele et al., 2015). Crozier et al. (2010) state that "incorporation of the school into the family process has shown profound results for children in both home and school environments" (p.189). However, research and evaluation of the MFG-S intervention outside clinical settings is limited or not evaluated as a 'stand-alone' intervention (Cook-Darzens et al., 2018). Local Authorities (LA's) currently experience high costs associated with providing SEN support. To counter these costs and provide 'value for money' for LA's, interventions such as MFG-S could become integral to any Local Offer.

1.5 National Context

The number of children receiving SEN support from LA's and those with an Education, Health and Care Plan (EHCP) have steadily risen since 2016. Statistics published by the UK government in June 2022, state that 12.6% of children in England receive SEN support and 4% of the total have an EHCP, with SEMH needs identified as the second most common. The Timpson Review on school exclusions, (Department for Education, (DfE), 2019) also highlighted that children with SEN were among those more likely to be excluded from school. The report recommended early intervention programmes, especially involving families, with a specific reference in the literature review (DfE, 2019) to MFGT as an intervention to reduce school exclusions (Smith et al., 2014). LA's are under increasing financial pressure, with difficult funding choices, searching for ways in which to best utilise available resources and provide lasting support for parents and children. Nationally, the DfE have placed increasing emphasis on the ability of schools to engage with parents, promoting open communication and joint

working to improve outcomes for children (Department for Children, Schools and Families (DCSF), 2010; Ofsted, (2011) stating that 'success in improving outcomes for pupils frequently occurred when schools and parents shared information and ideas together in partnership' (p26).

The SEND Code of Practice (CoP, 2015), based on The Children and Families Act (DfE, 2014) also emphasises the role of school in developing relationships with parents, stating discussions, "can also strengthen the impact of SEN support by increasing parental engagement in the approaches and teaching strategies that are being used." (S. 6.66, p. 104) supported by the Education Endowment Foundation (EEF, 2018) report on working with parents to support children's learning, which emphasised that 'schools and parents have a shared priority to deliver the best outcomes for their children' (p.6).

The recent government Green Paper on SEND and Alternative Provision (AP), (DfE, 2022) highlights that parents are often dissatisfied with their mainstream school's capability and approach to providing support for their children. Parents' lack of confidence has led to increased requests for EHCP's and specialist AP, at considerable additional cost to the LA.

1.6 Local Context

This research was conducted in a LA which had received a 'Written Statement of Action' (WSOA) following a 2019 Ofsted audit. The WSOA highlighted significant weaknesses in parental engagement and coproduction. Specifically citing parents' lack of confidence in the LA and the limited role of parents for children with SEN(D), resulting in high levels of EHCP requests, above the national average.

There is a clear need to rebuild the confidence of parents in the capability of mainstream schools to meet the needs of students with SEN(D). Responses by the LA included a commitment to increased cooperation and collaboration with parents and the use of proactive solution-focused approaches (de Shazer, 1985). The MFG-S model moves away from a medical 'within-child' view and supports

the researcher's views in embracing a systemic approach to working with families. The introduction of MFG-S into mainstream schools, would facilitate these relationships, appropriately engage parents and provide a holistic view of the child, family and school for educators.

The results of the study will provide vital information for the LA on the effectiveness of the program and enhance parental collaboration and communication, which in turn may lead to increased levels of inclusivity of children with SEN(D).

1.7 Theoretical and Conceptual Frameworks

1.7.1 Key Concepts of Multi Family Groups

Laqueur (1972) first identified the concept of grouping families for therapeutic benefit, based on Minuchin's (1974) Family Systems Theory. His work with families of schizophrenics, revealed the emergence of a different set of dynamics whilst working with several families together. The concepts of mutual support, constructive feedback and modelling evolved. Ideas that related to the ability of families to help each other were refined, 'The multiple family paradigm proved to be a particularly effective way of producing change.' (Asen, 2002. p.9).

From these principles multi-family therapy (MFT) evolved, encouraging the development of collaborative and supportive relationship between facilitator and other families (Eagle, 1999). Rather than focusing on deficits, families are encouraged to problem solve and find positive solutions. Bakker (1975) identified principles that encouraged people to change, such as developing jointly agreed targets, observing others' and providing opportunities to identify new patterns of behaviour. Cooklin et al. (1983) combined group and systemic family work in the Marlborough Model (Asen et al., 2001) and placed an emphasis on the family's ability to normalise experiences (Chiquelho et al., 2011) interact and rebuild relationships (Liu et al., 2015) and develop mentalization skills (Asen and Scholz, 2010).

School-based MFG-S are based on these fundamental concepts of interaction, feedback, self-awareness and emotional literacy (Dombalis & Erchul, 1989). Dawson and McHugh (2005) speak of the unique interactions that occur simultaneously in these groups (Asen & Sholtz, 2010), namely *intra-family* (within), *inter-family* (between), *therapist-client* (individuals and clinician) *intra-group* (families in the group) and *extra-group* (family, group in a wider context).

Groups also build on the concept of 'epistemic trust' or the ability to learn from others using mechanisms to determine knowledgeability and helpfulness (Shafto et al., 2012). For children and parents to regain trust in a 'system' which may have previously initiated feelings of fear and anxiety, individuals need to feel recognised both visibly and audibly. This occurs through the sharing of ostensive cues such as body language, emotional tone, eye contact and turn taking. (Dawson & McHugh, 2000) Over time, these build to form relationships based on epistemic trust, an unconditional reliability. (Fonagy & Allison, 2014).

1.7.2 Mentalization and Attachment Theory

The ability to mentalize refers to the attitude and skills involved in understanding the mental states of the self and others. It is the process of making sense of these mental processes (Fonagy & Adshead, 2012) and their connections with observable behaviour. Diaconu (2014) suggests that good mentalization includes the ability to accept others' perspectives, remain curious and integrate the cognitive and affective traits of self and others (embodied mentalization, see Fig 1). Development of this skill remains central to MFG-S and is seen as a form of imaginative mental activity, perceiving and interpreting human behaviour. Fonagy and Target (1996) suggest that a child's ability to develop this skill depends upon early life experiences within the family context and the development of early attachment (Asen & Fonagy, 2012a; Bateman & Fonagy, 2012). Working with a parent and child together is therefore identified as increasing the mentalization capacity of both (Muller & Midgley, 2015).
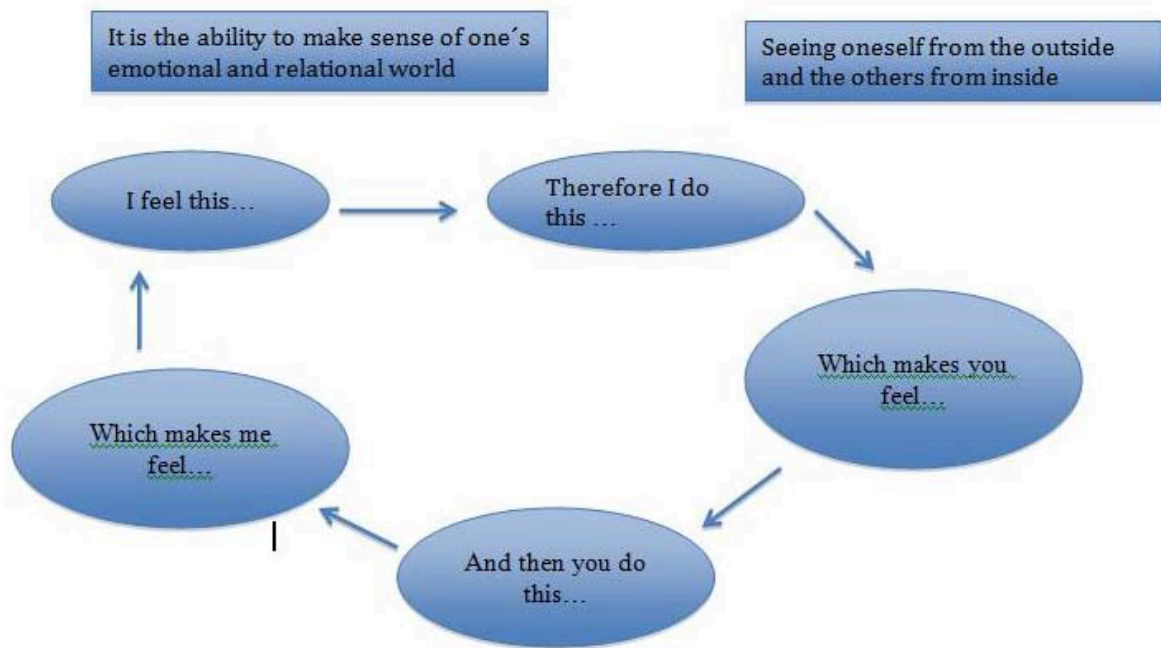
Figure 1 - What is Mentalization? Diaconu (2014)

The relationship between attachment and mentalizing is a bidirectional process. Attachment behaviours (Bowlby, 1969; Ainsworth et al., 1978) develop due to a carer's responses to the child's perceived threat and the subsequent need for security. Difficulties in deciphering mental states can disrupt attachment processes and insecure attachment relationships present barriers to the development of mentalizing capacities (Fonagy & Luyten, 2009; Bateman & Fonagy, 2010). Attachment also regulates physiological arousal, affect and attention (Asen & Fonagy, 2012a). Critiques to attachment theory, however, identify failures to acknowledge the influences of social status, gender, ethnicity and culture and alternative caregiver settings on personal development (Slater, 2007). Rutter and O'Connor (1999) also question Bowlby's proposal that a dyadic early relationship has a significant effect on the individual's general character to affect future relationships.

Individuals of all ages with poor attachments, have difficulties with these regulatory functions, displayed both at school and within the family. MFG-S work on the premise that attachments are modified and modifiable throughout life and are formed with those who show care and concern. The development of

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mentalizing skills aims to promote secure attachment behaviours through the appropriate responses from family and school (Asen et al., 2018)

1.7.3 General and Family Systems Theory

Developed by von Bertalanffy (1968), general systems theory views a system as comprised of complex parts that form a whole. Boundaried and separate from external elements, the 'system' experiences inputs which impact on it and outputs which effect the system's environment. Systems are in continual evolution and are self-regulating, responding to feedback. Any changes in the system will affect other component parts as the system seeks homeostasis. Bateson (1973) applied this theory to families and developed family systems theory. He considered families were organised into subsystems, with semipermeable boundaries to ensure adaptation and survival (Carr, 2012).

MFG-S see the school and the family as systems and follow a joint-systems approach, addressing presenting problems as interrelated (Dowling & Osborne, 2003) in the dual context of family and school. The individual's development is influenced by the qualities of the social systems in which the family lives or participates (Smith et al., 2004). In the same way that systems are seen as circular in their causality (Dowling, 2018) MFG-S focus on families becoming aware of and breaking patterns of interaction which result in unwanted behaviours. Crozier (2010) builds on these holistic, systemic principles, stating "child behavior in the home could no longer be viewed as distinct from behavior in school" (p190). These patterns are displayed within sessions as parents and children collaborate with families becoming aware of destructive patterns.

Embedded beliefs upheld within the systems of school and family are often further supported by feedback. Parents react in certain ways to communication from the school and schools react to the perceived poor behaviour of the child. Homeostasis works to embed these beliefs by adopting a 'culture' and 'rules' which act to protect the system, rejecting outside views (Dallos & Draper, 2015). However, as teachers and families begin to witness new contexts, behaviours may be perceived differently, challenging long established rules. (Dowling, 2018).

1.8 Researcher's Position

It is important for the researcher to recognise any personal influences and biases during the research. The researcher is a white, married female with teenage children, one of whom has SEN. The journey as a parent of an SEN child impacted the decision to undertake this research, aimed at providing supporting information, available to LA's, on effective methods to engage with and support parents in raising and educating a child with SEN.

The researcher's aim, to hear the voice of parents, is also supported by the CoP (2015) which emphasises the benefits of engaging parent participants in research, stating "Effective parent participation can lead to a better fit between families' needs and the services provided, higher satisfaction with services and reduced costs" (s.4.13, p.63). Taking a systemic view to the research emphasised the importance of relationship building during the MFG-S intervention and the effects on participants.

1.9 Unique contribution

This research provides a unique insight into the changing perspectives of parents throughout the MFG-S intervention and will share information with the LA, to support future planning and decisions making. The research provides an insight into the impact of the intervention on the parental engagement and facilitation of coproduction between parents and schools. Although the research is primarily useful in the local context, parental involvement is also highlighted in the CoP (2015) and the most recent SEND review (DfE, 2022) for schools and should be of interest at a national level.

EP's are well placed to bridge the gap between school and family, having knowledge of both education and community contexts (Farrell et al., 2006) and promote positive solution-focused techniques (de Shazer, 1985) with school SENCo's, emphasising a holistic view of the child and their families. EP's are also identified in the CoP (2015) as having a role to identify and provide advice on how to support CYP with SEMH difficulties and work in multidisciplinary teams to

provide interventions. Although EP's may initially facilitate the groups, the aim is for both school staff and 'graduated' parents to move forward, providing more families with the opportunity to participate in a practical and cost-efficient model.

1.10 Summary

This chapter has introduced the current research. The rationale for this study has been identified due to a lack of research exploring the views of parents participating in MFG-S and the requirement to find alternative provision for children with SEBD's, whilst working collaboratively with school and family. The scope and aims of the research have been outlined. The chapter concludes with the unique contributions the study brings.

Chapter two will provide an extensive review of the literature on MFGT and the most current relevant research.

2. Literature Review

2.1 Overview

This chapter provides an extensive review of the literature relevant to the area of Multi (or Multiple) Family Group (MFG) interventions, with a focus on the views of parents and caregivers as to the benefits and efficacy of the intervention, the focus of this study. However, for the purpose of this literature review, the researcher has included MFG interventions that take place in both school and clinical settings with families of CYP between 0-18 years of age, in order to retrieve the most relevant studies. The chapter is organised to address the outlined research questions pertaining to the current study, which in turn guide searches of the literature and identify the relevant studies and papers which may answer the research questions or identify a gap. First, the reasoning for and purpose of literature reviews is discussed (2.2), followed by the explanation of the process undertaken, research questions and inclusion/exclusion criteria (2.3). Once initial reviews of the research were completed, three themes were adopted for the focus of the systematic research. These searches are presented as school-based interventions (2.4) and conclusions (2.4.1), parent/caregiver views (2.5) and conclusion (2.5.1), reduction of symptomology in parents/caregivers (2.6) and conclusion (2.6.1). Lastly, final conclusions are drawn from the literature review in relation to the current research (2.7) and a summary of the chapter is provided (2.8).

2.2 Introduction to Systematic Literature Review

Fink, (2005) defines a literature review as a 'systematic, explicit, and reproducible method for identifying, evaluating and synthesising the existing body of completed and recorded work produced by researchers, scholars and practitioners.' (p.3) There are four critical steps to systematic reviews, developed by Grant and Booth (2009), the search, appraisal, synthesis and analysis (SALSA), of the available literature. The aim of this chapter is to undertake a comprehensive systematic literature search and subsequently critically review the relevant available literature on MFG-S. Using research questions as a tool,

concepts are mapped to establish the most appropriate Boolean phrases and search parameters.

The aim of the literature review is to gather information and reflections on what is currently known about the impact of MFG's on the views of participating parents of children highlighted as experiencing SEMH difficulties in school. The literature reviewed will include those which focus on the efficacy of MFG's in schools and in addition, those settings in which there is a specific focus on parent/caregiver participation deemed relevant. Studies are analysed based on their value within the literature to provide reliable data on the MFG intervention and the communication, promotion and development of improved mental health and wellbeing in schools, as well as capturing the views of the parents of participating families.

The information gathered and reviewed will create a foundation and justification for the need to explore parents'/caregivers' views of school based MFG's. The current research will focus on the lived experiences of the participating parents through the sessions and examine, through personal interviews, the ways in which MFG's provide an opportunity for parents to develop new skills, adopt new ways of thinking and form new relationships.

2.3 Systemic Literature Search Process

The systematic search aims to answer a descriptive research question (Mertens, 2020).

In what ways do the views of parents/carers change through the participation in Multi-Family Groups in Schools?

The review therefore needs to answer the question, 'What is currently known about the lived experiences of parents/caregivers who participate in MFG's in schools and the ways in which their views may change?'

2.3.1 Review Questions

The researcher developed three sub-questions:

1. How do parents'/caregivers' experiences of the multi-family group intervention change their views on their family and well-being?

2. How do parents'/caregivers' experiences of the multi-family group intervention change their views on school and school community?

3. At what points and how do the parents'/caregivers' views change throughout the process of the intervention?

2.3.2 Inclusion/Exclusion Criteria

To further focus the questions to address during the literature review, and the phrases to be used in the search, the researcher was guided by 'scope defining' frameworks and questions. These frameworks help to identify the inclusion and exclusion criteria in the literature review and bring a deeper understanding to the process of selecting relevant studies. Initially the Population, Intervention, Comparison, Outcomes, (PICOC) framework was employed (Pettigrew & Roberts, 2006), with the following results.

Population: Parents of children with predominantly school-aged, but also including pre-school aged children and young people/adolescents/young adults from 0-18 years old and their parents/primary caregivers, who participate in a MFGT intervention. Male and female. All socio-economic backgrounds and all ethnicity groups included.

Intervention: MFG interventions carried out both in and out of the school context. Preference given to those related to school/college or educational institution/body.

Comparison: Those not participating with MFG Interventions or receiving alternative therapeutic intervention. Often used as control groups in studies using random control trials.

Outcomes: The impact and effects on parents/caregivers (both positive and negative) which include, but are not limited to, support in the school

community, relationships with other parents, teacher-parent relationships, coping strategies, communication between home and school, parent-child relationships, parenting skills, understanding of emotional and behavioural needs, parental stress, knowledge with regards to their child's needs and school resources.

Context English-speaking countries, (UK, United States, Canada, Australia and New Zealand) with fully translated studies considered if they are relevant to the local context. (See detailed table of inclusion and exclusion criteria in Appendix 1).

2.3.3 Complexity of Search

The researcher identified that the MFG-S intervention met most of the criteria outlined by Craig et al. (2008), as a 'complex' intervention.

- The MFG-S intervention has interacting components (within the groups there are elements of work between parent/caregivers-own child, parent/caregiver- others' child, child-child, parent-teacher and child-teacher interactions).

- The MFG-S aims to modify the behaviours of participants to some degree. However, this study focused on changes that occur for parents.

- The MFG-S intervention is targeted at a multi-generational population, with at least two generations of each family participating.

- The MFG-S intervention attempts to achieve more than one outcome and encourages input from different levels within the school organisation.

Taking the above into consideration, searches were conducted to include impact, efficacy and value, along with parents'/caregivers' views, relationships with children and school, outcomes and benefits. Thus, the three elements of the systematic Literature review covered:

1. The effect/impact on parents'/caregivers' views, during their participation in MFG-S, on their relationships with their family, child and other

relationships and their views regarding wellbeing, empowerment and coping with regards to their child's difficulties.

2. The effect/impact on parents'/caregivers' views, during their participation in MFG-S, with respect to their relationships with school staff, the whole school community and other systems which overlap the systems of 'home' and 'school'.

3. The effects/impact on the parents'/caregivers' views about their changing role and opinions on the success of the intervention (both inside and outside the group), throughout the course of the MFG-S intervention.

An initial scoping review suggested that there is a paucity of research in this area. The current systematic review of the literature was conducted in November 2021, using the advanced search facility of University of East London (UEL) online library. Using the EBSCO search engine, the following databases were searched to provide as comprehensive and far-reaching search as possible. Academic Search Complete, APA Psychinfo, British Education Index, Child Development and Adolescent Studies, Education Resource Information Centre (ERIC), Education Search Complete.

The aim of a systematic literature search (Booth et al 2016) is twofold, firstly, to complete a comprehensive search and capture as many relevant articles as possible and second to use the research questions as a basis and focus for obtaining the most relevant study. The researcher was aware that a highly restricted search would likely retrieve few studies and therefore the initial search encompassed a wide area. Some of the inclusion and exclusion criteria used were stable, such as the parameters of dates, ranging from 1990- November 2021, articles covered the age range 0-18 years, all articles were peer reviewed and in English language, using search terms "multi*-family group*" AND "school*" AND "parent*"as stated in the table found in Appendix 2. Boolean logic parameters were used to condense the results. The abstracts of papers found in each search were screened for relevance and those pertinent to the current research (based on the three elements covered, as discussed above), were included in the review.

The initial search retrieved 6 relevant papers. The researcher decided to widen the search further and removed the "parent" limiter. The resulting search retrieved an additional 57 papers, once screened 3 additional papers were included (see Appendix 3 for detailed table)

Following these initial searches, the researcher wanted to explore available literature directly appropriate for parent views. A third, fourth and fifth search used the terms MFG and "parent", "parent" and "evaluation" and finally "benefit" as a limiter. The results retrieved 91 papers and after screening 4 additional papers included. (See Appendix 4, 5 and 6 for detailed table of results).

Additional searches were carried out using the search terms, "impact", "efficacy", and "opinion" and no additional papers were retrieved that were of relevance.

2.3.4 Scopus search

An author search was conducted in the Scopus search engine to identify further relevant research conducted by the significant authors and founders of the focus intervention. However, of the limited published studies retrieved, these had already been captured in previous searches and no new papers were added as a result.

A full description of the search process is shown through the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses), flow diagram (Moher et al., 2009) below (Figure 2) Details of all papers included in the review can be found in Appendix 7.

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┌─────────────────────────┐
│ Potentially relevant    │
│ studies identified      │
│ through database        │
│ searches. Search No1    │
│ (n=97 Search No 2       │
│ (n=250) Search No       │              ┌─────────────────────────┐
│ 3 (n=261) Search No 4   │              │ Potentially relevant    │
│ (n=47) Search No 5      │              │ studies identified      │
│ (n=17)                  │              │ through alternative     │
└─────────────────────────┘              │ sources (n=2)           │
                                         └─────────────────────────┘
                  ┌─────────────────────────┐
                  │ Records after duplicates│
                  │ removed. Search 1 (n=39),│
                  │ Search 2 (n=96) Search 3 │
                  │ (n=91)  Search 4 (n=22)  │
                  │ Search 5 (n=12)          │
                  └─────────────────────────┘

      ┌─────────────────────────┐        ┌─────────────────────────┐
      │ Records screened.       │        │ Records excluded Search │
      │ Search 1 (n=39), Search │───────▶│ 1 (n=33), Search 2      │
      │ 2 (n=96) Search 3 (n=91)│        │ (n=88) Search 3 (n=83)  │
      │ Search 4 (n=22)  Search │        │ Search 4 (n=18) Search  │
      │ 5 (n=12),               │        │ 5 (n=11),               │
      └─────────────────────────┘        └─────────────────────────┘

      ┌─────────────────────────┐        ┌─────────────────────────┐
      │ Full text articles      │        │ Full text articles      │
      │ assessed for            │───────▶│ excluded with reasons   │
      │ eligibility (n=29)      │        │ (n= 16)                 │
      └─────────────────────────┘        └─────────────────────────┘

      ┌─────────────────────────┐
      │ Studies included in     │
      │ Literature Review       │
      │ (n= 13)                 │
      └─────────────────────────┘
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Figure 2 - PRISMA flow diagram-adapted from Moher et al. (2009).

2.4 Critical Review of Peer Reviewed Studies

Initial searches using specific search terms relating to this study (Multi/Multiple Family Groups, schools, parent/caregiver views) recovered very few papers. To include the most relevant, parameters were widened to include a historical view from the 1980's onwards, therefore covering research conducted over 40 years ago. Papers were reviewed and filtered into three areas. Firstly, studies which provided a specific insight into the parent or caregiver views and experiences of

taking part in a MFG (in any setting), secondly, studies which involved MFG's based specifically in a school setting and finally, studies that shared an interest and explored benefits for the parents and caregivers taking part in the MFG. Many programmes have been developed based on family and group theory and developed into an MFG style intervention, hence the range of those included in the literature review. No papers were recovered which specifically examined data pertaining to the MFG-S intervention.

2.4.1 Theme 1 - Parental Views

The current research has a focus on the views of parents and caregivers who are involved with the MFG-S. The literature review primarily includes studies which have collated all or part of their results from parents and caregivers. Studies in this section are included based on the data collected. Data must be derived from parental self-reports, parent questionnaires, focus groups, journals and interviews. However, the research itself may not be specific to school-based interventions as there is a distinct gap in the literature of studies conducted both in schools and with a focus on parental views.

McKay et al. (1999) conducted research in a clinical mental health setting within the University of Columbia, USA, with participants from low-income families, living in an urban inner-city environment with children (age 9-10 years old) displaying disruptive behaviour. The study aimed to test whether multiple family group interventions, developed for the needs of urban families, could decrease disruptive behaviour compared to children receiving individual or single-family therapy (control). A model known as the 4 Rs and 2Ss (4R2S) which promotes Rules, Responsibility, Relationships and Respectful Communication, as well as identifying a lack of social support and high stress, has been developed for children between ages 7 and 11 years who meet diagnostic criteria for a Disruptive Behaviour Disorder (DBD) and their families. Referrals were made to the mental health services clinic as a result of a students' 'disruptive behaviour difficulties' and with a clinical diagnosis, however, the basis on which referrals are made to the clinic are unclear. Using a quasi-experimental research design, collecting both qualitative and quantitative data, this research focused on three

research questions pertaining to attendance, parent reported reduction in disruptive behaviour and the parental views on the efficacy of the intervention for their families. Data was collected via direct interviews with parents, attendance data and the Connors Parent Rating Scale (CPRS) (Goyette, et al., 1978, cited in McKay et al,.1999) post intervention and compared with a control group. Data was analysed using descriptive statistics and one-way MANOVA.

The results indicate improved attendance rates in the MFG at 59% compared with 39% in the control group. After 16 weeks, both sets of parents reported improvements, however changes in child disruptive behaviour significantly decreased compared with the control group and in the MFG group, 70% of parents reported that the intervention had resulted in a positive effect for the child, compared to just 54% in the control. Furthermore, parents in the MFG were more likely to identify improved child behaviour, communication with their children and increases in their own ability to cope and problem solve. The study did not use a random design and there were some variances between groups.

A second study by McKay et al. (2011) in primarily the same inner-city communities, conducted a longitudinal study of the MFG service delivery approach set within 13 outpatient clinics, predominantly serving Latino and African American families. The random control trial (RCT) study has a focus on parent reports of their children's behaviour difficulties and the management of parental stress. The approach was identified as a means to provide appropriate services to several families at a time, thus with the hope of reducing waiting times. The MFG's psycho-educational design, aimed to enhance family-level engagement and retention in ongoing-care. This service model was collaboratively developed together with parents, parent advocates and community-based child mental health providers and researchers. The 321 participants were school age, inner-city children (7-11 years old) who met the criteria of Oppositional Defiant (ODD) or Conduct Disorders (CD) and their families, including adult caregivers and their siblings (6-18 years old). The study ran for 16 weeks with groups of 6-8 families. Families were randomly assigned to either the MFG or a 'control' group who received standardised outpatient care. Tests were conducted at 8 (mid-point) and 16 weeks post intervention and 6 and

18 months follow up. Random coefficient modelling was performed and statistically significant drops in ODD and parental stress are reported in the MFG group with little change in the control group. Significant change over time indicates further improvements post intervention.

McKay (2011) argues that the barriers to parents seeking out and participating in such services for their children are related to the parental perceptions of associated stigma with mental health issues and a culture of 'blame' for their child's difficulties. The success of the group is defined as being due to empirically supported and protocol driven, family-focused approaches which have been endorsed and developed with input from the 'real world', namely parents raising children with behaviour difficulties. The study adds the data which supports an association between MFG's and positive child/family led outcomes.

Caregivers' perceptions of group processes were the focus of the most recent study in the review, by Acri et al., (2019**)**. This mixed method study, focused again on low-income families, citing that Disruptive Behaviour Disorders (DBD's) are disproportionately represented in low-income communities where families are faced with challenges related to socioeconomic disadvantages (poor housing, high caregiver stress, social isolation). This study is a sub-study of a larger National study examining the 4R2S MFG model as discussed above.

The authors referred to Yalom and Leszcz (2005), eleven therapeutic mechanisms which they identified as attained in group therapy. Acri et al. (2019) developed a questionnaire-type measure related to these eleven mechanisms, identifying areas such as fostering universality, cohesiveness, interpersonal learning and self-understanding. The questionnaire contained seventeen closed-ended quantitative items, seven qualitative open-ended items and five specific content area questions.

The results show significant alignment with these therapeutic benefits. Caregivers specifically reported a sense of group cohesion and a universality of experiences reporting that they felt understood by other parents and the group helped with feelings of isolation. In addition, caregivers commented that their parenting skills

had been enhanced as a result of the group experiences. The study strongly supports the idea that bringing multiple families with 'shared experiences' together, can offer significant support. The results however emphasise the need for input from facilitators, with a significant number of caregivers expressing that they preferred to be given advice by facilitators rather than fellow parents. Caregivers also reported learning new parenting strategies were most useful, with the social support and stress reducing benefits of the group ranked below. This could be explained due to the expectations of parents coming into the group being highly focused on their children, rather than themselves.

However, there were limitations to this study. Families included in the research were only required to attend 1 or more MFG sessions. Caregivers assigned to an eight-session group attended 5.6 sessions on average and caregivers assigned to a sixteen-session group, attended 10 sessions on average. The validity of the self-developed questionnaire may also be questioned as well as the connection between Yalom's (1995), therapeutic factors and actual change in caregivers and families functioning.

A study of parent's day-to-day experiences were collated in the UK based research by Voriadaki et al. (2015). The research at the Maudsley Hospital, examines the benefits of MFG's in the treatment of adolescents with anorexia nervosa, analysing the emotional and cognitive changes in parents. Five adolescents and ten parents took part. The group was held over four consecutive days and provided 'intensive' treatment for six families, 'with the aim of advancing inter-family learning and support and achieving a faster return to health' (p6). This study was included in the literature review as it examines the 'process of change' within the groups, collecting data from parents of the adolescents each day and examining 'how changes in cognitions, emotions or behaviour are related to particular aspects of the treatment and interventions used'. (p.7).

The researchers took a mixed methods approach, analysing data from parents' daily journals, focus groups, rating scales (a thirteen item Likert-type scale, based on areas such as, responsibility for recovery, intra-family and inter-family communication) and the researcher's observations. Qualitative data was

analysed using interpretative phenomenological analysis (IPA) with a focus on the in-depth understanding of the participants experiences.

The results highlighted that parents/caregivers benefitted from sharing their stories with other families experiencing similar difficulties. The group provided ongoing support, reducing the sense of isolation and increasing optimism and a sense of hope for parents. Over time, parents were observed to express emotions more readily and show an increased level of empathy for their children. The researchers concluded that the group provided 'a safe, supportive and cohesive setting to disclose feelings, discuss ideas and try new behaviour' (p.19). Parental self-efficacy was considered a possible link between the feelings of the adolescents and those of the parents. Finally, most parents reported feelings of support and solidarity during focus groups in daily journals, however, results of the rating scales, indicated a consistent sense of isolation persisted.

Fletcher et al. (2013) implemented an inclusive, community based MFG intervention adapted from the Baby Families and Schools Together (babyFAST) US programme. This strengths-based programme is designed for young mothers, fathers and their infants (0-3) to engage them in socially inclusive experiences, combat isolation and reduce intergenerational conflict. The programme was piloted in a 'Sure-Start' centre in a deprived area in the south of England. Seven families from a variety of ethnic backgrounds attended an eight-week intervention. The authors adopted a mixed methods approach. Data was collected using quantitative standardised tools developed by FAST International and the collection of qualitative data from individual and group semi-structured interviews (SSI's), mid-way and at the end of the project. Transcripts were analysed using a grounded theory (GT) approach. The researchers also acted as practitioners delivering the intervention and raised as a potential limitation to the validity of the data. However, using multiple data collectors resulted in higher levels of reflexivity and self-awareness in the team. The data provided evidence of a positive impact on the relationships between mothers, family members, partners and their children. The authors reported that the use of experiential learning and coaching techniques had promoted the development of these relationships. The quantitative data was not reported.

2.4.2 Conclusions - Parental Views

The studies included here all used a mixed methodology, but often relied on short samples of qualitative data. The qualitative data appears to have been included primarily for triangulation purposes, to provide additional validity to descriptive statistics, rather than to provide in-depth accounts of parental views. The study conducted by Voriadaki et al. (2015) included qualitative data from journals and focus groups but did not use one-to-one interviews, questioning the richness of the data collected. As the data was collected over a short period of 'intense' treatment, the ability to generalise the results may be challenging.

Limitations in methodology arose, due to highly focused aims, high drop-out rates in control groups, and a focus on short and 'intensive' period of therapy. Researcher developed measures, with poor validity, generated contradictory opinions from parents/caregivers. The validity of the McKay et al. (2011) study is also brought into question due its large geographical scale and the ability of the researcher to maintain consistent standards of delivery.

All studies, except Fletcher et al. (2013), researched parents of children with a clinical diagnosis, in highly individualised MFG's, developed to meet specific criteria for improvement. The studies focused on delivering reduced cost interventions or improving retention rates, rather than focusing on lasting benefits for parents/caregivers.

None of the above studies were conducted within or in alignment with a school and differ dramatically in their setting, mainly focused on interventions in mental health or 'clinical' settings or delivered by social workers and medical professionals rather than EP's or other education-based professionals.

However, potential benefits of MFG's have been identified by the parents involved in these diverse settings. Benefits include increased access to treatment without stigma, shared experiences, feelings of togetherness and support from the groups, as well as the increased ability to cope and communicate with their child, drawing on newly acquired strategies.

Fletcher et al. (2013) report the need for additional research on the efficacy of MFG's, to build the evidence-base for such programs in the UK. The authors comment that there is a lack of 'ownership' of such interventions, especially those that require a multi-agency approach. EPs are well placed to work alongside educational and clinical professionals to facilitate these interventions. The current researcher is confident that the current study will provide valuable insights from parents into the significance of MFG's in schools, specifically with reference to their views on child behaviour, family cohesion, building relationships and learning in partnership with others.

Finally, this section of the literature review has revealed a paucity of current studies which have a primary focus on parental views and which are from MFG interventions embedded in schools. Despite schools often being the 'heart' of a community, where parents and children can meet, express their needs and receive support from both educational and mental health professionals, this intervention is rarely studied within and working alongside school professionals.

2.5 Theme 2 - School based interventions

The second theme aimed to identify studies which gave insight and credible data on the use of MFG's in schools or educational settings and analysed data from parents and caregivers.

School-based support has been a focus for schools in the US over the last two decades. Prevention/early intervention programs have been identified as a beneficial and cost-effective method to identify and reach children at risk of BED's, their families, the school and their communities. (McDonald et al., 2006), The development of the Families and Schools Together (FAST) programme in 1988 by Lyn McDonald, aims to foster relationships between schools and families (Kratochwill et al., 2009). A team facilitate the sessions, which include a parent, school representative and two community-based professionals. The choice of these professionals is led by group need and selected to represent the cultural diversity of the MFG. Sessions run for eight weeks for two and a half hours. They

include a shared meal, parent-led family activities, coaching in 'responsive play' and parent support groups. This evidence-based program has been evaluated in various studies and the researcher has included four of the most significant.

A longitudinal study using a RCT approach conducted by Kratochwill et al. (2004), featured the universal recruitment of K-2 American Indian children from three reservation schools in a low-income, rural area. The aims of the study were to adapt a FAST program to a culturally appropriate model, increase academic achievement and decrease behavioural problems in the children, by promoting resilience to adversity through intensive parental involvement (Kratochwill et al., 2004). The program is designed in a 60-40 split, 60% of the program being flexibly adapted to meet the local context, ethically, culturally and allowing for the facilitators to focus on specific areas of concern or issues within the community, whilst the remaining 40% follows the core procedures of the program design. Fifty matched pairs were created on variables, including age, gender, grade and teacher assessment of classroom aggression and the pairs were then randomly assigned to FAST or control groups. Data on both social and academic performance were collected using the Eco-behavorial Assessment System (EBASS, Greenwood et al., 1994 cited in Kratochwill, 2004), designed to assess student social and academic outcomes through observations by trained staff, this data was not collected at follow up. However, Teacher Report Form (TRF) data remained. Curriculum based measures (CBM) were used along with the Child Behavior Checklist (CBCL, Achenbach, 1991, cited in Kratochwill, 2004) and the Social Skills Rating System (SSRS, Gresham & Elliott, 1990, cited in Kratochwill, 2004), both completed by parents and teachers. The data was analysed at three points, pre, post (following the eight-week programme) and one-year follow-up.

