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THE EXPERIENCES OF MULTI-STRESSED PARENTS WHO HAVE  
ENCOUNTERED CHILD PROTECTION SERVICES

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An exploration of the qualitative literature.  
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Finally I would like to thank my family and particularly my husband for his unwavering belief in me, and our daughter for opening up my eyes to a whole new way of thinking; changing my life and perspective.

## **Summary**

**Section A** is a review of studies exploring the experiences of multi-stressed parents who had received intervention from child welfare services. A basic analysis to identify themes was completed on the qualitative literature to explore the following research questions 1) what were multi-stressed parents' experiences of child welfare services? and 2) how did they make sense of these experiences? Resulting themes are discussed and papers are critiqued, alongside implications for practice and gaps in the research.

**Section B** is a qualitative grounded theory exploration of what multi-stressed mothers who had experienced child protection proceedings and intensive parenting support felt got in the way of being a mother. Nine parents were interviewed and emerging concepts were identified using theoretical sampling and a process of constant comparison. These are discussed, presenting an understanding of how the mothers experienced controlling and abusive relationships with others throughout their lives, resulting in a loss of their identity and "being broken", preventing them from being present with their children. Wider issues of current political narratives and the influence this may have on service implementation are discussed. The relevance to extant literature is presented, alongside study limitations, implications for practice and suggestions for future research.

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**Section A: Multi-stressed parents' experiences of  
child welfare services:**

An exploration of the qualitative literature.

Word Count: 7723



### **Abstract**

The present review explores multi-stressed parents' experiences of child welfare interventions. A systematic search identified fourteen qualitative studies, upon which an analysis to explore themes was completed, alongside an evaluation of the quality of the research and methodology used. The aim of the review was to try to develop an understanding of what parents' experiences were and how they made sense of them. Different themes were identified across the different papers and areas of commonality and difference have been highlighted. The themes suggested include how parents potentially felt disempowered by services; described experiencing fear and shame; wanted but often felt they did not receive 'respect' and may have felt forced to comply. Struggles within the wider system, feeling they experienced frustrating delays in gaining support, perhaps feeling confusion about what was happening, along with a suggested lack of consistency and reliability were also highlighted. Factors for change are suggested, with parents appearing to value good communication, knowledge of workers and support appropriate to their needs, alongside highlighting interventions some found helpful. Clinical implications and areas for future research are discussed.

**Key Words:** Service user perspectives, child protection, multi-stressed parents.

## Introduction

### Overview

Increasing value has been placed on service user perspectives to inform and understand services, and it is important that involvement is meaningful (Arnstein, 1969; Barnes & Cotterell, 2012).

The present review explores those of multi-stressed families, who experience multiple difficulties on personal and social levels, and who receive mandated programmes of support. The programmes are often skills-focused and strengths-based (Channa et al., 2012), however attachment theory and mentalisation based approaches may also be relevant to the experiences of the families (Bolby, 1973; Fonagy & Bateman, 2006). This review explores 14 qualitative studies, providing the experiences of services by multi-stressed families referred for programmes of support.

### Service user perspectives

Service user perspectives in health and social care have become increasingly important since the 1970's, driven by the rise in consumerism and the subsequent need for services to gather feedback (Barnes & Cotterell, 2012). A key component of the recent Health and Social Care Act (2012) was service user empowerment, allowing people to have more choice over their care. How this is enacted with people who receive mandated care, such as parents who are subject to child welfare proceedings, is not clear however.

It is important that involvement is meaningful. Attempts have been made to quantify what this may look like, with Arnstein (1969) developing a 'ladder of participation'; a theoretical framework highlighting the amount of power needed by individuals for change to occur. At the top of the ladder is 'citizen-power', where people have control and are part of the decision making process, while at the bottom in 'non-participation' voices are not heard. In the middle the 'tokenistic' stage highlights how people may be heard, but not enough to effect change.

**Multi-stressed families**

In this review multi-stressed families are defined as families which experience multiple ongoing stressful occurrences in their daily lives. The types of difficulties these families face include personal and social difficulties such as parent and child mental health problems, domestic violence, substance misuse, dysfunctional relationships and unsupportive social networks, alongside environmental factors such as poor housing, financial hardship and unemployment.

Many of the parents in multi-stressed families experience mental health problems such as depression, anxiety, psychological distress and personality disorder, (Agnafors et al, 2013; Hindley, Ramchandani & Jones, 2006; Johnson, Cohen, Kasen, & Brook, 2008; Weaver, Shaw, Dishion, & Wilson, 2008). This can lead to high levels of stress, impacting on parenting self-efficacy and confidence (Hall, Rayens & Peden, 2008; Olson, Ceballo & Park, 2002; Weaver et al., 2008). Experiences of domestic violence are common, and increase the likelihood of child maltreatment and child externalising behaviours, such as aggression and delinquency (Duffy, Hughes, Asnes, & Leventhal, 2015; Hindley et al., 2011; Holt, Buckley & Whelan, 2008). Holt et al. (2008) highlight that potential factors associated with domestic violence include mothers' stress, depression, PTSD and low self-esteem, limiting parenting capacity and their ability to be responsive towards their child, while fathers who are violent may be less involved, use negative parenting practices, are angrier and are poorer role models in terms of relationships and conflict resolution. Parental substance misuse is another factor associated with child maltreatment (Girardet, Lahoti, Bolton & Kellogg, 2016; Hindley et al., 2011), with Silovsky et al (2011) highlighting that as a factor within families it has been shown to have higher rates of child welfare reports than domestic violence. The types of maltreatment most commonly reported in relation to this are physical abuse and neglect (Staton-Tindall, Sprang, Clark, Walker & Craig, 2013).

Further to this families experience environmental pressures such as financial hardship, poor quality housing, lack of employment and negative social neighbourhoods. Slack, Holl, McDaniel, Yoo and Bolger (2004) suggest that indicators of poverty, such as infrequent employment and maternal hardship were correlated with child neglect. A lack of social support, such as extended family or supportive friends, has been associated with recurrent child maltreatment (DePanfilis & Zuravin 1999).

### **Parenting support**

Multi-stressed parents who maltreat their children are often subjected to mandated child welfare programmes of support. Many parents reported that the multiple stresses they faced prevented them from attending, and implementing programmes successfully (Millet et al., 2011). Silovsky et al (2011) found that while those referred to a more intensive programme were more likely to attend, it did not appear to have a significant effect on the number of child welfare reports the families received, and that parent self-reporting of risk factors pre- and post-programme did not indicate change had taken place. Supporting this in a meta-analysis Channa et al (2012) found that intensive parenting support programmes were helpful for multi-stressed families, but only if abuse and neglect were not already occurring. The programmes have varying levels of success, and recurrence of maltreatment is common, with research by Drake, Jonson-Reid and Sapokaite (2006) suggesting that those families who required and received more intensive interventions were more likely to be re-referred, even after service involvement or the removal of children into foster care.

### **Theoretical Background**

In relation to the experiences of multi-stressed families different theories could potentially be applied. Attachment theory explores the relationship between the primary carer and infant, (Bowlby, 1973), suggesting that this bond is a biological and emotional necessity. The caregiver provides a secure base from which the child can explore their world, and return to if they feel anxious or afraid. It is suggested that this very early relationship provides a basis for all future ones, with Ainsworth, Blehar, Waters, and Wall (1978) initially identifying three different types: secure, avoidant and ambivalent. Subsequent studies have indicated that children who have been maltreated may fit into a fourth category, disorganised attachment, which occurs when a parent is both the secure base and a source of danger (Wilkins, 2012). Winnicott (1960) proposed the idea of ‘good-enough’ care, which includes meeting a baby’s physiological needs, being reliable and empathic, protecting the baby from physical harm, responding to its individuality and ‘holding’ it. For a mother experiencing stressful circumstances it may still be possible to provide ‘good-enough’ care, however he suggests that if they do not know how to provide this they may struggle to learn how. More recently mentalisation has been used as an approach to support parents to be aware of and understand their own internal states and emotions, with the aim of enabling them to begin to regulate them, and to also imagine their children’s and thus empathise with them (Fonagy & Bateman, 2006; Bellinson 2015). Bellinson (2015) highlights the potential importance for a baby to have a caregiver who tries to understand what they are feeling and thinking, and to be responsive, in relation to developing a secure attachment style.

It may be important to consider not just how these theories may be relevant to the relationship between the parents and children referred for child welfare interventions, but also to the attachment relationships the parent has experienced throughout their lives, such as with their own parents, and how their attachment style could influence their relationships with child welfare

workers and their experiences of services (McFarlane et al, 2010, McFarlane et al 2013). It has been reported that parents with insecure attachments may find it more difficult to accept and engage with services (Korfmacher et al, 1997).

The understanding of parenting practices could also be informed by social learning theory (Bandura & Walters, 1977), which suggests that people learn from one another via observation, imitation and modelling. This approach underpins the Incredible Years parenting programme (Webster-Stratton & Reid, 2003) which is used around the world for families where children are experiencing conduct problems. A meta-analysis of international studies exploring the outcomes of the programme indicated positive results (Menting, de Castro, & Matthys, 2013). If parents were maltreated themselves as a child, and/or witnessed their parents experiencing similar stressors then this could potentially provide the modelling for their own approaches to parenting. However while increasing their exposure and experience of different ways of parenting could be enlightening, it could also potentially be seen as criticism of not just them but past generations of their family.

Models of intensive parenting support tend to favour skills-based approaches, focusing on the behavioural practices of the parents in relation to child maltreatment (Channa et al., 2012; Silovsky et al., 2011). While there is a growing movement towards a systems-based family-centred approach, exploring relationships and attempting to meet the needs of both parents and children, within current stretched social care systems practice tends to be assessment-based and investigatory, focusing on risk and child protection (Featherstone, Morris & White, 2014; Thoburn, 2013). Overall this may result in programmes which target behavior and focus on practical solutions, rather than acknowledging and exploring the complex issues parents are experiencing, such as mental health problems, domestic violence, substance misuse, poverty and deprivation, and how

these contribute to child maltreatment. In order to explore this, and gather information about how parents experience child welfare services, a review of the qualitative literature has been completed.

### **Aim of Review**

This review aimed to explore how multi-stressed families who are at risk of or have had their children placed in care experience child welfare services. A brief overview of the types of stresses they experience, the support put in place, and the theoretical background underlying this is provided. Fourteen qualitative papers are discussed, exploring engagement with services, experience of child welfare services and workers, and experience of intensive parenting interventions. Gaps in the literature and areas for future research are highlighted.

### **Review questions**

The present review seeks to explore the following questions:

1. What were multi-stressed parents' experiences of child welfare services?
2. How did they make sense of these experiences?

### **Methodology**

A comprehensive literature search on the electronic databases ASSIA, PsychInfo, Medline, Embase, CINAHL and PubMed was completed, using the terms as shown in table 1 below. Google Scholar was additionally searched, and hand-searching of reference lists and citing papers was also completed, until no more relevant papers were identified. No date parameters were set and searches were limited to peer-reviewed papers published in English. Only qualitative papers

were included in order to enable a closer comparison of methodology and to provide a rich and in-depth understanding of participants' experiences.

Table 1.

*Search Terms*

<u>Search Terms</u>	
	[parent* /OR mother*/ OR father*/ OR caregiver*/ OR parent* experience*/ OR mother* experience*/ OR father* experience/ OR caregiver* experience*/ OR parent* attitude*/ OR mother* attitude*/ OR caregiver* attitude*/ OR father* attitude*/OR parent* perception*/ OR mother* perception*/ OR father* perception*/ OR caregiver* perception*/ OR parent* view*/ OR mother* view*/ OR father* view*/ OR caregiver* view*]
<u>AND</u>	[child* maltreat*/ OR child* protect*/ OR child* welfare/ OR child* abuse*/ OR child* neglect*]
<u>AND</u>	[parent* program*/ OR parent* training*/ OR parent* intervention*/ OR parent* therap* program*/ OR parent* support*/ OR parent* educat*/ OR intensive intervention*/ OR social care/ OR social service*/ OR worker*/ OR child* protect*/]

Selection criteria used to identify relevant studies are provided in table 2. Article titles were initially screened, followed by a review of potentially relevant abstracts. Full texts were read as required, and the screening questions from the Critical Appraisal Skills Programme (CASP) Qualitative Checklist (2017) were applied to exclude any papers where the aims were not clearly stated or the qualitative methodology was not appropriate. A flow chart detailing the exact



number of articles screened at each stage, alongside reasons for exclusion can be found in Appendix 1.

Table 2:

*Selection Criteria*

<u>Inclusion Criteria</u>	<u>Exclusion Criteria</u>
Parents must be experiencing multiple stressors or be considered 'high risk'.	Parents are considered 'low risk', or have only one named stressor i.e substance misuse.
At least one child of the parents is considered at risk of serious harm or neglect, and therefore welfare proceedings have been instigated.	Only part of the sample participants have experienced child welfare proceedings or have received an intervention .
Parents must be currently receiving, or have previously received, a specified intervention from child welfare services, or experienced child protection proceedings.	The main findings of the paper are reported quantitatively, rather than qualitatively.
The main focus of the paper is participants' experiences with child welfare services.	The focus of the article was not relevant to the review questions.
The paper was in English, in a peer-reviewed journal and full text was available.	

Where parents voices have been represented alongside others (ie workers, children etc), only the parents perspectives have been considered in order to directly focus on their experiences.

**Scope**

In total 14 empirical qualitative research articles which met the above criteria were identified. Although the aim was to explore multi-stressed parents' experiences of child welfare services, due to the limited amount of research in this area, parents' experiences of intensive parenting support programmes provided through child welfare services have also been included.

Of the identified papers in two instances two articles drew from the same sample, (Gockel, Russell, & Harris, 2008 and Russell, Gockel, & Harris, 2007; Maiter, Palmer, & Manji 2006 and Palmer, Maiter, & Manji, 2006 ). In all, one paper explored engagement with services, nine examined experiences of services and workers, three looked at what elements of intervention led to change, and one paper explored valued characteristics in workers. As similar themes were identified across the 14 papers they have been discussed together, with this review providing a synthesis of what parents experienced, how they understood it, what they valued and what was unhelpful.

Table 3:

Table of studies

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample De- tails</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
Akin, B., & Gregoire, T. (1997)  U.S.	To understand parent's experiences of addiction and how services enabled recovery. To use participant's expertise to evaluate the child welfare system, and discover which elements they felt supported reunification.	Qualitative in-depth interviews	11 mothers.  6 White American, 5 African American.	Purposive sampling of parents through child welfare agencies and non-profit organisations.	Recruited mothers had successfully completed treatment for substance misuse. They had been referred to child protective services for abuse or neglect, and were currently in the process of regaining custody of their children	Constant comparative analysis	Three primary themes were identified: <i>The Addiction experience</i> Parents felt workers could not understand the impact addiction had on them and their lives if they had not experienced it themselves. Substances were omnipresent and the most powerful relationship in parents lives. Fear and shame drove parents to hide their addiction, in case they lost their children <i>System shortcomings</i> The loss of their children was akin to grief; parents felt hopeless and powerless. Feeling powerless led to inaction.

PARENTS EXPERIENCES

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample De- tails</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
							<p>Parents felt forced to comply, and that what they did was never good enough for the workers.</p> <p>The system was experienced as uncaring and unresponsive, setting unrealistic expectations on mothers.</p> <p><i>System success</i></p> <p>Assuming the expert role was a powerful experience for parents and a task they took seriously.</p> <p>Trust, availability, faith and being caring were key factors of a successful relationship, alongside sharing power, providing direction and knowing addiction.</p>

PARENTS EXPERIENCES

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample De- tails</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
Altman, J. C. (2008).  USA	To understand how neighbourhood based child welfare practices engage families; what is the process and how is it influenced?	Mixed methods: This is the qualitative data from a larger study.  Non-directive interviews (at least one)	16 client parents and 9 foster care workers.  All parents (15 female, 1 male) using welfare services at time of interview  Ethnically diverse sample	Purposive sampling - all clients and workers from one neighbourhood-based family service centre, operating under a wider child welfare agency.	Mandated child welfare support, provided within the community, with a focus on community service networks, and a specified orientation towards a culturally sensitive, family-centred approach, viewing families as collaborators	Developmental Research Sequence (DRS) - an ethnosemantic analysis	4 major themes key to developing engagement relevant to parents: communication, relationship, motivation, and systemwide issues. Parents wanted straightforwardness and directness from their workers. They valued honesty and reliability, along with empathy and not being blamed. They experienced multiple referrals to services and experienced these as obstacles to get through. They found the system difficult to negotiate, and were confused about workers roles

PARENTS EXPERIENCES

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample De- tails</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
Buckley, H., Carr, N. & Whelan, S. (2011).  Ireland	To gather service user views on each part of child protection case procedure and explore participation, inclusiveness and collaboration	Qualitative in-depth inter-views	67 service users, 46 of which were parents.  31 women 15 men  All were white Irish	Purposive sampling - local service providers, public service redress, support groups, and charities were given details of the study entrance criteria and asked to identify suitable service users.	Statutory mandated child protection case-work	Thematic Analysis	<ul style="list-style-type: none"> <li>• Perceptions of workers as powerful and frightening and seeing their involvement as stigmatising and shameful.</li> <li>• Often needs of social worker and service user were different and not a joint construction. Service users valued practical help, and were frustrated if they did not receive this.</li> <li>• Compliance to meet mandated needs was often under duress, and felt coercive.</li> <li>• Reliability and respectful treatment were valued. Double standards of inconsistency and poor reliability were highlighted.</li> <li>• Service users wanted transparency, and their workers to have knowledge and expertise relevant to their lives.</li> </ul>

