CWdc
Children's Workforce
Development Council

Integrated Approach to
Parenting Support

Sharing our experience

Practitioner-led research 2008-2009
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This report is part of CWDC's Practitioner-Led Research (PLR) programme. Now in its third year, the programme gives practitioners the opportunity to explore, describe and evaluate ways in which services are currently being delivered within the children's workforce.

Working alongside mentors from Making Research Count (MRC), practitioners design and conduct their own small-scale research and then produce a report which is centred around the delivery of Integrated Working.

The reports are used to improve ways of working, recognise success and provide examples of good practice.

This year, 41 teams of practitioners completed projects in a number of areas including:

- Adoption
- Bullying
- CAF
- Child trafficking
- Disability
- Early Years
- Education Support
- Parenting
- Participation
- Social care
- Social work
- Travellers
- Youth

The reports have provided valuable insights into the children and young people's workforce, and the issues and challenges practitioners and service users face when working in an integrated environment. This will help to further inform workforce development throughout England.

This practitioner-led research project builds on the views and experiences of the individual projects and should not be considered the opinions and policies of CWDC.

Integrated Approach to Parenting Support

Janice Filer, Bristol County Council

Abstract

In this reflective study, the importance of real relationships regarding participant engagement in the research and in the groupwork process is realized as a result of the researcher's ability to elicit and interpret the women's accounts of the relationships they experienced during the project.

An early intervention was set up by the practitioner to provide a service for vulnerable families facing social exclusion and with children experiencing behavioural, social, emotional and mental health difficulties.

The practitioner collected the views of ten women during semi-structured interviews to examine their reports of cohesiveness, connectedness and disconnections of the relationships experienced during the groupwork. In addition, the study examined women's mood diaries and journals to provide background information about their feelings and relationships.

This study demonstrated that creating opportunities for sustained and sensitive engagement with participants can establish the partnerships needed for women to make sustainable changes in order to improve the quality of their family lives.

The main findings that emerged from the study were the importance women attached to being listen to by professionals supporting them and how they felt that the professionals failed to listen to them. It showed the support they gave each other and needed from the practitioner in order to put nurturing strategies in place to support their children. Also they recognized the need to make changes in themselves in order for their relationships with others to work.

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Introduction

An important part of practice-based research is the recognition that efforts to improve wellbeing must include the voices of participants. Conducting formative work with participants helps the research practioner understand how to design research protocols that fit better with participant needs. Every contact with participants is part of the process of continually building and sustaining integrated relationships. It is important to initiate and sustain dialogue with participants and to give them opportunity to co-construct both the groupwork programmes and the research. The women responded openly and truthfully because trust had been earned before the research took place. Every woman approached agreed to participate in the research and generously shared their stories.

Although there would always be some inequality of power between staff and participants, the building of open and honest relationships of genuineness, respect and and empathy to facilitate person growth and development (Rogers and Stevens, 1967) was an essential part of the work. The main features of these relationships were that they should be non-judgemental and mutually respectful (Berne, 1985). The challenge was to connect in a sincere, gentle way and to work closely with the community to create opportunities for engagement so that the women's stories about their relationships could be told safely. At the Southmead Family Support Project (SFSP), both the research and the support programmes have benefited from this close collaboration with participants.

The research is about the women's reports of coherence, connectedness and disconnections across their different relationships during their experiences of groupwork at the project. The aim was to elicit changes to enable parents to better nurture their children and to encourage families to make use of educational opportunities and of local services to help them avoid social exclusion and prevent them from sliding into the culture of drugs and youth offending.

This study examines how relationships made during the groupwork can act as a force enabling people to significantly transform their lives. Many of the women told of life histories affected by physical, sexual, emotional and domestic abuse, of drugs and other substance misuse and the effects of trauma. The co-constructional and dialogical approach of the researcher led to a deep insight into the lives of these women. Pseudonyms have been used to protect the women's identity and the word 'parent' refers to any parent, carer or guardian with legal responsibility for the child.

Aims of the research project

The study examines the views held by a sample of the women taking part in two groupwork programmes for 12 weeks between November 2008 and February 2009: the Developmental Movement Play (Filer, 2006; 2007) programme and the Family Swim Together programme. The overarching aim is to improve practice to better meet the needs of the families using the service.

The primary aim is to find out about the women's relationships and experiences. To explore their reports of coherence, connectedness and disconnections across the different relationships during their groupwork experience. The practitioner looked beyond the multi-agency integrated working appproach to consider the more subtle integration of participants' relationships with each other, their children, their families, other agencies and project staff. The practitioner examined the women's own understanding of the causes of relationship breakdown and the effect of attending groupwork programmes on their relationships. By listening to the women's own accounts it is hoped to gain a deeper insight into what support they need so that more successful early interventions can be developed.