Results at one-year follow-up showed statistically significant differences between the two groups. Assessments by teachers, indicated improved academic performance (although CBM did not support this) and parent reports indicated that FAST students were much less withdrawn in comparison to control students. Auxiliary data collected on a satisfaction survey indicated parents enjoyed the FAST groups and teachers noted increased parental involvement in school. The authors suggest that MFG's are effective in preventing the gradual widening of

the gap in both social and academic performance of African American children compared to their White counterparts by Grade 4. The authors comment that reports of reduced aggression and less withdrawn behaviour may be seen to be correlated with lower dropout rates in these children, by building protective factors around the child in positive and communicative relationships with both the school and family.

The longitudinal study conducted by McDonald et al. (2006) involved Latino and Mexican American families, based in inner-city elementary schools in US. This study aimed to further adapt and develop the FAST program and find evidence to support its use in schools, identifying directional links between attendance in FAST and increased family involvement, decreased child aggression and increases in positive social skills. Whole classes of students were allocated into RCT's, assigning second-grade classes to either FAST or a comparison family education programme called FAME (educational leaflets were sent to families each week). One-hundred-and-eighty Latino families were included at the initial pre and post-test, with data collected through the CBCL, TRF and SSRS quantitative measures, with one-hundred-and-thirty families remaining in the data set at the two-year post programme follow-up. Results at the two-year follow up found that teachers, blind to condition, gave significantly higher ratings of academic competence and social skills and statistically lower scores for aggressive behaviour, to children assigned to the FAST condition. Parents were also reported to have increased their engagement with school staff and more involved in their child's education. It was noted however, that the significant differences between groups, were a result of much higher rates of aggression and lower academic performance and social skills in the FAME comparison group. The authors supported the view that MFG's provide the basis to form stronger relationships across the systems of families, schools and communities, which then act as a protective factor around the child, to create a shield from the effects of poverty and "toxic urban environments". (p32)

A second study by Kratochwill et al. (2009) investigated children at risk from 'serious emotional disturbance' (SED). The authors conducted a RCT study on the role of MFG's in enhancing several factors, including improvements in family-

school relationships, reduction in family stress and ultimately a reduction in the symptomatology in 'at risk' children. Kindergarten to Grade 3 children at eight urban schools in a Midwestern community were invited to attend FAST and made up half the participants. The remaining half were children identified with SED and at risk of referral to special education services. The participating families came from multiple cultural and ethnic communities and were primarily low-income families. Children were paired and randomly assigned to control (ongoing school services) or FAST. Data were available for sixty-seven pairs. Similar quantitative measures in the author's previous study were implemented to collect data (CBCL, SSRS, TRF), with the addition of the development of the Family Adaptability and Cohesion Evaluation Scales (FACES) and Family Support Scale (FSS). Not all families attended a complete cycle of FAST and data were analysed using FAST and control pairs. Data were analysed at both cycle levels (including matched pairs) and student level, including all available data. The authors reported significant improvements and a large positive impact on family adaptability on both post-test and one-year follow-up. These results led the authors to predict that experiential learning aspects of the groups and social support acted as preventative mechanisms. In addition, the findings demonstrated a reduction in FAST participants externalising behaviours on the follow-up CBCL parent ratings, providing evidence in the reduction of SED symptomology. Only one 'at risk' child was referred to special education services, highlighting FAST's dual purpose of both reducing risk factors and promoting processes that protect against risk are evidenced in this work.

The final 'FAST' based paper included, is an aggregate quantitative study conducted by Crozier et al. (2010). The author explored the effectiveness of the Virginia Beach KidsFAST initiative, based on the evaluation protocol set out by Lyn McDonald (McDonald et al., 1997). The author identified four areas for evaluation: changes in family relationships, academic outcomes, prevention of substance abuse and stress reduction.

An aggregate analysis of extant data from eighteen FAST cycles collected between February 2005 and December 2007, was conducted using descriptive statistics and paired sample t-tests. The study explored one-hundred-and-sixty-

five families who completed the eight sessions of the K-5 multi-family group. This was a non-experimental study using pre-post test data. A variety of quantitative measures collected data on both social and academic components of the study, using FAST-developed measures, adapted to measure parents' sense of personal effectiveness and social support. Results indicated statistically significant improvements in family functioning, parental self-efficacy, and social connectedness. The author suggests that parents developed a sense of empowerment and enhanced their social connectedness, highlighting the longer-term effects of parents modelling positive relationships to their children. Teachers also reported improvements in prosocial skills and parents reported improvements in the emotional regulation of their children.

However, some contradictions were seen between teacher and parent reports. Data from parent reports showed statistically significant gains in participation in school and improved relationships with teachers, but teacher reports on the school-to-parent component showed mixed results.

A final paper in this section is based in the UK and is focused on the intervention most closely aligned to that which is being delivered in the current research. Morris et al. (2013) conducted a classroom-based, longitudinal prospective cohort study, following a total of seventy-eight children (average age 8 years old, mostly male) and their families. Twenty-eight families formed a control group and were offered a range of therapeutic interventions. Fifty families were part of the ongoing work of the Marlborough Family Education Centre (MFEC), part of an inner-city London Child and Adolescent Mental Health Service (CAMHS). The MFEC's work focuses on 'multi-problem' families, with children displaying SEBD's and at risk from exclusion from school. The MFEC engages with parents and children in a classroom-based environment, working systemically with parents, therapists and teachers collaboratively, with an emphasis on families finding their own solutions.

Several quantitative measures, including the parent SDQ, were used to evaluate any sustained improvements in SEB functioning in the children taking part in MFG's and comparisons were made to the control group, over time. In addition,

specific data was analysed on family functioning (parent-child relationship and parent well-being) and school functioning (parent-school relationship and child attainment). Data was collected at referral and six and twelve moths post intervention. Parent SDQ scores show a significant impact for the MFEC group, with parents reporting improved SEB functioning in children at six- and twelve-months post intervention (no significant difference in control). A secondary outcome of the study highlighted a stability in parental stress, parental mental health, parent-child relationship and parent-school involvement, as compared with a deterioration in the control group at 12 months. The results represented the positive impact MFG's have for families. The authors position the study in relation to supporting the link between parenting and the development of SEB problems in children, suggesting that participation in MFEC groups provided a 'protective buffer' for family relationships and thus preventing deterioration as seen in the control group.

2.5.1 Conclusion – School based interventions

The FAST studies are included in this review as the programme is based on similar theoretical frameworks as MFG's, with a foundation in socio-ecological theories, systemic family therapy and group therapy. However, there are differences in both aim and structure to the current study. The aim of the FAST program is primarily to facilitate and strengthen family cohesiveness, communication and parenting skills. The programme continues beyond the initial meetings, in a second 'phase', to build social networks and strengthen social relationships. Whereas the current study focuses on a time bound intervention, without the future involvement of parents.

A new theme, the development of 'protective factors' runs through the studies in this section. In the field of prevention, the recent literature suggests that even a few protective factors (such as developing positive relationships) can outweigh multiple external risk factors for children (Walker & Shinn, 2002 cited in Kratochwill, 2004). The role of the school setting for MFG's is also highlighted. Families engage within a school setting regarded as having a genuine interest in the child and family, providing support and opportunities for open communication.

Parents and children experience positive interactions, respectful communication and active parental involvement is encouraged. The studies therefore provide a wider picture of the many possible positive outcomes associated with MFG's.

Although parent reports are recorded for specific data sets, the voice of parents is not well represented in the work. Assumptions and associations are made between parental involvement in school and improved performance of the students, but little is known or studied about the effects the groups have on the mental and emotional health of the parents and in what ways the groups may reduce stress, create support, or effect the long-term development of the parents' role within the family, all of which will have a direct impact on the success of their children.

A quantitative, RCT methodology is adopted in the majority of studies, establishing a scientific evidence base. As the intervention seeks systemic change, any benefits may also take time to show their long-term effect. Therefore, a longitudinal study approach is most appropriate, as is the case here. There are however some limitations in the FAST studies. In Kratochwill's 2004 study, families were included in the analysis even if they had not met the graduating criteria of attending 6 meetings. Longitudinal studies also present problems with attrition and the mechanism of 'yoking' participants may lead to 'experimental mortality' (Mertens, 2020) and a skew in the cross section of participants by the end of the study. The treatment of the control group in the McDonald (2006) study also highlights the consequences of additional resources being provided and the possible effects of 'compensatory equalisation of treatments' (Mertens, 2020) which may have affected initial post-test data, relying on longer term data to identify significant differences.

Contradictions in the data between parents and teachers also existed and may have developed because of a change in attitudes of the parents towards the school and vice versa. The quantitative and aggregate nature of the studies suggest that they are based on directional hypotheses, using one-tailed analysis, due to the researcher's knowledge of previous studies and a reliance on directional cause that has been identified as already established (Ruxton &

Neuhauser, 2010). These studies may therefore lack the ability to capture more subtle information through a lack of sensitivity in the data collection method.

2.6 Theme 3 - Specific benefits of MFG's for parents

A US study by Caldwell et al. (2007), explored the impact of MFG's on the families of juvenile first offenders. The research revealed the benefits of MFG's in a cohort of high-stress parents. Stress reported in families, was identified as associated with poverty and poor parental functioning, with single parent homes being particularly vulnerable. Quantitative measures were used pre-post and a 3 month follow up. The results indicated that parental stress diminished over time, not immediately post-intervention. Communication between the CYP and their parents also saw significant improvements both post and in follow up analyses with improvements in family functioning increasing over time. Parents indicated the use of new parenting strategies improved relationships and created an environment which facilitated a lowering of stress within the family. This study provides a unique perspective that the impact of multiple family groups may provide long term benefits for families.

Jackson's (2015) study aimed to examine the influence of caregiver stress on attendance to a MFG. Previous research indicates a correlation between families under stress and their willingness to attend mental health support. The author based his study on evidence from previous MFG research, which suggested that engaged families, increased child mental health service use and observed reduced chid disruptive disorders. More significantly of interest to this researcher, the secondary aims of the study evaluated changes in childhood behaviour, caregiver stress, caregiver motivation to change, as well as caregiver depressive symptoms, using a baseline-post MFG approach. The author used exiting data from a previous RCT study by Chacko et al. (2015) and performed a secondary analysis on this data using a subgroup with a focus on highly stressed families. One-hundred-and-ninety-one families were included in the study with children from age 7-11 years, with a diagnosis of ODD or CD in three groups, (high, middle and low stress families, based on the Parent Stress Index, PSI). This quantitative study reported that child disruptive behaviours, caregiver stress and

caregiver depressive symptoms reduced significantly in the 'high stress' group with low-stress families reporting increases in motivation to change. The results indicate the efficacy of the MFG approach with high stress families despite attending the least sessions overall. The author assumes that the existence of lower stress and fewer incidences of disruptive child behaviour would reduce the barriers to attendance and ultimately increase motivation to change. A limitation, however, may be caregivers' tendency to report an improvement in stress over time and the differences between 'high' and 'low' stress being difficult to define.

Gopalan et al. (2018) used extant data collected between 2006 and 2010. This quantitative study examined the effects of a MFG parent training program, the 4R2S, on the stress and depressive symptoms of parents and caregivers. Families of 320 predominantly Latino and Black African American children and their families participated, with 68% being male. Families were assigned to either the services as usual (SAU) condition or the 4R2S+SAU. The authors used a direct comparison block design between the 4R2S=SAU and SAU groups, to test the incremental benefits of the approach. Data was collected through Likert-type questionnaires and analysed using the intention to treat model (ITT), including a family as long as one set of data was available). Among caregivers with clinically significant scores in stress and depression at baseline, the 4R2S participants reported significantly reduced symptom scores compared to SAU participants at 6-month follow-up.

The author's findings highlight the need for practitioners to be aware of the effects of interventions for children and how they impact on the mental health of the family. However, the author points to attrition in participants as a potential limiter to the validity of the results. The specific age and diagnostic criteria imposed may also affect generalisation.

2.6.1 Conclusion – Specific benefits of MFG's for parents

These studies indicate a correlation between MFG interventions and a reduction in family stress. However, the exact causal mechanisms are not clear. The juvenile offenders' families, lived in a high stress situation which was ultimately

relieved through the completion of the programme and may not have been directly related to the activity itself. Follow up data may have been affected by those parents who had taken a more positive view towards the groups.

The studies were not based in schools, but in clinical and therapeutic settings. Studies used a quantitative design based on pre-existing data and with a lack of direct parental feedback. Direct feedback from parents could have provided more nuanced, informative data and a direct 'voice' from parents. This shortcoming is highlighted by Jackson (2015), who notes 'future qualitative studies exploring caregivers' perceptions of their experiences in MFG may guide efforts to better tailor the implementation of existing MFG treatment strategy based on families' stressors and needs." (p.546).

The studies above highlight that a model for addressing the needs of the whole family, in one location, often have the added benefit of streamlining care and decreasing logistical barriers for those seeking help as well as enhancing child and family outcomes (Gopalan, 2015; 2018).

2.7 Conclusion from Literature Review

The literature review, although exhaustive, failed to provide peer reviewed, published studies in which the provision and effects of MFG's, based in schools, were explored in a UK population. Of the 13 papers reviewed, only three were undertaken in the UK. Most studies had a focus on 'vulnerable' communities, based in urban schools serving low-income families.

The primary aim of these studies remained focused on an exploration of MFG programmes which enhanced parenting skills and reported on the efficacy of manualised MFG programmes and their adaptation for identified communities. The most relevant school-based programme, the FAST programme as discussed above, is school-based and founded in group and systemic family theory. Those studies based in the UK were usually based on or adapted from the FAST programme. However, the structure and aims of this programme, differ

significantly to the Marlborough model MFG's in schools, which are the focus of the current study.

Additionally, the researcher considered the methodology of the studies reviewed and effects on outcomes. The majority used quantitative and mixed methods approaches, with a focus on any qualitative data used to triangulate and enhance quantitative findings. The use of control groups in many of the quantitative studies did not thoroughly identify the complex interplay of 'mechanisms in action', which may influence the impact and effects on parents during the group interventions. Mechanisms may include the parent/caregiver's openness and willingness to participate in the groups, their child's specific need, diagnosis, age and developmental stage and any previously established relationships within or outside the group, such as interventions or involvement with professional services.

Finally, the reviewed studies, many based on RCT's, present a sound evidence base for the MFG intervention. However, there is clearly a significant lack of research in the UK, in mainstream schools, using the Marlborough Model MFG programme. The current qualitative, school-based study will provide further evidence to LA's and professionals to the benefit of the MFG-S programme.

2.8 Summary

This chapter explored the literature relevant to the researcher's study. The researcher outlined the research questions posed, the ways in which they influenced the systematic search and the nature and purpose of the current study. An outline of the systematic searches undertaken and the process of analysis of the literature is provided. The completion of this review has identified a gap in the literature which this study fills. The focus of the current qualitative research is to capture the views of parents taking part in school-based Marlborough model MFG's and identify changes through the course of the intervention, regarding family, community and school.

3. Methodology and Data Analysis

3.1 Overview

This chapter provides a description of the methodology and data analysis used in this study. The chapter introduces research methodology (3.2) outlines the researchers ontological and epistemological positions (3.3), research paradigms (3.4) and research design (3.5), giving detailed descriptions of data collection (3.6), gathering (3.7) and analysis (3.8). Finally, the validity and trustworthiness of the research is discussed (3.9) along with its ethical implications (3.10).

3.2 Introduction to Research Methodology

As a Trainee Educational Psychologist (TEP) this study is aligned to the belief that research provides an opportunity for evaluation and inquiry into the psychological and educational world of children and families. As Mertens (2020) suggests, as applied social researchers, we can provide insights and alternative perspectives. "Research is one of many different ways of knowing and understanding" (Mertens, 2020, p2). As EP's we can raise awareness and contribute to a process of change, empowering those who may face adversity in the struggle for their child's inclusion within the current education system.

3.2.1 Aims and Purpose of The Research

The aim and purpose of this research, therefore, is to provide insights and understanding about the experiences of parents taking part in an evidence-based intervention within schools which aims to provide support, acceptance and facilitate inclusion. When planning research, we consider our philosophical assumptions, identify a 'worldview' or 'paradigm' and link such philosophical positions to methodological choices. Mertens (2020) asserts that "a researcher's philosophical orientation has implications for every decision made in the research process" (p.8).

Robson and McCartan (2016) identify three purposes of research, "to explore, to describe and/or to explain" (p.39). The current research focus is established in the main research question:

In what ways do the views of parents/carers change through the participation in Multi-Family Groups in Schools?

The intervention is a shared phenomenon, which all participants will have experienced over a specific time. The researcher will explore and interpret these experiences, with a view to providing insights on experiences of change. The study is therefore exploratory in nature.

The researcher also identified three sub questions which provided an increased focus and purpose for the research.

1. How do parents'/caregivers' experiences of the multi-family group intervention change their views on their family and well-being?
2. How do parents'/caregivers' experiences of the multi-family group intervention change their views on school and school community?
3. At what points and how do the parents'/caregivers' views change throughout the process of the intervention?

The recent review of the literature exposed the lack of literature focused on parental views about this specific MFG-S intervention. The researcher's aim is to provide a channel for parental voices, through the interpretation of their first-hand accounts and experiences of this phenomenon. The research seeks to gain an understanding of how the experience of the intervention impacts the views of individuals, as well as to determine how widely held the views are across all participants, who will construct 'different realities of experience' (Moon & Blackman, 2014).

3.3 Ontological and Epistemological Position

Following the consideration of the aims and purpose of the research, we can begin to form a picture of the researcher's underlying philosophical beliefs. Moon and Blackman (2014) assert that researchers must understand what they can legitimately acquire knowledge about and how.

When considering these philosophical questions, the researcher must attribute their own beliefs of the world, termed a 'worldview' by Creswell (2009) or 'paradigm' by Robson and McCartan (2016), acknowledging their own attitudes and assumptions. Once identified, these assumptions will guide both their thinking and actions taken throughout the piece of research (Mertens, 2020).

Guba (1990) suggests that there are several 'paradigms' that guide disciplined inquiry and these paradigms are characterised by their ontological (what is the nature of reality?), epistemological (what is the nature of knowledge?) and methodological position, each 'set' of answers giving rise to a set of belief systems or paradigm. Guba (1990) refers to these belief systems as the 'starting points or givens that determine what inquiry is and how it is to be practised' (p.18) Crotty (1998) describes a process of establishing a valid and philosophically sound research project using four questions:

1. What epistemology (and ontology) informs our theoretical perspective (paradigm)?
2. What theoretical perspective lies behind the methodology?
3. What methodology governs our choice and use of methods?
4. What method do we propose to use?

The researcher will now look at answering each of these questions in turn.

3.3.1 Ontology

Ontology is the study of existence and reality. In order to fully understand our theoretical perspective, researchers must consider their views on how they determine if things exist. For instance, Guba and Lincoln (1995) ask, what is the

nature of reality? Smith & Osborn (2014) consider how researchers make claims about 'truth' and how this impacts their choice of methodology.

When we consider ontology, we can refer to the dichotomy between realist and relativist. Realist ontology holds that one single reality exists. This can be studied, understood and experienced as a 'truth' which exists independently of the researcher. Willig (2013) states that:

> A realist approach to knowledge generation assumes that there are processes of a social or psychological nature which exist and can be identified. These processes are 'real' in that they characterize the behaviour and/or thinking of the research participants, irrespective of whether the research participants are aware of this. (p.15)

At the opposite end of the dichotomy, a relativist ontology depicts a world where reality is constructed within the human mind, therefore reality is relative according to the experience of each individual (Moon & Blackman, 2014) and may be concerned with how participants construct their own versions of reality through language (Willig, 2013).

3.3.2 Epistemology

Epistemology is the study of knowledge and defined by Guba (1990) as the nature of the relationship between the knower (the inquirer) and the known (or knowable). Crotty (1998) describes it as a "way of understanding and explaining how we know what we know" (p.3) and concerned with the validity and scope of the many methods used to acquire and produce knowledge in research (Moon and Blackman, 2014). Therefore, epistemology affects the way the researcher interacts with what is being researched.

Epistemology is differentiated using three sets of ideals, objectivist, constructionist or subjectivist. Objectivism is the epistemological view that things exist as meaningful entities independently of consciousness and experience and have 'truth' as objects in their own right (Crotty, 1998). This view lends itself to

empirical forms of research, where knowledge is considered verifiable. Researchers consider themselves as separated from their research, minimising any influence. A constructionist view asserts that human beings 'construct' knowledge through an 'interactive' process of meaning making. This leads to the view that individuals construct meaning about the same phenomena in different ways, based on individual historical and social perspectives (Creswell, 2009). Finally, a subjectivist epistemological position holds that reality is pluralistic and plastic (Powell, 2001, as cited in Moon & Blackman, 2014) and the world is interpreted in a way that makes sense to the individual. A subjectivist view considers that meaning exists within the subject themselves imposes that means on the object (Crotty, 1998).

Once these questions are answered by the researcher, the focus is turned to a philosophical paradigm that fits with the views and assumptions. These paradigms or worldviews present a framework, through which a researcher scaffolds and develops a research study.

3.4 Research Paradigms

A simple outline of the major paradigms is considered here with the limitations and benefits highlighted. The postpositivist paradigm has developed from a positivist stance, which has a strong tradition of realism and objectivity. Post positivist research often looks for causal links and aims to find the truth in what they research (Mertens, 2020). This kind of research lends itself to quantitative designs, evidence-based approaches using standardised forms of data collection. However, some realist views have developed to move away from naïve realism (Guba & Lincoln, 1994) to take a more centre-ground (critical realism). This kind of research can be difficult to conduct in the real-world situations. Robson and McCartan (2016) identify that social research has emotional implications, where objectivity is difficult to achieve. As a result, data is often collected without direct interaction with participants (Mertens, 2020)

Researchers adopting a pragmatic approach "adopt moderate, common-sense approaches of philosophical dualisms, depending on how well they work in

solving problems." (Robson & McCartan, 2016, p.29) Therefore a pragmatic researcher adopts a position that there is one real world and individuals have their own interpretations of it. Pragmatists use multiple method approaches and establish relationships with participants appropriate to that study. Criticisms focus on the lack of philosophical foundation (Robson & McCartan, 2016).

Transformative paradigms engage with how an individual perceives reality and focus their attention on the impact of social, political and economic factors. Epistemological interactions consider cultural competencies and power imbalances. Longitudinal studies are common and research projects lead to social action, with the purpose of empowering their participants. These studies usually employ qualitative approaches. (Mertens, 2020).

Finally, we consider a constructivist paradigm. The underlying premise is that reality is socially constructed, adopting a more relativist ontology and subjective epistemology. Constructivist researchers use Husserl and Dilthey's philosophies of phenomenology and hermeneutics and interpret the meaning of participants experiences from different standpoints (Mertens, 2020). The use of interviews dominates this methodology which is most likely to be qualitative in nature. Data collection will therefore be interactive and considered a joint process between participant and researcher. Schwandt (2000) suggests that researchers should attempt to understand the complex world of lived experience from the point of view of those who lived it. Often constructivist researchers aim to build relationships with participants and interact in multiple ways (Mertens, 2020) being mindful of the context of their study and the background of the participants.

3.4.1 Current Research Paradigm

Being clear about a researcher's theoretical position is vital to understand the assumptions made about the participants of the research, the nature and validity of the information being collected and the ways in which the research data may be used (Mertens, 2020). This research aimed to elicit the changing views of parents throughout a school-based intervention focused on developing and facilitating a triad of relationships between school, home and the child. To gather

this information, the researcher takes a critical realist ontological perspective. As a critical realist the ontological position held sits between realist and relativist (Mertens, 2020). Critical realism assumes that although one reality exists, it can never be understood perfectly, without considering the human "imperfect sensory and intellective mechanisms" (Guba,1990, p.20), thus the interpretations of individual accounts of reality are the focus.

The current research identifies with a form of critical realism that aligns with a constructionist (and phenomenological) epistemological position. This view allows the researcher to focus on how the interaction between the parents (the participants) and the intervention (object of concern) gives rise to meaning and knowledge within this social context (Smith et al., 2022). The position holds that what is 'real' and useful information is produced through 'meaning-making' activities of groups and individuals (Lincoln & Guba, 2000).

Robson and McCartan (2016) suggest that when working in the 'real world', there is now a strong case for critical realist constructionism as providing a realistic 'truth' and presenting research that is realistic and achievable. (Nightingale & Cromby, 2002).

In this study, the researcher does not assume that changes are due to or connected with specific elements of the intervention. A critical realist/social constructionist acknowledges that participants are influenced by their social and historical contexts, and that there is a need to take account of the context, emotions and cultural background and previous experiences that participants bring with them to the intervention (Evely, 2008).

3.5 Research Design

3.5.1 Adoption of Methodology

Silverman (2013) describes a process of identifying an appropriate methodology through the researcher's assumptions about two questions. The first considers how the researcher identifies 'the nature of social phenomena" and the second

discusses the researchers views as to the "proper ways to investigate such phenomena" (p.103). The current study has a foundation in critical realism (a central ontological position) and a social constructivist epistemological approach, with an embedded belief that knowledge will be a socially constructed and dependent on many social and historical factors.

In this study the researcher aims to identify the ways in which (or how) the participants' views change. The research question is therefore subjective in nature and is concerned with identifying the participants' own constructions of reality and their experiences of participation in the group, which are unique and constructed within their own context. In this study the researcher takes the view that reality exits as a truth, however this truth is individually constructed through the lived experience of the sessions.

Qualitative methodologies are the most appropriate 'fit' for this study (Denzin & Lincoln, 2011). The most appropriate methods for retrieving data were deemed to be SSI's, using open-ended questions and an interpretative analytical approach to these experiences or phenomenon (Ricoeur, 1970). Qualitative designs and analysis tend to work with small sample sizes, with the researcher's focus being on the participants understandings and experiences. The use of Interpretative Phenomenological Analysis (IPA) in analysing the relevant data provides the most suitable method, as outlined below. The table below (Fig 3) outlines the thought process that the researcher followed to reach this decision.

Ontology and Epistemology	
Critical Realist	Constructivist (subjective)

Theoretical Persepctive or 'Paradigm'	
Phenomenological	Social constructivism

Methodology	
Interpretative Phenomenological Analysis	

Methods	
Semi structured interviews	Visuals (Tree of Change)
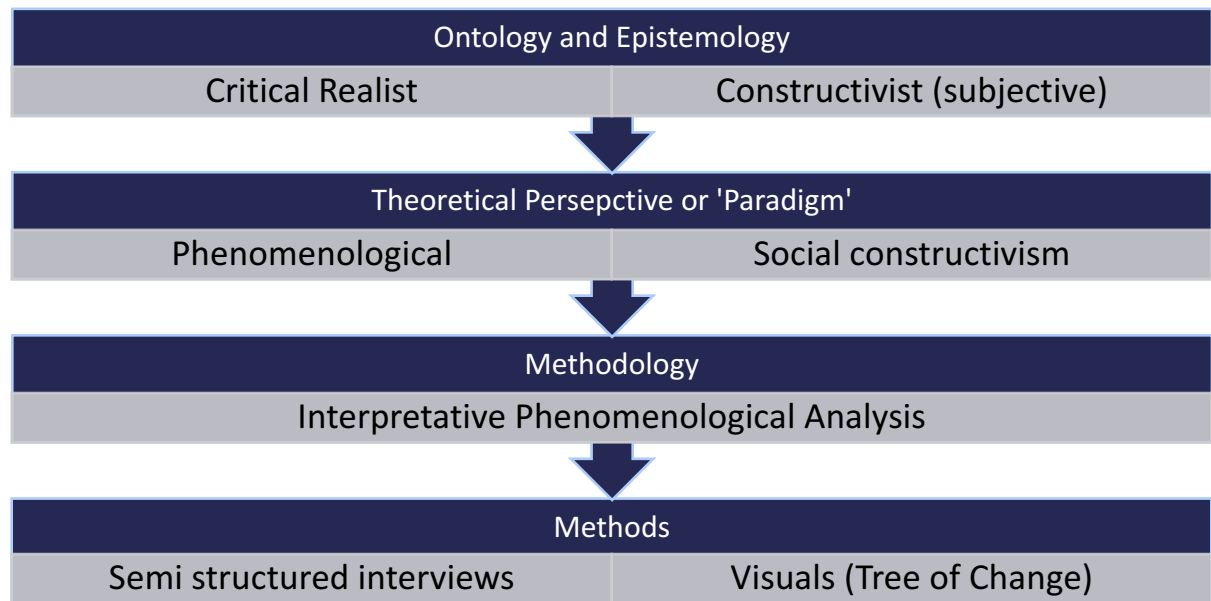
Figure 3 - The process of establishing appropriate research design based on theoretical perspectives. (Adapted from Crotty,1998)

3.5.2 Interpretative Phenomenological Analysis (IPA)

The method deemed most appropriate for data analysis in the study was IPA. IPA is an inductive, qualitative method of data analysis described by Smith et al. (2022) as "committed to the examination of how people make sense of life experiences" and is concerned with the subjective, in-depth examination of personal lived experience, which can provide valuable insights into human life (Eatough & Smith, 2017). IPA is therefore consistent with social constructivist approaches and "the process of sense-making in specific contexts" (Cunliffe, 2011, p.664). IPA has three significant theoretical underpinnings, phenomenology, hermeneutics and idiography.

Phenomenology is a philosophical approach to the study of experience. Husserl discussed 'going back to the things themselves' the things being the experience in consciousness (Smith et al., 2022) Husserl argued that to enable individuals to truly know their own experiences and identify the essential qualities of that experience, they need to discard preconceptions and biases. To achieve this, Husserl developed the phenomenological method of 'bracketing' or putting aside our taken for granted world and focus on our consciousness. Heidegger went on to consider meaning-making and how an individual's perspectives are formed 'in-

relation-to' something, suggesting that the interpretation of a person's meaning-making is central to phenomenological enquiry (Smith et al., 2022). IPA is therefore deemed to be phenomenological because it is concerned with exploring a person's unique experience, with a focus on "interpreting the participants attempts to make meanings out of their activities and of the things happening for them" (p.17).

The second theoretical underpinning of IPA is hermeneutics, the theory of interpretation. IPA considers phenomenological inquiry as an interpretative process specifically aligned with the views of Heidegger, who speaks of our fore-structure and the ways in which previous knowledge impacts the interpretation of participants accounts, despite our efforts to 'bracket' or set aside our preconceptions (Smith et al., 2022). Gadamer identifies that our fore-conceptions are 'prejudices' but provide openness to the world (Shinebourne, 2011a). This may only be highlighted during our engagement and interpretation of an account and is considered a dynamic process (Smith et al., 2022).

IPA recognises the interpretative role of the researcher trying to make sense of the participants' experiences as "double hermeneutics" (Smith et al., 2022). As a result, it is recognised that the researcher only ever has access to the participants' report of their experience, or their 'first order' meaning making and the researcher makes sense of the account in the 'second order'. Another principle of interpretation lies in the hermeneutic circle. This theory places analysis in IPA as a dynamic process, whereby "the meaning of a text can be made at a number of levels, all of which relate to one another". (Smith et al., 2022, p23). To understand a part of an account, the whole must be considered and to appreciate the whole, individual parts are investigated.

The final theory which we should consider is idiography, which is concerned with the 'particular' or individual level. Psychological research is often seen as nomothetic or concerned with making general laws of human behaviour which are then applied to groups across different contexts (Smith et al., 2022). IPA has a focus on how a phenomenon has been understood from the particular participants perspective in a certain context. IPA therefore remains focused on in-

depth analyses of the data, often advocating the use of single case studies. In addition, IPA offers the opportunity to examine similarities and differences across cases and therefore offers an insight into establishing patterns of meaning for groups with shared experiences.

3.5.2.1 Justification for IPA as method of Data Analysis

The current study takes on a longitudinal-type design, although conducted within time constraints. Participants were available for a twelve-week period, two weeks before and after the eight-week intervention and accessed through the relevant school SENCo. Multiple interviews were conducted with the same participant to provide the researcher with an insight specifically into changing views, over time (Flowers, 2008). When considering the optimal methods to analyse such data sets, Longitudinal Interpretative Phenomenological Analysis (LIPA), is seen to provide a platform to explore the dynamic and changing trajectories of participants, as they navigate their interaction with a phenomenon over time (Farr & Nizza, 2018).

IPA is also suited to longitudinal designs due to its commitment to an idiographic level of analysis (McCoy, 2017). The researcher analyses participants words closely and in depth, giving voice to each participant's account of their experience. Rather than creating general themes at the group level, the researcher identifies convergence and divergence between cases, maintaining the integrity of the participants words, considered individually and in context (Nizza et al., 2021).

IPA holds a phenomenological assumption that through questions and conversations we can access the process of a participant's reflection (Brocki & Wearden, 2005) and uncover meaning through the interpretation of their experiences (McCoy, 2017. By its nature, LIPA allows for the building of a relationship between participant and researcher throughout the course of the study, allowing for a deeper insight into the participants experience (Flowers, 2008).

Longitudinal designs create large data sets from small sample sizes, well suited to LIPA. The generation of in-depth cases allows the researcher to interpret the data, gaining an understanding of the changing meaning of an experience both at individual points in time as well as appreciating the case as a whole. This additional hermeneutic consideration is highlighted by Farr and Nizza (2019) who state that "With multiple data collection points, in LIPA, the researcher encounters a series of wholes that, though independent, are also constituent parts of the overall interpretation" (p.200). Therefore, LIPA is well placed as a research methodology to examine forms of life transitions. (Smith, 2017).

3.5.2.2 Considered alternative methods of analysis

Grounded Theory (GT) was one of the first formally identified methods of research for qualitative researchers (Smith et al., 2022) and, like IPA, examines the lived experiences of individuals within the context of the world they live in (Glaser & Strauss, 1967; 1999). Both GT and IPA take an interpretivist approach, however, GT has a focus on social processes rather than the lived experience of the participants (Urcia, 2021) and sets out to discover or construct theory from the data, systematically obtained and analysed through the comparison of various data sources, often part of a large project (Pidgeon & Henwood, 1997). GT's specific aim and purpose is to develop an explanatory framework, or theory at the end of the study, where research questions are discovered and tested.

The current research aims to gain an understanding of how parents views and thoughts develop and change through attending a specific intervention with their children. The study did not aim to produce a theory to account for these possible changes, but rather to lead to a deeper understanding of the individuals experience of the intervention based on lived experiences. Therefore, GT was not deemed an appropriate method of analysis when considering the aims and purpose of this study.

The researcher also considered using Thematic Analysis (Braun & Clarke, 2006) (TA), which is similar to phenomenological methods due to its focus on identifying 'meaning units' across data, generating themes that are relevant to the

phenomenon and answering a specific research question. TA is widely used and can be underpinned by phenomenology, as well as many other theories. There are no specific sampling requirements, but usually TA is used with larger data sets to provide a focus on shared meaning across the data (Smith et al., 2009). However, TA does not have a specific background in one particular theoretical position, whereas IPA has a defined ontological and epistemological position, which align well with the current researcher's worldview.

Narrative analysis (NA) was also considered as a means of analysis. When considering the use of constructionist forms of narrative analysis (Reissman, 1993) the researcher identified some similarities to phenomenological methods of analysis as both methods are socially constructed and use the collected narratives of participants to engage in meaning-making. Narrative researchers are concerned with content of narratives and the ways people make sense of their experience by encoding it in narrative form. NA is deemed "useful to illuminate both the individual experiences and social processes that shape these experiences." (Esin, 2011, p.95). Narrative researchers are therefore interested in the chain of experiences leading up to the point the narrative is captured and involves interpreting stories to understand how people make sense of their experiences, through social and cultural contexts.

Although there are useful elements to narrative analysis, this research focused on understanding the lived experiences of a phenomena (the intervention) which parents were involved in during the course of the research. Phenomenological inquiry is primarily concerned with experience and IPA is phenomenological in its detailed examination of a person's lived experiences in the world and in exploring how people make sense of these experiences (Shinebourne, 2011b). The researcher identified that the participants experienced the phenomena during a short space of time and even though retrospective, participants provided narratives shortly after their experience, enabling rich, detailed experiential descriptions, another aim of IPA.