PARENTS EXPERIENCES

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample De- tails</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
Dale, P. (2004).  UK	To gather family's views on child protection practice in a large rural county in central England	Qualitative in-depth inter-views	18 families  All white British	Purposive sampling - families were identified from a social services database and contacted by the researcher.	Participants had different levels of intervention - 2/18 had attended an initial conference but were not placed on the child protection register, 4/18 had attended an initial conference and were placed on child protection register during the preceding 3 months, and 12/18 had been on the child protection register for more than 9 months.	Grounded theory, using phenomenological inquiry	<ul style="list-style-type: none"> <li>• Frustrations raised about the wait for help, and the subsequent consequences to the family</li> <li>• Differences between perceived risks and areas of concern between parents and social workers, with social workers deemed to take a 'worst case scenario' approach.</li> <li>• Dissatisfaction in assessment delays, and a feeling that unless there is a crisis there is no help. Parents are penalised by cooperating by becoming a low priority</li> <li>• While case conferences were valued, they were experienced as intimidating and humiliating, and the parents felt they had no control over the outcomes.</li> <li>• Parents valued the therapeutic support they received.</li> </ul>

PARENTS EXPERIENCES

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample De- tails</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
							<ul style="list-style-type: none"><li>• Workers who were valued were seen as 'human', listening and being matter of fact. Those who were not were seen as frightening and patronising.</li></ul>



PARENTS EXPERIENCES

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample De- tails</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
Drake, B. (1996).  USA	To explore service user and worker perceptions of key competencies of child welfare practice	Focus groups - 5 with service users, 4 with workers	23 service users: 17 White American, 4 African American, 2 Pacific Islanders. Gender: Women=19, men=4.  34 Workers: 28 White American, 6 African American. Gender: Women=25, men=9	Purposive sampling initially, with families selected by Family Services, then random sampling of families from a list of all those who had their cases closed within the last 6 months.	Referred to and received mandated support from the Division of Family Services.	Data reduction, coding and connecting, resulting in 8 general themes being identified.	<ul style="list-style-type: none"> <li>• Service users valued workers who treated them respectfully by being non-judgemental, showing them courtesy and listening to them.</li> <li>• An understanding and knowledge of different ethnic groups, the issues that effected them and the values that they had was important. Service users did not want to be judged according to racial stereotypes either.</li> <li>• Workers having specific expertise of certain problems i.e. substance misuse, and of systems they may encounter was important.</li> <li>• Parents wanted workers who could advocate for them, navigate the system and who were not overwhelmed by cases.</li> <li>• Workers should be self reflective and aware of their own motivations.</li> </ul>

PARENTS EXPERIENCES

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample De- tails</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
							<ul style="list-style-type: none"><li>• Goals should be a blending of parent and agency agendas</li><li>• Workers should include the children.</li><li>• Parenting programmes were valued</li></ul>

PARENTS EXPERIENCES

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample De- tails</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
Dumbrill, G. C. (2006).  Canada	To explore parents experiences and negotiation of child protection interventions	Qualitative in-depth inter-views	18 parents  Gender: men=11, women=7  Ethnicity: White=15, women of colour=2, Aborigi- nal=1.	Theoretical sam- pling, initially through 2 child protection agencies, then snowball sampling through word of mouth.	Child protection proceedings and interventions following al- leged or verified child abuse and neglect, or for children with special emo- tional or mental health needs.	Grounded The- ory	4 theoretical concepts iden- tified: <i>Power over:</i> Services were felt to nega- tively have power over par- ents, which was experienced as fearful and tyrannical, even when allegations were false. Workers had already made judgements and de- cided on a course of action without consulting parents, and these could not be changed. <i>Power with:</i> Parents experienced workers as using their power to ad- vocate for them, where they themselves lacked societal power. <i>Shifts in power</i> These could occur at any time with a change in worker, and relationships could be reversed, leading to different outcomes. <i>Responses to intervention:</i> Parents reported three types of response 1) “Fighting” by challenging the worker, 2)

PARENTS EXPERIENCES

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample De- tails</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
							“Playing the game” and pre- tending to co-operate and 3) Being genuinely collabora- tive.

PARENTS EXPERIENCES

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample De- tails</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
Estefan, L.F., Coulter, M. L., Vandeweerd, C. L., Armstrong, M. & Gorski, P. (2012).  USA	To examine the experience of parents within the child welfare system in relation to the development of care plans and the receipt of mandated therapeutic services.	Semi-structured in-depth qualitative interviews	21 participants  12 mothers, 7 fathers or boyfriends, 2 grandparents.	Purposive sampling through a therapeutic parenting programme. Parents were either actively going through the programme or had attended it in the past.	Nurturing Parenting Programme - for multi stressed parents currently involved with or at risk of involvement with child welfare services. People must attend as a dyad, defined as two people involved with the child's daily life. Those in currently violent relationships are screened out.	Based on grounded theory, using prior codebook based on interviews, then axial coding using constant comparative method.	<ul style="list-style-type: none"> <li>• Parents described a lack of control and power, and wanting to do whatever was asked in order to get their children back.</li> <li>• Parents reported understanding why services had become involved, but sometimes felt the level of involvement of services was disproportional.</li> <li>• Barriers to attending and receiving support centred around experiences of poverty.</li> <li>• A lack of understanding around parents needs, and a lack of communication from workers about why they thought parents had certain needs and were being referred to different support services.</li> </ul>

PARENTS EXPERIENCES

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample De- tails</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
Ghaffar, W., Manby, M. & Race, T. (2012).  UK	To explore parents experiences of all aspects of child welfare services (information provided, case conferences, assessments, core groups, consultation and support) and to gather their views on what impacts on their parenting.	Semi-structured in-depth qualitative interviews	47 adults from 42 families  39 female, 8 male.  36 White British, 5 British Asian, 1 Dual Heritage.	Purposive sampling from 3 local authorities in Northern England. Key staff from child welfare services contacted families who had been subject to a Child Protection Plan in the previous 12 months.	Parents and children had been subject to a Child Protection Plan for between 6 to 18 months	Thematic analysis.	<ul style="list-style-type: none"> <li>• While substance misuse support was felt to be good, how services managed domestic violence and mental health problems was inadequate. Poor communication and understanding of needs was highlighted.</li> <li>• Parents reported a lack of equality at proceedings, and felt intimidated.</li> <li>• Parents felt scared that their children would be taken, which limited their communication with professionals.</li> <li>• The system led to unreliable workers who could not support parents.</li> </ul>

<p>Kapp, S. A., &amp; Propp, J. (2002).  USA</p>	<p>To examine parents satisfaction with the CPS system and develop a tool for measuring this based on what they value.</p>	<p>Focus groups (8)</p>	<p>47 parents (further demographic information was not gathered)</p>	<p>Purposive sampling of parents with a child in foster care.</p>	<p>Parents had been reported and investigated by CPS and had at least one child placed in foster care.</p>	<p>Constant comparative analysis, using NUD-IST software</p>	<p><i>Communication</i> Parents reported a lack of responsiveness and consistency, leading to feelings of helplessness and frustration <i>Availability</i> This was in relation to their worker and the wider system. Parents located the lack of availability in worker overload and turnover. <i>Respect</i> There was felt to be a lack of respect from workers and the system irregardless of compliance from families. Parents felt stigmatized. <i>Parent/caregiver involvement</i> Parents felt they had little to no involvement throughout child protection proceedings, especially once their child was placed in care. <i>Rights</i> Parents reported how they felt their rights had been violated, due to the lack of information and involvement.</p>
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							<p><i>Satisfaction survey</i> Parents felt insulted by a one-page form to gather their experiences and questioned the purpose of it. Parents favoured a personal approach.</p>
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<p>Maiter, S., Palmer, S., &amp; Manji, S. (2006)</p>	<p>To gain an understanding of the lives of those referred to child protection agencies and identify significant factors about interventions.</p>	<p>Semi-structured in-depth interviews</p>	<p>61 parents 57 mothers, 4 fathers  58 Canadian, 60 with English as a first language.</p>	<p>Purposive sampling from 2 child protection agencies in Canada, from a list of ongoing cases or cases that had closed within the last 12 months.</p>	<p>Support from child protection agencies.</p>	<p>Content analysis</p>	<p><b>Positive values:</b>  <i>Caring</i> - Workers provided practical help, were there for parents and showed them that they held them in mind  <i>Genuine</i> - The relationship felt like a friendship  <i>Empathic</i> - The parents felt that workers understood what they faced in their lives and there were shared experiences.  <i>Exceptional help</i> - Providing support beyond expectations, showing perseverance on the parents behalf.  <i>Listening</i> - Made parents feel valued and increased self-worth  <i>Non-judgemental</i> - Being neutral and not making value judgements.  <i>Accepting</i> - Being treated with respect  <b>Negative Values:</b>  <i>Judgemental</i> - Being judged without consideration of their experiences and challenges in their lives  <i>Cold and uncaring</i> - demonstrating a lack of</p>
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							<p>understanding about parents feelings. <i>Not listening</i> - If workers do not listen then they cannot understand the parents' needs, and it is demeaning. <i>Critical</i> - parents felt 'on trial' and that there was only one side of them being seen. <i>Insincere</i> - Not being kept informed of workers own views</p>
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PARENTS EXPERIENCES

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample De- tails</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
Palmer, S., Maiter, S., & Manji, S. (2006)  Canada	To explore par- ents' experience of child protection services	Semi-struc- tured in-depth interviews	61 parents  57 mothers, 4 fathers  58 Cana- dian, 60 with Eng- lish as a first lan- guage.	Purposive sampling from 2 child protec- tion agencies in Canada, from a list of ongoing cases or cases that had closed within the last 12 months.	Being subject to child protection proceedings, and receiving ongoing support from services.	A coding scheme devel- oped from cod- ing of 4 inter- views and then applied to subse- quent interviews, with constant comparison and exploration of new themes, un- til all identified themes had been situated.	<b><i>Positive experi- ences:</i></b> <i>Receiving support</i> - Both practical and emotional support was appreciated <i>Respectful treat- ment</i> - Asking for opinions and com- municating clearly <b><i>Negative experi- ences:</i></b> <i>Inadequate ser- vices</i> - receiving less help than ex- pected, being ineli- gible or experienc- ing high staff turn- over. <i>Unfair treatment</i> - being judged un- fairly, having in- formation kept from them, setting expectations that were too high <i>Harassment</i> - par- ents felt scrutinised and threatened. Is- sues of power in terms of control.

PARENTS EXPERIENCES

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample De- tails</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
							<p><i>Abrupt removal of children - parents felt unprepared, and could not set up kinship care. Removing them in public was humiliating and damaging.</i></p>

PARENTS EXPERIENCES

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample Details</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
Spratt, T., & Callan, J. (2004)  UK	To gather the views of parents who have received child welfare interventions	Semi-structured in-depth interviews	12 families (no further details provided)	Purposive sampling from 5 fieldwork sites of social care services.	Being subject to child protection proceedings due to referrals about child welfare.	Not stated	<ul style="list-style-type: none"> <li>• Families held preconceptions of workers that inspired fear and apprehension. Those who self-referred appreciated help and experienced less fear.</li> <li>• Workers involvement was felt to be shallow at times and perfunctory, an exercise in ticking boxes.</li> <li>• Families reported receiving a lack of support after assessment.</li> <li>• While some families were very satisfied with the level of support received others felt communication was poor and workers unreliable, leading to a lack of support being put in place when people wanted it.</li> <li>• The relationship parents had with their worker was key to the intervention being successful.</li> </ul>

PARENTS EXPERIENCES

<p>Gockel, A., Russell, M., &amp; Harris, B. (2008)  USA</p>	<p>To explore families' perspectives of the critical components of family preservation interventions</p>	<p>Semi-structured in-depth interviews</p>	<p>35 families  Caucasian=69% 17% Aboriginal=17%, Asian=8%, and African Canadian=5%</p>	<p>Purposive sampling through 'Project Parent' in Vancouver.</p>	<p>Project Parent - a family preservation and reunification service, which is part of family services. Families are referred in by their child protection worker.</p>	<p>Grounded theory - constant comparative method.</p>	<ul style="list-style-type: none"> <li>• Quality of relationship between worker and parent is key, with those which are like 'family' feeling they are getting psychological and physical needs met.</li> <li>• Having a nurturing environment made it easier for parents to accept support and take risks.</li> <li>• Workers listened carefully so families felt they understood their concerns and were able to respond appropriately.</li> <li>• Working on practical tasks provided a focus which allowed trust to build slowly, and showed that workers were reliable and could be trusted.</li> <li>• Focusing on parent strengths was beneficial.</li> <li>• Openness and honesty from workers was valued as a way to encourage trust.</li> <li>• Being respectful of boundaries allowed meaningful goals to be developed.</li> </ul>
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- Counseling provided a space for their own experiences of being parented to be explored and thus dysfunctional intergenerational patterns to be broken.
- Being treated empathically modelled for them how to treat their children.
- Workers were collaborative, creating a shared experience.

PARENTS EXPERIENCES

<u>Study</u>	<u>Aim</u>	<u>Study Design</u>	<u>Sample De- tails</u>	<u>Recruitment Method</u>	<u>Description of Involvement with Services</u>	<u>Analysis Method</u>	<u>Main Findings</u>
Russell, M., Gockel, A., & Harris, B. (2007)  Canada	To discover parents who are considered high risk views of intensive parenting support from family services	Focus groups	24 parents  Mixed ethnicity	Purposive sampling of parents from two sites in Vancouver and Westminster who had completed an intensive parenting program	Intensive parenting program through family services.	Aspects of grounded theory methodology employed.	<ul style="list-style-type: none"> <li>• Family services interventions can leave parents feeling deskilled - parenting programmes can help restore their self worth and confidence</li> <li>• Receiving non-directive advice allowed parents to apply it in their own way that they felt comfortable with, taking ownership of it.</li> <li>• Parents recognised how they were feeling could impact on their children and felt supported with this</li> <li>• Social connection was a recognised benefit, with many parents being isolated due to poverty otherwise</li> <li>• Showing parents how to advocate for themselves was empowering.</li> </ul>



### **Quality Evaluation**

Due to the focus of this review on qualitative studies, Elliot, Fisher and Rennie's (1999) quality criteria were used as a basis for evaluation. They propose 14 guidelines, 7 of which apply to both quantitative and qualitative research and 7 of which give special consideration to qualitative research (Appendix 2). A table evaluating each study based on this guidance is provided in Appendix 3. For ease of synthesis, a discussion highlighting methodological strengths and limitations of the included papers has been located after the discussion of identified themes.

## **Literature Review**

### **Analysis**

A thematic analysis was performed on all papers to identify patterns within the data. Results sections were coded line by line to ensure closeness to the data and to allow the inductive development of themes (Boyatzis, 1998; Braun & Clarke, 2006). This method allows for similarities and differences to be highlighted, is flexible and easy to use and enables results to be reported in an accessible way (Braun & Clarke, 2006).

Three super-ordinate themes and twelve sub-themes were identified:

Table 4:

*Themes identified within the literature*

<u>Superordinate Themes</u>	<u>Subthemes</u>
Power	Fear and shame Complying Respect
The system	Pace Confusion Consistency Reliability
Factors for change	Perceptions of needs Communication Knowledge Motivation What helps

### **Power**

This superordinate theme discusses how parents experience the power dynamic between themselves and workers.

### *Fear and shame*

Seven of the papers discussed fear and shame in relation to how parents experienced workers, child protection proceedings and interventions. Involvement of workers in families' lives was viewed as stigmatising and shameful, as it was believed social care services only helped people on the margins of society or were a public indictment of them as "bad parents" (Kapp et

al., 2002). Parents in the UK therefore often kept their involvement secret from others (Buckley et al., 2011; Spratt 2004). Families universally felt disempowered by their interactions with workers, using words such as nerve-wracking, daunting, intimidating, traumatic, humiliating and embarrassing to describe their experiences (Akin & Gregoire, 1997; Buckley et al, 2011; Dale, 2004; Drake, 1996; Dumbrill, 2006; Spratt, 2004). These experiences left parents with low self-worth and a feeling of inferiority (Akin & Gregoire, 1997).

Workers were experienced as all powerful and feared “I just have that fear of them . . . that they can come at any time, and they can do what they want to my family” (Buckley et al., 2011, p. 4). The fear was present even when the accusations of abuse were felt to be false. Parents in Dumbrill’s (2006) study, experiencing a Canadian system where children could be removed without prior notice, attributed the fear to the lack of control they have over proceedings. Workers were felt to do what they want without consulting parents and to be intractable. Disempowerment could also come from the approach the worker took towards the parent: “The worst thing? The threats, behaviour, the power they’ve got. The big words they used frightened me—really frightened me . . . Arrogant, very arrogant. Ignorant as well. That person’s approach: She didn’t ask, she told...” (Dale, 2004, p. 150).

Fear and shame also arose from processes within the system. In the UK case conferences, held as part of child protection proceedings, felt particularly disempowering: “...very upsetting—it felt like everybody who was around that table was against you . . . everybody’s looking at you, and then they are discussing you, your children, their recommendations...” (Dale, 2004, p. 146).

Parents reported ways of fighting back, such as reciprocating the negative approach workers had towards them, or challenging them openly (Dale, 2004; Dumbrill 2006). They also tried less overt ways to retain power by not volunteering information, keeping contact to a minimum (Buckley et al., 2011) or feigning cooperation (Dumbrill, 2006). They spoke about being scared that workers

would take their children if they admitted to any faults (Ghaffar et al, 2012), or that they were struggling with personal difficulties such as addiction; this could then prevent them from seeking help, perpetuating their struggles; “Asking for help, to me, would be like I wasn’t being a good mother” (Akin & Gregoire, 1997, p. 397). Some parents reported they did not have the emotional resources to challenge workers, especially given the stressful life circumstances that had brought them to their attention in the first place (Dumbrill, 2006).