The secondary aim
The secondary aim is to encourage long-term engagement of the women through genuine collaboration between them and the practitioner in the development of a programme of both practice and research that addresses the whole needs of the individual. It is hoped that this will lead to improvements in the relationships they have with others, especially their children.

Context

The project originally named Bridging the Gap (Shaftoe, 2002) was set up ten years ago to provide a service for the most vulnerable families facing social exclusion due to their children's behavioural, social, emotional and mental health difficulties. It is sited in an area of social depravation with a high level of social service referrals and children on the child protection register (Shaftoe, 2002). Poverty, drug and substance misuse, domestic abuse, violence, historic sexual abuse, suicide attempts, marginalization and social exclusion are reoccuring themes for the families. However, it is difficult to determine exactly how any of these affect the women's relationships. This study shows how the humanist stance (Clarkson and Pokorny, 1994) of the practitioner creates opportunities for real engagement with participants and the partnerships needed to bring about sustainable change.

The women were referred by statutory and voluntary agencies but the majority came because 'a friend recommended the group' (Leyla, Tory and Ellie) or they 'had heard by word of mouth and self referred' (Kim, Amy, Jac and Esther).

Two groups were involved in the research. Group 1 took place on Tuesdays at project rooms. Group 2 took place on Thursdays in a local fitness centre. Both groups used physical activity to encourage the women to play with their children. A crèche was provided when the women were involved in the groupwork or pampering activities such as the jacuzzi, sauna or steam room. The groupwork aimed to develop personal and parenting skills although the groups increasingly became more of a social gathering as the women gained confidence and improved social skills.

Children in authority care

Five women had children cared for by the local authority, three children from one family were taken into care for a short term after their mother attempted suicide, another was looked after because his mother took drugs and one child was looked after for several months after birth due to the mother's postnatal depression. Another woman had three of her four children taken into care. In two cases (including the latter) one child from two families remain in long term care. Some children lived with grandparents on a voluntary basis. In all, nine children were in care.

Motivation

For some participants the motivation to attend the programme was to find a better way of life for themselves and their families. Finding other people with similar problems was a relief to them and they found mutual support from each other. Many women came to learn parenting skills. Some women came as a last resort because they felt 'nothing else had worked' (Leyla), they 'would give it a try' (Tory) or because they felt they 'had nothing more to lose' (Leyla).

Methodology

The aim was to carry out the research in ways that reflected the project's groupwork philosophy of empowering the participants so that the research itself was part of the process. As this was a 12-week snapshot of what was happening in the groups it was important to retain participant engagement beyond the scope of the research process. It was also important to retain the healing kinship relationships (Schiff, 1997; Buber, 1970) already established between the group facilitator and participants which were based on a mindful awareness of the ethical issues of power and inequality involved in the therapeutic groupwork situation and the research itself. The delicate balance of power between the women and project staff was consciously maintained to ensure the ongoing engagement of vulnerable families after the research was over as they already found it difficult to engage with services due to chaotic lifestyles, suspicion of authority figures and marginalization. It was hoped that involvement in the research would mirror the ethos of the SFSG which was based on valuing participants with unconditional positive regard, genuineness and empathy (Rogers, 1951; 1957) to empower them to make changes regardless of their background or life situation.

The practitioner was already deeply involved with the project and had not planned to carry out the research but loss of funding and the reduced hours of the support assistant resulted

in the practitioner conducting the majority of the research herself. She conducted most of the interviews which took place in mutually safe environments, either at the project base, participants' homes or in the settings in which the children were being educated. The strength of the practitioner carrying out the research was that a great deal of trust had already been established between the women and the researcher which enabled them to tell their stories openly and honestly without the usual fear of being judged by someone new. There was no need to take time forming new relationships in order to penetrate the surface layers of initial polite conversation. The women talked openly from the start of the research process about subjects they would normally hide at the start of relationships with new people in authoritative positions.

The limitation of this approach was that at times the practitioner experienced severe vicarious trauma (Pearlman and Saakvitne, 1995) due to the raw honesty and depth of disclosure. The emotional demands upon the researcher were high throughout the project. Many ethical considerations needed to be addressed throughout every step of the research for the protection of the vulnerable adults and children taking part and to retain the emotional stability of the practitioner. Confidentiality (Clarkson and Pokorny, 1994) and awareness of Child Protection were discussed in depth with the women before the start of the programme and a working partnership was drawn up and revisited at regular intervals to ensure a safe holding environment (Winnicott, 1958) for everyone involved. A check in process was adopted at the start and finish of group sessions

It was important to be continously consciously aware of all ethical considerations due to the highly sensitive content of both the groupwork and interview discussions and the highly emotional state of all participants, some of whom reported suicidal feelings at the time 'She, [the practitioner] literally saved my life. I turned up at her door after taking an overdose. She didn't judge me or give me a lecture. She calmly did what she needed to do to save me' (Leyla).