The IPA researcher is identified as "concerned with trying to understand what it is like from the point of view of the participants" (Shinebourne, 2011b, p.48) From a

phenomenological perspective different people experience and perceive the same phenomena in different ways. Interpretative approaches to phenomenology recognise the double hermeneutic or the ability to 'get inside' someone else's experience, on the basis of their description of it. The process captures the individuals experience as the researcher interprets meaning (Willig, 2013). This acknowledgement of the researcher's role in the interpretation of the data also appealed to the researcher as a means to accept and embrace subjectivity.

The researcher maintained a determination to represent the voices of participants as closely as possible. The idiographic approach of IPA, enabled the researcher to engage in detail with individual cases, using a small homogeneous sample, resulting in the close examination of both similarities and differences across cases once all the interviews had been transcribed, "to produce detailed accounts of patterns of meaning and reflections on shared experience" (Shinebourne, 2011b, p.49). The process of IPA has a focus on understanding the participants views by analysing the scripts in detail and then reviewing the essence of the phenomenon as a bigger picture (understanding the parts to understand the whole, to gain a deeper understanding of the parts). The voice of the participant, via the use of individual quotations, remains a core aspect of the findings.

Finally, Longitudinal IPA provided the researcher a unique opportunity to explore change throughout the lived experiences of the participants. The interviews were analysed in a 'vertical' format, from pre to post intervention, with a consideration of how themes emerged and changed over the duration of the intervention. Themes were compared between cases, with similarities and differences between cases highlighted and discussed.

3.6 Data Collection

3.6.1 Recruitment and Participants

When sampling participants for IPA research, purposeful sampling is used as opposed to random selection methods. Purposeful sampling aims to provide the

researcher with access to potential participants who have experienced or are about to experience a similar phenomenon, rather than be representative of a certain population (Smith et al., 2022). In this research, purposive homogeneous sampling was used to recruit participants. As the research was conducted within a specific geographical area of an Educational Psychology Service (EPS), the participant sample size was naturally restricted to those parents who were about to embark on the MFGS intervention at a school within the service. The process of recruiting these parent participants is described below.

Smith et al. (2022) propose that a professional doctorate student should aim to conduct between six and ten interviews, (bearing in mind participants may be interviewed multiple times) and assert that higher numbers do not necessarily indicate 'better' work. It is important for the researcher to have time to reflect on the detailed accounts of their participants' individual experiences and provide a rich analysis of the data.

3.6.1.1 Recruitment Process

1. The MFGS programme was being conducted as a pilot project in the academic year 2021-22 within the EPS where the researcher was currently a Trainee Educational Psychologist (TEP). Written agreement was obtained from the Principal Educational Psychologist (PEP) (Appendix 8) to conduct the research within the EPS and the MFGS pilot. Ethical approval was applied for obtained in April 2021 (Appendix 9a) and title updated August 2022- (Appendix 9b) along with Covid Risk Assessments (Appendix 10a), UEL Risk Assessment (Appendix 10b) and Research Data Management Plan- with amendments (Appendix 11).
2. Contact was made between the researcher and the EP's employed by the EPS who had been trained in the programme and would be co-facilitating the groups with the school staff.
3. Participants were accessed through a 'gatekeeper', the Special Educational Needs Coordinator (SENCo) at each school. As part of the school recruitment for the MFGS programme, the EP's invited interested SENCo's from their linked schools to an online meeting providing

information and details about the initiative. At that meeting the researcher made a presentation about the nature and design of the proposed research and the participants being sought as well as answering questions and queries (Appendix 12).

4. Following on from the meeting, several schools agreed to take part in the EPS pilot initiative and three were able to begin the programme within the relevant timelines for the researcher. All schools were mainstream state-funded primary schools. Initial contact was made via the EP's to the SENCo in each school, with whom the EP would co-facilitate the group. All three SENCo's responded positively to initial conversations and discussions regarding the research. One school withdrew due to staff changes and the remaining two school SENCo's were contacted directly by the researcher.

5. The SENCO's assembled a list of possible participants in their schools in collaboration with inclusion managers, SENCo's and Head Teachers. SENCo's would act as 'gatekeepers' to potential parent participants.

6. Next, a further Question and Answer session took place at the school, with the invited parents, EP, SENCo and researcher. Information regarding the research was handed out to the families (Appendix 13).

7. The researcher contacted possible participants directly and sent consent forms (Appendix 14) along with the information sheet. (Appendix 13).

8. Eight parents initially expressed an interest in the becoming a participant and seven of these were sent consent forms in accordance with inclusion and exclusion criteria outlined below. Five parents returned the consent forms and were formally recruited to the research.

9. Due to one parent's change of circumstances, it was not possible for them to complete the MFG sessions. The researcher took the opportunity to ask this parent to allow the researcher to practice their interview schedule (Appendix 16) and for the parent to offer advice about the use of visual tools such as an adapted Tree of Life (ToL) (Ncube, 2006). This 'pilot' interview is described below.

10. The researcher made the decision to remove one parent from the final analysis, as they missed several sessions of the MFG, due to Covid-19 and related restrictions. This left a total of 3 families, being interviewed at

three separate points, resulting in nine interviews. A debrief letter was sent

to all participants on completion of the interviews (Appendix 17)

3.6.2 Inclusion and Exclusion Criteria

When contemplating inclusion and exclusion criteria, the researcher was mindful of the relatively small group of participants who would be eligible to take part in the research. The researcher needed to balance these practical considerations alongside preferred inclusion and exclusion criteria, to provide a sample which would be "reasonably homogenous" (Smith et al., 2022, p.44) but would provide the researcher with a sample representative of the different experiences and contexts of the participants. The following criteria were applied, and the final three participants confirmed (see table 1).

Inclusion Criteria	Exclusion Criteria	Rationale
Full time parents/carers of the child for more than two academic years	Parents/carers less than two academic years	In order for parents/carers to have a good insight into the background and needs of the child.
Parent's child to have been attending the school for at least one full academic year	Parent's child attending for less than one academic year	In order for the school to have had adequate time to understand the needs of the child and the parent when allocating a place in the group.
Child is in Key Stage 2 (Year 3-6)	Child is in Key Stage 1 (Year R-2)	In order for the participants' experiences as parents to be within this stage of the child's development (7-11years).
Child on school SEN register	Child not currently on SEN register	The child has difficulty in one/more particular areas which has been addressed by the school.
Parent able to attend at least 6 out of 8 sessions of the MFGS	Parent not able to attend at least 6 out of 8 sessions of the MFGS	In order that the parent has had enough time working in the group to be able to reflect effectively on their experience.
Parents able to give informed consent and adequately express their views.	Parents unable to provide informed consent and express their views.	In order for the parent to be able to provide in-depth insights and explanations needed for the research.

Parents able to commit to three interviews (pre, mid and post sessions).	Parents who would not be able to commit to three separate interviews (pre, mid and post sessions)	The research design proposed three interviews at three stages of the MFG's in order to collect a rich set of data and analyse experience over time.

Table 1 Inclusion and exclusion criteria giving appropriate rationale.

3.6.3 Homogeneity of participants

The sample of participants was carefully considered to ensure homogeneity for the purposes of IPA research. The three parents were all white British females, of similar age and socioeconomic background, with more than one school-aged child. Two of the participants' children were girls and one boy. Two of the children were diagnosed with Autism Spectrum Condition (ASC) and Attention Deficit Hyperactivity Disorder (ADHD), the third child had been referred for ADHD assessment. All three children were considered to have some degree of SEMH difficulties in school.

All the parents had experience of coping with and managing a child with a special educational need within the family for at least 8 years. All parents had been engaged in discussions with the relevant school SENCo regarding some additional provision for their child in school and had been referred to other professionals for additional help and guidance (including early help, CAMHS, community paediatricians). All the children attended local mainstream primary schools, in Year 3 to Year 6 of the national curriculum (Key Stage 2) and had been placed on the SEN register for at least one academic year.

Careful discussions with school SENCo's ruled out several potential families. The reasons for exclusion from the research sample, included a foster parent with a looked after child, a parent with a child who had previously been in care, a parent with a child who had joined the school within a year before the beginning of the research, a parent who was a relative of another family included in the group and finally a parent with a child currently undergoing therapeutic interventions with a clinical psychologist. Further conversations with the SENCo from both schools

regarding their inclusion criteria for the groups, developed further agreement that families with children who had been previously excluded or at risk of exclusion from school would not be added to the groups. The SENCo's also used their professional judgement to include families whom they viewed would benefit most from participating in the MFGS programme.

Finally, the researcher excluded parents who were not able to attend at least 6 out of the 8 MFG-S sessions held in school. This resulted in one parent being withdrawn from the research. The resulting sample provided a good level of homogeneity for the research. See Table 2 below for details of participants.

Name *	Nationality	Family Status	No of children in family. (Position of child in family)	Child need and Diagnosis
Suzie	White British	Married	3 (3rd child)	ASC/ADHD
Lauren	White British	Single	2 (2nd child)	ADHD (ASC assessment pending)
Anna	White British	Single	4 (3rd child)	ADHD diagnosis pending

*Names have been replaced with pseudonyms

Table 2- Details of included participants.

3.6.4 Pilot Interview

Before commencing interviews with the three allocated participants, the researcher wanted to explore the benefits of using a visual tool, an adapted version of the Tree of Life, Ncube, (2006)- see Appendix 15 & 16 and section 3.7.3 below) to aid the interview process.

A parent who was unable to take part in the intervention agreed to meet and discuss the interview schedule and visual tool. The parent understood that the conversation would not be part of the overall data collection, but her opinions of the interview methods would offer valuable information. The first half of the meeting was conducted using the interview schedule but without a visual aid and

the second adopted the visual tool. The interview schedule was used with all participants during SSI's, the questions followed the same structure, both with and without the visual or Tree of Life (Ncube, 2006) (adapted to be called the Tree of Change).

Smith et al. (2022) explains that practising an interview schedule and developing a guide for the interview will facilitate rapport building and allow the researcher to listen attentively, become adept at knowing when to ask probing questions and guide a participant.

The results of the meeting were enlightening and lead to questions being reframed to make them clearer for the participant. The use of the ToL (Ncube, 2006) as both an analogy and visual tool was the parent's preferred option. The parent suggested that drawing the tree and watching the 'tree grow', especially in the first stage of the interview, provided a tool on which aspects could be revisited and gave the participant something to 'focus on' during the conversation.

The use of the visual tool provided a means of exploring different areas of the conversation again if needed, to expand on certain aspects. A concern had been that the natural rapport may have been broken if direct eye contact was not maintained, but the parent disclosed that they found it easier to speak about some aspects of their life when focused on the tree as a guide. The tree also acted as a way of validating that the researcher had captured the participants story, as a true representation of what had been shared.

3.7 Data Gathering

3.7.1 Longitudinal Design

This research adopted a longitudinal design to enable the gathering of data over time. Smith et al. (2022) state that "temporality and change are important aspects of experience" (p.127) and can provide powerful and informative results, thus supporting the current research on the experiences of change during an

intervention. The three participants were asked to attend three interviews over the course of their involvement with the MFGS intervention at three separate time points (pre, mid and post) from September 2021 to January 2022. This prospective design has been evidenced in previous studies to add to the purposefulness of the data and capture transition and progression effectively (McGregor et al., 2014). A further follow-up session would have been ideal but was beyond the timescale of this research due to the balance of the timing of data gathering interviews and analysis (Farr & Nizza, 2018).

3.7.2 Semi structured Interview (SSI)

Qualitative research methodology and IPA lend themselves to SSI's as a means of gathering data from participants. Interviews provide an opportunity for participants to make meaning from their experiences, to speak freely and provide honest accounts (Smith et al., 2022). In an SSI the researcher produces a question guide (Appendix 16), but questions can be re-ordered, reworded and additional probing and prompting questions asked (Robson & McCartan, 2016).

As Smith et al. (2022) state, "For IPA researchers, the sense-making activities of people (in conversations, diaries, group discussions or other forms) are the basis for learning about their relationship to the world" (p.139). In-depth interviews are therefore vital to allow the researcher and the participant to become actively involved in a dialogue, creating meaning together and producing "rich data". In this research, overly structured questions, which may have inhibited the participants ability to reflect, were avoided (Smith et al., 2022) and less structured approach was taken using core questions as a guide.

Due to the temporal nature of the data collection, it was necessary for the researcher to retain some control over the three interviews (Drever, 2003) and to guide and probe the participant to move from the superficial to more experiential ways of thinking about their experience. (Robson & McCartan, 2016). The researcher used the same 'core' questions for each interview, retaining an inductive approach throughout and allowing a more participant led format in the second and third interviews (Farr & Nizza, 2018). However, some questions

emerged because of known issues and allowed the researcher to explore these in more depth (Flowers, 2008).

Each interview had a slightly different focus. The first interviews gained an understanding of the social and historical context of each parent and their current experiences regarding their child, the school and school community, support networks and aspirations. The researcher and participant jointly developed the first stage of the ToC and examined their views and expectations of the programme. The second and third interviews, were held at mid-point (after four sessions) and the end of the programme (after eight sessions) and focused on the participants experience of the group and any changes and developments that may have occurred (or not) in their views since the first interview.

Due to the impact of Covid-19, three of the nine scheduled interviews were conducted on-line as some participants were more comfortable with this arrangement (Coulson, 2015) or it was necessary due to isolation requirements. This change from initial face to face interviews was addressed and approved in the ethics application. All initial interviews were face to face and this allowed for rapport to be built between the researcher and the participant, considered by Smith et al. (2022) as the most important aspect at the beginning of an interview. Those interviews that were conducted on-line used a secure University Microsoft Teams application. Meetings were discussed and scheduled beforehand, with meeting links sent to the participant only in a closed meeting and a discussion around privacy held, as the researcher was aware of an increased lack of control (Lobe et al., 2020; Morgan et al., 2020) Both the participant and researcher were able to find a secure quiet space (either at home or in a school building), use headsets and enable the best possible internet connection for the meetings (a list of suggestions was sent to the participant beforehand, as advised in Morgan & Lobe (2011).

3.7.3 Visual Tool – Adapted Tree of Life

As discussed above, the researcher adopted a visual tool, the use of a Tree of Life (ToL) adapted to a 'Tree of Change' (ToC) originally used as a therapeutic

tool as part of narrative therapy (Lock, 2016). The researcher adapted the schedule of questions for each part of the tree, to meet the needs of the study. (Appendix 16). The researcher considered the tool beneficial as an aid to rapport building as Lock (2016) suggests:

> Being heard, understood, affirmed and recognised as autonomous are universally valued. The ToL has its roots in narrative therapy, which aims to encompass all these elements as well as believing individuals are an expert on themselves. (p.10)

Another advantage supported by Smith et al. (2022), suggests that using multi-modal approaches "can support and scaffold the development of a verbal account which will be richer than if we solely relied on the verbal mode" (p.128). Boden and Eatough (2014) describe the ways in which visual imagery enhances and finds a 'way in' to the felt sense of the experience and can provide a stimulus for further and deeper discussions with participants. Participants also benefitted from being able to refer back to their original ToC and make comparisons, essentially creating hermeneutic circles to facilitate the sense-making of any changes (Nizza et al., 2018). The participants were recruited from two different schools and the programmes ran on slightly different timescales.

3.7.4 Procedure

The following provides a detailed account of the procedure for data gathering in this research, following on from the recruitment procedure outlined above. The following was conducted between September 2021 – January 2022:

1. Once parents had emailed their interest to the researcher, signed consent forms were received and initial interviews arranged. The participants were informed of their rights to withdraw and verbal informed consent was again received.
2. The pilot interview was conducted with a parent who was unable to attend the MFG's due a change in circumstances and final alterations were made to the interview schedule, based on their advice and opinions.
3. Initial interviews were conducted with parents in a pre-arranged private room within the school building. Parents gave consent for interviews to be

recorded and any questions were answered at this point before interviews started.

4. Further interviews either took place in the same rooms in schools or through a secure on-line platform (Microsoft Teams). All meetings were agreed and pre-arranged at a time when both participant and researcher to give their full attention to the discussion. Information regarding the use of MS Teams and best practice were emailed beforehand.

5.   Once all final interviews had been completed, participants were thanked for their participation sent a debrief letter. (Appendix 17). A brief voluntary follow-up session was offered to each participant to accommodate any further questions and issues which may have arisen as a result of participating in the study.

3.7.5 Transcription

The nine interviews were transcribed by the researcher within 4 weeks of the final interviews, at this point, recordings were deleted. The researcher transcribed the interviews personally to maintain the confidentiality of the material and provide the participants with assurances on privacy as well as allowing the researcher to become immersed in the data prior to beginning the data analysis.

The interviews were transcribed using Smith et al. (2022) guidelines. The interviews were audio recorded using the recording facility of the MSTeams application on the researchers University account. The audio recordings were listened to several times and transcribed verbatim as is the requirement for IPA research. The focus of IPA analysis is to interpret the meaning of the content in the participants account (Giorgi, 2005) and therefore it is not deemed necessary to transcribe other non-verbal utterances as O'Connell and Kowal (1995) suggest. Therefore, a semantic record of the interviews was produced, showing all words spoken by both the researcher and the participant. Significant non-verbal utterances such as a long pause or laughter were recorded as an italicised note in brackets (for example, (*pause*)).

During transcription, the researcher began to make sense of the experiences shared by the participants and encouraged the reflective process undertaken as part of data analysis. The completed transcripts were formatted in line with Smith et al. (2022) with wide margins to provide adequate space for coding and insert space in between each turn in the conversation.

3.8 Data Analysis

The process of analysis using IPA does not follow a specific set of steps, however Larkin et al., (2006) emphasises IPA is a process by which initial analysis of the data is developed into a more interpretative account using psychological knowledge and the context of each participant. As the researcher in this study was a novice to this methodology, a framework was sought to guide the process of analysis in a systematic and logical way. Smith et al. (2022) have outlined a seven-step process and "characterised a set of common practices (e.g. moving from the particular to the shared and from the descriptive to the interpretative)" (p.75). During the process of analysis an IPA researcher should maintain the principles of capturing both the participants point of view and a focus on the process of meaning-making in particular contexts (Reid et al., 2005).

3.8.1 Longitudinal Interpretative Phenomenological Analysis (LIPA)

The researcher used a longitudinal IPA (LIPA) approach to the study, accessing data at three data set 'points in time'. Before analysis took place, the researcher decided to analyse the data 'vertically', whereby each set of participant's interviews made up a 'case'. Subsequent analysis of the data, therefore, represents the participants experiential progression over multiple time points and is identified as 'themes spanning time' by Farr and Nizza (2018). Each case was analysed following the seven steps outlined by Smith et al. (2022), which was adopted as a guide to develop analytical skills. These seven steps are outlined below.

1. Reading and re-reading

    This first step involves the initial immersion in the original data and the world of the participant, with the participant as the focus. Smith et al.

(2022) suggests that both listening to audio recordings of the interviews and imagining the voice of the participant helps with developing a complete analysis later. This process allowed the researcher to identify areas of the interview in which the participant shared rich, in-depth accounts of their experiences. Immersion into the data also allowed the researcher to reflect on any emotions and feelings during the interview and make notes separately to 'bracket' these thoughts and avoid distortion of the data.

2. Exploratory noting

This second step involves an increasing engagement with the transcript, writing notes on the semantic content of the data. Smith et al. (2022) specifies that this step is exploratory and the researcher to keep an open mind, noting anything of interest, whilst remaining conscious of the participant's explicit meaning.

Smith et al. (2022) identifies three types of noting at this stage, those being descriptive, linguistic and conceptual comments. Descriptive comments summarise important parts of the text and offer a description of what the participant has said, linguistic comments explore how the participant uses language, such as repetition and the conceptual comments encouraging a more questioning approach, attempting to understand what the participant is discussing and interpreting the data.

The researcher began by underlining text and then focusing on what the text could tell about the participants world. The researcher used a colour coded system to write exploratory notes, descriptive (red), linguistic (blue) and conceptual (green). (Appendix 18)

3. Constructing experiential statements

At this stage, the researcher attempts to take the complex sets of data and form experiential statements which aim to crystalize thoughts and reduce the volume of detail. The researcher begins to break down the narrative into specific chunks and re-organise the data, using an increasingly

researcher interpreted focus. These individual parts will reconnect as a whole narrative during write up completing the hermeneutic circle and the collaborative nature of IPA.

Smith et al. (2022) emphasises the need for the researcher to keep experiential statements close to the original explanatory notes "and the relevant fragments of the original transcript" (p.90) and reflect what the participant is saying. During analysis, experiential statements were placed in the left-hand margin in purple ink. (Appendix 18)

4. Searching for connections across experiential statements
At this stage, the purpose is to draw together experiential statements (ES's) so that the researcher is able to pinpoint the most interesting and important parts of the participants accounts (Smith et al., 2022). All statements are treated as being equally important at this stage.

The researcher wrote ES's on separate sticky notes, placed on a large piece of A3 paper, with page and line number on each, for easy location in the transcript (Appendix 19). The statements were then randomly placed on the A3 paper and moved around to see where possible connections existed, whilst referring back to the actual account of the participant, to make sure that the clusters reflect the participants experiences. Several different sets of clusters were experimented with until the researcher was happy with the clusters representing the most appropriate connections. Those ES's that were nearly identical were placed on top of each other, in order to reduce the volume of the data.

5. Naming the Personal Experiential Themes (PETS)- consolidating and organising

This stage builds on the development of the clusters of experiential statements and establishes a title for each. Each title describes the clusters characteristics and are termed Personal Experiential Themes (PET's) describing experience as personal to the participant and representative of the transcript as a whole (Smith et al., 2022).

Smith at al. (2022) highlight the different ways of looking for connections. The first being where clusters were identified as being connected and are brought together under the same PET, other PET clusters may be broken down to form sub-themes. Similarity is the most used method of bringing ES's together. Polarisation brings together statements that appear to be conflicting or contradictory, narrative organisation focuses on the temporal processes of the transcript, or functional organisation techniques use language to describe an orientation and sense making of the participant. (Appendix 20a, 20b & 20c). Each case was examined over time, identifying changes within each PET (Appendix 21).

6. Continuing Individual Analysis of Other Cases
   The researcher repeated steps 1-5 for each of the three participants. Smith et al. (2022) emphasise that it is important to remain as open-minded as possible when approaching each new case and to avoid the temptation to reproduce previous ideas and to focus on creating new analytical entities. The researcher would break in between each case and acknowledge any thoughts and possible biases in a reflective research diary. This diary acted as a means of exploring any bias later in the process. (Appendix 22).

7. Working with PET's to develop Group Experiential Themes (GET's) across cases.

The final stage of involves identifying connections between PET's across cases to develop GET's. This highlights the shared and unique features of the participants experience, both looking at points of convergence and divergence across cases.

The researcher reviewed the PET's from the three cases and placed each on a separate piece of paper to establish if there were any similarities. GET's were developed as PET's were grouped together. In order to remain close to the meaning of the participants words, the researcher also referred back to

sub-themes and ES's to maintain the credibility of the interpretation. Each set of PET's from individual cases was colour coded in order to trace back the PET or ES to the original case. A new table of GET's was developed to show convergence across the cases. (Appendix 23 & 24).

3.9 Validity and Trustworthiness

3.9.1 Validity

Validity is defined by Willig (2013) as "The extent to which our research describes, measures or explains what it is meant to describe, measure or explain" (p.24). In order to check qualitative research as 'valid' both internal and external validity are considered. Guba and Lincoln (1989) developed a series of criteria for judging qualitative research, equating internal validity as 'credibility' and external validity as 'transferability', discussed as follows (Mertens, 2020).

3.9.2 Credibility

Lincoln (2009) proposed that the researcher should evaluate their 'prolonged and persistent engagement' with the participants in order to create valid and adequate data. IPA "accepts the impossibility of gaining direct access to research participants' life worlds", (Willig, 2013. p87). Thus, IPA explicitly respects that the researcher's own views of the world will impact the interaction between the researcher and participant.

Due to the nature of the study, the researcher sought participants who were able to commit considerable time to the research process. This allowed a rapport and trusting relationship to develop, with the researcher having access to a greater understanding of the social and historical context of the participants. This provided the researcher opportunity to re-visit and probe the participant during interviews, resulting in the creation of in-depth, rich data sets. A reflective research diary was kept throughout the research, identifying and reflecting on thoughts and feelings which may have interfered with the data collection

mechanisms and the researcher's role at any point. Additional support and feedback were provided by the Director of Studies on the programme.

During interviews, a ToC was used as an additional scaffold and visual form of data collection for the participants. This multi-modal approach allowed for participants to constantly refer to recorded data, both from previous and current interviews (McClelland, 2017). Testimonial validity was addressed at the end of each interview, the researcher used the ToC as a means of 'member checking' and the triangulation of data, verifying the accuracy of the data collected and analysed (Mertens, 2020). Direct quotes from participants have been included in the findings chapter to maintain the participants voice as a priority.

3.9.3 Transferability

The generalisability of the research results was not the primary aim. However, as the phenomenon experienced by the participants is one which will be experienced by others in the future, the research findings could be treated as a useful benchmark to the running of future MFGS programmes. For the programme leaders to determine the usefulness of the findings for their own situation, a rich, 'thick description' is developed, describing the relevant context, setting and participants to the reader (Geertz, 1973, as cited in Mertens, 2020).

3.9.4 Dependability

In qualitative studies this relates to the ability of the researcher to provide sufficient evidence and detailed descriptions of the research process so that its quality and appropriateness can be ascertained and maintained (Mertens, 202). This chapter provides details regarding the researcher's philosophical assumptions, choice of research paradigm and methods adopted to analyse the data. The study would therefore be replicable in that a similar protocol and methodology could be used. However, findings may vary due to the idiographic nature of this qualitative methodology. Discussions in supervision also provided the researcher with additional feedback on the quality of the research.

3.9.5 Confirmability

Lincoln and Guba (1985) identify confirmability as the process of tracing the data back to its original sources and the use of appropriate methods of interpretation. Information is provided in this chapter, detailing the methods of data collection, synthesis and analysis provide the reader with an audit trail. The interpretation of the data by the researcher is identifiable within the theoretically supported use of IPA a s a means of data analysis. Interview transcripts and analysis were reviewed by the researcher's supervisor to ensure that conclusions were sufficiently supported by the data.

3.9.6 Transformative criteria

In this section the researcher considers the position of the study in the context of social justice (Mertens, 2020) identifying the ways in which the research gave voice to participants, promoted fairness and empowered potential change. The current research used a longitudinal approach which facilitated a deeper level of trust with the participants, eliciting meaningful data. The use of IPA methodology sat well with the researcher's position that equal voice should be afforded to all participants to fully represent their views and avoid an over generalisation of the results.

3.9.7 Reflexivity

Smith et al. (2022) see reflexivity as "a strategy for exploring the relationship between one's own preconceptions and experiences and the process of coming to understand the experiences of the research participants" (p.130). This has specific meaning in the context of IPA research, as the researcher must also consider the 'double hermeneutic' apparent during data collection and analysis (Smith & Osborn, 2007). As the participant makes sense of their experience, the researcher also interprets these accounts through their own personal set of constructs.

The researcher kept a diary to record any views, thoughts and feeling which may have impacted the interpretation of the data. As interviews evolved, the researcher was mindful of remaining as objective and as self-aware as possible, to avoid the temptation to begin to theorise, but remain inductive and open-minded, whilst still engaging closely with the participants' experiences. Snelgrove (2014) suggests that this early theorizing can threaten the exploratory nature of IPA.

Although not a part of the community within which the research was carried out, the researcher made a conscious note to attempt to 'bracket' her own personal experiences of being a mother of a child with additional educational needs. The stories of participants could present triggers for the researcher, making the bracketing of preconceptions, opinions and assumptions important (Snelgrove et al., 2013). The researcher was also aware of the need to manage emotional boundaries between the researcher and participants, especially when participants were sharing difficult aspects of their relationships (Spiers et al., 2016).

3.10 Ethical Considerations

3.10.1 Ethical approval

Ethical approval was obtained from the University of East London School of Psychology Research Ethics Committee on April 12th, 2021. (Appendix 9a &9b). The researcher followed the ethical principles outlined in the British Psychological Society's Code of Human Research Ethics (CHRE) (BPS, 2021) and the Health & Care Professional Councils (HCPC, 2016) Standards of Conduct, Performance and Ethics.

3.10.2 Protection from Harm and Safety of Participants

The research did not pose any physical risk of harm to the participants, but nevertheless risk is defined by the BPS CHRE as defined as "the potential physical or psychological harm, discomfort or stress that the research may

generate" (p. 10) The researcher noted that the in-depth nature of the interviews may pose some mental distress if the participant shared personal and sensitive knowledge. The participants were consulted at the beginning of each interview as to their comfort, both in a suitable physical space and their option to decline answers to any of the questions. Due to Covid-19, some interviews were conducted on-line and consideration was taken as to the ability of the participant to engage fully in the interview at a suitable time and location for them.

Participants were given a debrief letter after the last interview had taken place, listing available options to seek counselling in their location, should they have deemed this necessary.

3.10.3 Informed Consent and Right to Withdraw

All the participants were over 18 and had volunteered, through the recruitment process to take part in the research. It is a requirement of the BPS guidance that all participants must freely and voluntarily consent to take part in any research having been given information necessary to make an informed choice (BPS, p12). Before data collection took place, the researcher met with potential participants and described the process of data gathering and the aims and purpose of the research. An information sheet was provided to all potential participants, giving full written details and again at the point of gaining written consent. At the beginning of each interview, verbal consent to record the session was obtained.

The participants were given both verbal and written notification of their right to withdraw from the research before the first interviews began and again at the beginning of each subsequent interview. A final option to withdraw was given at the point of data transcription.

3.10.4 Confidentiality

The audio recorded transcripts were stored on a password protected University of East London secure site in accordance with the Data Protection Act (2018) and the Data Management Plan submitted to the University of East London (Appendix 11). Recordings were filed using date and initials of the participants with no further identifying information.

All recordings of interviews were transcribed by the researcher, to ensure the confidentiality and anonymity of the participants. Once transcribed, recordings were deleted. All transcriptions are fully anonymised, with pseudonyms used in place of names. All references to children and other participants in the group are included as initials. Staff names were replaced with 'X' and Y'. No identifying information was used in supervisory conversations.

3.11 Summary

This chapter has provided a detailed account of the researcher's methodology, including the ontological and epistemological standpoint adopted. The procedure of data analysis is described including the collection, gathering and final analysis. The validity and trustworthiness of the research is examined and finally, ethics discussed.

4. Findings

4.1 Overview

This chapter reports the researcher's findings. An overview of the data analysis is given with a view to answering the research questions (4.2), followed by the presentation of the results of the analysis, examining the four General Experiential Themes (GET's) developed along with the associated Personal Experiential Themes (PET's). These are identified as Changes in Support and Coping (4.3), Changes through Observation (4.4), Changes in Identity and Self-Concept (4.5) and finally Changes in Relationships with Child and School (4.6), followed by a summary of the chapter (4.7).

4.2 Research Questions and Data Analysis

The study aims to answer the research question:
In what ways do the views of parents/carers change through the participation in Multi-Family Groups in Schools?

 With specific attention on the following sub-questions:

1. How do parents'/caregivers' experiences of the multi-family group intervention change their views on their family and well-being?
2. How do parents'/caregivers' experiences of the multi-family group intervention change their views on school and school community?
3. At what points and how do the parents'/caregivers' views change throughout the process of the intervention?

Data analysis using IPA was undertaken, following the methodology outlined previously. The researcher looked in detail at all three cases and identified similar ES's, developing PET's and GET's with associated themes. The researcher used an idiographic lens throughout the analysis, remaining close to the original texts and using direct excerpts from transcripts to give meaning. Quotes are identified using a pseudonym representing each parent, the time point of the interview (pre =1, mid=2 and post=3), page number and starting line in the transcript. For

example, Lauren, T2:6:543, indicates the quote is from Lauren's mid-point interview transcript, page 6 starting at line 543. In addition, ellipses of different lengths indicate length of pauses by the participant. For example, short (3-4….) indicate a 2-3 second pause. Longer ellipses (5+……..) indicate a longer 5 second plus pause. and [..] indicates a short interjection by the researcher or other word was removed. The researcher interpreted the original sense-making accounts of the participants using double hermeneutics.

The four GET's represent the ways in which change occurred throughout the sessions for each participant. The four changes are identified as:

1. Developing support networks and coping strategies
2. Identifying and developing new skills and resources through observation
3. Processing emotional responses, changing perceptions of themselves and developing thoughts of a positive future
4. Building new and lasting relationships with their child, families and school.

4.3 General Experiential Theme One – Changes in Support and Coping

The first to be considered here is the GET of support and coping, which is split into three sub-themes, identified as support networks, coping strategies and group dynamics.
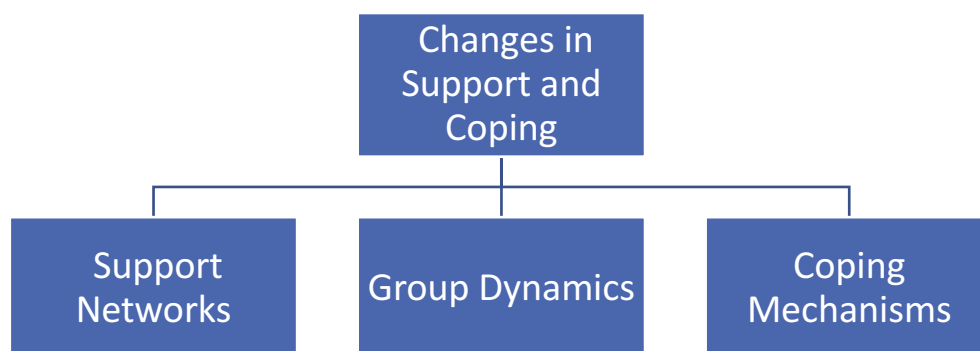
Figure 4 - General Experiential Theme 1 and supporting PET's- Changes in support and coping.

Throughout the interviews, all three participants shared that guiding their children through educational, social and emotional experiences is challenging, involving much of the parents' time, resources and energy. The need for assistance from

others to provide the parents with advice and support, both practically and emotionally, was deemed essential for them to continue to advocate for their children. The researcher interpreted the parents' descriptions of these support networks as 'external' strategies, being sought and established in the family and community.

In contrast, the interviews also identified how parents used a range of coping mechanisms, often unconsciously, to meet challenges and avoid feeling strong emotions such as frustration and anxiety. The researcher interpreted these strategies as mechanisms developing from a psychological, 'internal' need to manage and devise ways in which to cope with their situation.

4.3.1 Support Networks

Supporting Factors

At initial interviews, the researcher discussed the concept of support. All the participants identified close friends and family as their primary sources of practical and emotional help. The participants disclosed these supportive adults would have a deep, empathic understanding of both their child and the parents' needs, which facilitated trusting relationships. Crucial elements of this relationship included reliability, dependability and the notion that they could call upon the supportive relation or friend in a time of crisis.

Suzie identifies this in her recollection of an incident with her child on the way home from school.

"When she gets into the car …I cop it, so there have been times when I've just stopped at my mum's [….].I've just actually swung the car in, taken her in and said…..'I've had enough…..I need to go....you can have her for a while'…and I know I can do that." (T1:2:85).

Anna spoke about her mum saying," She's *a massive support, …she's very close to my children and to me….I always know that she is there, ….I can always rely on her.*" (T1:2:68).

Mutual support was also considered an important part of the relationship as all the parents expressed in the interviews. For example, Suzie shared,

Suzie: "Close friends I can call on any time..day or night and they would come… they would drop everything…as I would for them." (T1:2:64)

The parents also identified listening skills as an important factor to feel supported suggesting that this helps with emotional wellbeing.

Lauren: *"It's good to share things and get it off your chest.. I don't get down too often, but when I do it's good to know that someone is there who will help me."* (T1:24:1086)

Anna: *"Definitely listening..my friends will listen to me….they will check in by text or phone….it's just that checking in."* (T1:26:1282)

Suzie also paid particular attention to those in her life who had specific and relevant knowledge which she could access.

"My mum has been a youth worker and a counsellor and has seen a lot of different people and has had a lot of experience that I couldn't even imagine." (T1:1:21)

Throughout the period of the study, both Anna and Lauren experienced the development of new and trusting relationships with the parents in their groups. These relationships were developed because of many of the factors shared at the initial interviews.