### *Complying*

Parents experienced the mandated goals set out by services as tasks to be complied with, otherwise they would lose their children, feeling that it was not joint working but enforced and closely scrutinised, akin to “walking on eggshells” (Buckley et al. 2011, p. 5). In the USA studies, where parents received mandated support from the public Child Welfare System, multiple referrals were made to different outside agencies, with each experienced as another obstacle to overcome to keep or achieve reunification with their children. Parents reported how the removal of their children was a loss akin to grief, and spoke about feeling powerless and hopeless: “They have the power to do anything they want ’cause theys gots your kids. I ain’t got no power over me. I’m powerless.” (Akin & Gregoire, 1997, p. 397). This often resulted in them giving up control and complying: “I want to keep her from foster care again, so whatever they tell me to do I am going to do it, no questions asked” (Estefan et al. 2012, p. 2355). These parents reported that even when they had been compliant, this was not ‘good enough’ and they continued to experience little respect from workers despite their efforts (Akin & Gregoire, 1997; Kapp et al., 2002). Sometimes tasks were specified without any support to achieve them, leading to desperation and frustration: “Whatever I’ve got to do. I really don’t mind. But tell me. Don’t just tell me the name of it like I know, anger management. Where can I go get some anger management?” (Altman, 2008 p.56).

A universal element across the different samples experiencing different systems in different countries however was that parents reported feeling under duress and threatened to comply, with the fear of being scrutinised and monitored omnipresent (Akin & Gregoire, 1997; Buckley et al. 2011; Drake, 1996; Maiter et al. 2006; Palmer et al. 2006; Spratt 2004). Parents wanted to feel like they had a choice (Palmer et al. 2006), and for their boundaries to be respected as people and as parents (Gockel et al. 2008). Receiving non-directive advice allowed parents to apply it in their own way, taking ownership of it:

“They give you that suggestion and whichever way you apply that suggestion, that’s your own choice. Because in the end, they say. “OK, you are the parent. This is your life. This is your child. It is your turn to have control over it” (Russell et al. 2008, p. 110).

Feeling helpless and hopeless, and having a lack of control over what was happening to them led the parents participating in focus groups in Kapp et al ‘s (2002) USA study, whose children had been placed in foster care through the Child Welfare system, to join together and question if their rights had been violated, connected to an overall lack of respect given to them in their role as parents.

### *Respect*

In order to feel empowered, parents needed to feel respected by their worker. This sub-theme describes how families constructed respect, and what it meant to them. Some parents in the USA studies wanted workers to have a direct and straightforward approach. “Come out and tell me, don’t beat around the bush just tell me.” (Altman, 2008, p. 49) as this clarity and honesty allowed them to build trust (Gockel et al., 2008). Being listened to in a meaningful way was valued

very highly, and spoken about repeatedly across multiple samples experiencing different systems in different countries (Dale, 2004; Drake, 1996; Ghaffar et al., 2012; Maiter et al., 2006):

“She’s here to listen to me and I think that’s the best thing that you actually have, somebody here to listen to you that respects you and isn’t here to down you or to look at you and scrutinize you” (Gockel et al., 2008, p. 99).

Parents also wanted to be treated like a human being and have a “normal” chat with their worker, appreciating someone they could connect with, and who they felt valued spending time with them (Buckley et al. 2011; Drake, 1996). They wanted workers to “Be human. Care. Get involved, not just you do this and you do that.... Have a heart and care” (Akin & Gregoire, 1997, p. 399)

The quality of the relationship was significant, with parents characterising the type of relationship they wanted as like a “friend”, “guardian”, “soul mate” or like a member of the family (Akin & Gregoire, 1997, Maiter et al., 2006). This type of relationship was instrumental in placing workers and parents on a more equal and mutual footing, fostering respect and collaboration (Gockel et al. 2008). Workers who demonstrated honesty, sincerity and careful listening enabled these trusting relationships to develop (Akin & Gregoire, 1997). In the Canadian studies, where child protection workers took children from families without prior notice, parents wanted workers to acknowledge their feelings, and appreciate what this was like for them: “He did not show that he cared at all. He was more concerned with taking the baby . . . they should have more feelings towards the people they are working with” Maiter et al., 2006, p. 179). Removing children abruptly and publicly is humiliating and damaging:

“They came into the mall, in public, and snatched my kids right out of my hands. . .having people see this and having them ripped out of my arms and being treated as if I was a bad person. I ended up in hospital for a long time.” (Palmer et al., 2006, p. 819).

Sometimes the relationship with the worker can overcome all the unhappiness they have with the child protection process, and respect was seen as a key component to this (Dale, 2004).

### **The System**

Parents described how the system they and the workers existed within presented challenges.

#### *Pace*

Pace is important and relates not just to the speed with which services are delivered; parents also wanted a mutual urgency from the workers to get their children back. Parents in the UK described the wait for services as frustrating (Buckley et al. 2011; Dale, 2004), especially when trying to get help prior to reaching a crisis point and prevent child protection circumstances happening. They spoke about the consequences of this wait, such as family breakdown and hardship, and being desperate for help: “Social services used to say ‘Just carry on—you can do it’. Until I went to this meeting one day and broke down. Basically I said, ‘You’ve got to do something now—it’s either that, or I’ll kill her...’”(Dale, 2004, p. 149).

This was different to the USA, where despite being allocated a worker, a lack of funding could result in a long wait and/or a lack of support being put in place (Estefan et al., 2012).

#### *Confusion*

Parents in the UK and USA studies, where being referred to child protection services resulted in

the involvement of multiple helping professionals, talked about difficulties of interacting with them all and knowing the function and the role of each one. They spoke about their confusion about who was doing what, and who to talk to about the different areas of their lives (Altman, 2008; Spratt & Callan, 2004). Frustration was expressed that there was often confusion amongst workers “No one knows what’s going on, you talk to three different people and get three different answers” (Kapp et al., 2002, p. 233), and that when they spoke to someone they would be informed that was not their role and redirected to someone else, sometimes multiple times (Drake, 1996). Parents also reported feeling confused about why there were so many professionals they did not know at child protection proceedings, with this experience of being outnumbered by unknown people described as intimidating (Ghaffar et al., 2012). They were witness and subject to confusion and arguments within the system over who was going to fund different avenues of support, which resulted in delayed treatment and help (Dale, 2004 Estefan et al., 2012). Parents valued workers who could navigate the system effectively, and provide access to other services, with those who could show parents how to do this too were particularly appreciated (Drake, 1996; Gockel et al., 2008).

### *Consistency*

In the UK some parents discussed feeling abandoned by social services once they had been assessed, deemed a risk and thus placed on the child protection register. When nothing happened after they had endured the stress of an investigation parents felt offended, baffled and affronted (Dale, 2004). A similar lack of responsiveness and abandonment felt by parents in the US child welfare system could exacerbate feelings of low self-worth and helplessness in this vulnerable population (Akin & Gregoire, 1997; Kapp et al., 2002). Parents universally felt there was a focus of resources on assessment, and described the resulting process as being told what to



change, then being left alone to do it without knowing how to (Ghaffar et al., 2012; Spratt & Callan, 2004); there was a marked difference between expectations of receiving help and the reality. Parents were also shocked at the inconsistency, and the marked decrease in monitoring and support once their children were returned “I could have been doing anything [to them]. [During the placement] I was never allowed to have them on my own!” (Palmer et al. 2006, p. 817). Parents attributed their abandonment variously to workers becoming overburdened, a lack of funding, scarcity of resources or a lack of specialist support (Drake, 1996; Kapp et al., 2002; Palmer et al., 2006). Despite recognizing these difficulties, parents felt disrespected and perceived this lack of involvement as the system being uncaring (Akin & Gregoire, 1997).

### *Reliability*

In eight of the studies, across multiple countries, parents spoke about reliability, and how important this was to them. In simple terms, they wanted workers to do what they say they are going to do (Ghaffar et al. 2012; Palmer et al., 2006); “Don’t tell me that you’re going to come to my house and don’t show up” (Altman, 2008, p. 49). In child protection and child welfare systems in the UK and USA, where regular contact occurs, parents experienced it as disrespectful and a lack of courtesy if they were not called back, or workers did not attend appointments (Dale, 2004; Spratt & Callan, 2004). Double standards of consistency and reliability were highlighted, with parents pointing out that they would not be allowed to show the same inconsistent or unreliable behaviour, and that they were being held to a different standard than they were receiving (Buckley et al., 2011). On a more abstract level parents also wanted workers who they could rely on and were robust enough to handle their lives, the crises that they faced every day, and any emotional fallout (Drake, 1996). In order to be perceived as reliable, parents wanted workers who called and visited frequently, listened intently and were persistent in efforts to help, alongside staying on top of things and having a sense of urgency (Akin & Gregoire, 1997).

## **Factors for Change**

### *Perceptions of need*

Most families recognised that once an issue had been raised with services it would need to be investigated, and many also recognised a need for change (Drake, 1996; Estefan et al., 2012). Some families reported this latter recognition occurring as an unexpected process during the formalized proceedings in the UK, which enabled them to confront what was happening and access services to help (Ghaffar et al., 2012). However at this point a divergence was often experienced, with studies across all systems reporting the perceived needs from the parents' perspectives and the perceived needs from the workers' perspectives were often not the same (Buckley et al., 2011; Spratt & Callan, 2004). Ideally plans and goals should be a blending of parent and agency agendas, however the resulting identified needs were often not a joint construction (Drake, 1996). Differences existed between perceived risks and areas of concern for parents and workers, with workers deemed to take a 'worst case scenario' approach, prematurely judging families: "They didn't see the big picture. The child was hurt, fair enough. But all in all, we are a happy family—they don't see that" (Dale, 2004, p. 145);

"You realize you're never going to get your daughter back until you admit the truth?' I am admitting the truth – my husband only hit me once, and my husband is not an alcoholic, like a diehard alcoholic. He does have a drinking problem – not a major one – but he has slowed down" (Maiter et al., 2006, p. 179).

This could lead to disagreement about the need for the involvement of services, as even though the families understood the workers' perspective, they felt they knew their own family better (Ghaffar et al., 2012). Sometimes needs which were important needs for the parent were

deemed less so for the worker, and given less priority. Domestic violence was an area particularly highlighted for unmet needs, which included support around child visitation from violent ex-partners, or therapeutic support for the mother (Buckley et al., 2011; Ghaffar et al., 2012); “It was as though I was going through it by myself. I didn’t have anyone to talk to about it” (Ghaffar et al., 2012, p. 896).

Parents ultimately wanted workers to take account of the full picture, to listen and understand what their needs are so they can respond appropriately and create meaningful goals (Maiter et al., 2006; Gockel et al. 2008).

### *Communication*

Poor communication impacted on parents’ experiences, leading to confusion about what the parent wanted and needed from services (Estefan et al., 2012). In relation to mental health problems, parents reported either past problems were included on their plans when they felt they were irrelevant, or current problems were included with no support offered (Ghaffar et al., 2012; Maiter et al., 2006). Workers sometimes did not communicate their decisions effectively, so parents did not understand why certain programmes were being mandated (Estefan et al., 2012) or were given information they couldn’t understand: “I attempted to read it, but it didn’t make any sense, it was like reading a Doctor’s prescription.” (Ghaffar et al., 2012, p. 897).

In relation to formalized child protection proceedings in the UK poor communication could leave parents feeling unprepared, with reports of not being given enough time to read information or needing help to understand it (Ghaffar et al., 2012). When workers subsequently visited them they were simply ‘ticking the boxes’ with visits experienced as perfunctory, and having little meaning. They also reported confusion about knowing when their plan was finished (Spratt &

Callan, 2004). Parents wanted clear communication about the roles of services and what might happen in the future, and to be kept knowledgeable and informed throughout their involvement (Palmer et al., 2006; Spratt & Callan, 2004).

### *Knowledge*

In the USA and Canadian studies knowledge was a key area discussed. On a personal level parents wanted workers to have good in-depth and current knowledge of their cases: “If you don’t know who I am, how can you help me?” (Altman, 2008 p. 50), with up-to-date knowledge about their children in care an absolute necessity (Drake, 1996; Palmer et al., 2006). A worker who knew them really well could advocate for them in a meaningful way (Gockel et al., 2008), while a depersonalised service could be received if the worker did not know them (Akin & Gregoire, 1997). Parents reported that a lack of case knowledge often resulted from high staff turnover and they did not want to have to keep repeating their stories to multiple people (Drake 1996; Ghaffar et al., 2012; Palmer et al., 2006). This had a detrimental effect on building trusting relationships with workers, and added to feelings of abandonment: “I just get attached and feel good about working with someone, and then they’re gone. It’s hard for me to take the risk and doing that all over again, thinking now they’re gonna be out the door in six months” (Kapp et al., 2002, p. 235).

Parents also appreciated knowledge in terms of expertise related to events they might experience, such as grooming behaviours, using methadone, risks of leaving a violent partner and the impact of not seeing their children. They were clear that while workers may have a technical understanding of their problems, often the definitions and criteria they were working to remained in the theoretical domain, and ignored important elements of their experiences, such as the emo-

tional or spiritual aspects (Akin & Gregoire, 1997). They wanted workers to have an understanding and appreciation of what they encounter in their lives (Buckley et al., 2011; Drake 1996; Maiter et al., 2006):

“...but when it came to [the worker] who was about my age, she didn’t have a clue what was going on. She would sit there and say, ‘. . . Oh, it’s not that hard.’ And I said, ‘Are you a mom?’ She said ‘No.’ And I said, ‘Well, you don’t know what you’re talking about” (Maiter et al., 2006, p. 180).

This type of knowledge would allow workers to understand parents’ experiences and provide the support that was needed, without doing more damage; “If I relapse one time, you coming to get my child without even learning what the process is of being an addicted and alcoholic mother.. . That can’t keep happening.... They can’t keep snatching them babies from these mothers” (Akin & Gregorie, 1997, p. 400).

There was a noticeable omission of discussion about ‘knowledge’ as illucidated above within the UK studies. This could be reflective of this concept taking a different form, or not being considered an important area. Further research into this area could be helpful.

Throughout the papers there was a lack of discussion about cultural/ethnic issues. Eight of the 14 papers provided information about the ethnic backgrounds of their sample, with 6 papers reporting ethnically diverse samples. Only one paper discussed acknowledging cultural backgrounds however, with parents in the Drake (2006) study discussing issues affecting different ethnic groups, specifically black American and Pacific Islander groups. These parents valued workers

who had knowledge about the differences in cultural values that existed between them, and did not prejudge them based on racial stereotypes:

“[Workers need a] general education about cultural difference and respect for that culture whether it is morally different, morally the same or whatever. Those values are what make up the culture and there ought to be respect for them” (Drake 1996, p. 270).

### *Motivation*

Motivation was seen as essential for change across multiple studies. Having child services involvement can leave parents feeling deskilled, with low self-worth (Akin & Gregoire, 1997; Russell et al., 2007); “Are they going to look at me like I am this big bad bitch that’s beaten my kid...you have no self-esteem, no self-confidence you think you are the rottenest parent...” (Russell et al., 2007, p. 108). Parents could be left feeling helpless and hopeless by proceedings and the removal of their children, impacting on their motivation (Kapp et al., 2002). Parents universally valued a focus on strengths (Akin & Gregoire, 1997; Gockel et al., 2008), and positive support and reinforcement (Ghaffar et al., 2012; Maiter et al., 2006; Palmer et al., 2006). Having a nurturing environment where they felt respected and valued made it easier to accept interventions and take risks (Ghaffar et al., 2012; Gockel et al., 2008).

In contrast to the above, and previous discussion in other themes about being disempowered, some parents spoke about the power they possessed, particularly in relation to capacity for change. Parents were clear that any change needed to come from within them and sought reflexivity in workers, wanting them to be aware of their own motivations and aspirations, and to recognise the limits of what they could do to change someone else (Akin & Gregoire, 1997). Parents also valued workers who gave them decision-making authority or showed them ways to gain

power within the system (Akin & Gregoire, 1997; Dumbrill, 2006; Ghaffar et al., 2012). Being positioned to assume the expert role was also an empowering experience for parents and a task they took seriously, and supporting peers made them feel knowledgeable and resourceful (Akin & Gregorie, 1997).

### *What helps?*

Parents spoke about a variety of helpful support and interventions, highlighting that often for them practical support, such as support staff in the home, transport, advocacy, financial assistance and arranging access visits, were vital as they allowed them to access wider supports and the community, but were given less credence by workers (Akin & Gregoire, 1997; Buckley et al., 2011; Drake 1996; Estefan et al., 2012; Maiter et al., 2006 Palmer et al., 2006). Providing transport to support services lessened isolation and provided a social network (Russell et al., 2007). In the USA financial issues and a lack of employment could restrict access to support i.e. being able to afford psychiatric medication, being able to attend support/therapy and being eligible for housing. If parents did not achieve these targets it could be seen as non-compliance and hinder their chances of reunification with their children (Estefan et al., 2012). Being responsive to these practical needs was greater than just increasing access and meeting targets; it helped build trust, and showed the parents that they were thought of, cared for, and listened to (Gockel et al., 2008; Maiter et al., 2006). Parents also reported needing practical support to reduce their stress levels and become better parents, alongside therapeutic support (Ghaffar et al., 2012 Palmer et al., 2006).

In terms of therapeutic support, parents particularly valued substance misuse services, finding them empowering and supportive. They met multiple needs on multiple levels; being cared for, nurtured, understood, accessible and providing social support (Estefan et al., 2012;

Ghaffar et al., 2012; Palmer et al., 2006). A particularly helpful element experienced in but not confined to substance misuse services was ‘shared experiences’ (Akin & Gregoire, 1997; Ghaffar et al., 2012; Gockel et al., 2008; Maiter et al., 2006). This could take the form of having a commonality, such as having misused substances, or being a parent, but also occurred when workers were collaborative, working alongside parents and creating a shared experience during intensive parenting support: “They understand what we’re going through and they can say: ‘I’ve been there and I know how it is...’ [...]. With this [Project Parent], you know that, the staff eat with us, so it’s a lot easier...” (Gockel et al., 2008, p. 105). Individual counselling within intensive parenting programmes was also valued, providing a space for their own experiences of being parented to be explored and thus dysfunctional intergenerational patterns to be addressed:

“I grew up in family violence, and with their father, there was a lot of family violence instilled. [...] Just going through experiencing some of that, as sad as that may sound, there is a lot that I’ve learned— like about how to become a better parent, and how to turn my addiction around, and turn life around so that I don’t have to be codependent...” (Gockel et al., 2008, p. 103).