It was decided that a qualitative approach using interviews with a thematic analysis would be used to provide an in-depth understanding of the relationships within the project. This would be backed up by the quantitative data provided by the analysis of weekly mood charts, participant satisfaction and attendance information. The research methodology changed as the project evolved because the practitioner had been too ambitious regarding what could be achieved within the limited scope of such a small research project. Originally it was planned to seek the views of the group participants, staff who provide the family support service and referring agency staff at the start of the research schedule, at a midway point and again at the end through a combination of individual questionnaires and semi-structured interviews. Instead, due to previously mentioned constraints, it was necessary to focus on gathering views of only the participants through individual interviews where possible, using a structured interview schedule (Appendix 1). Group interviews, using the same schedule, were carried out during the last two weeks of the programme to capture the views of the women who were unable to attend individual.interviews. The practitioner carried out literature searches, transcribed audio tapes and with the help of a support assistant, analysed the data . The analysis took the form of drawing out the main themes separately and then attending a series of meetings together to compare the themes that the researcher and the support assistant had extracted from the data, agreeing on the

commonality of these themes and choosing participant quotes to back up the findings. Finally, there was a two-week period of reflection on the whole process before some minor adjustments were made to ensure justice had been done regarding the information collected and to ensure that the draft report was a thorough representation of the women's views. In the last group session, the findings were reported back verbally to participants to give them the oportunity to discuss and make any minor adjustments before the report was finalized and put out to public review.

Before the start of the programme there was an initial session to inform participants of the research and to invite them to take part. During this session they were given letters informing them of the details. An interview schedule was set up, permission to audio record the interviews was gained and the women signed consent forms agreeing to take part in the reseach. They could withdraw from the research at any stage without it affecting their right to attend the programme. The participants wrote journals and completed mood diaries before and after each session. All (23) participants agreed to take part in the research so five from each of the two programmes were chosen randomly. At the end of the programmes, there was a final session to disseminate the findings.

A qualitative approach (Hitchcock and Hughes, 1992; Bowling, 1997) with a thematic analysis of a combination of interviews, journals and mood diaries (Appendix 2) (Smith, 1995) was used to provide an in-depth understanding of the women's integrated relationships.

Findings

All the women looked forward to the group as 'the highlight of the week' (Esther) and attended regularly. The unusually high level of attendance was due to the underlying philosophy that the first point of reference for the women was that they would encounter a genuine relationships with the practitioner. This groupwork philosophy (Cooke, 2006) was based upon the notion that experiential learning in a nuturing environment would enable personal development which would in turn enable participants to nurture their children in similar ways. There was also a deep sincerity about the research process itself which mirrored the deepening of genuine relationships between the women and the practitioner. The women reported that they were in control of their lives, some for the first time, rather than 'other people telling' (Leyla) them 'what to do when they don't know anything about our lives' (Leyla).

Parenting
Many women said they wanted help with their children's behaviour and that they 'wanted to be a better parent than mine were' (Terry). Several said that they 'didn't know how to be a parent' (Jac) and others were 'only just meeting his [child's] basic needs' (Tory).

Attachment
Lack of attachment (Balbernie, 2007) was a common theme, with many women reporting that they had 'attachment problems' (Tory) and 'couldn't bond with' (Sam) their children

because of their own abusive backgrounds, isolation, mental health difficulties, postnatal and clinical depression (Klein and Wender, 1993).

Dependancy on alcohol

Participants frequently turned to drink (Downs and Harrison, 1998; Holland, 1992) when their relationships went wrong or they had had a bad day with their children. 'I'll drink five or six cans of lager and end up laying on the settee or shouting at the kids. I know it's not their fault but I can't help it. There's nothing else I can do. I've not had anyone to turn to. We always end up arguing about it all' (Tory).

Some women needed to get 'blotto' (Jac) to escape from the daily drudgery of their lives looking after difficult children. They got together for drinking sessions or went out drinking at the weekend. They saw drink as a means of escape and could 'be themselves for a while without having to worry about their children' (Tania).

Dependancy on drugs

Most women depended on perscription drugs for depression. Some used 'recreational drugs such as cannabis and the odd party pill on a night out' (Jac), several had used hard drugs but said they were 'clean' (Amy). Many women used 'soft drugs' (Tania) as self medication for depression or to help them escape (Marcenko et al., 2000; Lubit et al., 2003) from the never ending drudgery of their lives but many had given up during pregnancy. One woman found it difficult living with a partner who left drugs within the reach of their baby, 'Sometimes she crawls under the settee and grabs his drugs stuff. I'm always telling him to keep it out of her reach' (Jac). Others did not see drugs as a problem because their partner 'goes outside. They [the children] know what he's doing but it's not a problem. He's more laid back when he's had his smoke and it's much easier at home for us all' (Tania).