Shared Experience

Shared experience, discussions and observations between parents within the sessions appeared to provide a channel to building new supportive relationships as shared by Anna at the mid-point interview:

"You tend to think it's just you!...It's very easy to get caught up in your own bubble and thinking that it's just your child and it's just you and the way you're feeling and nobody else feels like that about their children….so it's good to have that …it's become a real support and made me think differently, I don't feel like I'm the only one doing this (smiling and laughing)." (T2:6:285).

This quote demonstrates how witnessing other parents handling similar situations with their children, gave Anna a powerful message that she was not alone or to blame for her child's emotional outbursts. When speaking to Anna at this point, she was smiling and laughing and gave the impression that the experience had alleviated her anxiety, saying,

"Like it is for me with the other parents dealing with things…..yeah…..it kind of gives you a sense of relief."(T2:29:1387).

This sense of relief and dissipation of anxiety appears to evolve from the group's unconditional acceptance of each child. Without question, there is a mutual understanding within the group that a child may not act or behave in a 'typical' manner. These behaviours do not require explanation or attract any judgement of the child's parent.

When asked about how she felt about meeting parents in the group, Anna commented on her realisation that any parent might experience the same challenges, giving her the reassurance that she was not alone in her journey, which in turn helped establish an environment of shared experience.

"You know these things can affect anyone…anyone can be dealing with them." (T2:28:1362)

The existence of a non-judgemental environment is illustrated again with Lauren's comments, which emphasise how feelings of togetherness dispel the sense of isolation.

"We all get it…. you know, we all know how our children are and what might help." (T2:4:152). *"We all know how difficult our children can be, so it's good to support each other when things don't go to plan."* (T2:22:965).

Anna reflected on the benefits of sharing her experiences and being able to speak openly.

"I think we all bonded through the whole experience....from being in that situation altogether.. and we did speak freely in the group." (T3:16:726).

However, Suzie found it difficult to form a bond and struggled to connect with the other parents saying,

"*I don't know really know what I was expecting, or what I thought we would be doing…….but there're other people in there that infuriate me.*" (T2:1:47).

Suzie found it challenging to see the benefits of sharing her experiences and remained focused on how the group might benefit herself. Suzie began to withdraw from the group due to clashes in parenting style and at one point considered leaving the sessions.

"*They said (the group facilitators), they'll probably get things from you..but, I'm like,…...No. no...I'm not here to give them my views.*" (T2:3:127).

Suzie did acknowledge that parents have different skill sets but continued to doubt how her input would benefit the group when one parent did not adopt her idea.

"*I know it's different for everybody, everybody has different ways of doing things…but if someone was to say…have you tried this, I'd say, lovely I'll give it a try, but to say you haven't even tried…I don't know.*" (T2:16:724).

This perceived 'rejection' of Suzie's strategy appeared to present a barrier to the development of a supportive relationship through shared experience. In the post session interview, Suzie maintained the view that the group did not provide a supportive connection for her.

Mutual help

The researcher found that when parents experienced helping others in the group, this appeared to strengthen their relationship. Both Lauren and Anna found this a powerful tool for building a new relationship. Anna shared that a 'transformation' had occurred with one of the children in her group and the parent had acknowledged the group's help.

"*She had the most phenomenal transformation!….Her mum can't believe it…her mum was so proud of her*". (T3:2:50)." *And she gave out gift bags with a card to say thank you to us all for being part of that.*" (T3:18:841).

Lauren expressed how learning together and hearing advice from other parents in the group who had similar experiences with their children had helped.

"*It's easier to hear things from a parent you know.*" (T2: 23:976). "*It's been their appreciation and understanding….and also their honesty and positivity with her.*" (T2:23:986). "It's *been great to be able to support them and them support me…..that's been really nice.*" (T2:23: 973).

Lauren appreciated the kindness shown in the group to herself and other parents. Her ability to feel helpful was expressed and acknowledged as part of feeling close to a parent in need.

"*Everyone was kind, you know... A couple of times the mum got upset and we all……you know…..we all supported her through a difficult time." (*T3: 26:1171)

Anna saw an opportunity for an even greater bonding experience, suggesting that she would find some 'parent only' time beneficial.

"*While we are waiting to go down we would have a bit of a catch up, but then the children are there…..so If I were to add anything to the group it would be that… just for parents to have a cup of tea and be able to talk to each other.*" (T2:15:685).

In the final interview Anna shared that the group members had become part of her support network extending beyond the sessions.

"*We've build a solid community….we are going to arrange a catch up at some point….to see how everyone is getting on*". (T3:2:84).

4.3.2 Group Dynamics

With Suzie's reactions in mind, the researcher noted how current relationships and experiences outside of the group may affect relationships within the confines of the sessions. Both Lauren and Suzie had experienced some previous difficulties with other parents in the school community, due to their child's behaviour and challenges in the classroom.

At the mid-point interview, Lauren shared how her relationship with the parent had deteriorated and continued to be strained. However, throughout the first few weeks of the group, Lauren began to notice the relationship changing.

"So his mum and I have had issues…and we may have had arguments…so it's been nice to engage with her..its been really nice because we've been able to see each other's children in a different way and that means we have got on together better as parents." (T2:18:774).

Continued observations of each other's children during the activities in the sessions led to the development of a deeper understanding of their needs. The relationship began to mend and evolve, establishing a mutual respect.

"We don't get agitated with each other like we used to…it doesn't feel tense when I see her now." (T2:22:928) *"B gave X a 'wow' card last week, so I think she is starting to see X differently, because she only knew her before from the classroom."* (T2:22:939)

This quote describes Lauren's appreciation of B in recognising her child's progress and celebrating her achievements together, further reducing Lauren's need to feel anxious or 'agitated' when they met. As the parents' disagreement had originated from an argument about each child's behaviour, an element of conflict about who was to blame had evolved. This could also appear as competition in the group. When the researcher asked about what helped the group bond, she stated

"We are all just working together, we work together well and we weren't.. it wasn't competitive." (T3:32:1464).

This quote highlights the many emotions that may be introduced to the group and the vital role played in developing a supportive, nurturing environment for both parents and children. Lauren and B developed a trusting relationship, which appeared to be a vital element for success and needed to be built quickly. Without trust the dynamics of the group could be impaired.

An example of this can be seen in Suzie's experience which is somewhat different. In our initial interview, Suzie expressed some strong negative emotions

towards the parents in the school community, explaining that she was mostly ignored, and she maintained a distance.

"The whole time I've been here, I don't think I would know their name and they wouldn't know mine…If I said good morning, I would be lucky if I got an answer back." (T1:13:641).

Suzie had a long-standing relationship with one of the parents in the group but continued to find the development of new supportive relationships far more difficult than Anna and Lauren.

"The other parents…I wouldn't get anything from them whatsoever because I don't think they actually know what they are doing themselves." (T2:8:338).

The quote illustrates that Suzie continued to distance herself from the group members and lacked trust in them to offer her advice which she deemed helpful or useful. In the final interview, Suzie remained frustrated and did not see the group sessions as a safe space for her to share her thoughts and feelings.

"I don't have to share anything with anybody…[…]..I wouldn't trust anyone not to discuss things outside of the group." (T3:11:462).

When Anna was asked to describe her experience with other parents in the group, she specifically highlighted that the group dynamics had played an important part in how quickly the group had bonded as a supportive unit. Anna reflected that some parents had left the group within the first two sessions and the atmosphere had changed:

"The dynamics of those (sessions) were a bit tricky…but when it went down to five of us, the dynamics worked well really quickly [….] the parent and child were both very negative, the child didn't want to be there and the parent didn't think it was going to work, and that was difficult to have in the group." (T3:17:769).

Anna goes on to explain why she feels having parents in the group who are committed made it successful,

"I think that's why we all bonded and got on so well …because everyone was 'all-in', and we were all trying to help each other's children […] it can have a negative

effect on people, especially the other children in the group, seeing that attitude
makes them question whether they should be in the group." (T3:18:798).

These examples illustrate the complexity of group dynamics. The personalities, perspectives, mental state and previous relationships of group members can affect the success of the interactions and shared success of the sessions.

4.3.3 Coping Mechanisms

It became apparent that the participants not only relied on building supportive relationships, but also used various coping strategies to manage their feelings, thoughts and behaviours. These strategies were often detrimental to the progress of the parent. However, as the sessions progressed, changes in the parents' behaviour revealed the group sessions had a positive impact on both Lauren and Anna's entrenched practices.

Anna shared that her experiences of her child's violent outbursts were difficult for her to cope with. She often felt unable to manage and regulate his emotions and resorted to avoiding situations, especially when strangers may be witness to his anger towards her.

"It stops me wanting to go out and do things or take him places." (T1:13:598)

In the mid-point interview Anna reflects on her feelings and describes herself as 'hiding' from the outside world.

"In all honesty, I had got to the point where I was just trying to hide when we were at home." (T2:18:870)

but as the sessions continued, she became more confident and enjoyed spending time with her son, exploring new possibilities.

"I'm starting to relax, and there are times now where I actually enjoy doing things with him..besides hiding!" (T2:19:880). *"Rather than trying to escape what's going on. I'm trying to face what's going on."* (T2:20:933).

Similarly, Lauren appeared to implement a strategy to help her cope. Lauren shared her need for a tight schedule, lists, timetables and a structure in her day. The researcher interpreted Lauren's need for strict coherence to this structure as a means of controlling her environment, to reduce the impact of the uncertainty she experienced raising two children with SEN.

"I need to know exactly what needs to be done..I need routine" (T1:16:724)…"that makes me stressed..not knowing what's happening.." (T1:16:741) *"Every day I get up and make a plan, if I don't, I feel overwhelmed."* (T1:9:376).

Her approach to parenting also appeared to be defined by strict timetables and could often lead to a difficulty in her willingness to try new things and alter her schedule. This lack of flexibility was an area that changed throughout the sessions, giving Lauren an opportunity to explore different strategies.

"Well, we've changed stuff around…...it was an idea from the group, she said she liked the idea..it's just changing routines slightly, but its helped our sleep routine." (T3:15:676).

Suzie's mistrust of parents in the school community (discussed above), led to an increased sense of separation, preferring to maintain little contact. Although she had made attempts to build relationships in the past, these had not developed positively.

"A couple of times, I thought maybe I could start to bond a bit, but it got to a point, and I just thought, I'm not that bothered, when she leaves, I'm never going to see them again." (T1:14:672).

Suzie continued to rely on her previously established relationships throughout the sessions, perhaps cementing the trust she had already established.

"I know S's mum, and we talk about this and other different things..we've known each other a long time." (T2:8:333).

As the sessions progressed, Suzie's frustration began to dominate conversations. Suzie maintained her belief that herself and her daughter were disliked by other parents. Suzie's previous negative encounters with parents and the exclusion of

her daughter from social events, continued to form an emotional barrier. This appears to have resulted in Suzie projecting her own feelings on to the parents to avoid the emotional impact of further exclusion or rejection.

"*You know, people obviously have their opinions about her and me….but had they come to me and asked...I would have explained things to them, but no one had the decency to do that.*" (T1:14:650).

Suzie found it particularly difficult to recognise a parent's wish not to take on her advice, which provoked a strong emotional reaction.

"*I don't think they are prepared to have someone else tell them anything…[…] it was all instant negativity…and I just thought…I need to be quiet.*" (T2:8:342).

Going on to suggest that the parents wished she would withdraw..

"*I sometimes think, they just think.. oh shut up, what are you on about?…..Just go.*" (T2:9:382).

Suzie continued to rely only on her established support network and maintained her 'distance' from the group throughout the sessions. She preferred to remain anonymous whilst looking for new strategies, continuing to view herself as an outsider, with little change.

"*I look at different ideas on a Facebook page on Autism. They are complete strangers, people that I will never meet, but the support is there…if you want it.*" (T3:19:900).

This GET has explored the changes to and the possible developments of support networks within the group as identified by the parents. The need for trusting relationships, mutual support and felicitous group dynamics

4.4 General Experiential Theme Two: Change Through Observation

The second GET analysed the change that occur when parents are working in the groups, taking part in the activities with their own children and other families. The sessions provide an environment for parents to become more aware of the

ways in which both they and their children interact. In turn, the parents may be able to identify resources that have been supressed or under-practiced. This GET has been presented as one main theme with the two sub-themes integrated to allow for change to take place.

Figure 5 - General Experiential Theme Two- Changes through observation

During the first stage of the interviews, the researcher recognised that parents were often focused on the negative aspects of their child's behaviour and the impact on their education, social and family life. Parents often followed embedded patterns in their thought processes and responses to their child, which produced and reinforced 'expected' reactions from their children, with the cycle repeating. These persistent behaviours often resulted in anxiety or a refusal to believe that their child could change.

Through the course of the sessions, parents began to observe their children working with other group members as well as building up relationships themselves with other families. The researcher noted that working away from their own children provided time and space to re-evaluate, re-assess and experiment with new ways of communication.

During the initial interviews, Anna commented on her feelings of powerlessness about altering her child's behaviour towards her.

"With some people he behaves, but with me he's a nightmare. Every day after school, he will run off, cross roads…with someone else he's the perfect child." (T1:9:43).

These feelings of being stuck in a negative cycle were also expressed by Lauren and Suzie. Suzie spoke at length about the challenges she faced with her daughter, giving the impression that she did not feel she could control her behaviour

"In every situation, you think you've mastered it, but then she moves the goal posts." (T1:9:442).

Lauren expressed her frustration as she described her difficulties, speaking with a frustrated, exasperated tone, often putting her head in her hands and shrugging her shoulders.

"I feel like I've tried everything, just everything...she just won't do certain things." (T1:11:484).

In an account of her first collaborative target-setting meeting with teachers, she continues to lack trust in the process and comments,

"I know that target won't be filled because she won't do it…I've tried, her dad has tried, we can't do it, so how can the school?" (T1:11:473).

However, as the sessions progressed, the parents began to observe how their child interacted with others and how they themselves responded to the children they worked with. This increased recognition and understanding of their communication style, began to have a powerful impact.

Anna demonstrated that she was observing other group members, as she began to recognise the group's aim of facilitating positive traits in the children. Anna developed these skills through the recognition and celebration of parents.

"We support each of the children there. We're helping them and we're looking for positives in them and helping them to meet their targets." (T2:15:700)

As Anna began to work regularly with other children, she became aware of how she was communicating with them. Her interactions were so positive that the children recognised her help by awarding her a 'wow' card at the end of the session. This recognition of her empathy and understanding, provided Anna an insight into the way she communicated with her son, highlighting possible areas for change.

"I got two 'wow' cards last session from children for helping and being kind…..and it makes you think….I should be a bit more like that towards my own child if that makes sense…..because you get so caught up in things happening all the time that it's easier I suppose, to speak more kindly to other people's children, because you know…when yours is battling you all the time….it wears you down….but that has changed the way I talk to him." (T3:7:322).

Anna's ability to reflect on her own parenting skills developed further. During the post session interview, Anna thought deeply about these interactions, identifying her strengths in solving problems for others. Anna began to reflect on her observations of parents working with children in the group. These observations encouraged Anna to further identify skills that she could use in her own parenting.

"Working with the other children has really helped me, because I've always been good with helping with other people's problems, but I find it very difficult to deal with my own...it's being able to take a step back……and seeing the things that I've helped with, or I've seen how other people's children have developed and that's helped me at home with him." (T3:6:239).

Anna's understanding of positive interactions empowered her to replicate these skills with her son, altering her approach and consciously managing her emotions.

"It really surprised me...the connections I got with the children, they obviously felt that I was helping them and that gave me the confidence to take a step back and be calmer and more patient with him…..the way they reacted…..it made me take that home." (T3:20:918).

In the final interview, Anna also reflected on how the success of other families in the group, had impacted her belief and confidence that change was possible.

"I think watching her (the child) with the other children and parents, changed her mum's perspective on what she could do….you know, I think it gave her the confidence that her daughter could do it." (T3:2:71).

The researcher wondered if this observation of others' successes also added to the ability of parents to shift their own thoughts, become open to the concept of change and increase their awareness of their own interactions.

Lauren's experience of 'change through observation' also progressed as Anna's did, becoming increasingly reflective in the sessions. The researcher interprets this incremental development of reflective skills as partly due to the establishment of trusting relationships within the groups. However, the focus of Lauren's observations differed from Anna's. During the first sessions, Lauren is 'distracted' whilst working with others and far more focused on the observations and insights into her own daughter's progress.

At Lauren's initial interview, she shared how she had tried many strategies with her daughter of which few had made any impact. The researcher took the view that this perceived 'failure' had led to Lauren becoming quite resistant to the idea that change was possible. Lauren was also particularly focused on the success or failure of her daughter's interactions with others and experienced high levels of anxiety when attending the first sessions.

"She heightens my anxiety, because… I just don't know what she is going to do and how she is going to react." (T2:17:712).

Lauren initially found it challenging to work independently from her daughter, always checking in on her.

"I'm drawing, doing the task and...I'm trying to focus…but I'm also trying to see what she is doing." (T2:17:736).

As Lauren began to observe her daughter working collaboratively with others in the group, her confidence in her daughter 's ability to interact appropriately increased, leading to a reduction in her anxiety. Positive feedback about her

daughter, also helped Lauren to identify, and focus on, the positive behaviours she displayed.

"She was working in a group…I kept looking over, but she was actually doing stuff…You know, they said that she had some great ideas and she was contributing, actually engaging!" (T2:9:375).

"I felt really happy and so proud of her, relieved as well that she was joining in." (T2:9:382).

As Lauren's confidence in her daughter grew, she began to feel differently about her participation and the way in which other parents perceived her daughter's behaviour.

"I think they've had a chance to know her a bit more, a better understanding, that she's not just a 'naughty' child, you know, she's seen differently by them…and the adults actually liked working with her." (T3:10:423).

This feeling that her daughter was becoming more understood had a positive impact on Lauren's ability to shift her thoughts away from 'policing' her daughter's behaviour. She began to identify her daughter's learning styles, gaining a deeper understanding of her child's needs.

"You can see… in her face, that she is thinking about something…she is trying to concentrate on what they're saying and thinking…. and I'm looking at her body language more…...observing it more now she is with other people." (T2:15:652). "I realise now that she doesn't have to appear to be paying attention, she can be doing something else, fidgeting, but still listening." (T2:16:701).

Lauren reflects on the point at which she was able to 'let go' of the anxiety about her daughter's behaviour in the group, with the support of the other parents and children. This reflection came from a point in the session where children are invited to award 'wow' cards in recognition of success or progress. Lauren was laughing and smiling as she reflected.

"I actually got a 'wow' card last week from one of the children for ignoring her! They know how difficult that is for me." (T2:23:1002).

In the final post-session interview, Lauren was able to reflect on how working with other children had helped her to develop her own skills, without the anxiety associated with her own daughter's interaction.

"*It felt really good when something went well (with a child) and I didn't worry about them engaging…..you are more patient with other kids.*" (T3:13:589).

This quote illustrates how Lauren's ability to focus on developing relationships with the other children in the group, led to positive experiences which helped her to recognise her skill of patience and its impact. As her skills were practiced, Lauren began to identify with feelings of success. Lauren went on to reflect on her feelings as she became more aware of her daughter's progress with others.

"*Yeah, I suppose I felt proud of her, that she was managing to engage with someone in a good way and they could finally see the good parts of her personality.*" (T3:10:447).

And ultimately the effects that these observations had on her own feelings and behaviours towards her daughter.

"*It's hard to explain to other people, but when you see her smiling and they are smiling back, it made me feel less nervous.*" (T3:10:447).

"*I guess, I've learnt that I have a lot of patience. That is a good thing to have. I know that she doesn't mean to annoy me all the time and I just have to be patient with her. Being angry and annoyed back won't help either of us…it sounds obvious, but when you're in a situation its hard sometimes to stand back and look at things differently.*" (T3:11:478).

At first, Suzie's experiences followed a similar pattern to Lauren's and focused initially on her observations of her daughter working with others. Suzie's observations led to her to an acknowledgment of positive emotions in her daughter.

"*I think she's obviously really proud of herself…..yeah, she's chuffed when they all sit together in our group sessions and see what (scores) everyone's got.*" (T2:4:185).

Suzie also noticed her daughter working hard to regulate and manage her emotions in what might have normally been a stressful or triggering interaction leading to an outburst.

"*Yeah, she is having to take turns and work as a group and things like that…if we weren't in that small group like that, she would probably get to a point where she would lose her rag…..but it's not for too long and it's just a small group, so she can manage."* (T2:12:528).

She also recognised that her daughter reacted differently to other parents when faced with something she didn't want to do, her daughter negotiated a different way of completing the task,

"*She didn't want to read the emotion card...so she got D (parent) to read it for her…....she preferred to try and guess it…..that was good to see, she was okay talking with D, that worked quite well."* (T2:7:284).

And identified that this may not have been the case in her own interactions with her daughter.

"*If it was me and she didn't want to do something, she would just say I'm not doing it…, but being another child's parent, she doesn't do that."* (T2:14:622).

Suzie's focus then shifted to observe changes in the other children in the group and recognised how successful the children could be when working away from their own parents.

"*What I did find that was quite good…like as an outsider looking in. When we were not necessarily working with our own children and they were separated from parents…I noticed, especially one other child, that has a real lack of focus and engagement, but they were really engaging and they were concentrating, they really joined in well and <u>did</u> do it…..and did really well."* (T3:5:179).

Suzie then also recognised success when she worked together with other children,

"*Oh…I know that K really benefitted from the sessions [.….] and when we talked about it (her target)..her face just really lit up, she was so proud that she had done it!"* (T3:9:356).

However, despite these observations, Suzie did not appear to apply and transfer her thoughts to her own relationship with her daughter, as Anna and Lauren had done. Suzie continued to caveat observed difference and improvements in her daughter with several reasons.

'*Well, she would have kicked off in that group with people she didn't know… and her medication would still be working, so she was a lot calmer than if she hadn't had it."* (T3:4:170).

Although Suzie was able to recognise that her daughter had benefitted from working with others in the group, Suzie's focus remained concerned with how other parents reacted to their children and monitored their behaviour. It remained difficult for Suzie to reflect on her own experiences and use these to address challenges in her relationship with her daughter. The researcher suggests that Suzie found the group challenging in this way as she was 'triggered' somewhat by other families in the group, which led to her continued use of coping mechanisms, such as isolation and a disregard for others, which in turn continued to fuel her internal negative thoughts about the possibility of change.

4.5 General Experiential Theme Three: Changes in Identity and Self-Concept
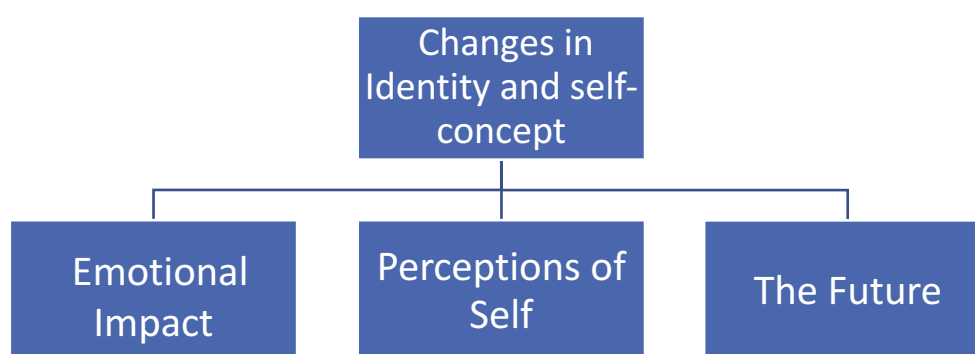
Figure 6 - General Experiential Theme Three and associated PET's- Changes in Identity and self-concept

Throughout the interviews, the researcher noted that each participant made compelling comments about their own emotional state and their approach to challenge. These related primarily to their feelings about the attributes they

needed as parents and their journey so far with their child. These conversations led to the parents sharing the emotional impact of such a journey as well as their opinions about their future and the possibilities they saw as realistic for their children.

4.5.1 Emotional impact

The researcher felt it was important to include this sub-theme as part of the current lived experiences of the parents, as it gave a clear and informative insight into their emotional state and wellbeing at the point at which they joined the sessions. Their comments also highlighted the impact a perceived lack of resources, and professional help, had on their mental health and wellbeing.

Suzie and Lauren both described their previous and ongoing experiences navigating SEN systems as daunting in some way, describing it as a 'fight' or 'battle' for their children. Both parents of children in Year 6, they described their feelings using potent and telling language, as they presented a picture of their journey filled with challenges and struggle. Suzie stated

"Everything that we have done so far to get where we are, has been a fight." (T1:19:926).

Lauren shared similar feelings, explaining,

"I feel like I constantly fight to get her help." (T1:2:65). *"Fighting for what they need, I've had to fight for an EHCP and things in school."* (T1:14:617).

And the continuous need to keep 'fighting' is always present.

Suzie, "I will fight for X....in every sense, you know if somebody is horrible if there's something she needs to help her to make school life easier…whatever..I will fight for her." (T1:20:965).

Lauren, *"There's always a fight to be had, like it's now the fight for secondary school, I'm prepared for it, but I'm always fighting for something."* (T1:27:1229).

Suzie and Lauren also reflected on how their SEN journey had impacted their emotional wellbeing.

Suzie, "*I think sometimes, that if I let it affect me…......I just think it would be hard to then cope with that, but I can't do that because I know this isn't going away.*" (T1:18:875).

Lauren, "*It's draining, exhausting, it takes up so much energy. I sometimes wonder, how much longer will I have to keep fighting?........ It's not easy, it's stressful. I just have to get through each day, otherwise, if I think too far ahead, I get more worried and start to feel panicky myself and I have to keep calm as much as I can for the kids. I've got to keep going….it's like climbing a mountain and not knowing if you'll ever get to the top. I need to feel that I can get there one day, so I just keep going…it's the feeling of it never ending… I think that is the worst part. I love my kids and I'll fight for them, but sometimes you want it to end.*" (T1:27:1237).

Anna was at a different stage in her journey with her child who was in a lower year group, but also acknowledged the difficulties associated with finding the necessary resources. Anna's child did not present as disruptive at school, but masked feelings, resulting in severe emotional and physical outbursts at home. Anna found it a challenge to find the right way to approach someone with her concerns.

"*A lot of it was his teacher last year, he started things, but it's so hard when you're already dealing with your own child's challenges and they might not see them in the same way at school.*" (T2:16:762)

Both Anna and Lauren shared how their pre-existing mental health difficulties could be affected on a day-to-day basis and the added pressure this presented

Anna, "*It's so tiring, deflating and exhausting.*" (T1:9:398) "*I suffer from depression, always have done and it impacts on that sometimes....It's the feeling of not being able to get away. Not being able to fix it.*" (T1:11:526).

Lauren, "*I'm used to living with my anxiety, so that the kids don't pick up on it, but it can be hard to control…. when we have bad days.*" (T2:26:1122).

When speaking to Lauren and Anna about their own mental health difficulties, the researcher sensed a feeling of stoicism and enduring strength, but also

uncertainty and fear about the future. Both Lauren and Anna were raising their children alone which presented additional feelings of isolated responsibility.

Anna, "*I never get time off mentally, even though some (of the kids) are older…I never get a time when I can just switch off.*" (T1:15:696).

Lauren, "*Well, it's frustrating, you feel like you can't rely on anyone, you have to make sure that things are done yourself, or it just won't happen.*" (T1:21:940).

Both Suzie and Lauren shared their most current concerns, which centred around transitions into secondary schooling. The interviews revealed the anxiety both parents felt, viewing the transition as a new 'fight' required to secure what they viewed as appropriate provision for their children.

Suzie, "My biggest fear and concern at the moment is knowing that secondary school is looming. I have only requested one school, I don't want anything else." (T1:11:523)

Lauren, "*They've said mainstream and I've said 'No!' She's definitely not going there, it's not appropriate.*" (T1:9:391) "*It's the worry, I worry about her education and how she will cope in secondary school. If she says she hates school now, how is she going to be in a new place? Will she make friends?, will she understand her emotions? Everything really.[…] I have a lot of worries.*" (T1:26:1219)

These thoughts and emotions should be considered when Year 6 parents are included into the groups as these added pressures may have an impact on the parents' emotional wellbeing and motivation.

Revisiting the parents' emotional state and feelings of wellbeing at the mid-point and post-session interviews, revealed that Suzie remained focused on her daughter's secondary school transition and the challenges she faced. It appeared that Suzie had not gained the emotional support from the group to alleviate her anxiety. Suzie maintained a fixed opinion about how the group could benefit her and expressed her continuing belief that only a specialist school would provide any worthwhile change for her daughter.

"*The difference will be when she is in an environment with specialists every day.*" (T3:6:262)

"*Every day is trouble with her…I think that's the hardest thing....just knowing that everyday it's going to be hard, it's still a struggle.*" (T3:10:413).

The researcher proposes that Suzie's continued lack of trust in the group members appeared to impact her ability to access support. Suzie continued to view the relationship with her daughter as a difficult one, regarding her life as a continuous struggle.

However, both Lauren and Anna experienced change in their emotional wellbeing in a variety of ways. Lauren's experiences of the group sessions appeared to develop her self-confidence. She talked animatedly and positively about her ideas to share information with other parents on her Facebook page. The researcher attributed this new confidence to Lauren's increased self-awareness of her knowledge and expertise about her daughter's condition, sharing this knowledge without feelings of anxiety, openly discussing issues and providing support.

"*I have been posting on there, about Autism..I never thought I would do that, but I feel that I should be trying to say a bit more about it. Some of the parents have been asking me questions about it, which is good.*" (T3:1:38).

Lauren also acknowledged that she was able to share her worries with others in the group she had established a supportive relationship with.

"*We've been able to talk about our kids' problems, our worries and the way we try deal with them, and we shared some ideas, that really helped. I felt understood and much calmer.*" (T3:3:99).

Lauren was visibly more at ease during our final interview, smiling and much more willing to share positive news. Lauren showed a distinct positive shift in her mood and an increased awareness that the knowledge she had accumulated was a valuable resource to others. Lauren also identified and praised herself for her work in an activity with a child and began to relate to feelings of success and achievement, saying,

"You had to really listen and try to interpret what they were explaining to you. So that was quite complicated. I was quite good at it actually! Apart from one brick, she had it spot on, it was amazing…, we worked well as a team!" (T3:32:1486).

This quote emphasises the impact that feelings of success have on parents who may have regarded their interactions with their own children as negative in nature. Lauren experienced success after teamwork with a child and has identified the skills of attuned listening and focused attention as facilitating a successful interaction.

In a similar process to Lauren, Anna shared positive changes in her emotional state during the group sessions. Anna became aware of her emotional and physical reactions to the stress and pressures she experienced and in turn these changes had an impact on the way she approached caring for herself and her own wellbeing.

"I'm trying to do more for myself now…whereas before, I was always too emotionally exhausted,…..that if I did have some time for myself, I'd literally just sit on the sofa in front of the TV, or if I had an evening when they were at their Dad's, I'd have a couple of glasses of wine…but…for the last couple of weeks…..I've been trying to walk more. I haven't drunk anything and I'm trying to sleep better, eat better…yeah…and doing all those things makes me feel better, which means then I can stay calmer with him and he is calmer." (T2:19:918).

Anna's reflection goes some way to explain how the supportive nature of the group and Anna's reframed views and new strategies with her son, had impacted on her emotional coping, providing her the capacity to change the negative routines in her life.

4.5.2 Perceptions of Self

During initial interviews, the researcher discussed strengths and values with the parents, establishing a view of their mindset and perception of themselves. At the following interviews, these views were reconsidered and re-evaluated to identify any possible changes in these perceptions and perspectives as the group sessions developed.

Suzie saw her main strength as being able to mask her true feelings and present herself as someone able to cope without the support of others. Suzie recognised the need for endurance and resilience in her persistent struggles to achieve the best outcomes for her daughter and perceived her adopted persona as a show of fortitude and fearlessness.

"I think I have a thick skin,…....I've always been stubborn and some people would say hard-nosed and I've always given the impression that I don't care, that things don't bother me…....but things do bother me, but I don't let anybody know. So yeah, I'd say those are my strengths." (T1:15:744).

Suzie continued to identify with this persona throughout the sessions and often articulated that the group was not providing her with the answers that she needed. Suzie often identified herself as the person in the group with the most knowledge.

"I think the only thing I got out of it was, that compared to others..I think we are doing a good job ….it was interesting to see how other people deal with things, but really I didn't see anything new." (T3:1:10).

However, Suzie did suggest that the sessions had provided her with an affirmation that her actions and strategies were working well. This recognition of her own instincts endorsed her belief in these strategies going forward.

"One positive thing, I've found personally is….I've never known if I'm doing a good job, a bad job, if I'm doing the right thing..but actually now I can sit and think..yeah you know what..you're doing okay, so that makes me feel a bit better." (T2:15:670).

Lauren's values and beliefs stemmed largely from her past experiences. Lauren shared with the researcher that she had previously experienced a traumatic relationship and had spent some time in a refuge with her children. Lauren had developed a self-concept deeply entwined with her role as a parent and protector of her children. Lauren described how this made her feel grounded and needed.

"That's what roots me because it draws from me, that's what I am, it's my life, without that I wouldn't really have anything. That's what I have, that's what I

know, that's what I am." (T1:2:93). *"I just always wanted to be a mum."* (T1:19:888).

Lauren explained that she valued the qualities of kindness and understanding in herself and from others around her. Lauren had recently also taken on an active caring role for a family member

"I'm always helping someone. I would say I'm kind, helpful and understanding." (T1:14:630).

"Feeling valued by people and when they appreciate what you do for them, I think that's important to me actually, so that I know I am helping people." (T1:28:1277).

Lauren also shared that her previous experiences had led her to value her independence and she sought out answers for herself through her own research and contacts.

"I need to be able to do things and know things for myself I suppose. I don't like to rely on other people." (T1:14:653). *"I am strong, capable and worthy*." (T1:28:1286).

As the group sessions progress, Lauren described her connections in the group developing and the researcher observed that Lauren was increasingly able to accept help and support, sharing her concerns more openly and becoming less concerned about how she was perceived by others.

"Yeah, we all talk more openly about each other's kids. We used to say bits and pieces before, but not a lot. But now, I feel happier about talking to people about X generally." (T3:1:23).

Lauren became increasingly empowered as she built on her core values of kindness and understanding when working in the group. Lauren's feelings of being valued and 'worthy' were also aligned with her actions in the group and consistent with her belief that she should be able help others.

"It's all really important you know....when you feel like you've done something right and that it's a good thing for the kids. It's a small step but its sometimes huge for them and their confidence. And that makes you feel much better inside,..like you've done something good that day at least." (T3:33:1512).

Anna also experienced growth, becoming adept at reflecting on her past experiences and using her reflections to resolve her feelings and engage in change. Anna initially shared her identity throughout the interview as a person who others would come to for help. Anna saw herself as a good communicator and able to listen well to others' problems and give advice. Having older children, her experiences with them had endorsed these feelings.

"I think we talk a lot […] I'm lucky that the children will always come to me for help with something." (T1:7:304). *"It's an open conversation…they know that I'm not their friend, but they know that I am there for them."* *"I'm very reliable and practical."* (T1:15:739).

Anna viewed herself as many contradictions. She described herself as a series of dichotomies, in discord with each other, identifying multiple sides to her personality.

"I'm an introverted extrovert! I'm very social but I also like being at home." (T1:16:744).

"I'm very compartmentalised……. Basically, I am a complete contradiction, so while I am adaptable and flexible, I'm also very rigid…..for everything, I'm also the opposite!" (T1:16:768).

Anna shared that her identity as a parent was important to her and directly reflected the way she felt about herself.

"My own self -belief as well..I think….I see the children as a reflection of myself. So, it makes me doubt myself." (T1:27:1304).

As the group progressed, Anna began to identify that she had split or 'compartmentalised' two eras of her life and how she parented her two teenage children differently to her two primary school age children. The researcher was curious about how her previous description of herself as almost two different people, had resulted from the different perspectives she held of how she had parented her teenage children when they were the same age as her son, who was participating in the group. Anna began to develop her awareness of her parenting skills from the past and reconnect with this belief in herself.

"*I think I feel like I lost a lot of self-belief in the last seven years. Yeah…...I felt although I've always had self-doubt over my parenting, I was a confident parent with the older two…but I've not had that with him, but I can see now that I am doing things for myself. I feel like I'm slowly starting to get that back again.*" (T2:24:1134).