In contradiction to parents generally finding therapeutic support helpful, domestic violence programmes received more mixed reviews, as some parents felt unsupported by their workers around risk in relation to their husbands finding out about the course, while others felt shame and embarrassment, and blamed themselves (Estefan et al., 2012; Ghaffar et al., 2012): “Maybe I should not have felt so embarrassed, the fact that I was actually letting it happen. But it does happen quite frequently to lots of people. But you don’t want to speak out; it’s your fault” (Ghaffar et al., 2012, p. 896). This is perhaps an area for more research.



### **Methodological Limitations**

When considering the findings of the above 14 studies it is important to understand their methodological limitations. The present review uses Elliot et al's (1999) guidance to evaluate the studies (see Appendices 2 and 3 for an overview). Of the first 7 points only 1 study failed to meet all seven points. Spratt & Callan (2004) do not provide details of how they analysed their data, demonstrating a lack of transparency and making it difficult for the reader to understand how themes were generated.

Due to the qualitative design of the papers the remainder of this section will focus on the second 7 points of the guidance. Generally the papers were of an acceptable quality, with one being of very good quality (Dumbrill, 2006). One failed to meet multiple quality checks (Spratt & Callan, 2004).

Most were well situated in terms of sample, however some were either well situated in terms of demographic information or description of the intervention provided, but not both (Altman 2008; Drake, 1996; Russell, 2007). Some failed to provide any demographic information at all, citing methodology and confidentiality reasons (Kapp et al., 2002; Spratt and Callanan, 2004). This made it difficult to extrapolate from the research, and understand exactly whose voices and experiences were being reported on.

Three of the studies failed to provide credibility checks on their data (Gockel et al., 2008; Russell et al., 2007; Spratt & Callan, 2004), making it difficult to ascertain if their themes accurately reflect the data. Further to this several of the studies failed to provide credibility checks beyond inter-rater reliability; multiple researchers checking the codes and themes that had been generated for consistency with the data. Elliot et al (1999) suggest that returning to the participants to check themes match their experiences, the inclusion of comparative perspectives,

such as negative cases, or triangulation with quantitative data or other sources can help improve the credibility. By limiting the checks to other academic researchers it could be seen to privilege this perspective, however having multiple perspectives on the data increases the likelihood of objectivity.

None of the papers evidenced author reflexivity, and thus did not meet the guideline of 'owning ones perspective'. Elliot et al (1999) discuss the importance of this to qualitative research, as they highlight that an authors' values, interests and assumptions may influence their understanding and interpretation of the data. Further to this Yardley (2000) considers reflexivity to be a vital component, as qualitative authors are often constructing a reality through their own lens, and may privilege certain interpretations. Being transparent about what influences them, the experiences and knowledge they have, and any external pressures on the research enables the researcher to be aware of their own preconceived ideas, or areas they may be drawn to focus on.

### **Discussion**

Gathering parents' views of services is crucial in an area where the re-referral rate is high (Drake et al., 2006) to understand from them what they feel is helpful and can enable meaningful and lasting change. It is especially important for a group that is receiving mandated intervention and often feels disempowered.

#### *Clinical Implications*

In almost all the studies parents spoke about their fear and shame in relation to the involvement of the child protection services, how they felt disempowered by the system and pressured to comply, with disparities between what they felt their needs were, and what workers felt their needs were (Akin & Gregoire, 1997; Buckley et al, 2011; Dale, 2004; Drake, 1996; Dum-

brill, 2006; Maiter et al. 2006; Spratt, 2004). A lack of support post-assessment left parents feeling helpless and alone, along with the impression that services were unreliable and uncaring (Altman, 2008; Buckley et al., 2011; Dale, 2004; Ghaffar et al. 2012; Palmer et al., 2006). These issues highlight areas for both further research, and for consideration by services when working with families.

Parents valued workers who honored their views and respected them, were honest and straightforward, while working collaboratively with them to make changes as this helped them to feel empowered (Akin & Gregoire, 1997; Dale, 2004; Drake, 1996; Dumbrell, 2006; Ghaffar et al., 2012; Kapp et al., 2002; Maiter et al., 2006). Meeting practical needs, which was often given less priority, allowed parents to access wider beneficial supports and fostered trust, particularly for parents in the USA (Akin & Gregoire, 1997; Buckley et al., 2011; Drake 1996; Estefan et al., 2012; Maiter et al., 2006 Palmer et al., 2006). They also valued workers who created shared experiences (Akin & Gregoire, 1997; Ghaffar et al., 2012; Gockel et al., 2008; Maiter et al., 2006) and supported and allowed them to make choices about their parenting (Gockel et al., 2008; Palmer et al., 2006, Russell et al., 2008).

#### *Theoretical implications*

While attachment difficulties were not overtly spoken about, it was clear that the relationships the parents had with their workers was very important. Feeling fear and shame, and the perception of workers as judgmental and critical, could have been further influenced by the parents' own attachment experiences. Further to this feelings of abandonment after being assessed and then receiving a lack of support could resonate strongly with these experiences. Parents valued workers who treated them with empathy and were non-judgmental, and therapeutic input where they felt cared for, nurtured and understood (Estefan et al., 2012; Ghaffar et al., 2012; Palmer et

al., 2006) Some parents valued programmes which allowed them to think about their own experiences of being parented and how they were now repeating this pattern, which may be reflective of a deeper, therapeutic approach exploring attachment and relationships (Estefan et al., 2012; Ghaffar et al., 2012; Gockel et al., 2008). Parents also valued programmes which focused on their strengths and empowered them as peer workers, suggesting skills-based and strengths-based programmes are helpful.

### **Gaps in the research**

Only two of the studies gave equal attention to both what parents found unhelpful and helpful. It may therefore be helpful to discover what parents feel made a difference for them, what they attribute any positive experiences to. In terms of the disparities between perceived needs it may be useful to focus on what they themselves feel gets in the way of their parenting, to make sure services are providing appropriate support and the theoretical underpinning of parenting programmes is suitable. The strong emotional reactions to the involvement of services, such as fear, shame and abandonment, may warrant further research into the attachment experiences of the parents, and how this influences their interaction with services. Further research exploring power and stigmatisation may help to highlight their experiences and perhaps knowledge and understanding can begin to bring change. It may also be useful to consider Arnsteins (1969) ladder of participation and use research to try and gain a picture of what levels of participation exist currently in child welfare services and what could be done to move multi-stressed parents up the rungs.

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**Section B:**“I’m living for my children,  
they keep me going, they keep me strong.”

The impact of the life experiences of multi-stressed  
mothers: A Grounded Theory study.

Word Count: 8000 (599)

### **Abstract**

The current neoliberal political narrative suggests families experiencing multiple stressors and struggling against adversity are responsible for their difficulties, make poor choices and avoid opportunities to change their lives. Alongside this, it could be argued that in recent years within social care the framework of child protection has perhaps increasingly focused on risk, with mothers perhaps disproportionately held responsible for maltreatment of their children. A constructivist Grounded Theory approach has been used to explore how 9 parents who had been through intensive family support programmes as part of the government's 'Troubled Families' initiative constructed the experiences in their lives which impacted on their being a parent. The parents described how they felt they had little control over their lives, experienced abuse in their significant relationships, and ended up 'broken', losing their sense of self. They appeared to subsequently shut down and feel intense shame, possibly leading to mental health problems and substance misuse. These experiences often occurred on a background of coping with poverty and inequality, which could create immense daily stress. The results suggest consideration of the potential needs of parents alongside those of their children within the family system is important when child protection issues occur.

**Key words:** Service user perspectives, child protection, troubled families, grounded theory.

## Introduction

### Current political context

Over the last 6 years in the UK in the aftermath of the 2011 riots there has been an increased focus on ‘troubled families’, defined and driven by political policies. Whilst acknowledging a simmering anger towards the inequality in British society, blame for the riots was placed on the parents of the young people involved by Conservative politicians, with David Cameron stating “either there was no one at home, they didn’t much care or they’d lost control” and “if we want to have any hope of mending our broken society, family and parenting is where we’ve got to start” (Cameron, 2011). The Troubled Families Unit was formed to implement programmes of intensive support for families through existing social care structures. Within the wider context of a neoliberal government focused on austerity, the benefits of the programme were framed in terms of economic gains (Crossley, 2016; Shannon, 2016); through addressing issues of benefits receipt, employment, child welfare and offending, and school attendance and attainment for 120,000 families £9 billion would be saved. On a background of spending cuts to public services local authorities were financially incentivised to provide these programmes, using a model of payment-by-results.

Eric Pickles proclaimed the programme an overwhelming success in 2015, stating that over “90% of the families we promised to help have achieved those outcomes” and “more than 105,000 families have had their lives turned around” (HC Deb, 2015); however the authors of this report disagreed, arguing “we were unable to find consistent evidence that the programme had any significant or systematic impact” (NIESR, 2016). Concerns have been raised that by using a payment-by-results approach local authorities targeted families most likely to trigger a payment rather than those most in need of the resources and support available (HC Deb, 2016). Thoburn



(2013) argued that the families in the most distress were not approached, as antisocial behaviour was rarely the primary problem; instead these families experienced mental health and addiction problems, conflictual partner and parent-child relationships, high rates of disability and chronic health problems. The Troubled Families Initiative remains in place however, and has been given additional funding until 2020.

### **Blaming families (and mothers)**

There is an emerging literature drawing attention to how the “most marginalised families have become the focus of such intense political concern” (Morris, White & Featherstone, 2013). In a neoliberal state with growing inequality, the political narrative has positioned families struggling against adversity as not using available opportunities to remove themselves from this situation, making poor choices and intentionally living this way (Crossley, 2016; Morris, White, Doherty, & Warwick, 2017). In the case of child maltreatment, this perhaps positions parents as wilfully neglecting and harming their children. A punitive and risk-averse stance has thus been taken as the ethos becomes about policing parents and protecting children (Gupta & Blumhardt, 2016), for example, the setting of adoption targets to ensure enough children are “rescued” (Narey, 2013). The process of blaming families absolves others, such as society and government, and provides distance from the problem (Chauhan & Foster, 2013). It potentially ignores the complexities of what families are facing, and limits responsibility for change to them. Approaches to help become surface-level, with concrete outcomes, with social workers unable to support ‘safe uncertainty’ in this risk-averse context (Featherstone, White & Morris, 2014; Mason, 1993). Mothers are also more likely to bear the brunt of the blame: “I don’t doubt that many of the rioters out last week have no father at home. Perhaps they come from one of the neighbourhoods where it’s standard for children to have a mum and not a dad...” (Cameron, 2011). Hunter and Nixon (2008) highlight how there is a “silencing of the realities of women’s lives”, with

mothers viewed as perpetrators of anti-social behaviour, expected to take full responsibility for raising their children, ignoring the complexity of their situations and how they were also often victims of domestic violence and abuse from others.

Further to this, families living in deprivation experience significantly more child protection interventions (Bywaters, Brady, Sparks, & Bos, 2016), with single mothers twice as likely to live in poverty as couple families (47% vs 24%) (DWP, 2017).

### **Programmes of support**

Studies of intensive interventions for parents experiencing multiple stressors, like those referred into the troubled families programmes, report varying levels of success and suggest that re-referral into services at a later date after a recurrence of child maltreatment is more likely for these families than for parents requiring less intensive support (Drake, Jonson-Reid & Sapokaite, 2006). Silovsky et al. (2011) found little evidence of significant change occurring, with parent reported risk factors remaining the same pre- and post-treatment. The evidence suggests that typically these types of interventions are only helpful as a preventative strategy if maltreatment has not already happened (Channa et al., 2012). The World Health Organisation (WHO) agree that while child protection procedures are a form of preventing child maltreatment, “it will not, however, lead to a large-scale reduction in the incidence of child maltreatment that is possible using strategies that address the underlying causes and contributing factors” (WHO, 2006).

They instead stress the following:

*Figure 1: Strategies for preventing child maltreatment by developmental stage and level of influence (WHO, 2006)*

Within social care there is a growing movement suggesting that key to providing meaningful support to families experiencing complex problems is paying attention to the needs of both parents and children, working towards a “humane practice” that elevates relationship based ap-

proaches and stresses that children exist within a system of networks and communities (Featherstone et al., 2014). Thoburn (2013) highlighted that successful social work involvement with families experiencing complex difficulties recognised the parents as people with needs of their own, while also maintaining focus on child welfare, and provided flexible combinations of therapy, practical support and educational approaches.

### **Service user perspectives**

There has been limited research exploring service user perspectives of intensive family support and child protection involvement. Most of the studies in this area focus on experiences of services (Buckley, Carr, & Whelan, 2011; Dale, 2004, Dumbrill, 2006, Estefan, et al., 2012; Ghaffar, Manby, & Race, 2012; Kapp & Propp, 2002; Palmer, Maiter, & Manji, 2006, Russell, Gockel, & Harris, 2007; Spratt, & Callan, 2004), engagement with workers/services (Altman, 2008), what elements of intervention led to change (Akin and Gregoire, 1997; Gockel, Russell, & Harris, 2008; Maiter, Palmer, & Manji, 2006) and what parents valued in the workers (Drake, 1996). Little is known about the lived experiences of families facing these difficulties, and what parents themselves feel lead to their referral for intensive family support (Morris et al., 2013). In order to offer the types of support parents want and that will be helpful, it is important to understand their experiences.

### **Aims and objectives**

The purpose of the present study was to explore the lived experiences of a sample of parents who had been through intensive family support and child protection proceedings, in order to create a theoretical understanding of what they felt had happened in their lives leading up to this. This might in turn increase understanding on practitioner, service and wider society levels from a service user perspective. The research questions the study set out to explore were:

- 1) What were participants' experiences and constructions of being a parent?
- 2) What experiences in their lives did they believe impacted on their being a parent (What 'gets in the way')?

## **Method**

### *Design*

A qualitative, semi-structured interview based design was employed, using a grounded theory approach to analysis. Data were collected, analysed and compared simultaneously. A theoretical sampling strategy (Glaser & Strauss, 1967; Glaser, 1978; Charmaz, 2006) was utilised to refine interview questions according to emerging categories within the data. The study focused on actions and processes, and how the mothers constructed their experiences, creating a dynamic account of their lives (Charmaz, 2006). The grounded theory approach allowed a closeness to these accounts, hopefully empowering participants' voices, and enabling theory generation from their experiences.

### *Participants*

Participants were recruited through two social care sites providing a specialist intensive programme of support for families (Family Programme; FP). Participants (n=9) were all parents either currently within the FP or who had finished within the last 12 months. All had experienced at least one child being placed under a Child Protection Plan, and/or had their children placed in foster care, then returned. Entry criteria for the FP are detailed in table 1, with participant demographic information in tables 2 and 3:

Table 1:

*Entry Criteria for Family Programme*

<u>Inclusion Criteria (At least 1 of the following)</u>	<u>Exclusion Criteria</u>
Interpersonal conflict	Presenting problem of sexual abuse
Emotional dysregulation	Moderate to severe disability
Unsupportive parenting networks	Acute mental illness
Harmful substance use	Insufficient spoken English
Frequent family crises and events	

Table 2:

*Pseudonyms<sup>1</sup>*

<u>Parent Pseudonyms</u>	<u>Children pseudonyms</u>
Vaani	Dev, Yash
Nikki	Mae, Anton, Teegan
Harisha	Anvi, Ira, Ishaan
Jane	Simon, Callum, Zoe, Liam, Alfie, Edward
Emma	James, Chloe, Molly
Samantha (Sam)	Tiff, Amie, Sophie
Mandy	Conner, Maia
Lucy	Peter, Jacob, Kyle

<sup>1</sup> Demographic characteristics have been split across 2 tables for confidentiality

Parent PseudonymsChildren pseudonyms

John

Joe, Ryan

Table 3:

*Demographic characteristics*

<u>Characteristic</u>	<u>Range</u>	<u>Number of participants</u>
Parents' age	20-30 years	3
	30-40 years	4
	40-50 years	2
Children's ages	19 + years	3
	13-18 years	10
	8-12 years	8
	4-7 years	5
	0-3 years	1
Ethnicity	White British	7
	British Indian	2
Marital status	Divorced	2
	Single	5
	Co-habiting	2
Stressful life experience	Domestic violence	5

<u>Characteristic</u>	<u>Range</u>	<u>Number of participants</u>
	Substance misuse (incl. alcohol)	4
	Depression	7
Families with a child with a diagnosed difficulty	ASD	4
	Learning difficulties	2

## Materials

Individual semi-structured interviews were conducted. The initial questions were devised following a literature review, consultation with workers from the FP team, the research supervisors and the university service user group (see Appendix 4). Questions were open-ended allowing flexibility to respond to the direction participants took. After the first three interviews were coded and initial emerging categories identified the interview schedule was adapted to include questions about parents' own experiences of being parented, 'confidence' and the impact of any abusive relationships discussed.