Isolation

The feeling of isolation (Reid, 2004) was evidenced by all group members. 'I felt isolated and detached from my family. I needed to make friends. I found that in the group' (Leyla). Like several others attending the group, she said she had been dragged along unwillingly by a friend. 'I only came to please my friend. She could see how desperate I was. How lonely I felt with no support from anywhere. I thought I would only go once to please her as she was my only friend at the time. Now I don't know what I would do without the group. It has quite literally saved my life. I look forward to going every week now. They [group facilitators] have been so good to me and they never judge me. I quite literally put myself in their hands every week and it's so comforting to know that they are there for me and my child' (Leyla).

Relationships

All paricipants were experiencing relationship difficulties (Martín et al. 2002) with one or more of their children. Children's difficult behaviour caused many neighbourhood disputes and several women suffered on-going disputes amongst themselves. Some had difficult relationships with partners and other family members. Most of the women found it difficult to relate to agency staff. Despite these set backs, alongside continuing family crisis's all the women were eager to improve their parenting skills.

Relationships with themselves and each other

The women reported a sense of low self-esteem with little or no self-worth, of not liking themselves and of self-harming (Smith et al., 1999) to make themselves feel alive or as an escape from daily pain. Many talked about physical pain, 'It made me feel very sad in my belly. Very sad for me I think. I don't want to cut myself again but I think I have a need to feel pain. This sad belly keeps wanting to be sick. My shins hurt when my jeans touch them, or bedding. It's almost a good pain' (Amy). Some women suffered panic attacks, anxiety and had flashbacks to earlier traumas. Many made first time disclosures of childhood abuse or ongoing domestic abuse. 'I'm really jumpy. I feel OK but not. Inside I don't feel so hollow – just strange, which is an improvement. Every time I smell that soap I have a panic attack. It reminds me of him and all the bad things he did to me and how much I hate myself now for letting him and not telling anyone about it until now' (Amy).

They talked of liking themselves more since attending the group, 'I don't mind being on my own any more. I don't mind being with me because I like myself more now' (Tania), and of the changes they had made in their relationships with their mothers (Darlington, 1996), 'I no longer need my mum to tell me how to live my life. You see now I am my own woman and I can make my own decisions. I'm putting a line under my life up until now. I have a new life since coming to the group. I only have people in my life now who like me for the person I am. That will respect my choices. People who want the best for me and want me to be happy. I deserve that' (Amy).

All the women valued the peer support they got from the group during times of crisis. They happily shared the group time and looked after each other's children during unsupervised times and when taking turns to use the facilities available to them. Several of them set up a self-support group. Sadly, two participants who had made a deep friendship in previous groups relinquished their friendship over disputes about their children outside the group.

Relationships with their children

Reflecting the relentless ongoing relationship problems with their children (Martín and Maldonado-Durán, 2002), one woman reported that 'It's never going to end – I know it isn't because I never really bonded with them when it counted. I'm trying to make up for it now but it's so difficult. Sometimes I feel so alone but know I cope better without a partner. It's just me and the kids. We're all we've got so I've got to try to make it work. Don't get me wrong, I do love them but life's so hard. When they're playing up I don't know what to do. I just end up shouting at them and I know it doesn't work. I know I've made it work in the past so I can do it again. I just keep slipping back into old ways when it gets really tough. At least they know me in the group and give me the chance to try again. They never write you off' (Tory).

Another woman said that the practitioner 'helped me massively but I have a different set of problems and I need a new set of tools to deal with these new problems, because our relationship is different now. Since coming to the group I have a lot more understanding of him' (Jac).

As a result of attending the group the women felt that their relationships with their children had improved. 'My relationship with my child has improved – reckoned we didn't have a bond and I am working on it. Roles between us have changed. She was the adult and I was the child (mainly due to my my physical and mental health). Now it's different. She still tries to be the carer. I recognized that I had to change it so that she could be a child' (Leyla). Guilt and trying to put things right for the children was another major theme.

One said, 'I have been able to say I'm sorry and explain to her [child] that it's not her fault. I always blamed the children before. It has helped me cope with the other children and make sure I do things different with them. I can say sorry easier. My bond with them is stronger. I tried to put things in place at the beginning of the group but it wasn't working fast enough. I nearly left but realized that I had to put things into place to change things and its taken everything from me before it could work properly between us. But we are benefitting now. I've been helped to help myself and now I know I can do it' (Tory).