"*I felt like I was a stronger person when I was parenting them..or I still am..but then….something definitely…I felt like it was….It has been missing in me…I sort of, I feel like I'm starting to get that back a bit.*" (T2:24:1151).

The researcher saw these statements as a powerful reflection for Anna. Through the groups, Anna's confidence in her parenting skills had returned. Whilst interviewing Anna, she emphasised her work and developing relationships with the other children in the group as a large part of her learning and developing confidence.

4.5.3 Thinking about the Future

During the interviews, the researcher observed that all parents found conversations about the future difficult to comprehend or articulate, both when speaking about their child and themselves. When asked about their hopes and wishes for the future, they answered,

Suzie, *"At the moment, it's not something I want to think about, because I can't prepare for something that I don't know."* (T1:22:1078).

Lauren, *"I can't think about how tomorrow might go, as they say, tomorrow is never promised. I have to get through each day as it comes."* (T1:26:1205).

Anna "*Wow!...I don't know!…I don't think about it really. […] Other than being more settled, a sense of security for all of us.*" (T1:24:1137).

These reactions to the researcher's question, exposed and emphasised how difficult it was to have a future goal or plan in mind. The parents focus centred on managing themselves and their children through each day. The future appears to be quite a frightening concept and not one which they think about whilst managing the pressures and challenges of the present.

As the groups progressed, Suzie again remained focused on her daughter's secondary school transition as a future goal and found alternative conversations difficult.

"*My next biggest hope is that she gets into secondary school, the one we've picked, the SEND school..I'm thinking about what happens if she we don't get it….. and what I have to do to get it.*" (T3:6:226).

However, Lauren went on to discuss some new plans, sharing more widely and involving the school. Lauren smiled and laughed during the conversation, with little hesitation or pauses, explaining how she had thought about ways she could benefit parents beyond the group sessions.

"*I've thought that it might be helpful to tell people about the Autism awareness course as well..[…..] I know that plenty of parents moan about my kids and others in the group, but they don't understand what is going on with them, how hard it is for them. I think some of the parents would be open to it. I'm going to suggest it and see what happens.*" (T3:2:50).

"*I'm hoping someone will do it for the kids next year….that would make me feel really good about it, like I had left some kind of impression!*" (T3:2:88)

Anna's ability to think of the future had also emerged. Anna expressed both her plans for her own well-being, tackling issues before they escalated, as well as for her family. Anna's desire to live a quality life with her children expressed in the first interview is beginning to become a reality.

"*I am definitely more positive now about the future, I'm starting to do things that help me. I don't let things go on for so long now.*" (T3:5:188).

"*I'm actually starting to think, oh yeah they're with me next weekend…what should we do? Whereas before, I wouldn't and it would just be a ..maybe we will see what mood he is in in the morning, whereas now I'm thinking about where to go, what to do.*" (T2:24:1166).

Anna also explained that she was able to think positively about the strategies she would use with her son. Anna expressed her excitement during this final interview, with a sense that she had new motivation and hope for the future. She

also shared that she was starting a new chapter in her career, something that she had been delaying.

"*Well, I've got a lot in my mind that I'm going to set out for January…more about routines at home and things.[…..] I'm going to put things in place around rewards, I'm planning all that to get it ready…I'm actually starting a new job as well. Yeah, I'm starting afresh.*" (T3:12:548).

This GET has outlined the development of parent's identity and self-concept through the exploration of their evolving emotional wellbeing, changing identity and thoughts for the future.

4.6 General Experiential Theme Four: Developing Relationships with Child and School

The final GET presents the researcher's findings on the parents ability to develop or alter their relationships with their child and family as well as the school and community.
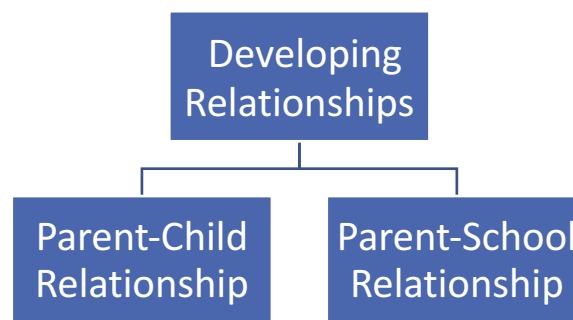
Figure 7 - General Experiential Theme Four and associated PET's- Developing relationships

4.6.1 Parent-Child Relationship

With reference to the study's research questions, the researcher was interested in any development or change in the parent's relationships with their own child and any impact on family life during the group sessions or beyond. During the initial interviews, parents identified the challenges that they faced with their children, the complexities of managing a child who may have emotional

regulation difficulties and the damaging effect it sometimes had on their relationship.

All three parents gave accounts of difficult conversations and incidents with their child, which had led to feelings of disempowerment and negativity in the relationship. The parents all became noticeably more emotional when describing their feelings and the unpredictable nature of their relationships.

Suzie, *"She knew she had reduced me to tears and really hurt me to the point when I was like, I just can't see her, I actually couldn't look at her…. I can't speak to her….but then she's remorseful,…that she's upset me, but I know she'll just end up doing it again."* (T1:16:782).

Lauren, *"She explodes at the smallest thing, like if the internet doesn't work, she'll scream and shout, I'll say calm down, but there's nothing I can do about it. I can't do anything to help or change it."* (T1:23:1051).

Anna, "*One minute he's absolutely fine and the next minute...he's shouting and throwing things and hitting his brother, it's an emotional rollercoaster….literally from one minute to the next, It's not hour to hour...It's tiring, exhausting and deflating."* (T1:9:410).

"The way he speaks to me, that's the bit I can't handle….I can handle the rest of it, the meltdowns ,I can navigate those and put things in place, but the anger ..the violence and the way he speaks to me are what I can't deal with." (T1:11:542).

All three parents often found it difficult to build trust in the relationships with their child. This appeared to stem from the conflict they experienced as well as forms of emotional rejection, often resulting in parents' withdrawal.

Suzie, "*She'll say, I'm really sorry mum, and I'll say, What are your sorry about? To try and have her understand what it is that she's done to upset me […].. but then she always says do you believe me? And sometimes I do tell her, No because you'll do it again."* (T1:6:254).

Anna, *"It doesn't make me want to do anything with him at all. I want to be able to do all the things that we have in life, to share that with him..to be able to have a quality of life together."* (T1:23:1123).

Lauren*, "It's a vicious cycle, It's hard, I don't know…(sighs)....It's her self-confidence, If I tell her she's clever, she doesn't want to know, so I have to leave her alone and we don't talk."* (T1:31:1419).

The parents were, however, all highly motivated to find different ways to engage with their children and find solutions to the barriers between them. The parents were mindful that their relationships with their children were fraught at times.

Suzie, *"I would like to think that I have a better relationship with X than I probably do have, than what I've got, because of the way she is with me sometimes….. It can be so totally draining….yes, so sometimes I do wish that we had a better mum and daughter relationship than what we've got."* (T1:15:707).

Lauren, *"I'd like to know what I can do to make her try new things… she struggles with doing homework, she just won't sometimes…..it's hard,...but I try to encourage her."* (T1:32:1468).

Anna, *"I need techniques to help him deal with the frustration and the way he's feeling and that would make my life better and his life better because then I'm not so uptight."* (T1:22:1064).

As the sessions progressed, Lauren began to share her daughter's difficulties with parents in the group and although cautious at first, she began to adopt new strategies.

"I'm a bit nervous about trying new things, because I don't want to mess with our routine…..'cuz that's important…but I have to try something." (T2:3:108).

"Well, we've done things like having a red light in her bedroom..she's not one for sleep, which is one of her big issues, so that's a target for home." (T2:15:614).

Lauren began to identify the times when she could speak with her daughter calmly and build on positive dialogue,

"I have tried to talk to her in a different way, like when we are doing something together that she likes to do. I've been asking her what she wants to do more." (T3:11:493).

"We try and have less distractions, turn off the telly when we're talking..yeah." (T2:11:480).

Anna also began to see differences in the relationship with her son, experimenting with new ideas and strategies taken from the group. Anna's

increased confidence whilst working with other children and her identification (as previously discussed) of positive communication skills, led her to evaluate how and when she spent time with her son and how she could facilitate conversations.

"We have started this thing where we have a chat for 5 minutes at bedtime and 5 minutes of cuddles." (T2:9:423).

"He's always wanted to help (in the kitchen), but the times I've let him help have ended in complete disaster. It's always a big deal because he gets angry about something….Recently, I started letting him do it again and it's been fine! And it's made me take a step back.. and see how he is when he does it." (T2:11:501).

Leading to positive shared experiences,

"I'd pick him up from school and then just want to sit in front of the TV, just because I didn't want to have to deal with it..Yeah....whereas now, I'm starting to relax a bit and he's starting to relax and there are times now when I actually enjoy doing things with him!" (T2:18:872).

"It's always been too much of a risk to do certain activities….like playing games with rules because [..] it ends up in a big argument. Whereas having done this, it's easier…so we started playing games at home." (T3:6:276).

Anna also became more aware of her son's 'triggers' and implemented strategies to prompt her son to think rather than allowing the behaviour to escalate.

"This morning he got angry and he went like this (raised fist) and I just looked at him and said, 'think about what you're doing' and he sort of turned around and he said, 'I am thinking,. He still hit but it wasn't anger..[..]… I would say that he is becoming much more aware of what he is doing and the consequences of what he's doing." (T3:24:1111).

As the sessions progressed, Anna incorporated more of the skills being developed through the activities in the group. In the post-session interview, Anna was able to reflect on the skills she had been able to build on and use at home.

"There was a lot of working together, working in groups…and sort of breaking things down…and getting the ideas together..[…].. and that's definitely something that we've taken home and I do with him at home now…more than I did before because of his reactions to things." (T3:6:268).

Comments from parents in the group also enabled Anna to re-visit and re-establish her relationship with her son and view it from a different perspective. Anna reflected,

"A couple of the other parents….on different occasions commented on how obviously close X and I are…..and I often feel quite distant from him and that surprised me."

Researcher: "How did that make you feel?"

"It opened my eyes a bit…, you get so wrapped up in your own little world that you can't always see from the outside.. and yeah….we are very close and we're probably quite similar." (T3:21:943)

Similarly, Lauren began to implement ideas shared in the group with successful outcomes which ultimately improved her relationship with her daughter.

"She now has her own bed, so now she's not in mine and I'm not so tired. (smiling and laughing)." (T3:14:626).

"I try to give her choices…you know…not compensate…just yeah…um..compromise..that's the word!" (T3:28:1280).

Suzie however, felt that the group did not meet the specific needs of her daughter, expressing that the activities did not provide the necessary stimulus or ideas to have a lasting impact on their relationship.

"We tried the different strategies and marked her scores…but with all her issues, she's not bothered, nothing would make her stop doing it." (T2:4:160).

"She doesn't like it when people are talking about her, she doesn't like to be the centre of attention and I think when it was focused on one person, she wasn't comfortable with that." (T3:4:158).

However, Suzie was able to reflect on the ways in which her own strategies continued to help.

"I'm proud of how we do things, because we are allowed to make mistakes and try things and do different things different ways." (T2:16:705).

Both Lauren and Anna were able to recognise that their own emotions and reactions directly impacted their children. This provided an insight and opportunity for them to consciously regulate their emotions and adopt new ways of communicating with their children.

"I'm trying to be more relaxed, and explain things.. I always have to hurry him up, […} but I think…no, just let him do it, and I think…I'm gonna stay calm….hang on!" (T2:13:591).

"He's always been a child that follows my emotions. I see that more now, so when he is stressed, he takes it out on me and then I'm stressed...it escalates quite quickly…so because I'm more positive and trying to take a step back and dealing more calmly, it's definitely having an impact on him." (T3:5:201).

Lauren*, "She always tests my patience....but obviously, I can't shout at her and tell her off in the group. I have to keep quiet and calm and I try to do that at home now."* (T2:9: 356).

"I just have to be patient with her and being angry or annoyed back won't help either of us." (T:3:11:482).

In the post-group interview, when asked about the impact of regulating her own emotions Anna reflected,

"Sometimes, I just do it without thinking now…sometimes it has to be a conscious thing and there are still times I don't…and then I realise I should, because I definitely get a better response from him." (T3:8:352).

Anna began to spend more time explaining her own emotional state to her son and communicating reasons for her actions.

"He said, 'I'm not doing it' and I said well, let me explain why I'm doing it….I'm trying to get more organised in the mornings and you know that you and I both get very stressed out, and I'm trying to find ways to stop us getting so stressed..and he's like…..'Oh..okay'!" (T2:25:1184).

Lauren also became aware of how her emotional responses affected her relationship and began to make changes.

"I suppose it's been a journey,…..you know, I've had to look at things I do as well." (T3:7:312).

"I'm not always calm to be honest, I'm always so busy…. it's given me time to spend with her. I've tried new things and not shouting when we've been in difficult situations and that helps me deal with things in a different way." (T3:7:320).

In the final interviews, both Anna and Lauren reflected on conversations which they believed showed that their children were developing a greater awareness of their emotional regulation and the ability to communicate their needs. The researcher noted this as a significant change in the way parent's reported interactions and would suggest that the relationship between the parents and the children had become more attuned.

Lauren shared, *"I reckon she's more aware of what she needs. She tells me I'm overprotective! She came out with, 'Mum, you have to let me make my own mistakes'. That was interesting to hear her say that."* (T3:34:1572).

Anna, *"We got almost home and he turned around and said, 'Mummy, I didn't get mad'. He suddenly realised that we were nearly home and he hadn't lost his temper."* (T3:9:377).

Anna also believed that the experience of working with children with similar difficulties, helped her son relax and feel a sense of belonging, which helped develop an increased awareness.

"He is definitely more aware of himself, I think he has been able to see what he can do when he is working with other parents. He could be himself in the group, because he was with other children who were like him, so I can see that when he does lose some self-control…he will apologise more quickly afterwards."
(T3:4:142).

Anna and her son engaged in a conversation which revealed an acknowledgement of her son's increased awareness of his own and his mother's emotional state.

"The other day I told him to stop arguing with me […] and he said, well mummy in your head I am arguing with you and in my head, you are arguing with me!"
(T3:14:648)

And his father shared a conversation where they had spoken about his behaviour in different family settings.

"When his dad brought him back this Sunday, he said, Oh, X said that the reason why I don't see it (his behaviour) is because he takes it out on you and his brother, not me. (T3:21:964)

Due to a reduction in emotional outbursts and Anna's increased confidence when dealing with difficult situations, Anna became positive about developing her relationship with her son and including him in her plans.

"Before,.[…] I would be just, well maybe we'll see what mood he's in in the morning. Whereas now I'm thinking about where we can go, what to do, booking things, making positive plans" (T2:24:1163).

"I'm going to involve him in some little things I'm going to be putting in place…so I've written down some ideas and then I'm going to get him to contribute as well and agree to it..maybe get us both to sign something." (T3:14:642).

As did Lauren,

"I'm thinking about making a plan with her. I like plans as you know."(T3:16:726).

Suzie also noticed some changes in her daughter due to the group sessions but felt that it would be a short-lived improvement.

"The only time she is bothered is when she has been really bad and reduced me to tears.. and she'll go off and think about it for a little while." (T2:5:217).

"But it hasn't really had any lasting effect…it's just for 8 weeks." (T3:8:316).

"If she gets angry about something, none of that (group targets) is going to stop her." (T3:6:243)

Family life had also improved for Anna as she also witnessed her son's developing relationship with his siblings, observing that he was able to communicate more appropriately

"There have been less violent episodes. He is still controlling, but less physical control." (T2:9:409)

And with his older brother, who had previously been critical of Anna's parenting skills.

"In the end they spent three hours together and then went into town. My eldest has always pushed him away a lot because they are similar and because of X's reactions, but they both absolutely loved that, so that was something really positive that has come out of it. (T3:11:501).

4.6.2 Parent-School Relationship

All three parents commented that they already had a positive relationship with the school in the pre-session interviews. As this study is based on a pilot intervention which school signed up for voluntarily, this open communication was most likely already embedded in the ethos of the schools taking part.

However, as the sessions developed, changes became apparent as the parents had the opportunity to examine this relationship more closely and see the benefits of the sessions. Suzie used the group to voice her concerns about how teachers communicated with parents of an SEN child, who may not be identified for positive behaviour.

"I said, when my phone rings I think, Oh no, what's happened now? So, we only get the negative phone calls…that's something that we did pull them up on. She said she would feed that back. So that was nice…to have those conversations in a group session when you feel you can say something…..because it's not school as such…..it's a group session." (T2:10:433).

Lauren's main focus remained how the school could help her daughter and the ways in which this was communicated.

"Well, she is getting help with stuff, but I think they could do more…I still don't think that they understand that she needs more help….She says she doesn't want to go to school a lot." (T2:20:910).

Lauren benefitted from an increase in the communication between home and school and her confidence that the appropriate actions were being taken at school.

"I know what she has been doing in school and the teachers know what she has been doing at home, so that's good it makes it all more joined together." (T3:4:153).

"Everyone knows what's going on and I'm not sending as many emails, I'm more able to wait and see if things are working. I know that the school has been working on her emotions to make her calmer." (T3:4:162).

Anna's confidence in her own communication with the school increased as she developed relationships with key staff who would attend the group for specific sessions.

"I'm feeling more confident in the school […] I think because I've got to know them better…who the people are that I need to talk to..It can be quite intimidating. It's just the people, they are key people in the school but they're not people you'd necessarily have any dealings with unless you needed to." (T2:15:725).

"I feel more relaxed about speaking with them now….you know…..before it was intimidating…..it felt a bit strained…they are so busy, they have this and that going on, but now I know I can." (T3:1:8)

Anna's new feelings of connection reduced her thoughts that key staff could be intimidating and encouraged enhanced and purposeful connections.

This GET has identified the ways in which parents may have been able to develop relationships with family and school as well as discussing some of the barriers involved. Parents developing skills, levels of confidence and willingness to implement new strategies are shown to be the main contributing factors to success.

4.7 Summary

This chapter has provided an analysis of the three participants accounts of their lived experiences of participating in the MFG-S sessions, at three distinct points

throughout the intervention. Commonalities and differences have been outlined to represent the results of the data analysis using IPA. The four GET's have identified and provided answers to each of the research questions. An evaluation and these results in relation to psychological theory and current literature will now be discussed in Chapter Five.

5. Discussion

5.1 Overview

This chapter presents a discussion of the findings in relation to current psychological theory and relevant research. First, the researcher presents a brief summary of the findings (5.2), followed by a discussion of each of the four GET's in relation to the relevant theory and literature (5.3). The researcher provides an evaluation of the limitations (5.4) of the study followed by a critical evaluation of the qualitative study (5.5), followed by a discussion of the implications of the study (5.6) and suggestions for possible future research (5.7). Finally, a conclusion ends the chapter (5.8).

5.2 Summary of Findings

Through the process of data analysis using IPA (Smith et al., 2022) four GET's were identified. These GET's represented the changing views of the parents throughout the MFG-S intervention and also incorporate PET's associated with the main theme. The findings are the researcher's interpretation of the parents' interpretations of their experiences throughout the MFG-S intervention and their changing views.

The main research question focused on: In what ways do the views of parents/carers change through participation in the 'Multi-Family Groups in Schools' intervention?

The research aimed to answer the following sub questions
1. How do parents'/caregivers' experiences of the multi-family group intervention change their views on their family and well-being?
2. How do parents'/caregivers' experiences of the multi-family group intervention change their views on school and school community?
3. At what points and how do the parents'/caregivers' views change throughout the process of the intervention?

The four GET's and their respective PET's reflect the changing views of parents and directly answer the research questions. The first GET identifies the parents' views regarding support and coping and the necessity of supportive networks. These are discussed in relation to the parents' ability to cope and manage stress and the implications of coping mechanisms on functioning relationships. The role of group dynamics and cohesiveness (Yalom, 1995) and the development of support networks within the groups are discussed in relation to theory and practice.

The participants described changes occurring through the observations of themselves and others in the group. Changes were visible as parents became more self-aware and identified additional resources. These changes are discussed in relation to theories of mentalization and attachment. Parents discussed how the emotional impact of living with a SEN child had altered their perceptions of themselves as parents and the researcher referred to Rogers (1951) theory of self-concept to further explore the views of parents and make suggestions for change. Finally, parents discussed their changing relationships with both school and their child. The researcher explored the development of these relationships with reference to family systems theory (Kerr & Bowen, 1988).

5.3 Discussion of Findings

The following section explores each of the four main findings in turn, as described above, and examines each in detail with reference to relevant theory.

5.3.1 General Experiential Theme One – Changes in Support and Coping
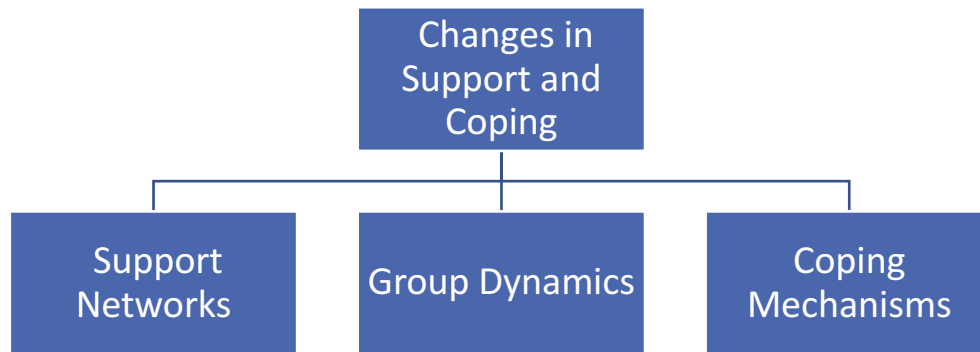
Figure 8 - General Experiential Theme One and supporting Personal Experiential Themes

Coping and stress

During the researcher's initial conversations, parents disclosed the ways in which they used coping strategies to manage situations and experiences with their children. The additional stress and unmet psychological needs of parents with a child with SEN is well documented (Holland et al., 2018; Russell, 2003). The researcher interpreted these reflective thoughts and recounts as evidence of coping and managing stress. Coping strategies included a need to control their environment with a desire for order and strict timetables, withdrawing from participation in family activities and a third had built-up emotional barriers, avoiding any integration into the school community due to previous feelings of rejection.

Lazarus and Folkman's (1984) transactional model of stress (Fig.9) provides one way of deciphering these strategies with respect to an interactional, system focused approach. Lazarus (1991) regards stress as a relational concept and views stress and coping responses as a 'transaction' between the individual and their environment. Psychological stress is defined as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (Lazarus & Folkman, 1984, p.19). According to Lazarus (1991), two processes take place, cognitive appraisal and coping. These are identified in the framework as primary appraisal when a person evaluates if the situation presents harm (already done) threat (high arousal) or challenge (lower arousal), then moving to

secondary appraisal whereby the individual identifies their resources available to cope.

Initially, parents exhibited coping strategies which were emotionally based such as distancing (Suzie), self-controlling (Lauren) and escape-avoidance behaviours (Anna). Over time, as the sessions progressed, parents began to re-appraise their situations, considering their increased confidence levels, connection, newly acquired resources and increasingly developed support networks. Applying Lazarus and Folkman's model, the parent's primary re-appraisals revealed a lower emotional threshold, that of challenge, rather than a threat. This evoked a secondary appraisal using the more effective problem-based strategies, to "face what was going on" as described by Anna, and were actively able to employ plans, use alternative strategies and resources to resolve these challenges. Meaning-based coping (Folkman, 2008) was displayed by Lauren as she recognised that increased flexibility in her schedule led to improvements, encouraging her to re-prioritise and find benefit in her systems.

Adaptive coping outcomes

Improvements in health status and quality of life
↑ +QoL indicators

Health-promoting behaviours and Adherence to treatment programs

Moderating processes

Meaning-based coping

Positive reappraisals
Revised goals
Personal beliefs

Coping efforts

Meaning-based coping
Problem-based coping
Emotion-based coping

Personality dispositions

Coping styles
Social support

2° Secondary appraisals

Perceived control over emotions
Perceived self-efficacy
Perceived control over outcomes

Mediating processes

Transactional model of stress and adaptive coping

See Lazarus & Folkman, 1984 et al.

1° Primary cognitive appraisals

Perceived susceptibility
Severity
Causality
Impact

Focuses on the dynamics between people and surrounding environments

Stressor

A perceived threat or challenge due to life changes

According to the Transactional model, stress is a result of how a person appraises life changes in relation to his or her coping resources available for adapting to changes in social and natural systems

Figure 9 - Lazarus and Folkman (1984) Transactional Model of Stress

Group cohesiveness and support

Over the course of the intervention, supportive relationships within the group were created for most of the participants. This section will discuss the findings and identify possible reasons for participants successes and difficulties within the groups with reference to forming trusting and supportive relationships.

From the findings, the participants described supportive relationships as crucial to their ability to cope. Interviews revealed several important aspects of these relationships, with parents citing shared experience, mutual support and open,

non-judgemental environments as helping to dispel feelings of stigmatisation and isolation. The development of these supportive relationships can be linked to the theory and benefits of bringing families together in a group. The development of group therapy by Kurt Lewin and Carl Rogers in the 1940's introduced the concepts of using groups as a means of developing both individual and group self-insight by encouraging feedback, shared problem-solving and constructive criticism between members (Lewin, 1948).

Research evidence supports the additional benefit of group therapy over individual therapy for those who feel stigmatised or isolated or who are seeking new coping skills (McFarlane et.al., 1996; Galanter & Brook, 2001). All the parents described feelings of isolation and the 'relief' of being able to observe other families with similar difficulties and being able to openly share and discuss problems. As the intervention progressed parents noted kindness, honesty and understanding amongst the group as helping to build relationships. Krupnick et al. (1996) reported that relationships which developed with trust, warmth, empathic understanding and acceptance would be most beneficial. These relationships have been deemed essential for successful group work (Yalom, 1995). Yalom (2005) further developed psychotherapy in groups and identified twelve therapeutic factors affecting group outcomes, including altruism, group cohesiveness, universality, interpersonal learning, guidance, catharsis, identification, self-understanding and the instillation of hope.

From the data analysis, the most recounted of Yalom's therapeutic factors by the parents, were group cohesiveness (group mutual support), non-judgemental belonging and feelings of being accepted. Yalom (2005) describes group cohesiveness as a similar relationship to that of the therapeutic alliance in individual therapy and integral to the success of the group. However, this 'relationship' is far more complex in group scenarios, incorporating the many changing and diverse relationships which exist within the group process. This complexity was clearly felt when the parents considered the changing dynamics of the group. Anna specifically commented on the change in environment once one family left her group, "*The dynamics of those (sessions) were a bit tricky…but when it went down to five of us, the dynamics worked well really*

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quickly", suggesting that even one poor connection in a group could be damaging to group cohesiveness.

Burlingame et al., (2001) explains that when groups have a strong sense of cohesion or 'we-ness' the participants begin to value and defend the group, with higher rates of attendance, feelings of solidarity and mutual support. Anna's group displayed these characteristics and appeared to be a supportive, non-judgemental environment where 'transformations' were relished and celebrated. Anna directly linked her feelings of support back to her experiences in the group, stating, *"We've build a solid community"* and specifically requested additional time for parents and psychologists to meet. Anna and Lauren both commented on how the group had evolved to become part of their own personal networks. Studies have also shown that positive group cohesiveness has a direct correlation with improved self-esteem (Falloon, 1981) and a sense of belonging in a group will act as a powerful indicator of positive outcomes. Suzie did not embrace the groups and continued to struggle throughout the sessions, dismissing advice, *"The other parents…I wouldn't get anything from them whatsoever because I don't think they actually know what they are doing themselves."* As Falloon suggested Suzie's lack of 'belonging' directly affected her outcomes and she continued to dismiss any progression as due to external factors.

McKay et al. (2011) concluded that for parents to benefit from parenting groups, they had to feel that the group was a 'safe space'. Cassano (1989) describes five levels (intra-family, inter-family, interpersonal, intra-group and extra-group) of communication, which aid the development of a cohesive groups. Parents and children become less defensive, leading to a greater degree of openness and a willingness to experiment and engage in self-reflection (Dawson et al., 2020) The larger group (intra-group) conversations encouraged curiosity about others' stories and an acceptance of individual differences, fostering growth and further connectedness, Cecchin (1987).

This safety aided the development of a positive narrative, de-stigmatisation and positive perceptions of self and their child (Asen et al., 2018). Both Lauren and

Suzie built trust within the group, seen as crucial for parents to share personal experiences. Suzie had difficulties connecting to the group from the initial meetings, exhibiting mistrust and feelings of vulnerability, stating *"I don't have to share anything with anybody. I wouldn't trust anyone not to discuss things outside of the group."* Suzie maintained these feelings of vulnerability throughout.

The research data also identified that feelings of universality and similarity (not being alone in their experiences as parents with SEN children) and the cathartic nature of being able to share experiences resonated with the parents. Anna's comment, *"You tend to think it's just you!"*, became pivotal in her bonding with the group, leading her to feelings of safety and openness. Asen and Scholz (2010) established that the ability to share and observe similar experiences, explore solutions to problems and observe others provided a basis for developing trusting relationships,

Altruism and the ability to offer help and support to others in the group featured in several conversations with parents and as Yalom (2005) emphasises "group therapy is unique in being the only therapy which offers clients the opportunity to be of benefit to others…encouraging role versatility, requiring clients to shift between roles of help receivers and help providers" (p.13). As the sessions progressed, parents recognised their ability to help and learn from each other, which promoted positive emotions and increased self-esteem. These findings are in line with several studies of MFG therapy and indicate that group cohesiveness and universality form the basis for positive and successful outcomes in family groups (Asen & Schuff, 2006; Lemmens et al., 2009), as they allow family members to feel less stigmatised and more supported when they identify with peers who display similar problems (Asen & Schuff, 2006).

Clear expectations between group members and facilitators also contribute to group cohesiveness and may impact on the ability of group members to envisage future success and hope for change. Comments were made by both Lauren and Suzie regarding the format of the group and their expectations, remarking that at the beginning of the group they were unclear as to the purpose, finding some of the activities confusing. This lack of congruence between the group structure and

expectations, led to Suzie having doubts about the benefits of the group regarding her own situation. Suzie did recognise that the group functioned for others but not for herself and lacked trust in the relationships (MacKenzie & Tschuschke, 1993). Yalom (2005) explains that instilling hope in a group is crucial to keep members engaged and positive outcomes are more likely to occur when the group member and facilitator have similar expectations. Suzie thought about leaving the group, as she was clearly struggling to understand its usefulness and how the structure and activities related to her situation. Without this initial 'buy-in', Suzie had difficulty engaging with the group over time. However, Anna's comments that she witnessed a 'transformation' for a family in the group, identified this as a powerful source of hope which engaged Anna further in the process.

The roles adopted and characteristics of individual members of a group will undoubtedly have an impact on the way in which the group bonds, values input and maintains support, in other words, the group dynamics. Anna's discourse throughout her group sessions remained positive, she remained an active participant and reflected in our conversations on her child's development as well as her own.

However, both Lauren and Suzie showed initial scepticism. Lauren displayed the characteristics of a client identified by Yalom (2005) as a 'help-rejecting complainer', expressing need, while rejecting help offered. Lauren would seek advice and help explicitly, but also implicitly by allowing her child to disengage from group activities. Lauren reported how parents suggested many strategies to her throughout the group session but felt that she could not adopt many of them. Lauren also displayed the tendency to blame others, especially 'authority' figures, such as class teachers and local authority staff. Yalom identifies these behaviours as stemming from conflicted feelings about dependency and Lauren had previously experienced a difficult, overly controlling relationship, spending time in a refuge with her children. Many of our conversations revolved around her need to be independent, whilst in the group she could refer to herself as feeling powerless. Lauren also found it difficult to reconcile her child's behaviour at school and at home, feeling that the responsibility fell to the school to 'fix' the

problems. Campion (1984) identifies this blaming as often contributing to poor relationships between school and home.

Lauren's behaviours, however, did change over time. As she began to give advice as well as to receive help, her role in the group changed, identifying her own strengths and depicting herself as a resourceful, altruistic parent. Witnessing her own child's successes with others, had a powerful impact on engaging Lauren in a new hope for the future. Universality also played an important part in Lauren's progress, once she had established her own need, she began to identify with the group itself as having common and similar issues. As the group support developed so did Lauren's trust in the group, which in turn promoted her confidence and parenting ability.

Yalom (2005) describes a group member who rejects the therapeutic factors of group cohesiveness and universality as those with possible narcissistic traits, keeping vulnerabilities hidden from others, whilst being highly critical of the group format. Suzie would offer advice, but once rejected by another parent, this created an overly emotional reaction, sparking a lengthy discussion in our conversation about how the parent 'did not even try'. Suzie identified herself as separate with little commonality with other group members. Lieberman, (2012) also comments that group members who experienced little sense of belonging were unlikely to benefit from the group or may even have negative outcomes. Suzie continued to express her need for something different for her child, shared negative views about others and remained disconnected.

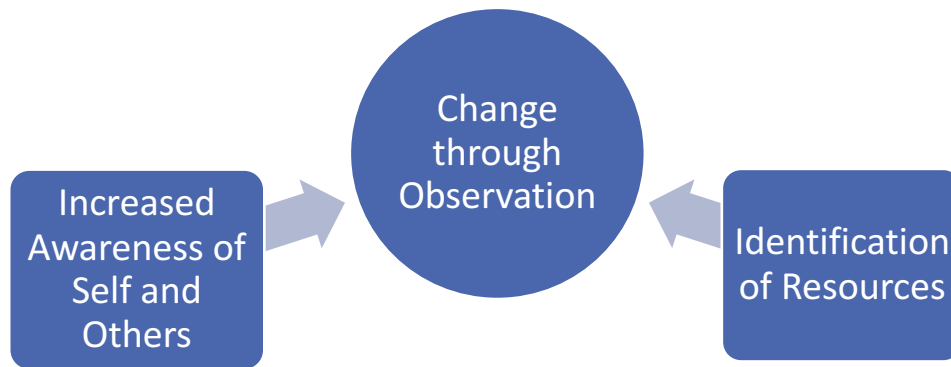### 5.3.2 General Experiential Theme Two: Change Through Observation

Figure 10 - General Experiential Theme Two and supporting Personal Experiential Themes

In this section, the researcher identified changes in the emotions, thoughts and behaviours of the participants, as a result of two types of observation. First, self-observations, working with children of other families and second, observations of their child's developing relationships in the group. These observations and the parent's subsequent changes in styles of communication, can be attributed to both attachment and mentalization based theories.

Mentalizing (Fonagy et al.,1991; Bateman & Fonagy, 2016) is the social process whereby individuals understand the mental states of themselves and others and connect those mental states to observable behaviours. This process is essential to a person's ability to regulate and communicate emotions and understand if their feelings, needs, thoughts and beliefs are being understood and met by others (Asen & Fonagy, 2012b). To achieve this, a person must be able to perceive and interpret behaviour. This is described by Dawson et al., (2020) as "the process of trying to see oneself from the outside and others from the inside." (p.86), or as a state of 'imagining' which helps us to relate to others and navigate our social world (Asen & Fonagy, 2017). When mentalizing skills are diminished, children and parents may experience difficulties feeling understood which, as Dawson et al., (2020) explains, "has the potential to create acute distress and chronic distortions of relationships." (p.87). This lack of mentalizing may contribute to the negative communication styles and feelings of emotional distance expressed by parents at the initial interviews, Anna comments, "*With some people he behaves, but with me he's a nightmare. Every day after school, he will run off, cross roads…with someone else he's the perfect child."* The

parent's ability to understand behaviour in relation to her own and her child's mental states is also termed reflective functioning (Slade, 2005).

Attachment theory developed by Bowlby (1969, 1988) explains the development of working internal models of attachment and how these models and experiences shape family dynamics. Bowlby identified that a child's internal models of attachment develop from a series of responses by parents to their need for comfort and security. These patterns of emotional attachment persist and develop into adulthood, impacting subsequent relationships (Ainsworth et al., 1978). Therefore, attachment theory should be applied to both the parents, in context of their relationships in the group and with their child, as well as considering the models adopted by the children as a result of possible early attachment difficulties.