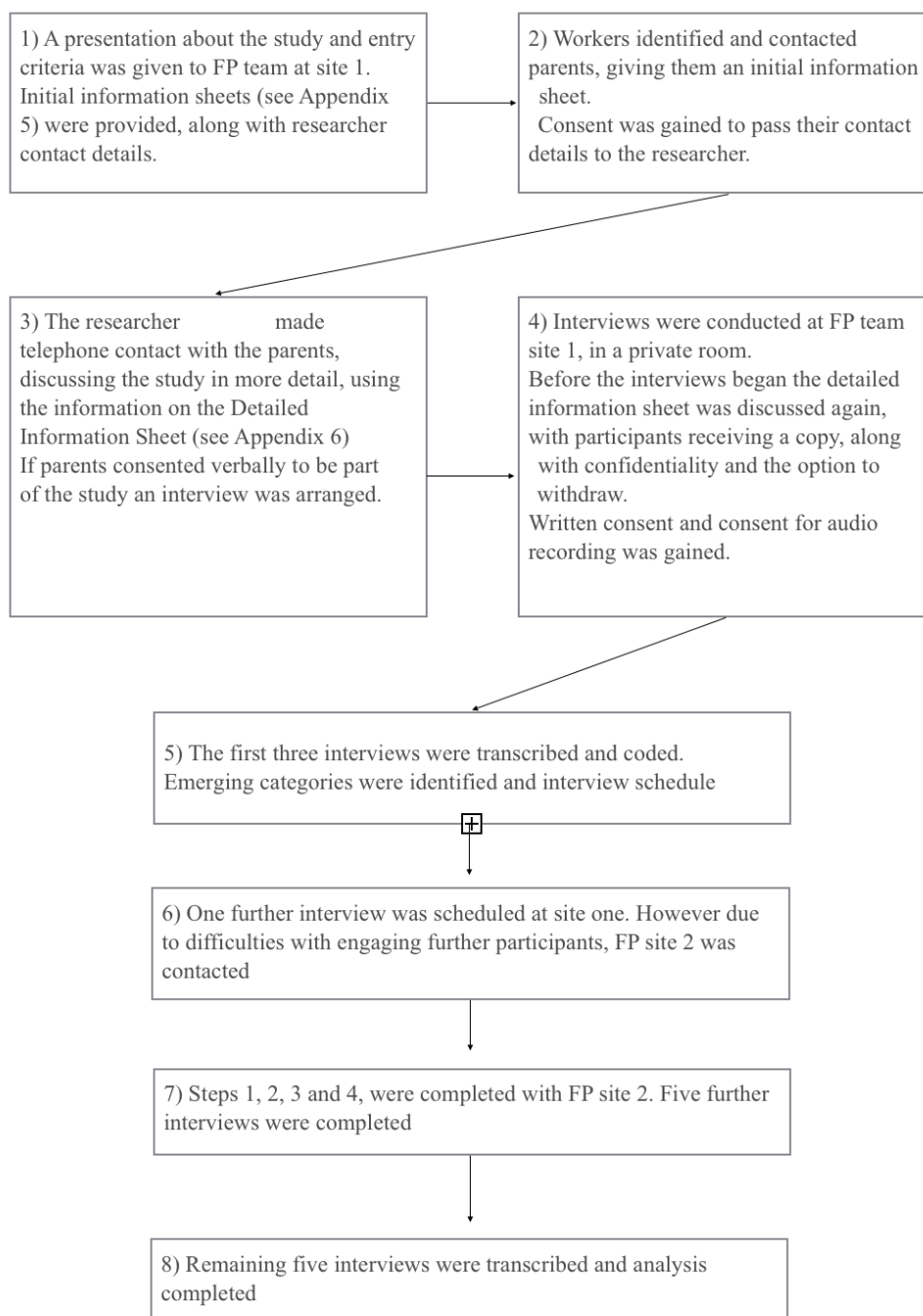


## Recruitment

The procedure for recruitment is provided in figure 2.

Figure 2:

### *Recruitment procedure*



Recruiting parents with these experiences was sensitive and took considerable time (Lee, 1993). Their lives were stressful, and it could be difficult to schedule a time to meet. They were often concerned about further scrutiny and judgement. Interviews were cancelled at short notice, rescheduled repeatedly or contact details were changed. Allowances were made to facilitate recruitment, including the interview taking place with another trusted person present (friend, family member or current partner), scheduling them to occur after a child protection conference and offering travel costs. Where possible I met participants in their homes, so they felt comfortable and in control, using a buddy system with a colleague for safety. All interviews bar one were audio recorded and transcribed; Lucy did not consent as she was anxious about possible negative consequences based on previous experiences with services. We agreed that I could write notes, which we read through together afterwards. Her experiences were included as this was the only way she felt able to participate and her voice would otherwise not be heard.

### **Ethics**

As the research was being completed within social care, ethical approval was gained from the university ethics committee. Participants were fully informed about the research aims and purpose, advised they may find some areas difficult to discuss and that they could drop out at any point. If participants became upset during interviews I used my clinical skills to support them, taking some time out if needed. Further to this they could contact their named worker post-interview and follow-up sessions with them could be arranged. Careful attention was paid to confidentiality and risk, with an open and straightforward approach adopted to ensure clarity, advising participants that should they disclose any information that highlighted risk to themselves or others this would be discussed with them and passed on to their named worker.

### **Analysis**

The present study used the method of constructivist analysis suggested by Charmaz (2006), which builds on Glaser's later approaches to grounded theory (Glaser, 1978). A constructivist Grounded Theory approach aims to explore how participants construct their meanings and actions, and therefore assumes multiple perspectives and a fluid and indeterminate reality. It also acknowledges the researcher's interactions both with participants and the subsequent data (Charmaz, 2006). The qualitative software package NVivo was used at all stages. Phrase-by-phrase initial coding of the first three interviews was completed (see Appendix 14 for example transcript), using sensitizing concepts related to a constructivist approach to initiate analysis, such as action, meaning and process, along with those pertinent to a social justice perspective such as power, privilege and oppression (Charmaz, 2006). I sometimes found myself viewing the data through a psychodynamic lens, perhaps as my way of making sense the trauma and relationship difficulties the parents spoke about. This is being highlighted as an interesting phenomenon and part of my interactions with the data. Memos of emerging concepts grounded in examples were developed at the same time to enable constant comparison. These 117 memos were then explored, and 56 overarching categories and concepts identified (see Appendix 8 for example memo). Theoretical sampling of new cases, with interview questions reflecting emerging concepts, was subsequently conducted to attempt to explore these concepts further and develop as robust a theory as possible. However, given the challenges recruiting it was not possible to achieve theoretical saturation within the time constraints of the study, and thus further concepts could potentially have been elucidated. Focused coding and constant comparison of the final 6 interviews, plus reviewing and amalgamating the original 56 concepts led to the formulation of the final 41 concepts, of which 25 related to the women's constructions and experiences of being a parent and therefore have been discussed in this paper, within 9 overarching categories. The remaining 15 concepts focused

on the women's experiences of local services and were not included as it was felt these represented a separate area for exploration, and would potentially be suitable for further research.

#### *Identification of a negative case*

During the analysis, it became clear that the experiences the father was reporting did not match those discussed by the mothers, or fit within many of the emerging categories. This was important data in itself and as a result the decision was made to include his experiences within the analysis as a negative case. The focus of the study therefore shifted away from the experiences of parents to becoming about mothers. It does however highlight an important area for future research.

#### **Quality Assurance**

Guidelines by Elliot, Fischer and Rennie (1999) for qualitative research and Yardley (2000) were followed. A research supervisor specialising in qualitative research audited the initial codes of the first transcript. Bracketing interviews were completed with a colleague at different stages of the research to explore my assumptions, motivations and values. Emerging concepts and categories were discussed with research supervisors throughout data collection, analysis and write-up, to further explore reflexivity and ensure they were grounded in the data. A research diary was also kept throughout the process (see Appendix 9). My theoretical orientations and personal context are described below.

**Personal Context**

I am a 34 year old white British female trainee clinical psychologist with an interest in marginalised groups, power and social constructionism, influenced by my 'working class' background. I have had personal therapy to explore my own anxious-avoidant attachment style, and I also became a mother myself during the research process.

## Results

Table 4

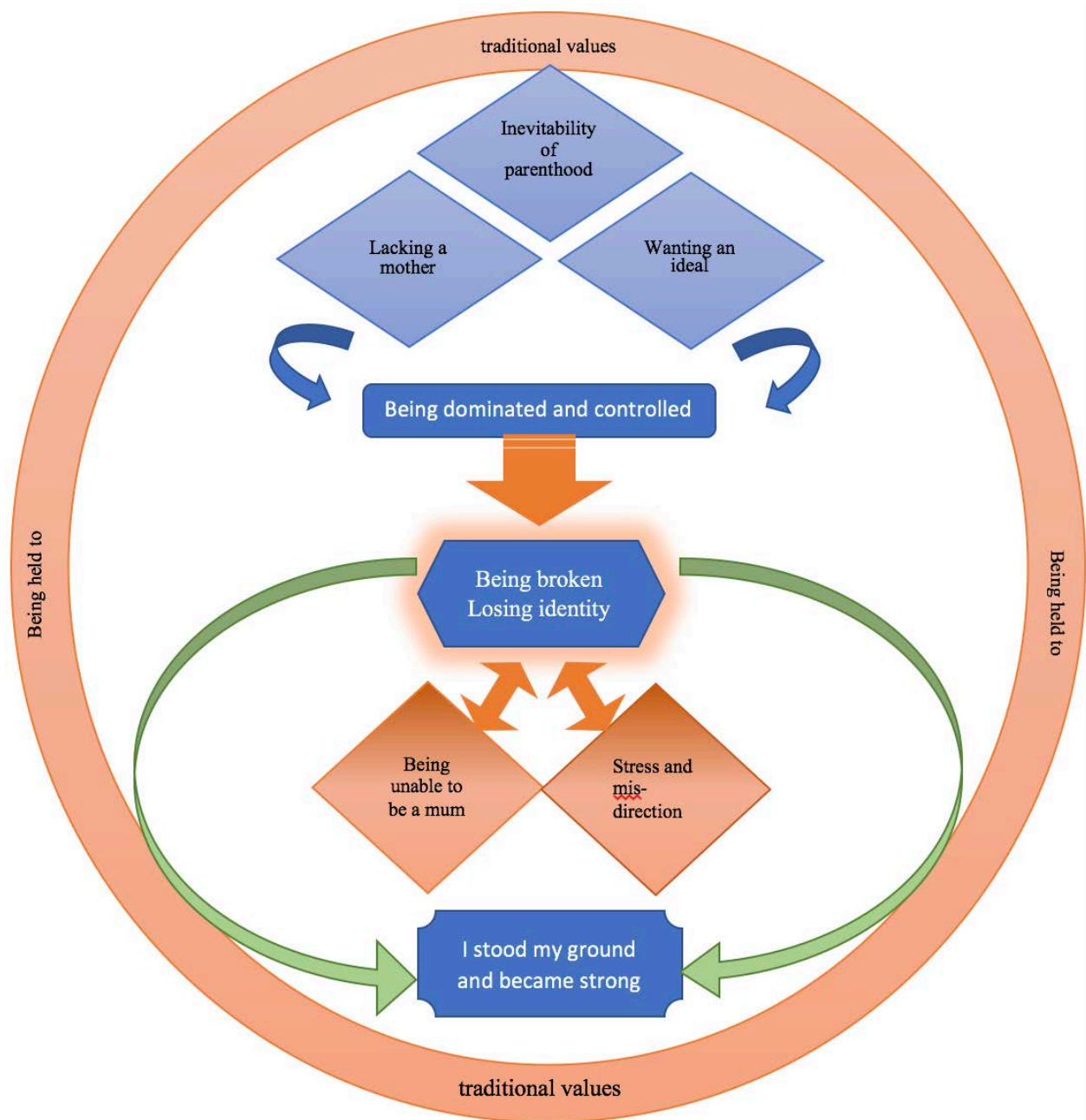
*Identified Categories and Concepts*

<u>Overarching Categories</u>	<u>Concepts</u>
<b><i>Being held to traditional values</i></b>	<p><i>Cultural and traditional views of women and marriage</i></p> <p><i>Ending marriage and cultural response</i></p> <p><i>Wanting to follow parents' example</i></p>
<b><i>Inevitability of parenthood</i></b>	<p><i>The suddenness of motherhood</i></p> <p><i>Giving up their careers and former lives</i></p> <p><i>Submitting to men when pregnant</i></p>
<b><i>Wanting an ideal</i></b>	<p><i>Wanting a fantasy</i></p> <p><i>Fate, things happening beyond their control</i></p>
<b><i>Lacking a mother</i></b>	<p><i>Having no mother, aligning with male relatives</i></p> <p><i>Having nothing/being alone as a new mum</i></p> <p><i>Identifying where their issues started</i></p> <p><i>Motherhood as experiential and shared with other mums</i></p>
<b><i>Being dominated and controlled</i></b>	<p><i>Being dominated and controlled</i></p> <p><i>Having no control</i></p> <p><i>Relying on him to leave</i></p> <p><i>Continuing control after he left</i></p>
<b><i>Being broken/Losing identity</i></b>	<p><i>Being broken down and losing identity</i></p> <p><i>Being replaced</i></p>

	<i>Using substances</i>
<i>Being unable to be a mum</i>	<i>Being unable to be a mum</i> <i>Children being mothered by an other</i>
<i>Stress and misdirection</i>	<i>Stress and misdirection</i> <i>Having (no) space to think</i>
<i>"I stood my ground and became strong"</i>	<i>Standing ground and becoming strong</i> <i>Returning to former self</i>

Figure 3:

Process diagram



The women appeared to view their experiences through the traditional values of their cultures, thus this encircles all the categories. It is suggested that the inevitability with which they seem to enter parenthood, alongside what appears to be lacking for them in terms of their own loving mothering and a wish to create the ideal family unit, combine to leave them vulnerable to the



control and domination of others. It is proposed this results in the critical point of becoming broken and losing their own identity, which leaves them unable to parent, further harming their identity as mothers, and increases the effects of poverty and daily stressful events. Sometimes their partners leave, and child protection services become involved. At this point some women spoke about regaining enough of themselves to find strength and stand up to others.

### **Being held to traditional values**

This represents an overarching category, and was woven throughout the women's experiences. Many of the women overtly discussed how they were viewed through and their lives were governed by traditional constructions of the woman's role in their cultures and marriage. Vaani and Harisha seemed to experience their culture as oppressive and dated.

#### *Cultural and traditional views of women and marriage*

Vaani stayed in a marriage where she was being beaten because divorce was shameful:

*I think it's our own community, you know our family, they make things ten times worse for us. They, they'd rather we stay in a terrible marriage, suffer the, the hitting whatever's going on but just because they're married stay in it for the sake of it"—Vaani*

Harisha hid her pregnancy from her family until 2 weeks before her baby was due:

*"Indian girls are not meant to be having kids before the wedding [laughs][...] Good girls don't have boyfriends."—Harisha*

#### *Ending marriage and cultural response*

Harisha also appeared to take responsibility for the relationship with her family changing after breaking with their traditional cultural values, although she was not ashamed of her choices.

*“And I've changed a lot, so...I'm not that close to them, but I'm not bitter with them either, because it wasn't their fault. It was my fault[...]if I'm sleeping with somebody, I slept with them because I trusted them and I loved them. And I gave them everything which I had, which was mine.”—Harisha*

For the white British women, while they did not discuss the values being overtly enforced by family, their lives still appeared to be governed by them. Nikki described following that her family had modelled:

*“I always did, you know, the old school thing. Erm, woman stays at home, the man works and that's what I kind of thought life was [...] There's never been a divorce in my family and it was like is the... the man's the breadwinner and that's what we decided that we were gonna do and so I don't regret it because it was just [...] really just didn't work out 'cause he was promiscuous.”—Nikki*

It appeared that adherence to these roles provided security and fidelity, and women were held to them more rigidly, while men could act outside them.

*“So I ended up marrying my childhood friend, who I wasn't in love with, didn't make my heart flutter or anything like that, but I needed to sort my life out. So I married him, I got my kids back.”—Jane*

Jane suggested the presence of a man, and/or being in a marriage, demonstrated a stable home in which to raise children, and which then appeared to be sanctioned by the wider system.

### **Inevitability of parenthood**

*“My first pregnancy was with my first child so it was quite soon, you know, like the pregnancy and then, yeah, I look back now I think for me, I think it was quite sudden. I, I felt that I could have had more time as an individual to develop myself.”—Vaani*

Five of the women discussed pregnancy or motherhood as something which happened to them suddenly at a young age, before they were ready, and they felt unprepared. They described feeling they had not yet developed as an individual and that they lacked life experiences which they believed were important.

*“You know, that was quite tough being a parent at 19, and married. You know, never live...lived away from home before.” —Emma*

They described loss in relation to the arrival of their babies - loss of career, education, family and friends. This appeared enforced by others and society and to demonstrate lack of control over their own lives. Their new identity as a pregnant woman seemed to override who they were as an individual and gave others power over them.

*“So it was selfish of me, my career and... yeah. I wanted my career [...] and he was very old school Jamaican, he didn't want his woman... working while she was pregnant.” —  
Nikki*

Some of the women were older and actively tried to become pregnant. There remained a sense of being controlled however, as they discussed feeling pressure from society and peers:

*"I think I just got to that stage where, kind of like, most of my friends had already done it, and I just kept thinking, [...] "God, if I don't do it now..." sort of thing [...] So, it just seemed, in a way, the right kind of thing to do."—Mandy*

Six of the eight mothers talked about having at least one "unplanned" or "accidental" pregnancy. They spoke about these in passive terms, as though it was something that happens to them and was out of their control.

*"Uh(...)bit, bit of an accident. But, you know, I'm glad. I'm glad he's here"—Emma*

Some had multiple unplanned pregnancies, accompanied by a sense that they were giving the man what they wanted, even if it meant dramatic changes for them physically, and creating a new life to be responsible for:

*"I didn't want to have another baby, but the dad said he always wanted two of his own, and then that would be it, and blah blah. I thought, well, why get rid of this baby, if he wants to have another one?"—Jane*

### **Wanting an ideal**

*"But, I think when I, kind of, see them, and it's a nice family unit, you know, and...I mean, yeah, me and Maia sit down together, and we eat together and, you know, things like that, everything's, sort of, done together. But, erm, (...) I don't know, just, just the whole*

*family unit that's, kind of, what I've always had in my head, you know, and it's not like that."*—Mandy

The women talked about seeking the ideal family unit, which for them appeared to comprise a mother, father and multiple children. This may be a culturally constructed norm, but they also linked it to their own lacking childhood experiences. It seemed to lead them into intense relationships quickly, as they desperately tried to make the ideal a reality.