The women reported better relationships with their children since attending the group. 'I give them positive attention now and so our relationship is more positive. I handle things differently which makes them understand better' (Tania). The women also felt they could cope better with their children's behaviour, 'Coming to the group has helped me cope with the other children and their behaviour better' (Tory).

Most women enjoyed the group but felt guilty when things changed for the better because the focus child did not have such a good time as subsequent children. 'It's been brilliant coming to the group – but I feel guilty because it's not been that good with my focus child like it has been with all the rest. I'm calmer with the other children' (Sam). All the women talked about being calmer and more relaxed as a result of attending the group. 'I am a lot more mellow, I am more calm, relaxed' (Terry).

Relationships with partners
The women talked about changes in their relationships with partners, and two of them split with partners during the group process. The majority of the women talked about being more confident to express their feelings in their relationships with their partners (Brothers, 1996), 'I've got more confidence to tell him when he makes me angry – don't make any difference but I can tell him' (Jac)*,* and another woman reported that 'I try to tell him – he don't listen but at least I can say it now' (Terry). Some relationships got worse 'our relationship has got worse. Our roles have changed, he's got a career now and before he was caring for us all. I resent him because he is following a career and I can't' (Leyla).

Relationships with family of origin
The relationships women had with their family of origin was a reoccurring theme, in particular the difficult relationships they had with their mothers (Darlington, 1996; Hoff, 1990). Three women decided as a result of attending the group to cut ties with their mothers. 'She never liked me. I'm grown up, become an adult and she can't rule me now. I've finally had it out with her, told her what I've thought and since coming to the group I've finally broken away from her' (Terry). 'I walked on eggshells around her. I didn't have the guts or courage to stand up to her ... coming to the group has given me the guts to do it

now ... She can no longer look at me as if I am eight, like I have done something to upset her. I no longer need her to tell me how to lead my life' (Amy).

Many women saw the group as giving them the courage to find a new life, 'Since coming to the group I have a new life. One that does not include her [mother]' (Terry).

One women got back in touch with her father for the first time in many years, 'I hated my dad because she [my mother] made me but now I don't anymore. My dad said he failed me, he didn't, she failed me. I told him and now he's there for me' (Amy).

Women's relationships with other agencies
There were issues around the mistrust the women have for professionals who are reported to have very little understanding of them (Hoff, 1990). The women reported difficulties with other agencies but felt that they could deal with them better since attending the group. 'I can deal with them, I am more calm when they don't listen to me. I do not have a very good relationship with Social Services though' (Sam). All the women were frightened of Social Care teams, fearing their children would be 'taken away' (Jac).

The main problem evidenced by the women was that professionals did not listen. 'I can not deal with professionals easily, I find they don't listen. All they care about are statistics. I've tried to put into practice the way the group leader has helped me deal with professionals. Not be aggressive, be calm etc so I am getting through to them better and usually get better results now than before' (Leyla).

The women's relationships with their child's school improved. 'I deal with issues better now and can approach school better now. I'm not so violent, just assertive. I've learnt now. I treat them with more respect but feel that I don't get that back' (Terry).

Relationships with project staff
The need for positive relationships (Cooper, 2003) was clearly met by the project, which is evidenced in the way the women talked openly with all members of staff. These relationships had a significant influence on the retention of participants, high attendance levels and the women's ability to make changes to improve their lives. The consistency and flexibilty of long-term, experienced staff was a major contributer to the success in this area and the user-led, person-centred approach encouraged continued engagement and full comittment to the programme.

Implications for practice

The findings suggest that the relationships people make with each other are important to the success of the programmes. Time to network and make sustainable realationships is necessary to provide an environment where integrated practice can take place. The trusting relationships built up over time give practitioners the security to refer into projects outside their own agencies. 'I've known [the practitioner] for more than twenty-five years and

respect her work. I know she can handle some of our most vulnerable clients and we can work together confidently' (Specialist Health Child Mental Health Worker).

The research shows that long-term, consistent, sensitive leadership provides the security needed for vulnerable families to engage with support groups. Women need the opportunity to co-construct their own groups, to be fully engaged with projects that lead to self development and the changes needed to improve life chances and relationships. They need safe, supportive environments and places populated by friendly, knowledgeable and non-judgemental professionals who are willing to make real connections with them (Cooper, 2003).

Group workers need to be educated in holistic practices to cope with the wide range of problems that are brought to groups.The women reported a loss of sense of self because their whole life revolved around the difficulties with their children. The effect on women of bringing up children in difficult circumstances, their loss of identity and feeling of isolation (Dante Cicchetti and Carlson, 1989) needs to be addressed through holistic groupwork practice.

This research has implications for professionals regarding the need for education regarding children's difficult behaviour, and particularly implications for educational staff. Improved education would bring about more understanding that it is not the case that children are merely 'naughty' or badly behaved and that it is the parent's fault. This could help to reduce the stigma and marginalization faced by families in this situation.