When parents have developed insecure patterns of attachment in childhood, heightened emotional states may impair the parents' ability to reflect on their own and others' thoughts. This may have attributed to Lauren's hyperfocus on her daughter's behaviour in the group, rather than to her thoughts and feelings. *"She heightens my anxiety, because… I just don't know what she is going to do and how she is going to react".* As parents are less emotionally heightened by the challenging behaviour of another family's child, they are able to continue with their capacity to mentalize, beyond which the child's parent would normally be able to do.

The relationship between attachment and mentalizing is bidirectional (Fonagy & Target, 1997). Difficulties in communicating and understanding mental states can disrupt the normal patterns and processes of attachment and adversely affect relationships. Likewise, poor attachment relationships will limit a child's ability to develop mentalizing skills and the capacity to regulate and communicate emotions. Asen and Fonagy (2010) explain "We need to understand others to appreciate others as understanding us." (p.3). Anna's difficulties within her marriage and subsequent breakdown of the relationship had coincided with the birth of her two younger children. Later in our conversations, she shared her feelings of being overwhelmed and unable to manage at that time. This difficult

period for Anna may have affected her attachment and mentalization skills during her son's early childhood. Similarly, Lauren's personal experiences of spending time in a refuge with her young children may have both affected her ability to mentalize effectively and form secure attachments.

Attachment regulates a person's physiological state, emotions and attention. Children with insecure attachment relationships may experience considerable difficulties with emotional regulation, both at home and at school (Dawson, 2020). In the pre-session interviews all parents shared reports of their child's emotional outbursts, inability to maintain attention and mounting frustration, Anna shared, *"One minute he's absolutely fine and the next minute...he's shouting and throwing things and hitting his brother, it's an emotional rollercoaster."* Parents expressed feelings of being powerless to change situations and stuck in negative cycles. Anna and Suzie commented that their children behaved differently with other people, but that their own efforts were fruitless. Dawson (2020) suggests that ineffective mentalizing can be identified when a parent is focused on concrete external factors, such as specific negative behaviours, rather than feelings. Suzie also had difficulty coping with her emotions about others' feelings towards herself and her child, suggesting that they were disliked by the school community. Asen and Fonagy (2010), suggest that parents who hold an unjustified certainty about the mental states of others with unfounded attributions about their thoughts and feelings, may be presenting poor mentalization skills. However, attachment is seen as malleable and sensitive support from parents, even in teens, provide increased attachment security (Moretti et al., 2015).

The sessions of MFG-S are carefully structured to allow both parents and children opportunities to observe other families and reflect on their feelings. This 'mirroring' in others who are experiencing similar problems (Dawson & McHugh, 2000) can lead to discussion and sharing within the groups, which facilitates a circular process of mentalization, allowing for families to reflect on their own situations. Observing another child or family member encounter a difficulty in an interaction, allows families an opportunity to decipher why these interactions happen and the emotions involved (Dawson & McHugh, 2000).

Carr (2014) describes families as developing their own 'scripts' when communicating with each other in a family unit. These scripts provide a set of predictable scenarios of communication, acted out from previously experienced initiations and responses. When these scripts no longer function for the family and negative cycles become embedded, new or 'improvised' scripts need to be created. Without external input, these new scripts are difficult to establish. When families have an opportunity to work with other families, they are able to experience new attachment behaviours, and to have direct experience of a different kind of child-parent interaction.

As MFG-S sessions provide mentalization based therapeutic activities, parents began to recognise differences in themselves and their children and gain an increased awareness of communication styles. As discussed above, observations of both themselves and their children working with others in the group played a role. Cecchin (1987) reports that when mentalizing is successful, a person has a new openness to discovery and a curiosity in the interactions of others. This increasing curiosity is seen to develop as the sessions progress. Anna's experiences working with another child, provided her the opportunity to engage in a new 'lived experience' and develop a new positive communication style or 'improvised script'. The positive emotions associated with the interactions enabled Anna to identify patience and kindness in her engagement and in turn, think of new ways of working at home with her son, reflecting on their own parenting styles. *"It really surprised me….the connections I got with the children, they obviously felt that I was helping them and that gave me the confidence to take a step back and be calmer and more patient with him."* Carr (2012) suggested that family therapy should aim to provide "the development of secure family attachments and improvised scripts" and "facilitate the development of interactional awareness". (p.177). This in turn should improve social communication and interaction, with family, peers and educational professionals (Dawson, 2020).

The parent's observations of their own children in the group also facilitated an interest in other parents' thoughts and feelings about their child. Observations provided a space to reflect, identify positive traits and revived emotions of pride in

their children. Increased openness facilitated an empathic approach to relationships and an increased awareness of the capacity for collaboration and forgiveness, as witnessed in Lauren's changing relationship with another parent. As a belief in change occurs, parents become increasingly optimistic about their future (Asen & Sholtz, 2010). Parents such as Anna, also became increasingly aware of their own inner conflict, reflecting on different perspectives and incorporating these into new strategies with her child.

During the group sessions, trust is at the core of relationships. This is an essential part of the group process as trust is built through the actions and behaviours of others, using ostensive cues. These cues include, specifying a name or making eye contact and helping the person being instructed feel listened to. Often a parent's own experiences of school can influence their perceptions of teachers and a lack of epistemic trust is pervasive and re-lived through their children. Parents can be seen to engage in epistemic vigilance, to protect against potentially damaging, deceptive or inaccurate information (Sperber et al., 2010). Lauren and Suzie display this vigilance which is endorsed by their child's views of school. For parents, ostensive cues need to be more apparent, being recognised as an 'agent' in the relationship to reduce epistemic vigilance (Asen & Fonagy, 2021). During group activities both parents and children are encouraged to stay attuned and actively listen to their partners. Asen and Fonagy (2021) state, "It seems that being recognised in this way makes it more likely that we trust what we hear." (p.129). When ostensive cues are used effectively, personal relationships and epistemic trust, or a trust in the knowledge that is shared, is developed (Fonagy & Allison, 2014) which results in increased communication and closeness between parent and child (Dickerson & Crase, 2005; Depestele, et al 2015l).

A specific benefit of creating a trusting and safe group environment for parents is the phenomenon that when comments and observations are made by parents to parents, they are more readily heard than if they were made by a professional. Dawson et al. (2020), states "Parents can find it difficult to be open-minded or objective about their own situation, particularly when feeling highly aroused, upset or in the midst of personal conflicts. Yet the very same person may well be

able to be sensitive and thoughtful about the problems of other people." (p.85). This was explicitly stated by Lauren and formed an integral part of the group process.

5.3.3 General Experiential Theme Three: Changes in Identity and Self-Concept
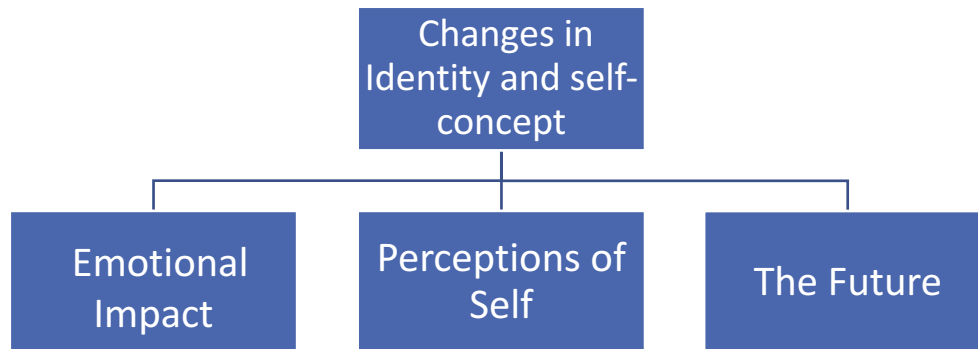
Figure 11 - General Experiential Theme Three and supporting Personal Experiential Themes

In this section, the researcher found that there was significant emotional impact on parents due to the factors associated with living with a SEN child and dealing with the SEN systems associated with accessing help and support. Largely, the emotional support provided by the group had increased parents' confidence to share their views as well as their knowledge. Rogers (1951) suggested that for a person to grow and build relationships, they needed to feel acceptance, empathy and genuineness.

Rogers' (1959) focus on humanistic psychology suggested that humans have a desire to 'self-actualise' in other words, to fulfil their potential. This self-actualisation occurs when the self-concept (how a person views themselves) and their ideal self (the person they would like to be) is congruent or overlaps. When a person's self-concept and ideal self are incongruent, the person exhibits low self-esteem. Feelings of success working with children in the group impacted positively on parents' self-concept. Parents acknowledged that they had previously neglected their own wellbeing and began to rectify this in the recognising their own needs.

Initially, parents displayed incongruence between their self-concept and ideal self. Anna and Suzie commented on their tendency to hide away from the school community due to feelings of rejection or failure. Anna spoke specifically about her parenting skills and how her approach to parenting her son had differed from her ideal of herself as a parent. Suzie also spoke about her relationship with her daughter as falling short of the relationship she had with her older children, acknowledging that it wasn't what she envisaged a good mother-daughter relationship to be. Parents' self-awareness also grew in the sessions with both Lauren and Anna commenting that they recognised their own emotional responses could trigger their children, re-framing their roles within the relationships.

As the parents developed their congruence in the sessions, they were more able to think of fulfilling their needs and desires (self-actualisation) and begin to understand their worth, exploring the ways in which they could contribute to society, share their knowledge and develop new relationships.

5.3.4 General Experiential Theme Four: Developing Relationships with Child and School

Developing Relationships

Parent-Child Relationship

Parent-School Relationship

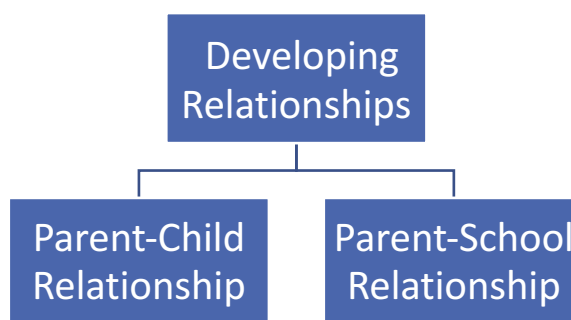*Figure 12 - General Experiential Theme Four and supporting Personal Experiential Themes.*

In this theme, parents commented on how their relationships developed with their children and with school over the course of the intervention. At the initial interviews parents focused on difficult interactions with their children and negative experiences, described as emotionally exhausting. As the sessions progressed,

parents began to share their concerns with the group members, interact with school staff and discuss and experiment with new strategies. As parents began to reflect on their own roles in their relationships with their children, changes occurred. Parents and children shared moments where both exhibited increased reflection and self-insight, leading to a greater understanding of their own emotions and triggers, resulting in positive interactions.

Parents also revealed increased feelings of belonging to the school community. The repairing of negative dialogue and channels of communication with school staff allowed for an expansion of communication systems which had previously been strained or closed. As previously discussed, attachment, mentalization, attuned listening and the development of epistemic trust all play a part in the development of new relationships. However, in this section, there is a focus on the school and family as systems.

A system can be defined as an interrelated set of elements functioning as an operating unit (Senge, 2006). An open system consists of five basic elements: inputs, a transformation process, outputs, feedback, and the environment. Schools have been identified as open systems (Katz & Kahn, 1966) emphasising an interactional view of the child rather than on a focus on the individual (Fig.13). Based on a systemic approach initially developed by von Bertalanffy (1950) the development of family systems theory (Kerr and Bowen, 1988) also defines the family unit as a complex social system (Pfeiffer & In-Albon, 2022) where members of the family interact and influence each other's behaviour (Dowling, 2003).
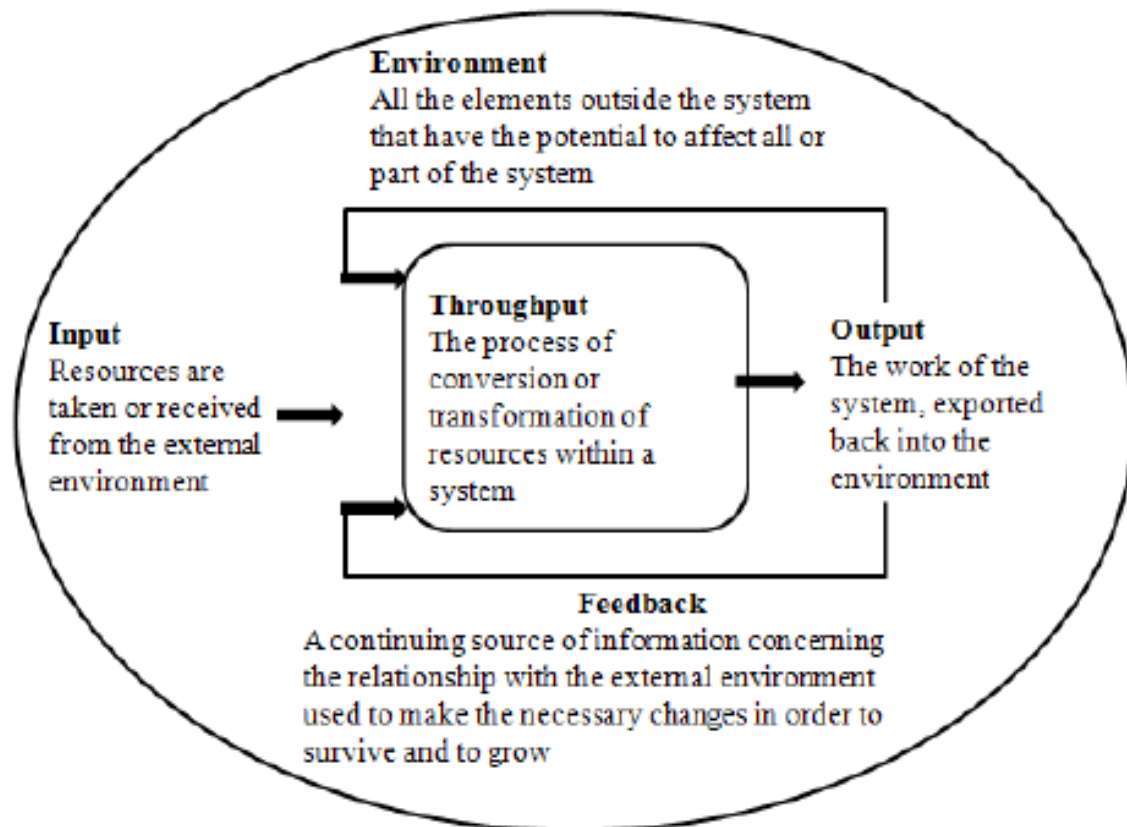
Figure 13 - Open Systems model- Katz and Kahn (1966)

Asen and Fonagy (2021) recognised that sets of rules, processes and roles developed within the family, ultimately effected relationships (Watzlawick et al., 1967). Dallos and Draper (2015) upheld this view and suggested that the difficulties individuals displayed resulted from their experiences in close relationships, specifically within their own families. However, these processes and roles along with the individual, were capable of change. This change occurs through feedback (Bateson, 1972) and forms an integral part of the system's transformation. When we view families and schools as open systems, we begin to see a dynamic two-way relationship evolve which allows for a move away from a 'blame' culture, as both parents and school embrace an eco-systemic approach to emotional and behavioural difficulties (Cooper & Upton, 1990). A child's behaviour may therefore be understood based on the interactions and relationships between student, school and family (Aponte, 1976). Applying the feedback model of information change, interactions are seen as modifying the behaviours in each system and inextricably linked in a 'feedback loop' Dowling (2003).

The negative cycles of behaviour described by parents, appeared to be perpetuated either through a lack of interaction between the two systems or from a reluctance to engage. Gillham (1981) discussed how schools and families may inadvertently maintain the behaviour of a student through role demands, which might be operating to support negative behaviours. Crozier (2010) suggested that difficulties arise when schools and families see themselves as separate systems with separate goals. This results in families being contacted when there are issues with behaviour or academic progress and parents operate from a defensive position (Griffith, 2000), preventing collaboration to provide the children shared objectives and unified support.

In this research, it was evident that at times the school and family had become polarized and at odds with each other. The lack of communication had created a barrier to provide any means of unlocking dysfunctional interaction patterns between systems (Minuchin et al., 1964). Lauren often shared her scepticism that school staff were not doing enough to help her child and her daughter's reluctance to attend school, could be seen as maintaining this equilibrium. Lauren's communication with school had previously been minimal, via email and often as a result of incidents at school. Once Lauren was able to share her issues openly in the group, feel heard and supported, she became more open to the suggestions of others, including teachers, and more willing to share her opinions.

Anna's feelings of being intimidated by the thought of asking for help and support from school staff may have maintained the stress associated with school pick-up. Once Anna began to discuss her emotions within the group, channels of communication opened with teachers (during target setting and discussions) and support was implemented. Research shows that parent involvement in school increases the likeliness of student success (Dunst, 2002, Griffith, 2000). Anna was able to identify additional support, which encouraged a shift in her role within the relationship and ultimately facilitated a shift in her son's behaviour.

The negative patterns of behaviour within the family 'system' were seen to be challenged through positive feedback from teachers and parents, so that Lauren and Anna were both able to build a new level of trust and communication with the

school system, feel heard and facilitate change. However, Suzie's feelings of stigmatisation and lack of positivity from school, fuelled her need for distance and avoidance of social communication. Mensah & Andreadi (2016) suggest that families will be at a different stage of openness and readiness for change, but the hope is that once a parent experiences 'first order level change', they may begin to understand their parental role and identity after the group ends.

5.4 Limitations of the study

5.4.1 Sample size

The main purpose of an IPA study is to provide an idiographic or in-depth account of each participants experiences and fully appreciate each case in context. This is followed by a case-by-case analysis, which is time consuming by nature. To achieve a rich analysis of data the sample size is typically kept small (Pietkiewicz & Smith, 2014). Turpin et al. (1997), states that six to eight participants are appropriate for an IPA study, as it provides an opportunity to examine similarities and differences between individuals, whilst the amount of data is not overwhelming. In this study, participants were interviewed on three separate occasions, producing nine interviews in all. The researcher viewed this data as manageable, providing rich in-depth accounts of progress and change whilst still being able to compare individual experiences across all three cases.

As the sample size remains small, IPA studies tend to employ purposive sampling rather than random sampling, for the researcher to identify and define a specific group of participants for whom the research question is meaningful and has personal significance (Smith et al., 2022). Regarding relevance, the researcher engaged with the school SENCo's of two primary schools, who acted as 'gatekeepers' to participants. The SENCo's received information prior to the recruitment of the participants and believed that the research would be relevant and useful for their school planning and work with families.

Purposive sampling is sometimes criticised as being subjective in nature and prone to researcher bias (Mertens,2020) however the researcher has detailed the

specific inclusion and exclusion criteria developed along with the pragmatic implications of a small sample pool. Purposive sampling in this study aims to reduce variability of social contexts so that the aims of the study research questions can be examined. A discussion between the SENCo and researcher outlined initial boundaries and inclusion/exclusion criteria and going forward, the SENCo's determined which parents to contact and who would be appropriate to attend the group. This immediately limited the sample pool for the researcher, but also provided clear boundaries for inclusion.

In IPA studies, the aim is not to generate a theory to be generalised over the larger population, but rather to present an in-depth analysis of the phenomena. It is therefore highlighted here that the study was conducted in a specific context with a defined group of participants. In this way, the research will be useful to other educational professionals who are working in similar contexts and may interpret the findings as relevant and transferable.

5.4.2 Homogeneity of sample

IPA researchers seek to attract a reasonably homogenous sample of participants in order for the research to remain personally significant to those participating and it allows the researcher to capture information specific to a group of individuals who have experienced the same phenomenon (Smith et al., 2022). The participants for this research were recruited through two mainstream primary schools, situated in the same county in England. Both schools had opted to run the pilot MFG-S intervention, and both had received information on the reasons and purpose of the research and its usefulness to the EPS.

In this study, the three participants were all white British females, one married and two single parent families. Their children were all attending full-time mainstream education in Key Stage 2 (Year 3 to Year 6) and were all placed on the school SEN register. The parents had all experienced difficulties with their child's social and emotional communication and regulation. However, there were some differences in the parents' experiences before they entered the group. One child had received an EHCP and was under CAMHS, whilst the other two were

not receiving any further additional support outside of the provisions in place at school. As discussed in the methodology chapter, considerable effort was made to ensure the homogeneity of the sample. However, the researcher acknowledges that additional levels of need in one of the children may have had some impact on the study, as the parent expressed on several occasions that she did not see the intervention as a relevant for her child. The researcher believes that the parent's extensive involvement with medical and mental health professionals may have differentiated her experience compared with the other participants before she entered the group.

5.4.3 Interviews

The researcher used semi-structured interviews with all the participants. In-depth SSI's are the most commonly used form of qualitative data gathering and they can be used flexibly, providing the researcher a degree of adaptation within the process (Smith, 2022). The interview schedule was created alongside the questions proposed from the TofC and provided a scaffold to guide the researcher and participant (Ncube, 2006). The participants were asked all questions, to retain as much consistency as possible across the data collected, keeping questions open and curious to allow for the participants to share a detailed account of their experiences. Variations occurred when specific elements of the conversation were probed and follow-up questions were asked, to encourage a deeper understanding of the lived experience of the participant.

As previously discussed, a pilot interview was conducted both with and without the TofC as a visual guide. It was deemed beneficial and provided a record of the previous conversations, which were made easier to revisit and recall and became integral as a method to record participants growth or change throughout the three interviews.

Participants were offered either remote or in-person interviews. Only two interviews were conducted remotely due to the government requirements in line with Covid-19 restrictions and these interviews followed an identical format and visuals were shared on screen. In person interviews took place in a quiet and

discreet setting within the school grounds, either in a private office or meeting room, where students would not be present. The researcher felt that it was important that parents were placed at ease and their presence in school was not discussed with the children unless the parent chose to.

To counter any feelings of power imbalance, it was made clear to the parents that the researcher would not be working with their child or involved in the groups and the researcher's primary role was to conduct research into their personal experiences. Parents and researchers used first names (with permission) and became comfortable and familiar over the three sessions, whilst maintaining personal and professional boundaries.

5.5 A Critical Evaluation of Quality of Research

Guba and Lincoln's (1989) four dimensions criteria are referred to as an appropriate framework with which to evaluate the research and identify strengths and weaknesses in trustworthiness and validity. The researcher has also given thought to Tracy's (2010) wider view of qualitative quality and these are referred to within the framework.

5.5.1 Credibility

Credibility is the confidence placed in the truth of the research findings and if the findings present the views of the participants drawn from original data (Lincoln & Guba, 1989). Northcote (2012) asks, "Are the findings credible and supported by evidence?" (p.107) and Tracy (2010) extends the criteria to cover "trustworthiness, verisimilitude and plausibility of research findings." (p.842). Throughout the study, the researcher established a relationship of trust between the researcher and participants, which facilitated a deep discussion of the participants feelings and emotions, often with reference to their personal circumstances and personal history. This trusting relationship allowed the researcher to probe and examine the thoughts and interpretations of the participants, resulting in a rich set of data. The use of the TofC allowed the participants to both recall and consolidate previous conversations, acting as a

form of triangulation and encouraging 'member reflections' (Tracy, 2010). This enhanced confirmation of the data validity and accuracy throughout the process. Tracy (2010) also recognises that good quality quantitative analysis assesses 'tacit data', delving beneath the surface of what is said. The use of IPA as a means of analysis, ensures that the researcher has a deep understanding of the data (Nizza et al., 2021). This flexibility through interpretation, allows for a deeper focus on the meaning of the data collected, by noticing culture, values and the impact of historical experiences.

The process of peer debriefing is considered useful to improve research credibility and detect issues or problems that may have been missed (Mertens, 2020). This process was conducted through peer supervision within the researcher's local authority. Colleagues were aware of the MFG-S programme with an understanding of its principles but were not a part of or played any role in the running of the groups used in the study. In addition, tutorials with the researcher's Director of Studies were utilised to discuss elements of the research and facilitate a clear and transparent audit trail to the original data (using specific time, page and line referencing), ensuring an explicit link between data transcripts and findings.

5.5.2 Transferability

Transferability is defined by Guba and Lincoln (1989), as equating to external validity in quantitative studies. The aim of this study was not to provide specific findings which could be readily transferable across many communities, but rather to build on the evidence base for MFG-S within a particular area of the UK, based on the MFG-S intervention developed by Dawson and McHugh (2018) for use within mainstream schools.

The small sample size and time spent on IPA analysis to produce a deep understanding of the participants' progress and change in views over time, provided a rich and valuable picture of the participants lived experiences. The researcher believes that the findings have provided 'resonance' (Tracy, 2010) or impactful information which provides a vicarious experience for the reader. The

researcher carefully chose quotations to demonstrate emotional impact, personal narratives and change. Stake and Trumbull, (1982) encourage readers to engage with 'naturalistic generalisation', the feelings of knowing and understanding the content of the research to facilitate its application to other contexts. The rich descriptions of experience in this study provide the depth of vicarious experience required for the reader to assess the alignment, resonate with the findings and ascertain transferability in the field of education or wider contexts.

5.5.3 Dependability

The dependability of the research is determined by its research design, the ability to effectively answer the research questions and the extent to which the research can be replicated, to produce consistent findings (Guba & Lincoln, 1989). By the idiographic nature of the research, replicability was not a focus, however, the researcher provided detailed account of the methodology to facilitate replication by other researchers.

Rich rigor (Tracy, 2010) emphasises the researcher's ability to justify the research claims. This is achieved through the collection of significant and relevant data, over three interviews, to assess change. A homogenous purposive sample ensured similar characteristics within the group, although some variation of experience in one participant was highlighted earlier. The application of IPA as a method of analysis, provided flexibility for the researcher to interpret the meaning making of the participants, but careful and discrete processes were followed, providing transparency. In addition, the research findings were discussed with the Director of Studies to provide an external audit (Guba & Lincoln, 1989) and determine if the findings and conclusions were supported by the data.

5.5.4 Confirmability

Guba and Lincoln (1989) identify confirmability as the extent to which the researcher remains objective and minimises impact on the study itself. As IPA studies place an emphasis on the researcher's interpretation of the participants

interpretation of their lived experiences, double hermeneutics, it is difficult to separate the researchers influence on the findings.

In order to ensure quality IPA research, Smith et al. (2022) identify seven criteria to be followed, these include the transparency of the data and analytical process. In this research, there is a clear audit trail to the original data and a step-by-step methodology is discussed. The analysis of the data takes evidence from all the participants to ensure the density of the themes and the analysis is described through the process of change. The findings are presented in a plausible, coherent way, presenting interesting themes of change.

5.5.5 Transformative criteria

It is important to consider the social justice implications of the research. Lincoln (2009) described presenting a balanced and fair view of all perspectives as ensuring authenticity. In this study all the participants views, both positive and negative, are represented in the findings. The research takes place within the community which will ultimately continue to benefit from the findings. The researcher was able to develop trust in the school community and made clear reference to the value placed on the participants views in the assessment of the intervention and its future place in schools. As a result of the research, action is likely to be taken based on the findings (catalytic authenticity) and follow-up interviews with the participants would be beneficial.

5.5.6 Reflexivity
Olmos-Vega et al. (2022) define reflexivity as, "a set of continuous, collaborative and multifaceted practices through which researchers self-consciously critique, appraise and evaluate how their subjectivity and context influence the research process" (p.2) to include personal, interpersonal, methodological and contextual factors (Walsh, 2003).

At the beginning of the research, it was important for the researcher to name and discuss her own previous experiences. As a mother of a child with special educational needs, a trainee psychologist and previous teacher, the researcher

acknowledged the ways in which these experiences may affect the perspectives taken and context as a researcher. In turn, the researcher became more aware of how they approached the participants through the questions asked, probing and further discussions of issues and the reactions to the participants responses.

Throughout the duration of the research process, the researcher remained cognizant of her own subjectivity and used various methods to remain aware of and in touch with her own personal prejudices and biases. In IPA research, the subjectivity of the researcher is recognised and acknowledged as a part of the double hermeneutic process, contributing to the hermeneutic circle of meaning making. Olmos-Vega et al. (2022) identify this as the researchers "subjective perspective", fundamentally intertwined within the semi-structured interviews in qualitative research data collection. However, reflexive practices are intrinsic to the research process and included several approaches which were adopted and embedded over the course of the research. One of the most integral, became the writing of a reflective thesis diary which was recognised as a crucial forum to allow for personal reflexivity. After completing each interview, the diary writing provided time and space to reflect on and understand how the conversations impacted the researcher and in turn the participant, highlighting the processes of transference and counter transference. In addition, the researcher engaged in discussions with professional colleagues during professional supervision and participated in reflective conversations with the researcher's Director of Studies throughout the course of the research.

Personal reflexivity should also address the impact of the research on the researcher (Mauthner & Doucet, 2003). Collecting the views and opinions of the participants over three separate interviews, resulted in many hours of conversations with the parents, discussing many aspects of their lives and experiences of the group intervention. During these conversations, the parents shared emotional accounts of their own struggles with their child, mental health issues and their feelings about their identity, self-esteem and self-worth. Many elements of these conversations triggered memories of the researcher's own experiences of raising a child with SEN and these thoughts and feelings were documented. Both Lauren and Anna discussed the impact of their children's

behaviour on their family life, their relationships with partners and the other siblings. They shared their thoughts on their views of themselves as parents and the struggles they were facing to find support for their children.

On reflection, the researcher's reactions and responses may have helped build additional rapport with participants through exhibiting sincere empathy and connection. In fact, as the conversations progressed, the parents began to disclose and speak about their experiences on a deeper emotional level. The researcher must also be aware of interpersonal reflexivity, and the relationships that develop between researcher and participants (Walsh, 2003). During the course of the interviews, the researcher took note of any power imbalance. As the parents had been involved with many clinical and educational professionals, preconceived expectations were identified and discussed. The researchers position as a trainee psychologist was explained before interviews began. Lauren shared her initial views regarding the researcher's knowledge as a psychologist, which resulted in conversations around professional boundaries and the explicit demarcation of the role of a researcher.

As the interviews progressed, the researcher also noted more challenging and difficult conversations that were held with parents, especially Suzie. The researcher's objective, to follow an idiographic model of analysis and hear the voice of all the parents equally, was sometimes challenged. Suzie shared emotive, negative and at times, angry opinions about the group, the other group members the process and the benefits of the group. As the researcher had hopes for the group's success, these conversations were difficult to manage at times and required the researcher to draw on additional professional skills to ensure that the participant left the conversation contained and emotionally regulated. The researcher used supervision opportunities to express her own emotions regarding the negativity of the conversations and the unexpected nature of the data collected. Methodological reflexivity ensured that during analysis and discussion, the researcher was conscious of 'hiding' some of Suzie's contributions and efforts were made to ensure that Suzie's voice was represented equally alongside the other participants.

Finally, contextual reflexivity was considered from the outset of the research. The researcher endeavoured to keep the participant sample homogenic, to maintain the confirmability and transferability of the findings as much as possible. The research was also conducted towards the end of a period of government-imposed lockdowns, during the Covid-19 pandemic. The impact of this unusual and unprecedented set of circumstances on both parents and children needed to be highlighted. The researcher's final reflections considered the impact on the research participants themselves. It was important to conclude the interviews positively and contain and manage 'endings' for both the participant and researcher. The final interviews engaged participants with a final review of their 'journey', celebrated successes and acknowledged the parents next steps beyond the group intervention. All parents expressed that they had enjoyed taking part in the process and had benefitted from being able to share their views and discuss any changes that they had experienced throughout the intervention, with both Lauren and Anna stating that the experience had been a very positive one, providing them with tools and skills to move forward.

5.6 Implications of the findings on future practice

The findings of this research present substantial evidence and support previous findings (Griffiths et al., 2018; Meezan & O'Keefe, 1998), for the efficacy and value of the MFG-S intervention. The findings are useful for EP's, schools and educators in different settings and contexts, such as children's centres and those involved with delivering parent education programmes. Although the intervention, based on the Marlborough Model (Dawson & McHugh, 2018) has been in existence for some time, little specific and relevant research has been conducted in a mainstream school setting in the UK (Durell, 1969). The emphasis of this research was also placed on the voices of the parents involved and their experiences.

The following implications for practice have arisen from the research:

5.6.1 Improving parent-school collaboration

The findings of the research show that parents of SEN children often feel a sense of isolation and distance from school staff, including the school SENCo. Parents can become marginalised and often feel that school communication is negative. As a result, barriers between school and family may arise with different value systems emerging in both school and home (Lau, 2012). EP's are well placed in schools to highlight the benefits of increased positive communication and collaboration with parents, providing opportunities for parents to be involved in school and to encourage schools to appreciate and accommodate families who may be deemed 'hard to reach' (Smith et al., 2013).

5.6.2 Participant readiness

Group dynamics and cohesiveness have been shown to play an important role in the success of any group activity. The research also highlights the need for careful identification of those families who will benefit most from the specific MFG-S intervention. Consideration should be given to a family's previous experiences, readiness to engage and the ability to invest time in the group. These findings may also be generalised to ensure the success of groups such as parent education programmes and collaborative forums in school and the wider community.

5.6.3 Improving support networks

The findings show that the experience of parenting children with SEND may create additional emotional pressures. Parents highlighted feelings of being ostracised and powerlessness to change their situation. The results showed that the intervention provided an opportunity for parents to build supportive and trusting networks, which may develop into long term friendships. Parents highlight the need for these support networks to help with coping strategies, sharing of advice and mutual support. EP's are well placed to advocate for the MFG intervention in school as well as working collaboratively with schools to providing a safe space for parents to meet and share experiences.

5.6.4 Focus on solution-focused interaction

As the findings support the need for increased communication between parents and school, EP's are well placed to engage with and share solution-focused and student-centred tools with schools. These tools should be implemented to promote and establish joint and shared school-family goals for improving the social, emotional, behavioural and academic skills in children. EP's and educators are well placed to share information on school and family systems and encourage cooperation with a holistic view.

5.6.5 Implementing mentalization-based approaches

The MFG-S intervention was deemed successful in that it provided a space for parents to observe each other and their own children. This process of 'mentalization' was shown to have a significant impact on the ability to 're-script' family roles and break negative cycles of communication. This important information should be embraced by SENCo's, Emotional Literacy Support Assistant's (ELSA's) and other members of staff on inclusion teams to explore mentalization-based approaches in school with school staff, families and students.

5.6.6 Practical implications for schools

The MFG-S groups are initially facilitated by EP's, however the groups pass on this responsibility to SENCo's and ELSA's and other inclusion specialists to take the groups forward. This means that the groups can reach many parents in a practical and inexpensive way. Groups may also act to balance 'power' as the EP or SENCo's role is that of facilitator and families who 'graduate' from the groups are recruited to facilitate further interventions.

5.7 Future Research

This study represents the views, thoughts, feelings and behaviours of three parents. This small sample size presents restrictions to the generalisability of the

findings. However, the findings are significant in that they support and expand on previous research conducted on MFG's which embody similar principles and theory, although based mostly in clinical settings. It is therefore suggested that future research is carried out to further confirm these findings within more diverse ethnic communities, encompassing schools in different areas of the country, which may encounter a range of socio-economic challenges. It would also be beneficial to conduct research among a wider age range in secondary schools and amongst varied groups, such as in specialist school settings.

This research had a focus on parental views due to a paucity of research with parental voices at its heart. Future research into the views of teachers and students would be beneficial to provide a holistic picture of the benefits of the MFG-S intervention and provide a greater understanding of the ways in which such groups can be integrated into a school curriculum.

5.8 Conclusion

This chapter has presented a discussion of the findings in relation to relevant theory and research literature and examined the principles behind the changes of parental views, throughout the intervention. A critique of the research has been conducted with reference to Guba and Lincoln (1989), Lincoln (2009) the criteria laid down by Smith (2022) for a good piece of IPA research and the qualitative quality assessment by Tracy (2010).

Limitations of the research have been discussed, with implications for practice. Suggestions for future research, to extend and build upon the current findings, have been proposed.

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Appendices

Appendix 1 – Detailed Inclusion/exclusion criteria for Literature Search

Criteria	Included	Excluded
Date Published	January, 1990-November, 2021	Pre 1990 (other than specific items of particular interest with reasons given)
Publication	Scholarly, peer reviewed journals	Non-fiction books, websites, reviews and commentaries, unpublished theses, news articles and non-peer reviewed journal articles, literature reviews, (unless reasons given)
Language of publication	English (or fully translated)	Non-English
Age of participants' children	Parents of nursery and school age children (0-18 years)	Parents of young people/adults over 18 (unless reasons given)
Topic of study	MFG's, including various models and programmes based on theory of systemic, family and group therapy	Individual family therapy and therapeutic interventions that have a focus on the individual or single-family units
Perspectives	Studies including the views and opinions on the benefits or impact of MFG's on parents and caregivers taking part in an intervention	Specific and sole focus on teacher, student or clinician's views and opinions on involvement in multi-family schools
Availability	Full-text available	Abstract only/summary only

Appendix 2- Table of search parameters – search one.