*"I've never had a mum and dad – that's the thing (...) When I get into relationships, I get such a close bond with their mum and dad, because I think, this could be my ... this could be it! This is it! And that's why, with my ex who used to beat me up, me and my mother-in-law, she is like a mum to me, and I won't let go to that. I will hang onto that for dear life."*—Jane

It is possible that holding onto the fantasy led some to potentially be more accepting of abuse, and being single made them unhappy. Jane and Mandy discussed reaching the point where they had given up on their ideal, not because they thought it did not exist, but because they believed they could not have it. This was experienced as a loss.

*"Oh, just...I just don't have any luck. I just don't have any luck. It's probably just 'cause I just haven't met the right man, but.... No, I just, er, I can't be dealing with it any more. Too much heart-ache."*—Mandy

*“So it’s like, I’m just not allowed to have it. It’s like I’m not, every single time I’ve tried to have that, it gets taken away... to have it at all, and I’m sad, that brings me down quite a lot”—Jane*

### **Lacking a mother**

Notably almost all the women felt they had lacked a loving mother; being absent through death, depression or because they were psychologically and/or physically abusive. They all described being closer to their father, seeing him as a source of love and self-worth.

*“I was really close with my dad, he was my hero, he was my rock”—Sam*

*“...they loved me to bits, all of my uncles, my dad’s (...) It was like basically you called them uncle, but in addition they were Dad.”—Harisha*

Although the fathers were sometimes physically absent through work, they were ‘present’ emotionally when around, as opposed to mothers who appeared ‘present but absent’; rejecting, unresponsive and unable to meet their needs.

*“...’cause all I remember of my childhood was mum being asleep all day in bed. I’d have to get myself ready and go to school. Dad would be at work, that’s all I remember.”—  
Sam*

The relationship with their father appeared to become the most important relationship in the women’s lives and their model for themselves as parents. None of the women spoke about any

mistreatment of themselves or their mothers by their fathers. Their relationship with their mothers appeared to provide a default the women frequently returned to.

Upon becoming mothers themselves they described rarely having guidance from their own mothers, instead trying to figure things out themselves or looking to other sources, covertly trying to pick up what they felt others seemed to know instinctively:

*"Yes, that's because there was nobody there at the time, my mum obviously wasn't around at the time and there, I started talking to two, you know, there were mothers on the ward and like looking to see what they were doing. So basically picking up from surroundings or the environment; what they were doing, yeah." —Vaani*

In the absence of their mothers, Jane, Sam and Lucy seemed to take on the mothering role for their siblings, and sometimes, in a role reversal, their mothers.

*"I think, I can't say ... I feel like I've been a parent all my life. I don't remember a time that I was a child, because there is no childhood. I've just been a mum, really. I've left school and become a mum, so I didn't really go to school. I was at home, looking after kids(...) so I've been a mum all my life, as far as I'm concerned."—Jane*

### **Being dominated and controlled**

All of the women appeared to experience dominating and controlling significant relationships throughout their lives. This seemed to begin with their mothers, who they felt used psychological, emotional and/or physical means to enforce their will. Those who experienced unpredict-

able violence from their mothers spoke about living in a state of constant fear and stress. This appeared perpetual, as even as adults with their own children the violence continued, particularly when they were vulnerable:

*"I went back to my mum's for a couple of weeks, and my mum started again. We had a huge row, I had the baby in my arms, like, (she) was kicking at me in the face and there was blood everywhere."*—Jane

Lucy discussed needing to live at home with her young son, and being too scared to go to the toilet in case her mother "turns on" her baby, like she would turn on her. She was unsafe performing the most basic of human functions and it seemed as though every part of her life was invaded by fear.

Their mothers were often described as highly critical, and they appeared to destroy their wider relationships with family and friends, leaving them without a support network:

*"I think my mum's always said that I'm a really bad mum, and she used to tell my brothers things about me, which used to make us argue, which used to make them have a really bad opinion of me, and I used to think, that's not true, but my mum's quite, you can see the relationship too, with my mum. She's quite a strong person."*—Jane

Some of the women discussed having no autonomy, feeling utterly under the control of their mothers, subject to their will and placing their needs above their own:

*"...she [peer supporter] said, "Vaani, erm, like have you ever told your mum what, what you want to do, or like if she tells you to do something and you can't do it, what do you actually do then?" [...] And I, without thinking I said, erm I just go and do it. [...] I've*



*literally been doing this for years, I've been doing it with my husband as well. Like feeling like a doormat really in a way, you know, like when you feel you're just being used all the time.*"—Vaani

Harisha, whose mother passed away when she was a child, seemed to experience a similarly controlling relationship with the men in her family. Discussing when she became pregnant at 18, she described how she lost all control over her life and was forced into marriage. She appeared to belong to her family, describing the relationship like being a part of their body:

*"They were not happy, but they were behind me....They were like, if my arm did something wrong I can't cut my arm off can I? So, it doesn't matter. We'll get you married off to this bloke. So that's what they did."*—Harisha

The womens' seeming passivity within relationships, being subject to others' will and having their support networks limited appeared to continue into their romantic relationships with men:

*"He tried to enforce all his things on me like very dominating, I can't go out at certain times, my life had become very restricted. And I think if that hadn't been there I think I would, I would have been allowed to ... I'm trying to find the word but I think I would have, I could have grown and developed much better [...]I wasn't allowed to be the person, perhaps, I wanted to be then."*—Vaani

Vaani appeared to accept the domineering part of his character as unchangeable, talking about if he had not been there, rather than if he had not been domineering. This seemed echoed by the wider system around them; he was not placed in a support programme as she was.

All the women experienced violence from men, often with partner after partner. The effect of the violence, which tended to be sporadic, appeared combined with the control and domination, which seemed continuous and pervasive.

*“And then there was the one, not this October just gone, last October, well that’s when FPWorker and everyone got involved. I was with someone for a year and a half, two years, and he was a heavy drinker, controlling, spending all my money. And then he’d like throw things at me like my purse and lighters, and he shut my fingers in drawers and that, but he wouldn’t actually physically hit me, he’d make it out that I’d done it, so everyone would believe that it was me...” —Sam*

The control and violence then potentially permeated through their own family, with children described as copying their fathers:

*“But, erm, (...) and Connor has actually said to me, you know, “I don’t...” You know, I was quite angry when he said it, I didn’t tell him I was angry, but he, sort of, said, er, “You’re not having a boyfriend, you’re not allowed a boyfriend.” [...] but, I just thought that was a bit, kind of, er, I thought, “Wow, you’re like your dad, you’re very, erm, controlling in a way.”—Mandy*

Often the women described feeling controlled after the relationship had ended through ongoing harassment. When their partner finally moved on, the women’s emotions and vigilance

appeared to remain heightened, and it seemed like they could not quite believe in their new freedom.

*“It was a strange kind of relief but at the same time thinking has he actually gone, because of the way his behaviour he’s a little bit strange like that. Very dominating, he used to erm, I’ll be honest with you, he used to stalk me as well. So because he had that kind of strange thing to his character, it took me a few days to actually believe he actually has gone. Because now and again in the evening I’d be thinking, oh god, he’s gonna come knocking on the door again, you know, initially.” —Vaani*

Others seemed to attempt to fight back and regain control, but it appeared as though they often could not do this alone, enlisting services to help them. The men seemed to sometimes use the women’s status as the mothers of their children to suggest ongoing ownership of them.

*“I don’t know whether he wanted the control. “Just leave me alone, leave me...” “I’m not leaving my daughter alone [growling voice]. You’re my baby mum.” And, “Just leave me alone, in a year’s time. You get on with your life, I get on with my life. It’s... it’s a break.” Erm, but I got a non-molestation order because he wasn’t complying with it.” —Nikki*

### **Being broken/Losing identity**

*“You know when somebody tries to break you down. They just want to break you, you know, like that’s how I felt. That ... That’s what that person was doing basically, trying to break you, literally.” —Vaani*

Eventually all the women seemed to experience a point where they were “broken”. Some described this as a process of losing their own identity, being consumed by the others’ negative, highly critical version.

*“I think because of that negativity and constant nothing good to say, nothing positive, I myself started not even liking myself as an individual or respecting myself. You know when you’re hearing things on and on, negative comments, you know what you forget yourself as an individual, you even forget your identity.”—Vaani*

*“...just he would [.....] be... say horrible things like I’m dirt. He, erm, I’m a diseased out B I T C H. He would put... he would define me [...] and say the most nastiest things about me which make me feel crap about myself, which then I would think, “Well if I’m that crap, I’m a crap mum.”—Nikki*

The new definition appeared pervasive, spreading to all areas of their lives. The women seemed to become a passive, blank slate for their partners to do to them whatever they wanted, without resistance. The women appeared to be treated as though they were nothing, shameful and as though they were no longer a person in their own right:

*“I gave whatever I could, but (...) being treated like you’re never enough, always being criticised, never going out in public, things like that, the things came in front of me, uhm, having phone calls when we were intimate, from work. We were intimate and the phone rang and he just stopped and he picked up his phone and ignored me like I was like a piece of (...).”—Harisha*

When this happened, the women seemed to shut down. It was perhaps a survival mechanism, a way to cope, to reduce the impact of the onslaught and preserve some sense of self, or it may have been a simple giving up and letting go. They appeared to reject themselves, with some turning to substances to assist with this.

*“I was starting to have a breakdown, and it was getting worse and worse, (...) I just shut myself off from the world. I turned all my phones off, and just started drinking, and how I didn’t drink myself to death last year, I don’t know.”—Jane*

*“And even to this day, it’s [sigh] (...) it’s just the damage has been done basically. I can’t, so mentally he’s uh, got, I was in depression. I was in depression for quite a while [softly speaking] and...I let myself go when my oldest daughter was about born. I let myself go. [...] She’s about me rejecting myself...”—Harisha*

All of the women talked about hiding away from others when they were broken, either not socialising, or hiding within themselves, feeling ashamed.

*“Yeah, I lost my confidence, really bad, yeah, and my dignity and my self-esteem and everything. Just over a year ago, when FPWorker first came along, I was, I was withdrawn, I wouldn’t go out, erm, I wouldn’t socialise with anybody, or anything.”—Sam*

For Nikki, Vaani, Jane, and Mandy when their partner left it was because he found another woman; they perhaps felt replaced, further adding to their sense of worthlessness.

**Being unable to be a mum**

The suggested lack of identity and personhood, alongside the shame and shutting down, seemed to occur alongside the women appearing to find it difficult to be a mother. This was expressed on a physical and emotional level:

*“...they were losing out on a lot of things because as a ... I think, I think I had a lot of things I could offer them and I wasn't doing it.”—Vaani*

*“I just need space, I don't want anybody around me, you know, I just want quiet and space. And, it was just easier to say, "Go out and play.””—Mandy*

Or repeating the pattern of being ‘present but absent’;

*“I didn't get myself better at that stage, when the kids probably needed me. Well, kids always need you, I know that, no matter how old they are. Erm, (...) but when they were little, you know.....sometimes I wasn't in that right place for them”—Mandy*

*“And then I shut down within myself and I can sit around and mope around and just completely shut off everywhere and with anything (...) I shut down and I withdraw into myself and I'm there, I'm physically there, but I'm not there mentally or emotionally”—Harisha*

Their children were described adopting a caring role for their mothers or their siblings:

*“...when he went into care he said this as well, he'd said that erm, “Well my mum needs me, but I don't need her.” —Vaani*

*“So Tiff was sixteen, no fifteen/sixteen at the time doing her exams and stuff, so it was a case of “right take the baby for me I’ve gotta go, I’ve gotta go” so I’d go out and do something else rather than take it out on the baby, ‘cause it wasn’t the baby’s fault. [...] So Tiff did, you know, when we’ve had an argument, she was like “you know you put a lot on me”.”—Sam*

All of the women were clear that they did not want their children to experience the same as they had but it seemed that at times that they were unable to stop the pattern repeating, as they were “broken” or “lost” and to survive they shut down or blocked out what was happening with substances.

### **Stress and misdirection**

The women talked about living with daily, stressful situations, and coping with these alone, as single parents. If they were known to services there appeared an added layer of stress through the scrutiny they felt they experienced.

*“God, I need to please everybody and I need to... I can’t step a foot out of line because I get judged for it.”—Nikki*

Living in poverty seemed to set a high baseline level of stress for all the women, in addition to trying to cope with the abuse they had experienced.

*“...so, anyway, it was just before Christmas, so it was like, “Oh my God, I’ve got no money coming in! It’s Christmas.” And, I think probably it was then, it started to really*

*plummet 'cause it was just worry all the time. Bills coming in and, you know. [...] So, I think we...at one point we were just living on £25 a week, to get food for the week, and everything.”—Mandy*

Jane saw her stresses as a coping mechanism and appeared to bury herself in them, breaking down when her life became more settled and provided space for her to reflect on what had happened to her:

*“So there’s always something, but that’s what’s always kept me going, and as that’s come away, that’s when I’ve broken down, because I haven’t got that to concentrate on. Living in chaos has actually kept me going. Now everything’s going calm ... ..”—Jane*

The women felt practical support with the daily stresses, perhaps more visible to services, was helpful, however if they had time and space to reflect most struggled with this, and were unable to process what had happened to them in their lives. They appeared to struggle to find their identity. Vaani and Mandy were the exception; they both described using a therapeutic space to explore their experiences.

### **“I stood my ground and became strong” — Nikki**

After being ‘broken’, six of the women described a turning point in their lives. They gave examples of becoming strong, standing up to their partners or changing within themselves. This was often initiated by external forces, perhaps as they did not seem to value themselves enough to believe they deserved a different life. Vaani began this change when her children were removed into care and her husband left. These circumstances and losing her identity opened up



space for alternative ways of being to be considered when they are offered by an objective outsider.

*“...Vaani, you've got to, you've got to start bringing your change, the change within yourself because if you're not gonna do it, nobody's gonna do it for you. It, it just hit me because she asked me those certain questions and sometimes I think it takes somebody else to come out and say it. Do you know?”—Vaani*

She seemed to locate the need for change within herself, attributing what has happened in her life to her own lack of confidence and assertiveness, rather than her treatment at the hands of others. Harisha appeared to be beginning this process, and identified her relationship as the source of her lack of strength, confidence and identity:

*“...he got a way into my confidence and things are getting such I mean I don't want to lose him, but I don't, there's no me anymore and I want things in life now. I want to, I've had enough of letting myself go. I want to move on in life, I want to progress in life. I don't want to be down in the dumps anymore.”—Harisha*

Nikki described how her ex-partner putting their daughter in a harmful situation, violently assaulting someone while he was looking after her, ignited a powerful urge to protect their child, even though she likened confronting him to confronting a wild animal, exposing the level of her fear:

*“Because you say no to him and that's it it's, “Roar, roar, roar [growling]”. So really you've gotta be kind of a yes, yes person to him and agree to whatever he wants, and like*

*this time I'm not doing it, I'm not agreeing to it anymore, and I stood my ground and become strong.[...] I don't want Teegan to be around that situ... all that I kept thinking is, "That day when you attacked somebody, where was my child? [...] So I couldn't put my child in front of him."—Nikki*

His assaults on herself did not appear to provoke the same protective response. For Mandy it appeared to be the process of going through child protection proceedings and the fear of losing her children:

*"And, you know, everything they, kind of, fired at me - well, you need to do this, you need to do that. I just...I went at it with...and got it...and they even said in a meeting, about two, three months' later - my God, you've turned things around so fast. I'm like...I said, "Well, it's a case of having to."—Mandy*

Five of the women identified their children as an external force, who inspired and drove the need for a different life. The women described how their children gave them strength:

*"I am confident, I am stronger, you know, I know I can do it, no one's gonna put me down any more, and I don't need a man in my life. I'm living for my children, they keep me going, they keep me strong."—Sam*

*"They are the strength, basically. As I said, it's like uh, a dead body is lying there and there's life in it. They're basically my soul divided into three bits."—Harisha*

The strength seemed to come full circle, with Vaani describing the impact of her strength on her children.

*“You know, they don’t feel vulnerable anymore. They feel that security, their mum’s strong, she’s looking a lot more confident, she’s speaking a lot better you know, and I think, you know, they pick up on it.”—Vaani*

### **Negative case - John**

While John’s experiences fit into many of the categories above, there were clear differences.

#### *Inevitability of parenthood:*

John also experienced the pressure of time in relation to starting a family, and presented a mutual urgency, explaining that his teenage girlfriend had been in care and wanted to start a family of her own.

*“Well obviously his, their mum was younger than me so I wasn’t getting any younger, and not as energetic as I used to be...”*

His girlfriend seemed vulnerable to the same pressures discussed by the other women, and there was perhaps a power dynamic at play related to his age, however John did not appear to recognise this. She left him and their two young children soon after the birth of their second child.

*Lacking a mother*

John did not mention his mother at all during the interview, instead referring to his father for guidance.