This research also implies that ongoing support for family relationships is needed so that people can develop the trust, forgiveness and healing to make the relationships that are necessary to enable them to make the most of support services (Alle-Corliss and Alle-Corliss, 1999). Through these relationships, families and professionals will be able to develop shared understandings of the difficulties faced by families trying to parent children in difficult circumstances and together they may develop new ways of moving forward.

More parenting classes should be available because the desire to be a better parent was cited as one of the main reasons for the women joining the group. Such support could help break the inter-generational cycle of disaffection evident in the community. This is clearly shown in the reports of women who have changed deeply entrenched family pattterns and disaffected relationships and who now provide satisfactory family backgrounds for their children. The research shows the need for early interventions such as 'Developmental Movement Play' (Filer, 2006; 2007) and 'Family Swim Together', which focus upon relationship building skills, because many of the women reported the breakdown in relationships as the determining factor of distress within the family.

How do I feel today? – Mood diaries
'How do you feel today?' diaries (Appendix 2) were completed by the women before and after each session as a framework on which to place the qualitative research.

The women were not happy that the 39 descriptors (Appendix 3) in the original tool reflected just how bad they were feeling. They did not always complete the mood diaries for

a variety of reasons. Sometimes they 'were not in the mood today' (Kim), just 'did not feel like doing it' (Esther), or completed diaries before the start of the session but not after, and vice versa. In all, 97 diary entries were analysed.

They used words such as: violated; lack of trust; isolated; hyper; helpless; embarrassed; empty; ashamed; energetic. In keeping with the research philosophy to involve participants with the process, the women helped to reduce the numbers of descriptors (98) into the five more manageable categories of great, good, don't know, bad and dreadful seen in the Figures 1 and 2. These figures show that there was a significant improvement in the women's feelings after they had attended the sessions although sometimes they did not know how they felt. However, they reported this as being an improvement on feeling dreadful.
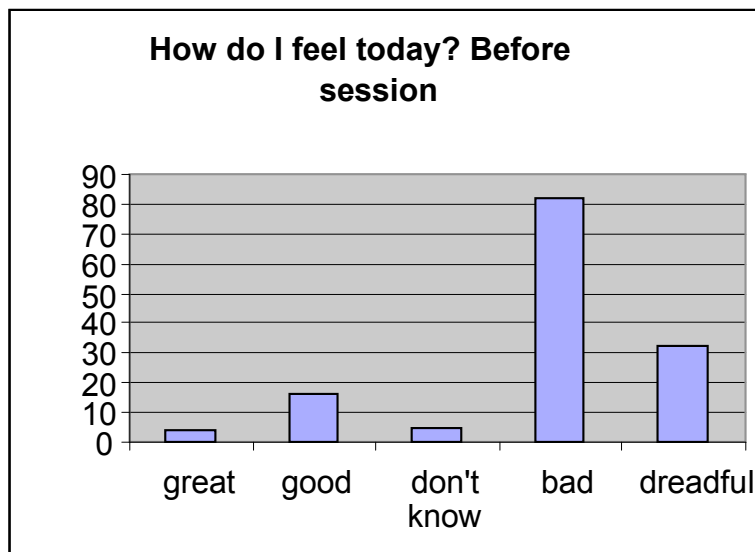
How do I feel today? Before session

Figure 1 How do I feel to day? Before the session
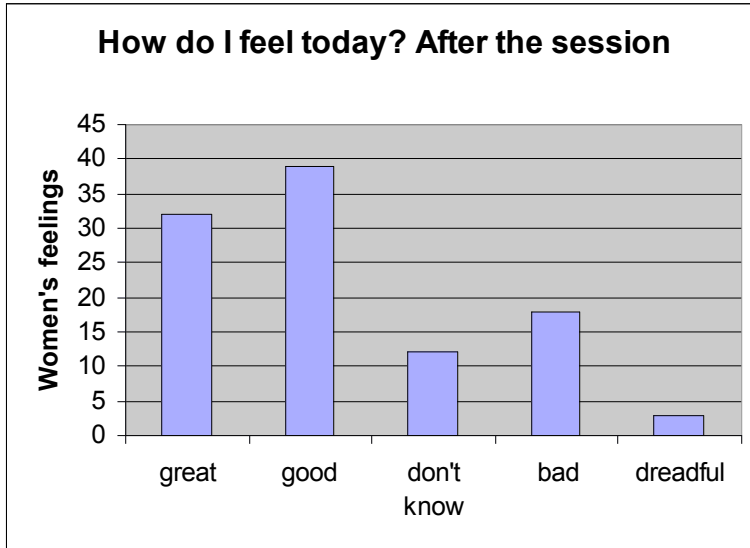
How do I feel today? After the session

Figure 2 How do I feel to day? After the session

Conclusion

One of the main messages that emerged from the project is the importance of listening to the women and of having an ongoing dialogue with them about the support they need rather than pre-setting the programme. It is important for practitioners and agencies to be flexible within a safe, containing framework and to model the ethos and philosophy of the programmes. The women need to experience authentic relationships (Cooper, 2003) with project staff as part of the process towards improving relationships outside the group experience.