Search Engine	Search Terms	Inclusion Criteria	Number of papers found with inclusion criteria applied	Number of papers included in review after screening
EBSCO: • Academic Search Complete • APA Psycinfo • Academic Search Ultimate • British Education Index • Child Development and Adolescent Studies • Education Resource Information Centre (ERIC) • Education Research Complete	"multi*-family group*" AND "school*" AND "parent*"	Dates: 1990-2021 Peer reviewed journals English Language Children aged 0-18	Initial search: n=97 Duplicates removed= n=39 Focus on school-based studies: n=3 Focus on parent views: n=2 Additional benefits n=1	6

Appendix 3- Table of search parameters search two

Search Engine	Search Terms	Inclusion Criteria	Number of papers found with inclusion criteria applied	Number of (additional) papers included in review after screening
EBSCO: • Academic Search Complete • APA Psycinfo • Academic Search Ultimate • British Education Index • Child Development and Adolescent Studies • Education Resource Information Centre (ERIC) • Education Research Complete	"multi*-family group*" AND "school*"	Dates: 1990-2021 Peer reviewed journals English Language Children aged 0-18	Initial search: n=250 Duplicates removed= n=96 Focus on school-based studies: n= 2 Focus on parent views: n=3 Additional benefits n=3	3

Appendix 4- Table of search parameters search three

Search Engine	Search Terms	Inclusion Criteria	Number of papers found with inclusion criteria applied	Number of papers included in review after screening
EBSCO: • Academic Search Complete • APA Psycinfo • Academic Search Ultimate • British Education Index • Child Development and Adolescent Studies • Education Resource Information Centre (ERIC) • Education Research Complete	"multi*-family group*" AND "parent*"	Dates: 1990-2021 Peer reviewed journals English Language Children/young people aged 0-18	Initial search: n=261 Duplicates removed: n=91 Focus on school-based studies: n= 2 Focus on parent views: n= 4 Additional benefits n= 2	2

Appendix 5- Table of search parameters search four

Search Engine	Search Terms	Inclusion Criteria	Number of papers found with inclusion criteria applied	Number of papers included in review after screening
EBSCO: • Academic Search Complete • APA Psycinfo • Academic Search Ultimate • British Education Index • Child Development and Adolescent Studies • Education Resource Information Centre (ERIC) • Education Research Complete	"multi*-family group*" AND "evaluation*" AND "parent*"	Dates: 1990-2021 Peer reviewed journals English Language Children aged 0-18	Initial search: n=47 Duplicates removed: n=22 Focus on school-based studies: n= 0 Focus on parent views: n= 2 Additional benefits n=2	1

Appendix 6- Table of search parameters search five

Search Engine	Search Terms	Inclusion Criteria	Number of papers found with inclusion criteria applied	Number of papers included in review after screening
EBSCO: • Academic Search Complete • APA Psycinfo • Academic Search Ultimate • British Education Index • Child Development and Adolescent Studies • Education Resource Information Centre (ERIC) • Education Research Complete	"multi*-family group*" AND "benefit"	Dates: 1990-2021 Peer reviewed journals English Language Children aged 0-18	Initial search: n= 17 Duplicates removed= n=12 Focus on school-based studies: n=0 Focus on parent views: n=0 Additional benefits n=1	1

Appendix 7- Detailed Review of all papers included in Literature Review

Author(s)	Date	Reference	Participants Number, Age, Gender, Role other	Design	Data Collection and Analysis	Findings	Critique
Theme 1- Parental Views							
McKay,.M.M., Gonzales, J., Quintana, E., Kim, L., & Abdul-Adil, J.	1999	Multiple Family Groups: An Alternative for Reducing Disruptive Behavioral Difficulties of Urban Children. *Research on Social Work Practice, 9*(5), 593-607.	MFG n=34 (M=32, F=2) IFT n=54 (M=51, F=3) Total n=88 Average age of children 9.9 and 9.7 respectively. All low-income families 94% African American 6% Latino	Mixed Methods Quasi-experimental research design In University Mental Health Clinic 6-8 families in each group.	Data collection 1.Connors Behaviour Rating Scale (parent report) (CPRS) (Goyette, Conners, & Ulrich, 1978) 2.Interview 3. Attendance data Analysis 1.Descriptive statistics 2. MANOVA 3.Rating scales	Rates of participation MFG 59% IFT 39% Changes in child disruptive behaviour (aggression) after 16 weeks. Significantly decreased compared with Individual Family Therapy (little change) Parental perceptions of child and family level effects of MFG MFG -70% IFT 54% parents in the MFG condition were more likely to identify improved child behavior, communication with their children, and increases in their own ability to cope and problem solve.	Participants Predominantly male children Female over representation in IFG Little information on knowledge of participants/blind intervention Not a clearly defined protocol for control group. One set of reporting for behaviour change Low-income families only (socio-economic considerations) considered vulnerable. Urban children Dated research 1999 Focus Specifically focused on aggressive behaviour. Not a 'school based' intervention- clinically based in mental health context Positive/applicable Contains reports from parents and specific information on efficacy.

							Age of participants- similar to own study. Parental views reported
McKay, M.M., Gopalan, G., Franco, L., Dean-Assael, K., Chacko, A., Jackson, J.M., & Fuss, A.	2011	A Collaboratively Designed Child Mental Health Service Model: Multiple Family Groups for Urban Children with Conduct Difficulties. *Research on Social Work Practice, 21*(6), 664-674. https://doi.org/10.1177/1049731511406740	321 children aged 7-11 (average age 8.88/8.85) with carers average age 35.74/37.99 years old. Predominantly Latino or African American low-income families.	Experimental-Random controlled Trial. Longitudinal study (8/16 weeks and 6/18 months post intervention) Ongoing	Data Collection Measures 1.Iowa Connors Rating Scale (IA Crs). Parent self-report scale. (Waschbusch & Willoughby, 2008). 2.Parent Stress Index (PSI). The PSI is a 36-item, parent self report measure. Data Analysis Random coefficient modelling. SuperMix program for mixed effects regression models (Hedeker, Gibbons, du Toit, & Cheng, 2008)	Significant decreases in both ODD and Parental stress over time. 6 month follow up indicates that this improvement continues post intervention. ODD- Post hoc analyses of overall means confirms that there is little change in ODD symptoms from baseline (Mean . 8.99, SD . 3.71) to follow-up (Mean.8.30, SD.4.15) for control group participants, while there is substantial drop in ODD symptoms from baseline (Mean . 9.32, SD . 3.35) to follow-up (Mean . 7.45, SD . 3.91) for experimental group participants. PSI - participants in the experimental group manifest a greater decrease in parenting	Participants Screened for specific conditions- medical model. Longitudinal study. Indication that the control group had significantly higher drop out rates- is there any account for this effect? Locations 13 sites across the state. Varying degrees of ability in those involved How much moderation of the groups occurred? (says 90% fidelity score) Study ongoing. Not yet complete. Generalisation Difficult to generalise to other populations- screened participants with specific psycho-educational base. Not school based

						stress over time than comparison group participants. Post hoc analyses of overall means further indicates that a greater decrease in parenting stress from baseline (Mean . 100.17, SD . 22.98) to follow-up (Mean, 86.53, SD. 25.83) for experimental group participants, than the decrease from baseline (Mean . 95.33, SD . 21.38) to follow-up (Mean. 89.05, SD . 24.58) for comparison group participants.	
Voriadaki,T. ,Simic, M., Espie, J., & Eisler, I.	2015	Intensive multi-family therapy for adolescent anorexia nervosa: adolescents' and parents' day-to-day experiences. *Journal of Family Therapy 37*, 5–23 https://doi.org /10.1111/146	5 females (15 and 16 years old) clinically assessed to meet DSM-IV criteria for AN. Five families were White British and one was Asian British. Four families were intact and two were single mother families. All families were	Mixed Methods approach Majority quantitative	Data collection 1.Focus groups 2.Rating scales, 3.Researcher's observations 4.Written daily journals from parents Data Analysis 1.Qualittaive-IPA 2.Quantitative- used descriptively to enhance qualitative data	All five adolescents and nine of the 10 parents found MFT a positive experience overall. Main theme 1: the similarity in food-related experiences facilitated awareness of the illness Sub-theme 1.2. Parents were relieved to realize that they were not alone. Main theme 2: becoming aware of the adolescents' and parents' position and role in relation to the illness	Restrictions in generalisability due to the study only being conducted over the first 4 of a total of 10 full days of 'therapy'. Also, a small sample size. Only one group involved. A mixed-methods approach which concluded that quantitative data (used descriptively) did not always support the qualitative data from parents. Not school-based

		7-6427.12067	class II and III in socioeconomic status.			Sub-theme 2.3. The group as a source of inspiration and support. Main theme 3: an intense day that revealed the current upsets and future possibilities Sub-theme 3.2 Feelings of empathy on the part of the parents Sub-theme 3.3. Increased emotional expression. Main theme 4: reflecting on progress achieved and the challenge of Recovery Sub-theme 4.1. Mutual support versus isolation. Sub-theme 4.2. Adolescents complained about changes, but remained motivated. Sub-theme 4.3. Some parents felt stressed but most felt confident and efficacious.	
Acri, M.C., Hamovitch, E.K., Lambert, K., Galler, M., Parchment, T.M., &	2019	Perceived benefits of a multiple family group for children with behavior	32 caregivers of children between age 7 and 11, average aged 9 and mostly male. (met diagnostic	Quantitative Rating scale + qualitative open-ended questions	Data Collection Questionnaire (29 items) which collected information about the perceived benefits of the MFG upon Yalom's therapeutic	This sub study investigated group processes and perceived benefits of the group model Results indicated that the MFG offered multiple	Future research is needed to determine whether such therapeutic factors are associated with changes in child outcomes and family functioning as these were not reported.

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					Data Collection		
Bornheimer, L.A.		problems and their families, *Social Work with Groups. 42*(3), 197-212. https://doi.org/10.1080/01609513.2019.1567437	criteria for a DBD) 6-8 families including adult caregivers and siblings older than age 6 years meet in weekly sessions 4 Rs and 2 Ss MFG between September 2017 and July 2018. Families either participated in a 16-week or 8 week MFG Children ethnicity: Black/African American (n = 13, 57%), White (n=8, 35%) Non-Hispanic Latino (n = 18, 58%).		factors, including group cohesion, universality, interpersonal learning, guidance, catharsis- and self-understanding. <u>Data Analysis</u> 1.SPSS 25 2.Descriptive statistics were performed for each sub-scale. 3.Confirmatory factor analysis	benefits that align with Yalom's therapeutic factors, such as creating a sense of universality, catharsis, group cohesion, and interpersonal learning.	Those attending the group may have had a biased view of working positively in groups. No psychometric testing on the validity of the measures which were collated by the researcher.
Fletcher,J., Fairlough, A., & McDonald, L.	2013	Engaging Young Parents and Their Families in a Multi-Family	7 mothers of children 6-8 months. (70%) retained. 3 fathers and 3 grandmothers.	Mixed methods approach Pre and post evaluation	<u>Data Collection</u> <u>Qualitative</u> Semi-structured interviews at mid-point and post pilot (1 father, 5 mothers, 1	Benefits highlighted improved family relationships, learning about new techniques (baby massage) and cultural diversity of the	BabyFAST model implemented with a focus on teenage mothers and young children (6-8 months). May not be generalisable to school-aged children.

		Group Work Intervention: Lessons from a Pilot in England. *Practice, Social Work In Action, 25*(3),151-167, https://doi.org/10.1080/09503153.2013.799647	Ethnicity; African-Caribbean=3, African=1, Greek=1, White British=2. Low-income families from a deprived inner-city area.		grandmother) and a reflective discussion amongst 8 staff <u>Quantitative</u> Questionnaires post pilot <u>Data Analysis</u> <u>Qualitative-</u> Grounded theory approach, selective coding into common themes <u>Quantitative</u> Descriptive statistics	group. Improved intergenerational bonds. Increased inter-personal trust and reduction in isolation. Increased empathic responsiveness between parent and child.	Trained team members dropped out of the intervention resulting in inconsistent staffing which could have affected feedback. Staff had a vested interest in the success of the pilot. Limited multi-agency working culture and poor funding meant the pilot remained small. Not school based.
Theme 2 -School Based							
Morris,E., Le Huray, C., Skagerberg, E., Gomes, R., & Ninteman, A.	2013	Families changing families: The protective function of multi-family therapy for children in education. *Clinical Child Psychology and Psychiatry, July,*1–16 https://doi.org/10.1177/1359104513493429	78 children and their families. Of these, 50 were in the MFEC group (experimental condition) and 28 were in the control condition. Average of 23.4 weeks duration Greater ethnic diversity in experimental group. The experimental group's mean	Quantitative (not RCT) Primary outcomes- Child's general Emotional, behavioural and social functioning Secondary: a)Family functioning (Parental stress,mental health and rel with child. b)school functioning	<u>Data collection</u> 1.Stregths and difficulties questionnaire (parent, teacher, child) Goodman, 1997 2.Clinical Outcomes in Routine Evaluation (CORE-OM) Evans, 2002 3.Parenting daily hassle scale. Crnic & Greenberg, 1990 4.Parent-child relationship scale. Hetherington & Clingempeel, 1992)	Findings 1.MFEC group- PSDQ borderline-normal 2. CORE – remain on cusp, control move to clinical range 3.Control group stress signif. Higher 4. MFEC stable, control sig. deteriorated 5. Control group less involved MFEC constant 6.MFEC higher on overall academic ability	Lower number in control group with far less ethnical diversity. Treatment length and involvement from other services varied. Some measures did not reach statistical significance

			age was 8.39 years (range 4–15 years). The control group's mean age was 8.51 (range 4.5–11.6 years). In both groups, most participants were male (86.7% of the experimental group, and 78.6% of the control group).	(Parent-school rels, child attainment	5. Relationship between school and parent 6. child attainment <u>Data analysis</u> GroupX mixed model (MM) ANOVA t-tests		
Kratochwill, T.R., McDonald, L., Levin, J.R., Scalia, P.A., & Coover, G.	2009	Families and schools together: An experimental study of multi-family support groups for children at risk. *Journal of School Psychology, 47*(4), 245-265.	67 students. 50% of participants from K-3rd grade students 8 urban schools 50% K-3 students referred by teachers for behavioural problems. Paired on 5 variables and randomly assigned to FAST and non-FAST groups	Quantitative RCT	<u>Data Collection</u> Parents and teachers completed pre-, post-, and 1-year follow-up assessments. Broad-band standardized rating scales–specifically, the Child Behavior Checklist (CBCL; Achenbach, 1991) Parent Report and Teacher Report Form (TRF; Achenbach, l991) and the Social Skills Rating System (SSRS; Gresham &	Immediate follow-up parent reports showed that FAST students declined less on a family adaptability measure relative to control group students. This effect was still present at the 1-year follow-up FAST parents reported statistically significant reductions in children's externalizing (aggressive) behaviors, as compared to the reports of control group parents. School district	Not all students attended 6/8 of the weekly meetings. Maybe only 1 or above. As the intervention was carried out over 8 schools, there was considerable variance in the activities and timings for each school plan. Externalising factors did not present as positive. Need increased assessment on student outcomes – using direct observation and possible qualitative. Account should be taken of family variables for adaptability scales (culturally sensitive).

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			(ongoing school services)		Elliott, l990)–were used to assess social, emotional, and behavioral outcomes. Both scales use teachers as well as parents to rate children's skills and behavior. The SSRS and CBCL were useful in providing norm-referenced measures of children's overall behavioral functioning both at home and in the classroom. The CBCL/ <u>Data analysis</u> Data were available and analyzed for 67 pairs or 'yoked'. Pre test and post test after 8 weeks. Both cycle level (F ratio)and student level analyses.	data showed descriptively fewer special-education referrals for FAST children (one case) as compared with control group children (four cases).	
Kratochwill, T.R., McDonald, L., Levin, J.R., Bear-Tibbetts, H.Y., &	2004	Families and schools together: An experimental analysis of a parent-mediated	Fifty pairs of universally recruited American Indian students at three schools who were	Quantitative RTC	<u>Data Collection</u> Pre-test, post-test, and 9- to 12-month follow-up data were collected on multiple indicators of academic and	Modest improvements in academic performance as rated on a teacher scale, but not backed up by standardised measures. Aggression remained stable in FAST	Not all families completed the 8 week cycle. Data was collected during a longitudinal study where teachers changed over time. May not have always been a blind condition.

Demaray, M.K.		multi-family group program for American Indian children. *Journal of School Psychology, 42*(5), 359-383	assessed, matched on five variables, and then randomly assigned to either the FAST or non-FAST control condition.		behavioral performance. Curriculum-based measurement (CBM). The Social Skills Rating System (SSRS Gresham & Elliott, 1990 Child Behavior Checklist (Achenbach, 1991 Teacher Report Form (TRF; Achenbach, 1991 <u>Data Analysis</u> Matched FAST-Control changes on the various behavior and academic measures from: (a) pre-test to the immediate post-test (i.e., immediately following the 8-week FAST implementation (Post 1) and (b) pre-test to the 9- to 12-month follow-up, (Post 2.)	group, whereas control group deteriorated. Effects of systemic work with families may improve over time.	Academic improvements were modest and some scales were contradictory Some data removed if 'yoked' participants were removed
McDonald, L., Moberg, D.P., Brown, R., Rodriguez-Espiricueta, I., Flores, N.I., Burke,	2006	After-School Multifamily Groups: A Randomized Controlled Trial Involving Low-Income,	180 Latino families from 10 urban elementary schools, randomly assigned to FAST or FAME	Quantitative RCT	<u>Data Collection</u> Teachers evaluation-socioemotional functioning and academic performance (1) Teachers Report Form (TRF) of the Child Behaviour Checklist	High engagement and retention rates reflect a possible fit for Latino communities. Compatibility of MFG model with Latino community. Increased parent engagement reported. Reciprocal	Participants were all from the Latino community. Possible issues with generalisation. Difficult to recognise the true impact of FAST due to the variable impact of the parenting leaflets in the FAME control group. Non-random assignment of families to groups.

M.P., & Coover, G		Urban, Latino Children *Children & School, 28(*1), 25-34	Universal recruitment strategy 87% in 2 year follow up (n=130) Boys 54% FAST, 28% FAME 70% intact family homes Avge age =7 years Low income		(CBCL) (Achenbach, 1991) and (2) the Social Skills Rating System (SSRS) (Gresham &• Elliott, 1990). Data Analysis Pre-post, 1 and 2 year follow up based on intention-to-treat model. Intent to treat analysis. 1.Multilevel regression model 2.One-way ANOVA Within group and comparison of FAST and FAME	relationships developed between parents. Increased engagement in school events. Significantly better academic results achieved in children assigned to FAST groups in 2 year follow up. Decreased aggressive behaviours in the classroom	Loss of 50 families from the data over a two-year period Disproportionate number of boys. Unclear results from teacher grading of children inconsistent across scales.
Crozier,M., Rokutani, J.L., Russett, E.G., & Banks, G.E.	2010	A Multisite Program Evaluation of Families and Schools Together (FAST): Continued Evidence of a Successful Multifamily Community-Based Prevention Program.	Use of previous data. Original participants consisted of 196 children and 187 parents participated in the VB FAST program. The average age of the children was 7.7 years and the average age of parents was	Quantitative Not experimental. Single group.	Data collection Quantitative Using FAST using evaluation protocol developed by McDonald and Billingham (1988). Single group (non experimental) pre and post design. Family Environment scale, Social relationships questionnaire, Self-efficacy scale, parental	Analysed in aggregate, families graduating from multiple sites of FAST programs were shown to make significant gains on most measures. Students exhibited a reduction in emotional responses and increase in prosocial behaviours in school. Parents reported improved family relationships, social connectedness, and a	Using previous data from an intervention and non-experimental design means that parents may have gained knowledge from other sources. Measures used with parents and teachers were different and therefore difficult to compare. No attendance data means that absences may have impacted have validity and reliability of the data

		The School Community Journal, 20(1), 187-207.	33.7 years. Child ethnicity= 42.9% Caucasian and 36.7% African American. 6.2% Hispanic/Latino.		involvement in education scale, substance abuse questionnaire, social support and reciprocal support Q's And SDQ. Data Analysis Descriptive statistics and paired sample t-tests	sense of empowerment. Parent-school contact also increased. These results indicate positive outcomes and provide insight for the program improvements as well as support for continuing to use the FAST program.	
Theme 3 – Benefits of MFG's						
Jackson, J.M.	2015	Multi-Family Groups for Multi-Stressed Families: Initial Outcomes and Future Implications. *Research on Social Work Practice, 25*(5), 537-548. https://doi.org /10.1177/104 9731514545 810	191 families (Caregivers and their children) Mothers=155 Fathers=4 Grandparent=4 Mother and father=4 Other family =6 Hispanic/Latino =107 (56%) Black/African American =53 (28%) White =17 (9%) Other =13 (7%) High stress identified in Mothers (75%) Black/African American (57%)	Quantitative High stress = 75th percentile (cut off at 90th percentile) Mid stress =50th percentile Low stress= 25th percentile	Data Collection Parent Stress Index (PSI, Abidin, 1995) Children Behaviour: Conners Rating Scale (IOWA CRS, Waschbusch &Willoughby, 2008) Parent depression (CES-D, Radloff, 1977) and COPE inventory Data Analysis Descriptive statistics and univariate analyses assessed pre/ post differences in outcomes between and within stress groups. Post hoc analyses accounted for missing data and the potential	High caregiver stress was associated with lower rates of attendance in MFG over time. Despite attending the fewest sessions, highest stressed caregivers experienced the most pre/post improvement on measures of caregiver stress and childhood behavioral difficulties. Involvement in an MFG intervention is associated with high rates of attendance and meaningful improvements in child	US based clinical intervention. The authors used pre-existing data from a previous clinical trial to further examine high-stressed families. Variance in group structure and length (12-16 weeks). An acknowledged tendency for parents to rate themselves as less stressed over time. Lack of qualitative data Not school based

			Low income (under $20k) (66%)		influence of regression to the mean.	and caregiver outcomes, with the most distressed families reporting the greatest reduction in both caregiver stress and childhood behavioral difficulties.	
Caldwell, C.L., Horne, A.M., Davidson, B., & Quinn, W.H.	2007	Effectiveness of a Multiple Family Group Intervention for Juvenile First Offenders in Reducing Parent Stress *Journal of Child and Family Studies (16)* 16:443–459 https://doi.org /10.1007/s10 826-006-9097-y	181 parents of fist time juvenile offenders, participated. The ethnic makeup was primarily Caucasian (50%) and African-American (47%). The majority of the parents (80%) were female. Age from 22 - 61 mean age of 40. Slightly more "two-parent" homes (57%) than "one-parent" homes (43%) The majority of the sample was low-income,	Quantitative Pre-post and follow up	Data Collection Pre-post and 3 months post 1.The Parental Stress Scale (PSS) Berry & Jones 1995 2.Family APGAR (FAPGAR) evaluate five areas of family functioning: Adaptability, Partnership, Growth, Affection, and Resolve (Smilkstein, 1978). 3. The Parent-Adolescent Communication Scale (PACS) Barnes and Olson (1982) t Data Analysis *t-tests*	Parental stress diminished in response to intervention, but not until follow-up. No differences were found on initial parent stress level between completers and non-completers of the intervention or between parent stress and gender or ethnicity of the parent; Single-parent household was associated with significantly higher levels of parent stress. Family functioning was significantly negatively correlated with parental stress. Finally, open communication between juvenile first offenders and their parents improved significantly in response to the intervention both at post-	First time juvenile offenders may not represent the population of the current study. Although stress was similar to parents of children with SEBD. Not an immediate change, but decrease of stress on follow up. Low-income families may have contributed to parental stress (poor housing, health, exposure to crime). Single parent families seen to develop additional stress. Large variable sample size. In 'school' but based in an after-school session. Parents were invited by the school (not self-reported).

			54% under $20,000. pa			intervention and at follow-up.	
Gopalan, G., Bornheimer, L.A., Acri, M.C., Winters, A., O'Brien, K.H., Chacko, A. & McKay, M.M.	2018	Multiple family group service delivery model for children with disruptive behaviour disorders: Impact on caregiver stress and depressive symptoms. *Journal of Emotional and Behavioral Disorders, 26* (3), 182-192. https://doi.org /10.1177/106 3426617717 721	320 youth and families enrolled in the study. Children 7-11 years old who met the criteria for ODD or CD. Latino (54%) Black/African American (31%), were the primary caregivers of boys (68%), and reported a family income of less than $30,000 (79%). Two-thirds of families (n=215) identified as having a single-parent household, and 70% (n=223) received publicly funded health insurance	Quantitative Baseline, mid and post test.	Data Collection Depressive symptoms: CESD, Radloff, 1977) Parental stress: PSI, Abidin, 1995) Data Analysis Intent to treat analysis strategy (post-test and 6 month follow up) Stata 14 used Mixed effects regression modelling and main effects analyses and moderation analyses to take into account caregivers with no clinically significant stress at baseline.	Among caregivers with clinically significant scores at baseline, 4R2S Behavioural parent training session participants manifested significantly reduced scores on the stress and depressive symptom scores to SAU (services as usual) participants at 6-month follow-up. Findings suggest that 4R2S may reduce caregiver stress and depressive symptoms among those caregivers initially manifesting clinically significant levels of stress or depressive symptoms.	Specifically identified as behavioral parent training (BPT). Families worked in vivo, however no inter-family work. Children all had Oppositional Defiant Disorder (ODD) and/or conduct disorder (CD) diagnoses. The study, based in US, did not use randomised groups. There were less responses from the 'treatment' group that the SAU group in 6 month follow up. Possible validity issues. The research did not make connections or study the impact of /between the reductions in depression of parents and the differences in child behaviour. No parental views sought regarding the process of the BPT sessions beyond that of parental stress/depression. Not school based

Appendices- Chapter Three- Methodology

Appendix 8- Written Agreement from Principle Educational Psychologist

Fiona Wallis
(By internal e-mail)

**Educational
Psychology Service**

Phone:
Ask for:
Email:

29th March 2021
Ref:

Dear Fiona,

Thank you for all the information you have shared with me about your thesis project titled "In what ways do the views of parents/carers change through the participation in Multi-Family Groups in Schools?", and your subsequent email requesting permission for you to undertake your thesis project.

Subject to agreement from participating schools, children and their families, I am happy to support you in undertaking your work in XX.

Please keep me updated about how your work is proceeding and discuss any potential ethical issues with me or your line manager/supervisor as they arise so that we can ensure that we are managing the work within the context of EPS effectively and are providing you with appropriate support.

Yours sincerely,

Interim Principal Educational Psychologist

Cc

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION
For research involving human participants
BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Paula Corredor-Lopez

SUPERVISOR: Miles Thomas

STUDENT: Fiona Ann Wallis

Course: Professional Doctorate in Educational and Child Psychology

Title of proposed study: In what ways do the views of parents/carers change through participation in the 'Multi-Family Groups in Schools' intervention?

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below)**:** In this circumstance, re-submission of an ethics application is <u>not</u> required but the student must confirm with their supervisor that all minor amendments have been made <u>before</u> the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below)**:** In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY
(Please indicate the decision according to one of the 3 options above)

Approved, v minor corrections

Minor amendments required *(for reviewer)*:

Felt that the ToL work needs to be referenced- authors needed to be named within the Ethics form. Currently not linked to anyone's' work (Ncube & Denborough??) The only additional concern that I had methodologically was whether 3-5 is sufficient starting numbers to get at least 3 families through all three interview timepoints. Aware that parental drop out is often high when facilitating groups: in order to get at least 3 families through at all data collection points, would urge researcher to start with at least 6 families to make sure you get three to complete- minimum.

Clairfying that Ethics approval includes: permission given and agreed for using MSTeams during face2face interviews for this research. To record content. Update to Ethic approval dated: 17.09.21 PCL

Major amendments required *(for reviewer):*

Confirmation of making the above minor amendments *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data. Student's name *(Typed name to act as signature):* Student number: Date: *(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)*

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*

Has an adequate risk assessment been offered in the application form?

YES

Please request resubmission with an adequate risk assessment

If the proposed research could expose the <u>researcher</u> to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐ HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

☐ MEDIUM (Please approve but with appropriate recommendations)

☐ **X LOW**

Reviewer comments in relation to researcher risk (if any).

None perceived.

Reviewer *(Typed name to act as signature)*:   *Dr Paula Corredor Lopez*

Date: 12th April 2021

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

RESEARCHER PLEASE NOTE:

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

Appendix 9b– Ethical Approval- Title amendment

REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed title change to an ethics application that has been approved by the School of Psychology.

By applying for a change of title request you confirm that in doing so the process by which you have collected your data/conducted your research has not changed or deviated from your original ethics approval. If either of these have changed then you are required to complete an Ethics Amendments Form.

HOW TO COMPLETE & SUBMIT THE REQUEST

1. Complete the request form electronically and accurately.

2. Type your name in the 'student's signature' section (page 2).

3. Using your UEL email address, email the completed request form along with associated documents to: Psychology.Ethics@uel.ac.uk

4. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.

REQUIRED DOCUMENTS

1. A copy of the approval of your initial ethics application.

Name of applicant:	Fiona Ann Wallis
Programme of study:	Professional Doctorate in Educational and Child Psychology

Name of supervisor: Dr Miles Thomas

Briefly outline the nature of your proposed title change in the boxes below

Proposed amendment	Rationale
Old Title: In what ways do the views of parents/carers change through participation in the 'Multi-Family Groups in Schools' intervention?	Mistake made on ethics application.
New Title: In what ways do the views of parents/carers change through the participation in Multi-Family Groups in Schools?	

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	√	
Does your change of title impact the process of how you collected your data/conducted your research?		√

Student's signature (please type your name):   Fiona Ann Wallis

Date: 16/08/2022

TO BE COMPLETED BY REVIEWER		
Title changes approved	Approved	
Comments		

Reviewer: Glen Rooney Date: 17/08/

Appendix 10a - Covid Risk Assessment

<table>
<tr>
<td colspan="5">Covid-19 Risk Assessment Form
Use this form for assessing risk specifically related to our work around the management of the Covid-19 outbreak all completed forms should be stored on Silver Command Teams Site</td>
</tr>
<tr>
<td>Name of person completing this Risk Assessment</td>
<td>Fiona Wallis <u>u1944347@uel.ac.uk</u></td>
<td>Name of Risk Owner</td>
<td colspan="2">Fiona Wallis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Date of Assessment</td>
<td>7 April, 2021</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Date of Review</td>
<td></td>
</tr>
<tr>
<td>Activity title</td>
<td colspan="2">Interviews carried out to collect qualitative data sets for a doctoral research thesis. The thesis is undertaken to fulfil part of the requirements for the completion of the Professional Doctorate in Child and Educational Psychology at UEL.
Title: In what ways do the views of parents/carers change through the participation in Multi-Family Groups in Schools?</td>
<td>Location of activity:</td>
<td>The interviews are due to take place from late July to November 2021, precise times to be confirmed with participants. The location of the interviews will be in schools based in the XX Educational Psychology Service (XX Local Education Authority).</td>
</tr>
<tr>
<td>Signed off by (Print Name)</td>
<td colspan="2">Dr Miles Thomas- Director of Studies Prof Doc Child and Educational Psychology</td>
<td>Date and time (if applicable)</td>
<td>From July 2021 to November 2021 (3-5 participants x 3 interviews)</td>
</tr>
<tr>
<td>Financial Cost to UEL</td>
<td colspan="2">N/A</td>
<td>UEL Resources Required</td>
<td>N/A</td>
</tr>
<tr>
<td colspan="5">Please describe the activity/event in as much detail as possible. Please include information about what you want to do, the resources required, the estimated number of participants and the start and end date.</td>
</tr>
</table>

Face to face interviews with parents/carers who have participated in the Multi-Family Group Interventions in Schools. The interviews will take place in the grounds of XX schools which have signed up to participate in the Multi-Family Groups Intervention with XX Educational Psychology Service.

Approximately 3-5 participants will be interviewed separately. The interviews will last approximately 45 minutes and take place three times, in July, October and November 2021.

I am a Trainee Educational Psychologist, working with and in schools as part of my role. Throughout the interviews I will be working according to all school-based health and safety protocols and policies implemented by the individual school and those of the Local Authority.

Appendix 10b – UEL Risk Assessment – signed off April 16th 2021.

<table>
<tr>
<td colspan="4">UE UEL Risk Assessment Form
University
East Lond</td>
</tr>
<tr>
<td>Name of Assessor:</td>
<td>Fiona Ann Wallis</td>
<td>Date of Assessment</td>
<td>22-03-2021</td>
</tr>
<tr>
<td>Event title:</td>
<td>Interviews carried out to collect qualitative data sets for a research thesis. The thesis is undertaken to fulfil part of the requirements for the completion of the Professional Doctorate in Child and Educational Psychology.
Title: In what ways do the views of parents/carers change through the participation in Multi-Family Groups in Schools?</td>
<td>Date, time and location of activity:</td>
<td>The interviews are due to take place from late July to November 2021, precise times to be confirmed with participants. The location of the interviews will be in schools based in the XX Educational Psychology Service (XX Local Education Authority).</td>
</tr>
<tr>
<td>Signed off by Manager (Print Name)</td>
<td colspan="3">Dr Miles Thomas</td>
</tr>
<tr>
<td colspan="4">Please describe the activity in as much detail as possible (include nature of activity, estimated number of participants, etc)
If the activity to be assessed is part of a fieldtrip or event please add an overview of this below:</td>
</tr>
</table>

Face to face interviews with parents/carers who have participated in the Multi-Family Group Interventions in Schools. The interviews will take place in the grounds of XX schools which have signed up to participate in the Multi-Family Groups Intervention with XX Educational Psychology Service.   **Approximately 3-5 participants will be interviewed separately. The interviews will last approximately 45 minutes and take place three times, in July, October and November 2021.**   **I am a Trainee Educational Psychologist, working with and in schools as part of my role. Throughout the interviews I will be working according to all school-based health and safety protocols and policies implemented by the individual school and those of the Local Authority.**
Overview of FIELD TRIP or EVENT:

Guide to risk ratings:

a) Likelihood of Risk	b) Hazard Severity	c) Risk Rating (a x b = c)
1 = Low (Unlikely)	1 = Slight (Minor / less than 3 days off work)	1-2 = Minor (No further action required)
2 = Moderate (Quite likely)	2= Serious (Over 3 days off work)	3-4 = Medium (May require further control measures)
3 = High (Very likely or certain)	3 = Major (Over 7 days off work, specified injury or death)	6/9 = High (Further control measures essential)

Hazards attached to the activity							
Hazards identified	**Who is at risk?**	**Existing Controls**	**Likelihood**	**Severity**	**Residual Risk Rating** (Likelihood x Severity)	**Additional control measures required (if any)**	**Final risk rating**
Obstruction of safe exit routes in event of fire or another emergency, due to blocking of doors/thoroughfare/ fire exit routes with tables or chairs.	Researcher Parent/carer (participant)	School's fire safety checks and established fire protocols.	1	2	2	Researcher and participants to be given a copy of School fire and safety protocols. All fire exits to be checked and both participants and researcher to be made aware of fire exit locations and staff fire drill locations.	1

Issues discussed at the interview, during diary writing, trigger an adverse psychological response.	Researcher Parent/Carer (participant)		1	1	1	Details of relevant counselling services to be provided to participants	1

UEL Data Management Plan: Full

For review and feedback please send to: researchdata@uel.ac.uk
If you are bidding for funding from an external body, complete the Data Management Plan required by the funder (if specified).
Research data is defined as information or material captured or created during the course of research, and which underpins, tests, or validates the content of the final research output. The nature of it can vary greatly according to discipline. It is often empirical or statistical, but also includes material such as drafts, prototypes, and multimedia objects that underpin creative or 'non-traditional' outputs. Research data is often digital, but includes a wide range of paper-based and other physical objects.