*Being controlled and dominated:*

John was frustrated that he could not use excessive physical punishment to discipline his children, and felt controlled by social services:

*“You can’t smack them because you don’t know, there’s always that threat of you are going to mark them [...] So that’s one of those where there’s a lot of little loopholes that are more for the children than they are...the adults, disciplining side.”*

He also felt able to challenge the people controlling him, and go against them in order to take back some of the control (in reference to allowing his then 15 year old son to smoke):

*“Basically the social worker and the keyworker I had at the time went yes I can understand what you’re saying, we don’t agree with it but we see what you’re saying...”*

## Discussion

In the present study 9 parents spoke about their lived experiences before and after being referred to an intensive family support programme. From early childhood and throughout adulthood the women described a lack of control over their own lives and used passive language when discussing their position in relation to others. Power and control appeared to be externalised and ethereal, taking many different forms such as their partners, the social care system or societal ideals. This suggests that placing responsibility for change wholly with them could be unrealistic and that wider cultural and systemic change is perhaps important (WHO, 2006). The women described a process of how, after experiencing multiple traumas and difficult attachments, they were “broken”. The loss of their identity and sense of self could potentially be seen as a result of being diminished in the eyes of others; by being beaten, demeaned and devalued by their partners; by being viewed as absent by their children, who often stepped into the parental role, and by the removal of their children and thus their mothering role by social services, alongside the perceived stigmatization of them as bad parents. They described shutting down, perhaps as a response to shame, hiding from themselves and others and sometimes using substances to achieve this. The complexity present in the women’s lives is highlighted (Hunter & Nixon, 2008), beyond the simple label of being ‘troubled’. Despite feeling unable to escape or able to change their situation, they did not want this life for their children who were sometimes described as the driving force behind change, and as their ‘life’.

### *Clinical Implications*

This research raises questions about the current rhetoric of ‘troubled families’ and ‘child protection’ in the UK, and suggests that it is important to further examine the processes and motivations

of this discourse. The women in this study did not receive help until they reached a crisis point, and earlier intervention using family-based approaches considering the needs of the parents as well as the children as suggested by Thoburn (2013) could perhaps prevent this. Where early intervention is not possible due to limited service capacity, this approach could also elevate the importance of considering the support needs of parents in a system where there may currently be an overemphasis on child protection and risk, while still meeting the welfare needs of the child (Featherstone et al, 2014). The sustained trauma the women experienced, alongside early and ongoing attachment difficulties potentially supports the integration of clinical psychologists into child protection services, to provide therapeutic support for the women and insight into the relationship dynamics that exist within the system, such as those within the family and influencing interactions with the child protection team, and the impact of current cultural and societal discourses. While some services have been moving in this direction, integrating psychological interventions into intensive parenting programmes (see Day et al, 2011 and Stevens, Harris, Ellis, Day, & Beecham, 2014), offering the option for therapy allows in-depth support for women who have experienced trauma. Further to this the development of a safe space within the community to meet with others experiencing similar circumstances may help reduce the shame by providing opportunities for solidarity, empowerment and ways to challenge the current negative societal discourses.

### *Research Implications*

Further research into what the women in this study found helpful in relation to services and the support they received or would like to receive may be beneficial in developing targeted services, as all the women discussed this in their interviews, but there was not scope to explore this further in the present study. Only one father was interviewed, and his experiences offered a different insight into the difficulties he and the women experienced. It may be useful to gather the views of

more fathers to begin to build a picture of what their lives are like, and inform family-based approaches.

*Limitations:*

Due to difficulties recruiting, the sample size of this study is smaller than hoped and thus the transferability of the results is limited, however it may be that this reflects the challenges of doing research in this area on a limited timeframe. An action-research approach using snowball sampling rather than purely recruiting through services (and thus needing referrals to ‘refresh’), along with a longer time-frame to allow adaptability and flexibility, could ameliorate this in future. A large amount of rich data was generated, and only around 2/3 of the identified themes have been reported here. This could reflect a need to be more focused in interviews. It may also have been helpful to meet with participants more than once to build a rapport, gather more focused data and revisit areas, especially given the sensitive topics discussed. Initially all participants agreed to be contacted once the data were collected to complete informant checking and ensure credibility of themes. Unfortunately due to the time constraints it was not possible for any participant involvement beyond the initial interviews, and instead the concepts were grounded in data, directly quoting participants with the hope of empowering their voices.

**Conclusion**

Current rhetoric around ‘troubled families’ in the UK is perhaps misleading, and suggests an element of control, choice and intention that the eight women in this study did not appear to have. The present research suggests that the women interviewed experienced ongoing trauma and damaging attachments throughout their lives, and that they reached a point where they felt “broken”; losing their sense of self, shutting down and feeling intense shame, potentially leading to

mental health problems and substance misuse. This was often on a background of poverty and inequality, which could create additional stress. The present study is limited to the experiences of nine parents, and thus any conclusions need to be tentative. However it does suggest that exploring the possible complexity of the lives of parents within the child protection system could offer enhanced understanding which could potentially inform approaches, and that, contrary to social narratives about single mothers, it is possible that when they are free of abusive relationships, there is potential for support to enable change. Offering therapeutic and relationship based approaches within a framework which considers needs of both parents and children may enhance wellbeing for all within the family system, while also ensuring the welfare of the children.

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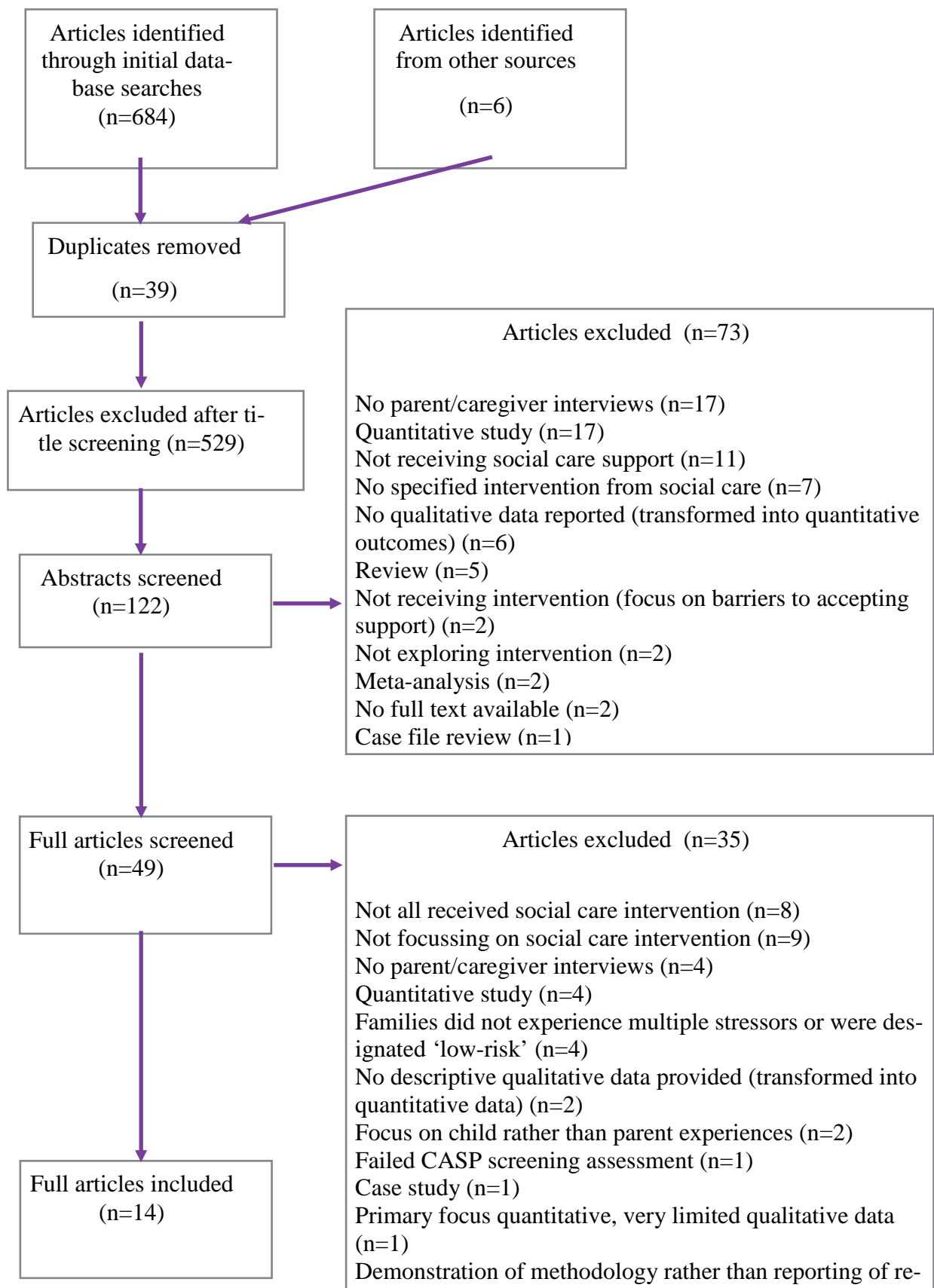
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**Section C**

**Appendices and Supporting Material**



**Appendix 1: Flow chart of literature search process**

## **Appendix 2: Elliot, Fischer and Rennie (1999) - Evolving guidelines for publication of qualitative research studies in psychology and related fields.**

Elliott (1995) has taken the position that qualitative research lends itself to understanding participants' perspectives, to defining phenomena in terms of experienced meanings and observed variations, and to developing theory from field work. By the same token, he argues that quantitative methods lend themselves to testing hypothesized relationships or causal explanations, evaluating the reliability, validity and underlying factor structure of psychological measures, and measuring degree of generalizability across samples. Ultimately, the value of any scientific method must be evaluated in the light of its ability to provide meaningful and useful answers to the questions that motivated the research in the first place.

### ***A. Publishability guidelines shared by both qualitative and quantitative approaches***

Although qualitative researchers often design their studies from a different philosophy of science than that followed by experimentalists, they generally share the following traditional guidelines for publishability of their research :

- 1. *Explicit scientific context and purpose.*** The manuscript specifies where the study fits within relevant literature and states the intended purposes or questions of the study.
- 2. *Appropriate methods.*** The methods and procedures used are appropriate or responsive to the intended purposes or questions of the study.
- 3. *Respect for participants.*** Informed consent, confidentiality, welfare of the participants, social responsibility, and other ethical principles are fulfilled. Researchers creatively adapt their procedures and reports to respect both their participants' lives, and the complexity and ambiguity of the subject matter.
- 4. *Specification of methods.*** Authors report all procedures for gathering data, including specific questions posed to participants. Ways of organizing the data and methods of analysis are also specified. This allows readers to see how to conduct a similar study themselves, and to judge for themselves how well the reported study was carried out.
- 5. *Appropriate discussion*** . The research data and the understandings derived from them are discussed in terms of their contribution to theory, content, method, and } or practical domains, and are presented in appropriately tentative and contextualized terms, with limitations acknowledged.
- 6. *Clarity of presentation.*** The manuscript is well-organized and clearly written, with technical terms defined.
- 7. *Contribution to knowledge.*** The manuscript contributes to an elaboration of a discipline's body of description and understanding.

### ***B. Publishability guidelines especially pertinent to qualitative research***

The following guidelines are either specific to qualitative research, or are specifications of how more general principles apply to qualitative research. These guidelines are not intended to be all-inclusive or definitive. Authors should be able to address how they meet the intentions of these guidelines for reporting qualitative research, or their rationales for meeting alternative standards.

- 1. *Owning one's perspective.*** Authors specify their theoretical orientations and personal anticipations, both as known in advance and as they became apparent during the research. In developing and communicating their understanding of the phenomenon under study, authors attempt to recognize their values, interests and assumptions and the role these play in the understanding. This disclosure of values and assumptions helps readers to interpret the researchers' data and understanding of them, and to consider possible alternatives.
- 2. *Situating the sample.*** Authors describe the research participants and their life circumstances to aid the reader in judging the range of people and situations to which the findings might be relevant.
- 3. *Grounding in examples.*** Authors provide examples of the data to illustrate both the analytic procedures used in the study and the understanding developed in the light of them. The examples allow appraisal of the fit between the data and the authors' understanding of them; they also allow readers to conceptualize possible alternative meanings and understandings.
- 4. *Providing credibility checks.*** Researchers may use any one of several methods for checking the credibility of their categories, themes or accounts. Where relevant, these may include (a) checking these understandings with the original informants or others similar to them; (b) using multiple qualitative analysts, an additional analytic 'auditor', or the original analyst for a 'verification step' of reviewing the data for discrepancies, overstatements or errors; (c) comparing two or more varied qualitative perspectives, or (d) where appropriate, 'triangulation' with external factors (e.g. outcome or recovery) or quantitative data.
- 5. *Coherence.*** The understanding is represented in a way that achieves coherence and integration while preserving nuances in the data. The understanding fits together to form a data-based story } narrative, 'map', framework, or underlying structure for the phenomenon or domain.
- 6. *Accomplishing general vs. specific research tasks.*** Where a *general* understanding of a phenomenon is intended, it is based on an appropriate range of instances (informants or situations). Limitations of extending the findings to other contexts and informants are specified. Where understanding a *specific* instance or case is the goal, it has been studied and described systematically and comprehensively enough to provide the reader a basis for attaining that understanding. Such case studies also address limitations of extending the findings to other instances.
- 7. *Resonating with readers.*** The manuscript stimulates resonance in readers } reviewers, meaning that the material is presented in such a way that readers } reviewers, taking all other guidelines into account, judge it to have represented accurately the subject matter or to have clarified or expanded their appreciation and understanding of it.

**Appendix 3: Evaluation of Qualitative Papers**

<u>Study</u>	<u>Aim</u>	<u>Owning one's perspective</u>	<u>Situating the sample</u>	<u>Grounding in examples</u>	<u>Providing credibility checks</u>	<u>Coherence</u>	<u>General vs specifics</u>	<u>Resonating with readers</u>	<u>Comments</u>
Akin, B., & Gregoire, T. (1997)  U.S.	To understand parent's experiences of addiction and how services enabled recovery. To use participant's expertise to evaluate the child welfare system, and discover which elements they felt supported reunification.	No	Yes, basic demographic information provided, alongside further details about the participants substance misuse and involvement with services	Yes, data is well grounded	Yes – formal and informal member checking completed.	Yes	Yes	Yes	This feels like a study close to the data, respectful of participants.

<u>Study</u>	<u>Aim</u>	<u>Owning one's perspective</u>	<u>Situating the sample</u>	<u>Grounding in examples</u>	<u>Providing credibility checks</u>	<u>Coherence</u>	<u>General vs specifics</u>	<u>Resonating with readers</u>	<u>Comments</u>
Altman, J. C. (2008)	To understand how neighbourhood based child welfare practices engage families; what is the process and how is it influenced?	No	Yes  Demo-graphic and recruitment details provided.  Less information about involvement with welfare.	Yes	Part - multiple analysts coded the data and themes were developed collectively.	Yes	Yes - specific to a particular type of intervention, but general to engagement with mandated services and reunification.	Yes	
Buckley, H., Carr, N. & Whelan, S. (2011).	To gather service user views on each part of child protection case procedure and explore participation, inclusiveness and collaboration	No	Yes	Part - few examples and most were part statements in the main body of discussion.	Part - multiple analysts coded and checked coding and construction of themes	Yes	Yes	Part - in some parts quite negative views of service users were presented, and it felt like perhaps only one part of the narrative was being reported.	This study focused on the negatives reported by service users, and at times took a judgemental stance towards their reported needs, and why they were complying.

<u>Study</u>	<u>Aim</u>	<u>Owning one's perspective</u>	<u>Situating the sample</u>	<u>Grounding in examples</u>	<u>Providing credibility checks</u>	<u>Coherence</u>	<u>General vs specifics</u>	<u>Resonating with readers</u>	<u>Comments</u>
Dale, P. (2004) UK	To gather family's views on child protection practice in a large rural county in central England	No	Yes	Yes - many examples given	No - no description of any checks provided, analysis undertaken by lone author.	Yes	Yes	Yes	Study is very grounded in examples, and appears to stick closely to the data.
Drake, B. (1996). USA	To explore service user and worker perceptions of key competencies of child welfare practice	No	Part - some general descriptors are provided, but little information about the types of difficulties faced or interventions received.	Yes	Part - multiple researchers coded and identified themes from the data.	Yes	Yes	Yes	Poor situating of sample, but analysis seems rich.

<u>Study</u>	<u>Aim</u>	<u>Owning one's perspective</u>	<u>Situating the sample</u>	<u>Grounding in examples</u>	<u>Providing credibility checks</u>	<u>Coherence</u>	<u>General vs specifics</u>	<u>Resonating with readers</u>	<u>Comments</u>
Dumbrill, G. C. (2006). Canada	To explore parents experiences and negotiation of child protection interventions	No	Yes	Yes	Yes - member checking with 4 parent participants, and workers. Peer debriefing with researchers with experience of child welfare and qualitative methods	Yes	Yes - Diagram demonstrating theoretical understanding of parents relationships to worker power is given.	Yes	This paper is very focused, providing depth and understanding of power in the worker and parent relationships.
Estefan, L.F., Coulter, M. L., Vandeweerdt, C. L., Armstrong, M. & Gorski, P. (2012). USA	To examine the experience of parents within the child welfare system in relation to the development of care plans and the receipt of mandated therapeutic services.	No	Yes	Yes	Yes - second researcher coding interviews with inter-rater agreement at 85%	Yes	Yes	Yes	A parent-centred study which felt like it captured parents' experiences in a positive and enabling way, with a focus on how to improve services.

<u>Study</u>	<u>Aim</u>	<u>Owning one's perspective</u>	<u>Situating the sample</u>	<u>Grounding in examples</u>	<u>Providing credibility checks</u>	<u>Coherence</u>	<u>General vs specifics</u>	<u>Resonating with readers</u>	<u>Comments</u>
Ghaffar, W., Manby, M. & Race, T. (2012).  UK	To explore parents experiences of all aspects of child welfare services (information provided, case conferences, assessments, core groups, consultation and support) and to gather their views on what impacts on their parenting.	No	Yes - sample is very well situated.	Yes	Part - three researchers coded the data and corroborated to develop themes.	Yes	Yes	Yes	



<u>Study</u>	<u>Aim</u>	<u>Owning one's perspective</u>	<u>Situating the sample</u>	<u>Grounding in examples</u>	<u>Providing credibility checks</u>	<u>Coherence</u>	<u>General vs specifics</u>	<u>Resonating with readers</u>	<u>Comments</u>
Kapp, S. A., & Propp, J. (2002). USA	To examine parents satisfaction with the CPS system and develop a tool for measuring this based on what they value.	No	Poor – no demographic information was gathered, and limited information about CP interventions is provided.	Yes	Yes – member checking with study participants.	Yes	Yes	Yes	
Maiter, S., Palmer, S., & Manji, S. (2006) Canada	To gain an understanding of the lives of those referred to child protection agencies and identify significant factors about interventions.	No	Yes	Yes - quotes chosen were particularly poignant	Part - 3 researchers conducted the interviews and coded the data.	Yes - very easy to follow.	Yes	Yes, see comments about language.	Simple language used to report results made this a very accessible study. Straightforward and easy to read and understand.
Palmer, S., Maiter, S., & Manji, S. (2006)	To explore parents experience of child protection services	No	Yes	Yes	Part - 3 researchers conducted the interviews and	Yes	Yes	Yes	Reported results were not very rich.