It is important to empower the women, give them the opportunity to build self-confidence, to give each other support and to discover their own ways of making changes in their lives. It is vital to have a safe, nurturing environment which focuses on having high expectations of success. This process led to a significant improvement in the women's relationships with themselves, each other, with their children, and agency staff. Long term it is hoped that this improvement in family relationships will help prevent family breakdown.

The success of the SFSP was due to the long-term engagement of the women which in turn led to improvements in their relationships, particularly with their children. It was also due to genuine collaboration between the women and the practitioner in the development of a personalized programme of both practice and research that addressed the whole needs of the individual. As a result of the practitioner working alongside them, the women were empowered to make changes in their lives, increasing self-confidence and self-worth. The

women developed personal, social and parenting skills which led to the formation of deeper connections and better relationships with subsequent children.

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Appendix 1

Practitioner-led Reseach – Children's Development Workforce Council Southmead Family Support Project

Structured interview schedule for group members

Thank you for taking time to answer these questions. **PART ONE** is about your experiences of using the programmes supported by the project and the state of your relationships during the time you use it. **PART TWO** is about your children, in particular the focus child. All information gathered in this interview is strictly confidential and pseudonyms will be used in the research report to keep your identity anonymous.

Date:
Venue:

PART ONE – THE PROGRAMME

1. Which programme do you attend?

    a. Group 1 – Tuesday
    b. Group 2 – Thursday

2. What made you decide to start the programme?

    a. Did someone else suggest it to you?
    b. Who was it?

3. What do you feel is the biggest problem for your family?

4. What do you feel is going right at the moment?

5. Are you seeing any of the following at the moment?
GP Psychologist Psychiatrist Speech Therapist Educational Pscyhologist Pediatrician Social Worker Counsellor Other professional (Please state what profession …………………………………)

a. If YES, where would you prefer to see these professionals in their place of work? At the project base? At your child's school/setting? At home? Other? (Please state where……………………………)

6. Have you attended any other of these programmes? YES / NO

    a. Mellow Parenting/babies YES / NO
    b. Webster-Stratton YES / NO
    c. Confidence and Self-esteem Building YES / NO
    d. Healthy Active and Outside YES / NO
    e. Pyramid Parenting YES / NO
    f. Developmental Movement Play YES / NO
    g. Drop in YES / NO
    h. Family Swim Together YES / NO
    i. Which did you find most helpful?

7. Have you attended any other women's groups or family support groups? YES / NO

    a. If YES, which ones?

8. What was your experience of your relationships during these groups?

    a. With other group members

    b.With your focus child

    c. With your partner

    d. With other family members

    f. With group leaders

    g. With the professionals in your life at the time

9. Please tell us anything else you want us to know about the relationships you had during the project with yourself, your child/ren, your partner, extended family members, group members, friends, project staff, other professional or workers such as teachers, health workers, social workers.

10. What has been your most useful contact with the Southmead Family Support Project?

11. What was the most useful part of the Family Support Project for you?

12. Did the Southmead Family Support Project support any other family members?

   a. Child Your partner Your parents
   b.Other family (who ……………………………..)

PART TWO – SOME QUESTIONS ABOUT YOUR CHILDREN

13. How many children do you have?

14. What are the ages and sex of each child.

15. How many children are living at home with you?

16. If you have any children under the age of 18 who don't live with you, could you tell us who they live with (eg with their other parent, with grandparents, with foster carer/s, in care, other ....…………).

17. Age of the present focus child.

18. Sex: M / F

19. Does this child attend school? YES / NO

   a. If YES: Do you get on well with teachers and staff?

   b. Do teachers/staff understand your difficulties?

   c. What support if any does your child receive for this?

   d. Was this child/ren with you during any of the group programmes? YES / NO

20. Please rate on a scale of 0 – 10 any that apply to you and the child you have chosen to focus on by circling the number

a. My child worries a lot	0	1	2	3	5	6	7	8	9	10	Not at all
b. My child and I fight a lot	0	1	2	3	5	6	7	8	9	10	Not at all
c. My child and I have a lot of fun together	0	1	2	3	5	6	7	8	9	10	Not at all
e. My child hits me	0	1	2	3	5	6	7	8	9	10	Not at all
f. My child and I don't get along very well	0	1	2	3	5	6	7	8	9	10	Not at all
g. I love my child	0	1	2	3	5	6	7	8	9	10	Not at all
h. My child loves me	0	1	2	3	5	6	7	8	9	10	Not at all
i. I hate my child	0	1	2	3	5	6	7	8	9	10	Not at all
j. I have a good bond with my child	0	1	2	3	5	6	7	8	9	10	Not at all
k. I have a good relationshipwith my child	0	1	2	3	5	6	7	8	9	10	Not at all
l. I play with my child	0	1	2	3	5	6	7	8	9	10	Not at all