Administrative Data	
PI/Researcher	Fiona Ann Wallis
PI/Researcher ID (e.g. ORCiD)	
PI/Researcher email	U1944347@uel.ac.uk
Research Title	In what ways do the views of parents/carers change through the participation in Multi-Family Groups in Schools?
Project ID	N/A
Research Duration	Proposed end date of April 2022
Research Description	The study aims to increase understanding of the Multi-Family Group in Schools (MFG-S) Intervention, based on Family Therapy theories and to learn more about the changing perspectives of parents/carers who take part in the school based MFG interventions. In addition, the study will further develop the evidence base for MFG-S interventions and expand on the current literature. The study aims to gain insight into the changing perspectives of parents/carers as they progress

	through the intervention with other families and their own children, and to understand how these changes may subsequently impact on their ability to support children with SEMH and behavioural difficulties.
	The study aims to explore the following questions:
	    4. How do parents/carers experiences of the multi-family group intervention change their views on their family and well-being?
	    5. How do parents/carers views on the school and school community, change during the intervention?
	    6. At what points and how do the parents/carers views change throughout the process of the intervention?

Funder	N/A – part of professional doctorate
Grant Reference Number (Post-award)	N/A
Date of first version (of DMP)	April 7th 2021
Date of last update (of DMP)	April 21st, 2021
Related Policies	UEL's Research Data Management Policy
Does this research follow on from previous research? If so, provide details	N/A
Data Collection	

What data will you collect or create?	Recordings will be created in mp3 format Transcriptions of interviews with be transcribed into a Microsoft Word document (UEL Word) format The 'Tree of Life' visuals will be scanned and created in pdf format Diary entries in OneNote (UEL) or scanned and created in a pdf document. Personal data will be collected on consent forms (names) and prior to the interview (email address and/or telephone number for purposes of arranging the interview, via the researcher's UEL email address). No sensitive data will be collected. No further data will be created in the process of analysing the transcripts. Participants will also be asked to complete short diary entries each week after each of the 8 sessions. Diary entries will be in response to short, open ended questions and may be kept by participants via a shared Microsoft One Note document through UEL software, privately held between the researcher and the participant, or a paper entry in an anonymous diary provided.
How will the data be collected or created?	Between 5-6 parents/carers will be interviewed by the researcher three times throughout the course of the intervention (pre, interim and post intervention). Interviews will be 40 – 60 minutes long and semi-structured, using the Tree of Life visual tool as a means to identify changes in views. All interviews will be audio-record and transcribed by the researcher. Data will be anonymised at the point of transcription. Each participant will be given a participant number (in interview chronological order) and all identifiable information (e.g. names, schools, locations, identifiable scenarios) anonymised in the transcripts Interviews will be recorded on a UEL approved Dictaphone. Audio files of interviews will be transcribed on a computer as a Word document. If face to face interviews are not possible due to Covid-19

	restrictions, interviews will be carried out and recorded over UEL's secure platform for video conferencing, Microsoft Teams. Diary entries will be created on a privately shared One Note (UEL) document or paper copies.
Documentation and Metadata	
What documentation and metadata will accompany the data?	Participant information sheets, consent forms, list of guide interview questions and debrief sheet. transcripts of interviews. See advice from UK Data Service on File naming conventions
Ethics and Intellectual Property	
How will you manage any ethical issues?	- Written consent will be obtained for all participant interviews. - Participants will be advised of their right to withdraw from the research study at any time without being obliged to provide a reason. This will be made clear to participants on the information sheets and consent forms. If a participant decides to withdraw from the study, they will be informed their contribution (e.g. any audio recordings and interview transcripts) will be removed and confidentially destroyed, up until the point where the data has been analysed. I will notify participants that this will not be possible more than 28 days after the interview due to the data having already been analysed. - In case of emotional distress during or following the interview, contact details of a relevant support organisation will be made available in a debrief letter. If participants appear distressed during the interview, they will be offered a break or the option to end the interview. - Transcription will be undertaken only by the researcher to protect confidentiality of participants. - Participants will be anonymised during transcription to protect confidentiality.

	Agreement will be made that no names will be used or any other identifiable information including schools or local authorities.
How will you manage copyright and Intellectual Property Rights issues?	N/A
Storage and Backup	
How will the data be stored and backed up during the research?	Audio recordings and transcriptions will be saved on UEL OneDrive for Business and the researcher's personal UEL H: Drive. Audio files and transcripts will be saved in separate folders. Each audio file will be named with the participants' initials and the date of the interview. Each participant will be attributed a participant number, in chronological interview order. Transcription files will be named e.g. "Participant 1". No list will be kept of participant numbers linked to personal identifying information. Audio MP3 files of interviews will be uploaded from the researcher's unencrypted Dictaphone and saved as MP3 files on UEL OneDrive for Business and UEL H: Drive immediately after the interview. Once audio files have been uploaded onto the laptop (which only the researcher has access to) the audio files will be deleted from the Dictaphone Consent forms will be scanned and uploaded onto the researcher's UEL OneDrive for Business. Paper copies of diary entries and visual documents such as the Tree of Life/Change will be scanned and uploaded as a pdf document onto the researcher's UEL OneDrive for Business and UEL H: Drive. Paper versions will then be destroyed. The researcher's personal space on the UEL server that can only be accessed by the researcher (using the researcher's password).

	Scanned consent forms will be saved in a separate location to other research data.
Data Sharing	
How will you share the data?	Extracts of transcripts will be provided in the final research and any subsequent publications. Identifiable information will not be included in these extracts. Anonymised transcripts/documents may be deposited via the UEL repository. Participants may opt to have their data placed in the UEL repository if they wish.
Are any restrictions on data sharing required?	N/A You don't need to decide now, but an embargo can be placed on the data deposited to allow you to explore opportunitiies for publication PJ
Selection and Preservation	
Which data are of long-term value and should be retained, shared, and/or preserved?	Audio recordings and electronic copies of consent forms, visual documents and diary entries will be kept until the thesis has been examined and passed. They will then be erased from UEL servers (OneDrive for Business and H: Drive). Transcripts and uploaded documents will be erased from the UEL OneDrive for Business and UEL H:Drive once the thesis has been examined and passed. With consent anonymised transcripts/documents may be shared via the UEL Research Repository in line with UEL's Research Data Management Policy
What is the long-term preservation plan for the data?	
Responsibilities and Resources	

Who will be responsible for data management?	Fiona Ann Wallis u1944347@uel.ac.uk
What resources will you require to deliver your plan?	N/A
Review	
Date: 23/04/2021	Reviewer name: Penny Jackson Research Data Management Officer

Appendix 12- Presentation to SENCo's as introduction to study

Fiona Wallis – Trainee
Educational Psychologist
███████Educational
Psychology Service

RESEARCH CONDUCTED
FOR THE DOCTORATE IN
EDUCATIONAL AND CHILD
PSYCHOLOGY(UEL)

*IN WHAT WAYS DO THE
VIEWS OF PARENTS/CARERS
CHANGE THROUGH THE
PARTICIPATION IN MULTI-
FAMILY GROUPS IN
SCHOOLS?*

C

WHY THIS RESEARCH?

A requirement to qualify as as an Educational Psychologist	My personal interests	Family Therapy techniques	Promoting change through mutual support
Parent views	Raising hope and self confidence	Self reflective	

WHY MUTLI-FAMILY GROUPS?

Role of Family and Relationships

School Collaboration

Building Community
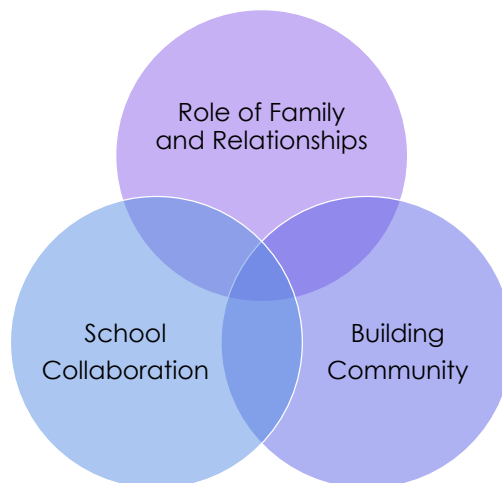
WHAT? WHEN? HOW?

Collect the views of parents throughout the process (3x interviews)

Record the rich 'lived experience' from parents/carers

Using the Tree Of Life as a participatory tool to develop and 'grow'

OR diary entries – diaries provided with some open-ended questions

THE TREE OF LIFE (CHANGE) DEVELOPED FOR EACH FAMILY

Roots – Support systems, family origins, culture, extended family

Ground – Child and family home life, school life

Trunk- Skills and strengths

Branches- Hopes dreams wishes for child and family

Leaves- Important people, those we admire, rely on

Fruit- 'Gifts" – acts of kindness and support

Storms- Challenges at home, at school, around the child

WHAT MIGHT PARENTS/CARERS ASK?

- How will the interview material (data) be stored?
- What happens to this material (data)?
- Do I have to do more than one interview?
- How long do the interviews take?
- Can I withdraw?
- Where do the interviews take place?
- Can I complete a diary as well?
- Will I get any compensation for my time?
- Covid 19 Compliant?

ANY QUESTIONS?

Appendix 13- Information Letter for Participants

PARTICIPANT INVITATION LETTER

Who am I?

I am Fiona Wallis, a postgraduate student in the School of Psychology at the University of East London, studying for a Professional Doctorate in Educational and Child Psychology as part of my training as an Educational Psychologist.

What is the research?

As part of my studies, I am conducting research into:

In what ways do the views of parents/carers change through the participation in Multi-Family Groups in Schools?

My research has been approved by the School of Psychology Research Ethics Committee, guided by the standards of research ethics set by the British Psychological Society.

Why have you been asked to participate?

I would like to speak with parents/carers who have agreed to participate in the Multi-Family Groups in Schools programme, to understand more about their experiences of the groups and how their views may change during the programme. You are free to decide whether or not to participate.

What will your participation involve?

If you agree to participate you will be asked to:

- Either take part in a one-to-one interview about your experiences at three points in the Multi Family Group intervention or to write an anonymous diary after each session of the 8 Multi Family Group sessions that you participate in.
  Interviews
- You will be asked to take part in three (preferably face to face) interviews at different points throughout the sessions. They will take approximately 45 minutes and will be like having an informal chat. Our conversation will be recorded either through Teams or via audio equipment in face-to-face interviews. The discussion will be transcribed verbatim (using your words exactly).

- We will also use a drawing of a tree, called The Tree of Life. This drawing will aid our conversation and we will talk about the different parts of the tree and the different aspects of your experiences.

Diary Entries

- If you prefer to write short diary entries, these will be provided to you with some questions. They will remain anonymous and you will be asked to complete a short entry after each of the sessions you attend, each week.

Your taking part will be safe and confidential

- You (or anyone you speak about) will not be identified by the data collected, or in any write-up of the research and you do not have to answer all the questions asked.
- Your safety will be ensured at all times. Necessary health and safety regulations will be followed during interviews carried out at school premises and fire and safety policies read and adhered to. Covid-19 safety regulations will be followed in accordance with the level of restrictions/recommended precautions at the time of the interviews. Virtual meetings can be scheduled if face to face interviews are not possible.
- Interview questions are not expected to be offensive or upsetting in any way. However, the details of a counselling provider will be given to you on request.

What will happen to the information that you provide?

- All data from audio recordings, drawings and diaries will be anonymised. Data collected from interviews will be anonymised when transcripts are written up.
- Audio recordings and transcriptions will be saved on secure University drives, UEL OneDrive for Business. Audio files and transcripts will be saved in separate folders. All files will be password protected.
- All data will be erased, including interview recordings, diary entries and transcripts, once the thesis has been examined and passed.
- Only the researcher, supervisor and examiners will have access to the transcripts, visual data and consent forms.

What if you want to withdraw?

You are free to withdraw from the research study within 4 weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Fiona Wallis, Trainee Educational Psychologist. Email: u1944347@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr Miles Thomas. School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: m.thomas@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Professor Ian Tucker, School of Psychology, University of East London, Water Lane, London E15 4LZ.

Email: i.tucker@uel.ac.uk

Appendix 14 – Consent Forms

UNIVERSITY OF EAST LONDON

Consent to participate in a research study:

'In what ways do the views of parents/carers change through the participation in Multi-Family Groups in Schools?'

I have the read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study, which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw, the researcher reserves the right to use my anonymous data after analysis of the data has begun.

Participant's Name (BLOCK CAPITALS) …………………………………………………………………………………….

Participant's Signature   …………………………………………………………………………………..

Researcher's Name (BLOCK CAPITALS) ………………………………………………………………..

Researcher's Signature   ………………………………………….
Date:

Appendix 15 – Tree of Life Completed example for Anna
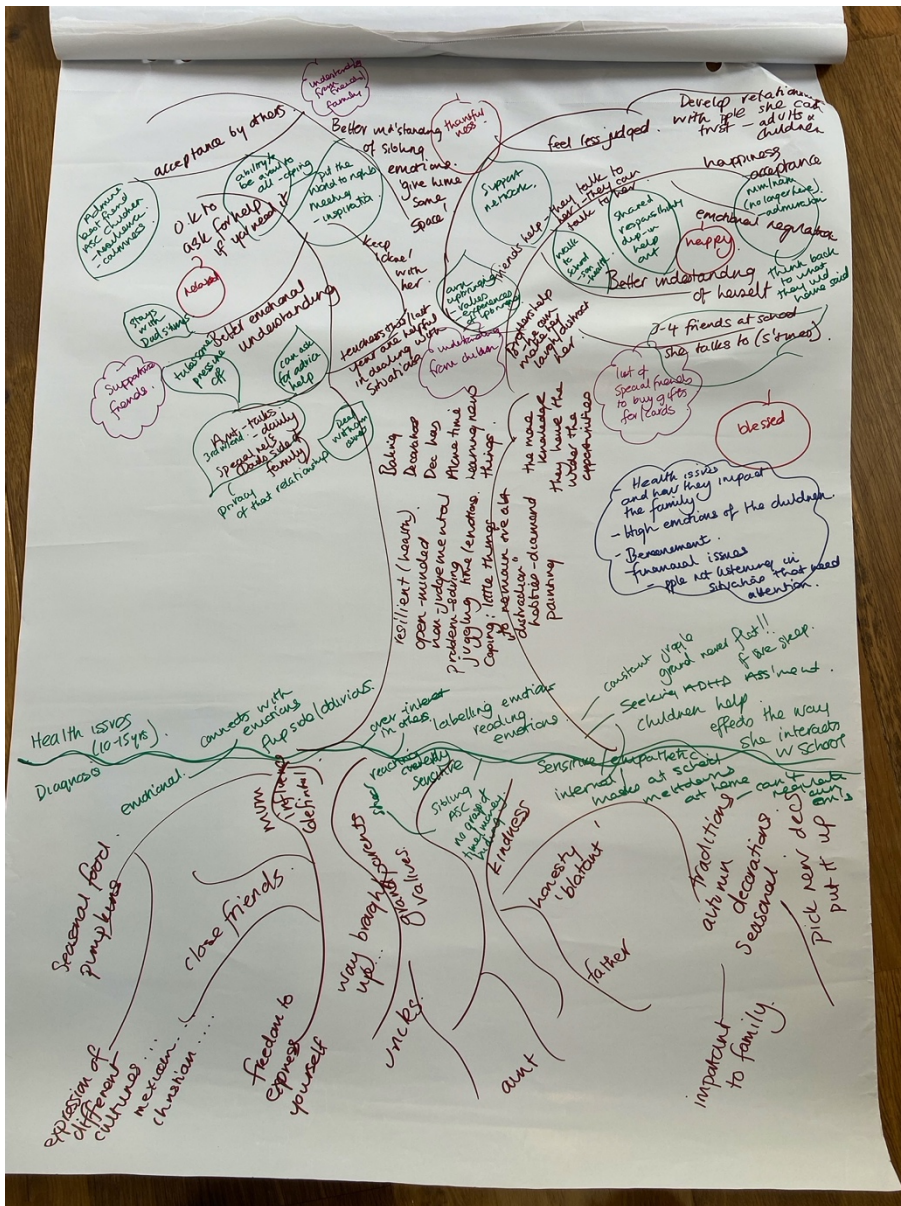
Appendix 16 – Schedule of interview questions for Semi-structured interviews.

Part of the Tree	Elements to consider	Example interview questions (Pre-Group)	Follow up questions (Interim and Post) (Week 4 and 8)
Roots	Support systems Family origins Extended family Important people in the family Home environment Cultural influences Cultural traditions Social GRAACEES	Can you explain your current support networks? Who, what, where they are evident? Can you tell me about what values are important to you and your family? What do you do as a family to support each other? Are there any factors which effect the way your family supports each other?	Have there been any changes or differences in your support networks since our last meeting? Why do you think you have experienced these changes/no change? Can you explain how taking part in the sessions may have impacted your support networks? Have there been any (small) changes or differences in your values or beliefs since our last meeting? Can you explain how the sessions have facilitated this change? Have embedded your original values?
Ground	Current situation with child at home and at school (and subsequent changes) Daily activities Home life School life	Can you explain/describe your current situation and your experiences with your child and family life/school life? Can you tell me about your experiences with your child and your child's school? Can you describe what a 'good' day looks like with your child?	Can you describe/tell me about your current experiences of your child and family life/school life? Can you tell me about your experiences of the group and how these may have affected your life at home/with your child/with school? Have there been any changes? Can you explain how and why you think these changes occurred?

		What do you think your child feels about joining the group? Can you tell me about why you have signed up for these sessions in school?	What do you mean by….? Can you tell me more about…..? What does that look/feel/sound like?
Trunk	Skills and abilities Practical Skills Social/Emotional Skills	Can you explain/describe the things you do to support your child? What do you think are your most useful skills /strengths? Can you give examples? Where did you learn those skills? How do you use those skills to help your child/family/communicate with school?	Can you explain/describe your skills, abilities and strengths now after (x) sessions in the group? Have there been any changes? Can you explain why? Can you explain/describe any new skills you have learned in the group? How have these new skills helped you?
Branches	Hope dreams and wishes:- For the child specifically For the family Regarding school Future aspirations for child/family	What hopes and dreams do you have for your family and your child? How long have you had these dreams and aspirations? What/who has helped you to sustain these hopes? How far have you got to achieving some of these goals and aspirations? Where are you now? Where would you like to be? (Scaling)	Do you have the same hopes and dreams as previously or have they changed? Why and how have they changed? How have your experiences of the group sessions changed your hopes and dreams? How far have you got to achieving some of these goals and aspirations? Where are you now? Where would you like to be? (Scaling) What are the differences in your hopes/dreams now than before the group started?

Leaves	Important people in your life. People you value/admire People who you rely on	Can you describe the people that are important to you and your family? How and why are these people important to you? What was/is special about that person?	Can you describe the people that are important to you and your family currently? How and why are these people important to you? Can you describe why that person continues to be/have become important to you?
Fruits and Flowers	'Gifts' Social/emotional Acts of kindness Acts of support Unexpected acts of love	Can you think of any 'gifts' of kindness/love/ that someone has given to you? Why do you think they gave you that gift? How did that gift make you feel?	Since beginning the group sessions, do you feel that you have been given or have given away any 'gifts' of help/kindness? Can you describe these experiences?
Storms	Challenges and difficulties In the home In school Around the child	Can you describe any challenges, barriers or difficulties that you may have that impact on your child/family/school? How do you cope with/manage them? Who helps you with this? In what ways have these difficulties affected you and your family? What have you been able to do to try to overcome these barriers/difficulties?	Can you describe any challenges, barriers or difficulties that you may have at the moment? Have these changed since our last meeting? Do you cope with/manage them any differently? Who helps you with this now? What have you been able to try to overcome these barriers/difficulties using different strategies? Have you noticed any changes in the ways that you have coped?

Appendix 17- Participant Debrief Letter

PARTICIPANT DEBRIEF LETTER

Thank you for participating in my research study on ***In what ways do the views of parents/carers change through the participation in Multi-Family Groups in Schools?*** This letter offers information that may be relevant in light of you having now taken part.

What will happen to the information that you have provided?

The following steps will be taken to ensure the confidentiality and integrity of the data you have provided.

- All data from audio recordings and those data stored visually will be anonymised. Data collected from interviews will be anonymised when transcripts are written.
- Audio recordings and transcriptions will be saved on the researcher's password protected laptop. Visual information will be scanned and uploaded to secure and password protected files on the researcher's personal laptop. The laptop is personal, non-networked with two sets of passwords only known to the researcher.
- Audio files, transcripts and visual information will be held in separate files. Files will be identified using the date of the interview and participant number.
- All study data stored on the researcher's personal laptop will be erased, including interview recordings, diary entries and transcripts, once the thesis has been examined and passed.
- Only the researcher, supervisor and examiners will have access to the transcripts, visual data and consent forms.
- Data will be retained for three years and then deleted.
- Anonymised data may be published in academic journals. All extracts and data used will not be identifiable in any way.

What if you have been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise potential harm.

Nevertheless, it is still possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways you may find the following resources/services helpful in relation to obtaining information and support:

North XX Mind – The Almshouses, 20 West Hill, Dartford, DA1 2EP, Tel/; 01322 291380
https://northXXmind.co.uk/

West XX Mind- Sevenoaks Wellbeing Centre, 34 St Johns Road, Sevenoaks, XX, TN13 3LW
Tel: 01732 744950.
https://westXXmind.org.uk/what-we-offer/counselling

East XX Mind – 34 King St, Ramsagate, XX, CT11 8NTTel:0795 060 8827 and Mental Health Matters Helpline Tel: 0800 107 0160
https://eastXXmind.org.uk/

XX County Council – Counselling Services -
https://www.XX.gov.uk/social-care-and-health/health/mental-health/mental-health-support/find-counselling

You are also very welcome to contact me or my supervisor if you have specific questions or concerns.

Contact Details
If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Fiona Wallis, Trainee Educational Psychologist
Email: u1944347@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr Miles Thomas, School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: m.thomas@uel.ac.uk
or
Chair of the School of Psychology Research Ethics Sub-committee: Professor Ian Tucker, School of Psychology, University of East London, Water Lane, London E15 4LZ.
Email: i.tucker@uel.ac.uk

Appendix 18- Example of exploratory noting (right hand side)- descriptive (red), linguistic (blue) and conceptual (green). Experiential Statements (purple) on left of paper

Left margin (purple experiential statements):

observations of child working with others 'new insights'

Finds child responses frustrating

Begins to link childs coping starts to prognosis.

Accepts childs progress even doesn't meet her initial expectations

Affirmed by T's that child is progressing

New way of observing/looking at childs behaviour

B/Lang -other cues are of interest to mum (Deeper thinking)

Central transcript:

660 I already know it myself but more observing
661 it more now how she is with other people
662 and stuff...
663 R: yeah what does that body language tell
664 you?

665 P; well, she's normally smiling and she's you
666 know... she's engaging, she's talking to them
667 and.. but other times she's sitting there just
668 slumped in the chair... just looking around
669 the room just.... you know not giving the
670 face to face contact.... not so much eye
671 contact, as she doesn't always do that or as
672 I said.... when the questions are asked and
673 she'll just come out with 'fish' and you just
674 think like CA.. come on now... it's just her
675 random yeah... and then yeah and then I'm
676 thinking are you really listening to the
677 question... or yeah that's what I mean...
678 when she was drawing the other day when
679 she was drawing her cat and they asked her
680 a question and.... this is what we' re
681 saying..... half the time she is actually
682 listening to what you're saying although
683 she's doing something else... she is listening,
684 which I wasn't always sure whether she was
685 listening or she was just focused on what
686 she was doing. She proved it the other week
687 When they asked her a question she
688 responded ...
689 Her teacher said Mr. S actually said that half
690 the time when we think she's not listening
691 and she actually is... she's actually taking it
692 in... but I'm not sure how much she is taking
693 in...
694 R: great, thats a great observation isn't it.
695 Have you observed her in that way before?
696 P: well, not really, I suppose that's a new
697 way of looking at things with her...
698 R:
699 P:her body language is quite interesting.
700 She sits up and takes notice, like I said or
701 can slump...I realised that she doesn't have
702 to appear that she is paying attention, she

Right margin annotations:

[Using observation of her child working with other adults to guide her insights into childs emotional state]

− Recognises diff B/L traits in child when engaging or not.

− Has an understanding already of some of childs needs.

Finds childs responses frustrating at times − Is this childs way of coping with the direct attention of the group

Does mum see beyond the behaviour to the cause. (identify prof knowledge here).

Increased awareness & interest of childs abilities of listening − able to "prove" it.

requires proof of her abilities for others to see?

Mums need to see theirself have witness to childs progress

Does she need to 'prove' things to herself, kid, or others?

New — Mum sees this as a new vision of her child

* − looking at childs B/L with interest − opening up a curiosity of how the child appears/represents & what is going on inside her head. − DEEPER UNDERSTANDING

First attempt at deeper thinking re deeper ability of child?

Appendix 19- Example of sorting Experiential Statements (ES) to develop Personal Experiential Themes (PET).

Appendix 20a- Sample of data analysis for Lauren (Interview 1) Shows five PET's (blue) and supported with ES's (yellow for Time point 1=T1)
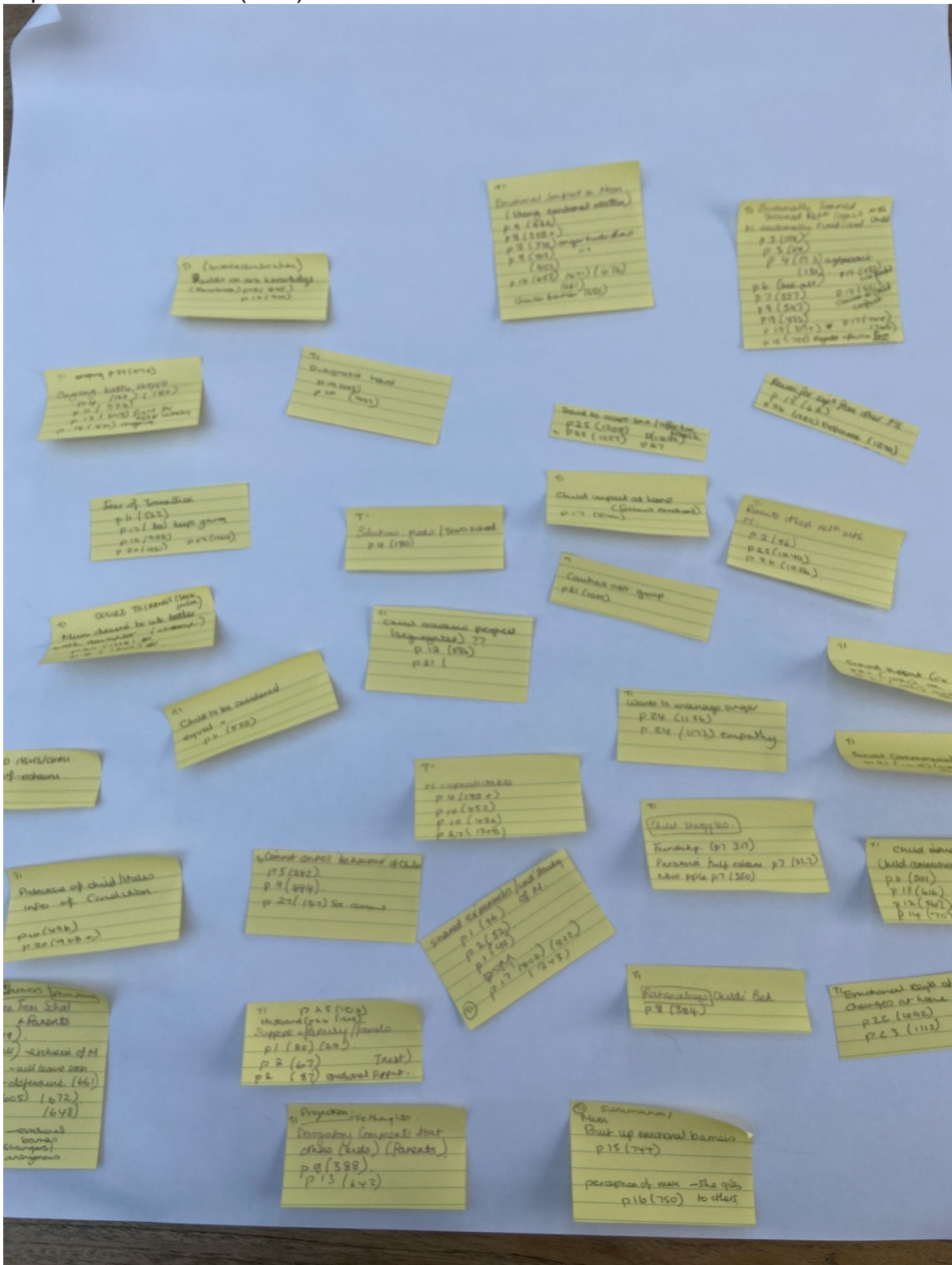
Appendix 20b - Sample data analysis for Lauren (Interview 2)- Shows five PET's (blue) subdivided (pink) and supported with ES's (orange for T2)

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Appendix 20c -Sample data analysis for Lauren (Interview 3)- Shows five initial PET's (blue) subdivided (pink) and supported with ES's (green for T3)

Appendix 21- Example of final analysis for Suzie across all three interviews. Showing five PET's with sub divisions and supporting ES's across all three interviews which identify change.

Appendix 22- Excerpts from reflective research diary.

Excerpt 1
During the interviews and data analysis I had to remain aware of my feelings towards the participants. Suzie can be quite difficult to manage at times, transferring many of her feelings of frustration and anger towards me. I must be mindful of counter transference and remain calm, using active listening techniques and monitoring my tone of voice. I must not be tempted to miss out questions, or avoid further probing to delve further and examine her feelings. Trying to understand her reasoning is important. Although I try to ask for exceptions, using solution focused questions, she often avoids these and moves the conversation back to a negative stance.

Excerpt 2
Whilst analysing Suzie's data I began to read more into her answers, through immersion, I can see that her frustrations with her daughter stem from other things happening in her life. I feel that I am more able to see her point of view, remaining objective is easier, but compared to the other participants her feedback is largely negative. I am beginning to see the benefits of this however, in the way she provides an alternative view for the groups and gives honest accounts of her experiences which may be beneficial in a critique of the group.

Excerpt 3
In the third interview with Anna, I found myself becoming more emotional and reactive to her words. This is probably because I relate to her as a parent of an SEN child. She is great at self-reflection and the ability to understand the process of learning in the group. I feel a deeper rapport with her that I don't with the other two. I must be mindful to bracket my own feelings towards her and remain as objective as possible.

Appendix 23- Sample initial across case data analysis- for all three participants' PET's- (Anna = blue , Suzie = green, Lauren = pink). Supported with sub-headings. Initial grouping into General Experiential Themes.
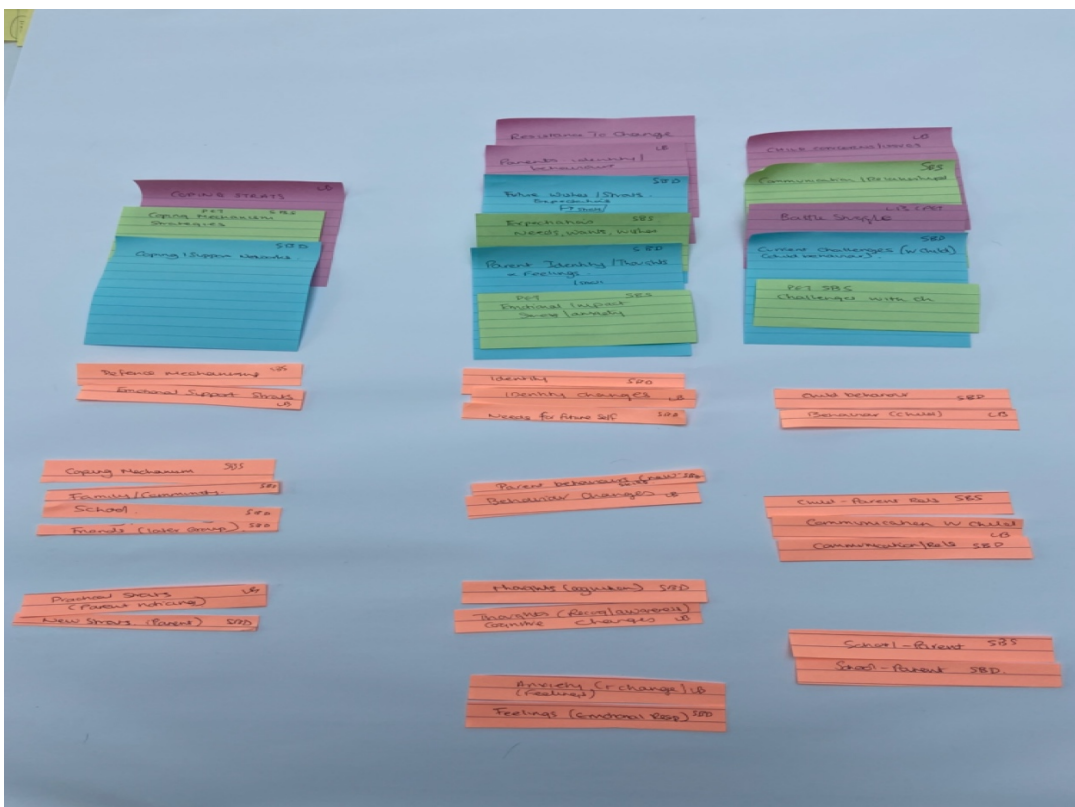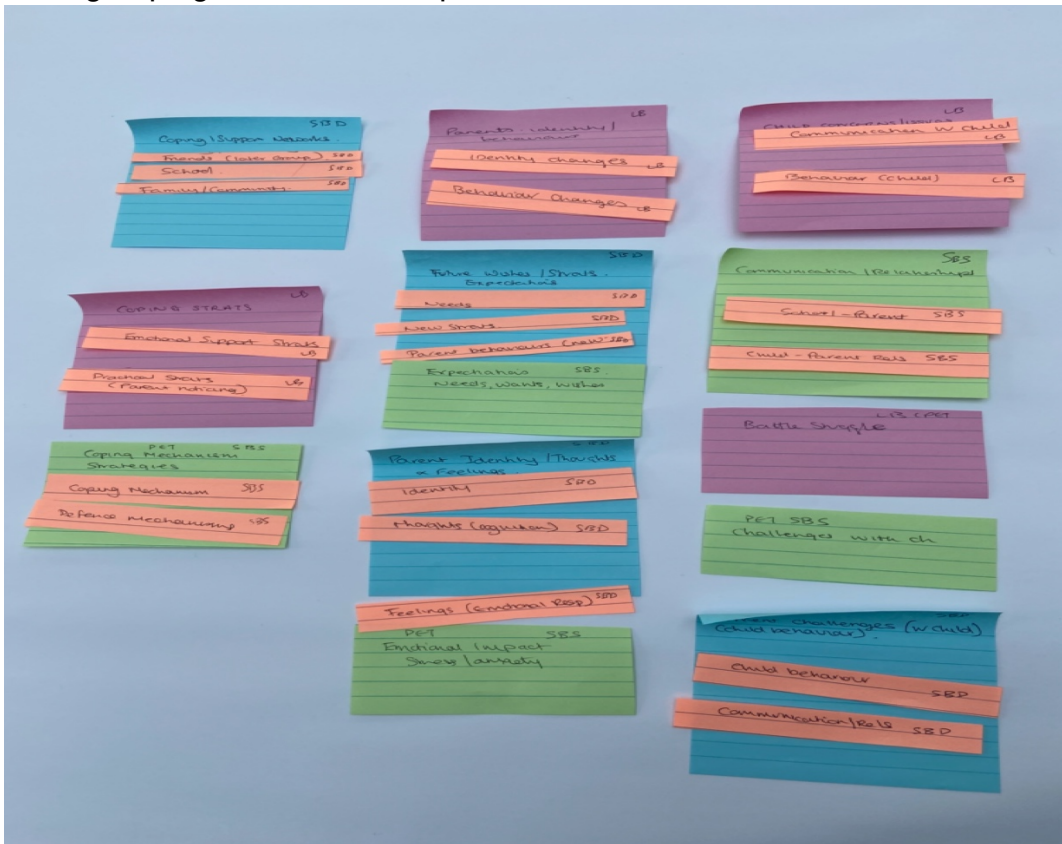
Appendix 24- Final 4 GET's established with supporting PET's