<u>Study</u>	<u>Aim</u>	<u>Owning one's perspective</u>	<u>Situating the sample</u>	<u>Grounding in examples</u>	<u>Providing credibility checks</u>	<u>Coherence</u>	<u>General vs specifics</u>	<u>Resonating with readers</u>	<u>Comments</u>
Canada					coded the data.				
Spratt, T., & Callan, J. (2004) UK	To gather the views of parents who have received child welfare interventions	No	Poor - little demographic information is provided about the families	Poor - interviews were not audiotaped, so field notes are relied upon.	No	Poor, multiple perspectives are jumbled together.	Yes	No	Results were very difficult to read, and thus to interpret. Little coherence.
Gockel, A., Russell, M., & Harris, B. (2008) Canada	To explore families' perspectives of the critical components of family preservation interventions	No	Yes, well situated in terms of family services and demographic information	Yes	None stated	Yes	Yes	Yes	No credibility checks which is frustrating as this feels like a coherent, rich description of parents experiences.
Russell, M., Gockel, A., & Harris, B. (2007)	To discover parents who are considered high risk views of intensive	No	Mixed - well situated in terms of support program,	Yes	None stated	Yes	Yes	Yes	As above

<u>Study</u>	<u>Aim</u>	<u>Owning one's perspective</u>	<u>Situating the sample</u>	<u>Grounding in examples</u>	<u>Providing credibility checks</u>	<u>Coherence</u>	<u>General vs specifics</u>	<u>Resonating with readers</u>	<u>Comments</u>
Canada	parenting support from family services		poor in terms of demographics						

### **Appendix 4: Interview Schedule**

**Q1) I'd like to start by asking you if you could tell me a bit about yourself?**

Follow-up questions: What words would you use to describe yourself? How long have you lived here? Who is in your family? How would you describe your family life? What is a typical day like?

**Q2) How did you come to be a parent?**

Follow up questions: What was it like becoming a parent? How did you feel? Do you remember what you were thinking then? What was happening in your life around this time? Who was around you then? Who, if anyone, influenced how you felt/thought? How did they influence you?

**Q3) Can you tell me about your children?**

Follow up questions: How would you describe them? What are they like at home/at school/with friends? What do they like doing/what are they interested in? What don't they like? How would you describe your relationship with them?

**Q4) How would you describe yourself as a parent? What are you like?**

Follow-up Questions: What do you think influences/has influenced how you are as a parent? How has this influenced you? What has shaped how you are as a parent? How do you think/feel about this? Role models? TV/Internet?

**Q5) What are some positive experiences you've had as a parent?**

**Q6) What are some more difficult experiences you've had as a parent?**

**Q7) (Everyone experiences stressful situations in their lives) What sorts of things do you feel get in the way of being a parent sometimes?**

Follow-up questions: What challenges/problems might get in the way? Where do these problems begin/come from? What do you do/think/feel when you experience these challenges/problems? What/who helps you to manage?

**Q8) What is important to you about being a parent?**

Follow-up questions: How have you changed after becoming a parent? How have you grown? What strengths have you discovered/developed? What do you value about yourself? What do others most value in you?

Is there something you might not have thought about before that occurred to you during this interview?

Is there anything you would like to talk about a bit more/that I should know/ that you would like me to understand a bit better?

If been in the programme - how has this influenced what you have talked about today? Reflect back on time before they started?

Is there anything you would like to ask me?

## **Appendix 5: Short Information Sheet**

### **Project Title: Understanding the parenting experiences of individuals referred to parenting.**

#### **Participant Brief Information Sheet**

#### **Who is doing this research?**

This research is being completed by XX, who is a Trainee Clinical Psychologist with Canterbury Christ Church University, as part of doctorate in clinical psychology. The research will be supervised by XX, who works with and is a researcher for the Families Programme, and by XX, with Canterbury Christ Church University.

#### **What is the purpose of the study?**

This research study links with the Families Programme. Families referred to this programme face many stresses. This study is trying to understand what it is like being a parent, and trying to cope with lots of stresses. We are hoping this will give a better understanding of parent's experiences in the programme, so that we can share with people what it is like. We hope this will give services and clinicians a better understanding of the experiences of parents in this programme, and contribute to how people in the wider society understand these experiences.

#### **What will I be asked to do?**

You will be asked to attend one interview. During the interview you will be asked to talk about your experiences and answer some questions about what it is like to be a parent. This will be recorded on an audio recorder. The interview will take place at your home, so it is important that you feel comfortable with this.

#### **How long will it take?**

It is likely that we would need to meet for around two hours. We will take around one hour to talk about your experiences. We would also have 30 minutes available for you before and after this to talk about the research, and answer any questions you might have.

#### **What personal information will be requested from me?**

You would be asked to share information about your experience of being a parent. You will be asked questions about what it's like being a parent, what are the good things and the bad things, and what gets in the way of your parenting. General information about your age, your child's/children's ages, etc. would be requested.

#### **Are there any risks in participating?**

It is important that you are aware that you might find it difficult to talk about some parts of your experiences and you might get upset. If this does happen there would be time to talk about this, or you may wish to talk to someone from the Families Programme.

#### **Will my taking part in this study be kept confidential?**

If you take part in this study the information you give me will be kept confidentially. Each parent I talk to will be given a number, and this will replace any information we have that identifies your name, your child's name, and your address or any other contact details we have for you. The information that you give us when we talk will be completely anonymised and linked only to the number.

Your responses to our questions will remain completely confidential unless you talk about anything that raises serious concerns about the safety of you and/or your children. If this happens it would be important that this information is shared to keep you all safe.

**What will happen to the results of the study?**

The results of the study will be written up and submitted as part of the dissertation for XX, Trainee Clinical Psychologist's doctorate in clinical psychology. It may also be published in a psychological journal.

**How can I be part of this study?**

If you would like to be part of this study, please contact me on the number below. I will then arrange a time with you to talk about the study in more detail.

**Researcher:**

## **Appendix 6: Detailed Information Sheet**

**Project Title: Understanding the parenting experiences of individuals referred for parenting support.**

### **Participant Information Sheet**

**Researcher:**

XX

**Supervisors:**

XX

XX

#### **What is the purpose of the study?**

This research study links with the Families Programme. Families referred to this programme face many stresses, which can include difficulties with relationships, drug and alcohol use, unsupportive families, friends and communities, and daily hassles and events. There has not been very much research completed with parents who face these stresses. This study is trying to understand what it is like being a parent, and trying to cope with lots of stresses. We are hoping this will give a better understanding of parent's experiences in this programme, so that we can share with people what it is like. We hope this will give services and clinicians a better understanding of the experiences of parents in the programme, and contribute to wider society's understanding. We also aim that this will inform clinicians and services approaches and interventions, if they are hoping to engage with families with lived experience.

#### **Who is doing this research and why?**

XX

#### **Are there any exclusion criteria?**

You would not be able to be part of this research if you are not able to be part of the Families Programme. You would not be able to be part of the Families Programme if there is a main problem of sexual abuse, moderate to severe disability, acute mental illness or insufficient spoken English. You will also not be able to participate if you would be unable to be interviewed without your children being present.

#### **Once I take part, can I change my mind?**

Yes. After you have read this information, asked any questions you may have and made your decision we will ask you to complete an Informed Consent Form. However if at any time, before, during or after the interview you decide not to be a part of the study please just contact the main researcher XX. You can decide not to be a part of the study at any time, for any reason and you will not be asked to explain your reasons. The service you receive will not be affected in any way.

#### **Will I be required to attend any interviews and where will these be?**

You will be asked to attend one interview. The interview will take place at your home, so it is important that you feel comfortable with this.



**How long will it take?**

It is likely that we would need to meet for around two hours. We will take around one hour to talk about your experiences. We would also have 30 minutes available for you before and after this to talk about the research, and answer any questions you might have.

**Is there anything I need to do before the interview?**

You do not need to do anything before the interview, although you might find it helpful to think about your experiences as a parent and what you would like to share.

**What will I be asked to do?**

You will be asked to talk about your experiences and answer some questions about what it is like to be a parent. This will be recorded on an audio recorder.

If you are able to, I would like to contact you by telephone when all the parents have talked about their experiences. I would like to share with you the kinds of things parents have talked about to help check that the information we have is valid, and represents peoples experiences. I would discuss this generally, in terms of themes that came up. To make sure that we keep the information confidential, we would make sure it is all fully anonimised. We would talk together about what has been said, and you can share your thoughts about this. This would be included in the findings of the study, and would also be fully anonimised.

**What personal information will be requested from me?**

You would be asked to share information about your experience of being a parent. You will be asked questions about what it's like being a parent, what are the good things and the bad things, and what gets in the way of your parenting. General information about your age, your child's/children's ages, etc. would be requested. You will also be asked to briefly describe from your perspective why you were referred to the Helping Families Programme. The practitioners from the programme will know who has taken part, and will be asked to provide anonymous data about the reasons why people may have been referred. This information will provide me with an understanding of the reasons why people might have been referred without identifying who has been referred for what to me. This will be collected after all the interviews have been completed.

**Are there any risks in participating?**

It is important that you are aware that you might find it difficult to talk about some parts of your experiences and you might get upset. If this does happen there would be time to talk about this, or you may wish to talk to someone from the Helping Families Programme, which can be arranged.

**Will my taking part in this study be kept confidential?**

If you take part in this study the information you give me will be kept confidentially. Each parent I talk to will be given a number, and this will replace any information we have that identifies your name, your child's name, and your address or any other contact details we have for you. The information that you give us when we talk will be completely anonimised and linked only to the number.

Your information – including your own responses to the questions, the audio recording, information about you and your child/children – will be stored on a secure memory stick in a locked file. Throughout the process of writing up the study your information and identities

will be disguised so you are not identifiable. We are aiming to publish the finished study in an international journal, and any quotes used will be anonymised.

Your responses to our questions will remain completely confidential unless you talk about anything that raises serious concerns about the safety of you and/or you children. If this happens it would be important that this information is shared to keep you all safe. This information would be shared with your practitioner from the Families programme at first, but it may need to be shared with other services too. This would be explained and discussed with you at the time, should it happen.

**What will happen to the results of the study?**

The results of the study will be written up and submitted as part of the dissertation for XX, Trainee Clinical Psychologist's doctorate in clinical psychology. It may also be published in a psychological journal.

**Will I get to find out about the results?**

When the research is finished you will be given an information sheet telling you what we found out about parent's experiences.

**What are the benefits of participating?**

There may not be a direct benefit to you, but some people get satisfaction from helping the wider community understand what the experiences of parents are like.

**I have some more questions who should I contact?**

XX

**What if I want to make a complaint about how the research was conducted?**

If you would like to make a complaint about how the research was conducted, please contact the Research Director of the Department of Applied Psychology at Canterbury Christ Church University:

**Appendix 7: Consent Form**

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**CONSENT FORM**

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Title of Project: **Understanding the parenting experiences of individuals referred for parenting support.**

Name of Researcher: XX, Trainee Clinical Psychologist, Canterbury Christ Church University.

Please initial all  
boxes

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
  
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and understand that if I do the service I receive from the Families Programme will not be affected.
  
3. I agree to my interview being audio-recorded, and understand that this will be anonymised and stored on a secure encrypted memory stick.
  
4. I understand that anonymous sections of my interview may be seen by the research supervisors. I give permission for these individuals to have access to do so.

5. I agree to take part in the above study.

6. I understand that anonymised quotes from my interview may be used in the

dissemination and publication of this study, and I agree that these can be used.

7. I would like to receive information about the findings of the study, and agree to the researcher contacting me by telephone at the end of the study.

8. I would like to receive information about the findings of the study, and agree for the researcher to send me a written summary.

9. I would like to discuss the findings of the study with the researcher to help check that the information collected is valid, and represents peoples experiences. I agree that my comments can be included in the final write-up of the study.

10. I would like to contribute to the write up of the study.

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Person taking consent.	Date	Signature

**Appendix 8: Example Memo - Losing identity/being broken**

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**Appendix 9: Research Diary**

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**Appendix 10: Author Guideline Notes for 'Families, Relationships & Societies' Journal**

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**Appendix 11 - Ethics Approval Letter**

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**Appendix 12 – End of Study Notification Letter and Feedback to University Ethics Committee**

Dear Professor Margie Callanan, Chair of Salomons Ethic's Panel

**Re: Major Research Project: Understanding the parenting experiences of individuals referred for parenting support.**

I am pleased to inform you that this research has now been completed, and will be submitted as a thesis in partial fulfilment of the requirements of Canterbury Christ Church University for the degree of Doctor of Clinical Psychology on 14<sup>th</sup> July 2017.

Please find attached a brief feedback summary.

Yours sincerely

Louise Egleton  
Trainee Clinical Psychologist

**Feedback Summary:**

**Study title: “I’m living for my children, they keep me going, they keep me strong.” The impact of the life experiences of multi-stressed mothers: A Grounded Theory study.**

**Background:**

The current neoliberal political narrative has positioned families experiencing multiple stressors and struggling against adversity as responsible for their difficulties, making poor choices and avoiding opportunities to change their lives. Mothers are especially blamed and held responsible for maltreatment of their children, within a framework of child protection.

**Aims:**

The study explored the lived experiences of parents who had been through intensive family support and child protection proceedings, with the purpose of creating a theoretical understanding of what they felt had happened their lives leading up to this. The research questions the study set out to explore were:

- 1) What are participants experiences and constructions of being a parent?
- 2) What experiences have they had in their lives that impacted on their being a parent (What ‘gets in the way’)?

**Methodology:**

A qualitative, semi-structured interview based design was employed, using a grounded theory approach to analysis. Data were collected, analysed and compared simultaneously. A theoretical sampling strategy (Glaser & Strauss, 1967; Glaser, 1978; Charmaz, 2006) was utilised to refine interview questions according to emerging categories within the data, and achieve saturation. The study focuses on actions and processes, and how the mothers constructed their experiences, creating a dynamic account of their lives (Charmaz, 2006).

**Results:**

9 overarching categories were identified.

- 1) Being held to traditional values
- 2) Inevitability of parenthood
- 3) Wanting an ideal
- 4) Lacking a mother
- 5) Being dominated and controlled
  - a. Continuing control after he left
- 6) Being broken/losing identity
- 7) Being unable to be a mum
- 8) Stress and misdirection
- 9) “I stood my ground and became strong”-Nikki

**Conclusion:**

From early childhood and throughout adulthood the women experience a lack of control over their own lives and they experience multiple abusive relationships with family and partners. The women describe how, after these experiences, they have been broken, and lose their identity and sense of self as a result. They cope by shutting down, trying to avoid the shame by hiding from themselves and others, sometimes using substances to achieve this. Yet despite being unable to escape or change the situation for themselves, they do not want this life for their children. Their children are the driving force behind change, and described as their ‘life’.

### **Appendix 13 - End of Study Feedback for Participants**

#### **“I’m living for my children, they keep me going, they keep me strong.” The impact of the life experiences of multi-stressed mothers: A Grounded Theory study.**

First of all, I would like to thank all the parents who spoke about their experiences with me, and the members of the FP team who put us in contact. I am hoping to get the study published soon, and wanted to share the results with you all.

It is believed by some politicians that parents who have stressful lives are responsible for their family’s difficulties and do not try to make their own lives better. They say that these parents cost the government large amounts of money, and so they have put in programmes of intensive support to try to help them. In blaming parents, it puts an emphasis on the need to try and protect children, rather than acknowledging that the parents have a need for support too, whether that’s related to experiencing mental health problems, domestic violence, substance misuse or poverty. Inequality is growing in our country, and the focus on families and their responsibilities may act as a distraction from the responsibilities the government has, and allow ideas of ‘austerity’ to become more acceptable.

This study aimed to gather an understanding of what it is like for parents who have been through intensive family support and child protection proceedings, with the purpose of creating a theoretical understanding of what they felt had happened their lives leading up to this.

Interviews were completed with 9 parents, and a grounded theory analysis was completed. Grounded theory allowed me to keep my analysis as close as possible to what was discussed in the interviews, empowering the voices of the parents, and to generate a theory about what they said to share with others. The information they gave me was very rich and they were very open about the difficulties they had faced.

Eight of the parents were mothers, and the experiences they spoke about were similar, allowing the development of categories that covered their experiences. One of the parents was a father, and his experiences were quite different. This potentially suggests that mothers and fathers have different experiences, and fathers experiences should be explored in their own right.

Overall the results suggested that from early childhood and throughout adulthood the women experienced a lack of control over their own lives and they experienced multiple abusive relationships with family and partners. The women described how, after these experiences, they have been broken, and lose their identity and sense of self as a result. They cope by shutting down, trying to avoid the shame by hiding from themselves and others, sometimes using substances to achieve this. Yet despite being unable to escape or change the situation for themselves, they do not want this life for their children. Their children are the driving force behind change, and described as their ‘life’.

These results suggest that when families are going through child protection proceedings and are referred for intensive support, the needs and experiences of the mothers should be considered just as important as the child’s, and they may need help and support to deal with what has happened to them.

**Appendix 14 – Coded Transcript**

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