21. Is there anything else that you want to say about this?

22. Describe your relationship with any other professionals working with your child, yourself or your family during the project

    a. Yourself

    b. Your child

    c. Other members of your family

23. Please tell us anything else you want us to know about your experiences of the project.

24. Is there anything more you want to tell us?

Thank you for your time and providing this information.

Appendix 3

List of words to express the women's feelings which were included on the first tool the women rejected, not the type of words they would use themselves.

	Feeling	great	good	don't know	bad	dreadful
1	Aggressive				*	
2	Anxious					*
3	Apologetic				*	
4	Arrogant				*	
5	Bashful		*		*	
6	Blissful	*				
7	Bored				*	
8	Cautious		*			
9	Cold				*	
10	Confident	*				
11	Curious		*		*	
12	Determined		*			
13	Disappointed				*	
14	Disbelieving				*	
15	Enraged					*
16	Envious				*	
17	Exhausted					*
18	Frightened					*
19	Frustrated				*	
20	Guilty				*	
21	Happy	*				
22	Horrified					*
23	Hot				*	
24	Hungover				*	
25	Hurt					*
26	Hysterical					*
27	Indifferent				*	
28	Interested		*			
29	Jealous		*			
30	Lonely				*	
31	Love struck		*			
32	Negative				*	
33	Regretful				*	
34	Relieved		*			
35	Sad				*	
36	Satisfied		*			
37	Surprised		*		*	
38	Suspicious				*	
39	Undecided			*		
	Total number words to describe feelings	3	10	1	21	7

Note: Numbers 5 – Bashful, 11 – Curious and 37 – Surprised were seen as good or bad depending on the circumstances and the women were asked to say whether the feeling was good or bad when they recorded either of these descriptors.

Appendix 4

List of additional words added by the women to the original tool (Appendix 3) to better express their feelings using their own language.

	Feeling	great	good	don't know	bad	dreadful
1	Abused					*
2	Aching				*	
3	Afraid					*
4	Angry				*	
5	Ashamed					*
6	Auto-pilot				*	
7	Bit better		*			
8	Blocked					*
9	Confused				*	
10	Dead inside					*
11	Desperate					*
12	Disgusted					*
13	Don't know			*		
14	Elated	*				
15	Embarrassed				*	
16	Emotional				*	
17	Empty					*
18	Energized		*			
19	Excited	*				
20	Frightened				*	
21	Fearful					*
22	Frozen					*
23	Fuming					*
24	Good		*			
25	Happier		*			
26	Helpless					*
27	Hopeful		*			
28	Horrible					
29	Hungry		*		*	
30	Hyper		*		*	
31	In love	*				
32	Isolated					*
33	Jarred off				*	
34	Knackered				*	
35	Lack of trust					*
36	Less aggressive		*			
37	Mad					*
38	Negative				*	

#	Descriptor					
39	Neutral			*		
40	No confidence					*
41	Numb					*
42	Pained				*	
43	Paralysed					*
44	Pissed off				*	
45	Refreshed		*			
46	Resentful				*	
47	Relaxed	*				
48	Scared					*
49	Sexually frustrated					*
50	Shame					*
51	Sick				*	
52	Sore				*	
53	Tearful				*	
54	Tired				*	
55	Undecided			*		
56	Unwell				*	
57	Used					*
58	Violated					*
59	Worried				*	
	Total number words to describe feelings	4	9	3	22	23

Note: Numbers 29 – Hungry and 30 – Hyper were seen as good or bad depending on the circumstances and the women were asked to say whether their feeling was good or bad when they recorded either of these descriptors.

Table to show difference between the tool 'How do I feel today?' and the women's descriptors of their feelings

	Number of descriptors	Descriptors used to record two types of feeeling	Total
Tool 'How do I feel today?'	39	3	42
Additional descritors	59	2	61
Overall total	**98**	**5**	**103**

The Children's Workforce Development Council leads change so that the thousands of people and volunteers working with children and young people across England are able to do the best job they possibly can.

We want England's children and young people's workforce to be respected by peers and valued for the positive difference it makes to children, young people and their families.

We advise and work in partnership with lots of different organisations and people who want the lives of all children and young people to be healthy, happy and fulfilling.

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