

Telling it like it is: An interpretative phenomenological analysis of multiple family group intervention for young people at risk of reoffending

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Declaration

I declare that the work contained in this thesis is all my own

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31/10/05

Date

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Abstract

Interventions aimed at reducing youth offending have tended to focus on either parents/carers or young people. In recent years, literature has highlighted the impact of the family on the emergence of offending behaviour in adolescence (Loeber & Stouthamer-Loeber, 1987). Evidence suggests that family interventions can be more effective but harder to implement successfully (Fadden, 1997). Research has indicated that working with both young people and their parents within a multiple family group (MFG) setting may be more effective for 'hard to reach' groups (McKay, *et al.*, 1995).

In the present study, a qualitative methodology was used to explore the experiences of five families and two facilitators who had attended a multiple family group (MFG) for young people at risk of reoffending. Semi-structured interviews were analysed using Interpretative Phenomenological Analysis (IPA). The aim was to provide an in-depth account of the way in which these individuals made sense of the group process and the impact they perceived it to have on their wider lives.

Six super-ordinate themes were identified. The first related to the struggles families were experiencing prior to the MFG and the way in which this impacted on their ability to access services. The second related to participants' negative expectations of MFG intervention, largely based on previous experience of professional input. The third concerned participants' overall positive perceptions of their involvement in the MFG. The fourth theme related to significant characteristics of the MFG that were thought to facilitate engagement. These were characterised in terms of a group 'ethos'. The fifth theme encompassed the overall impact that participants felt the MFG had on their own lives. The final theme related to the limitations of the MFG intervention.

Overall, families responded well to MFG intervention and found it to have a positive impact in terms of their relationships with one another. This study has highlighted some of the critical factors that result in these families being labelled as 'hard to reach' and has identified some elements within service provision that may encourage them to engage. The need to offer a follow-up service was also identified.

1. Introduction

1.1. Background

Crimes committed by children and young people account for a sizeable minority of known offending in Scotland (Scottish Executive, 2002). In 1999/2000, over 14,000 young people (approximately 1.4% of the youth population) were referred to the Children's Reporter on offence grounds. Crime statistics for this population are changing. Although the total number of referrals represented a 19% reduction in the previous three years, a small but growing number of children and young people are responsible for a disproportionate number of offences. In 1999/2000, 890 children and young people committed ten or more offences reported, representing an increase of around 20% from the 741 referred in 1998/1999 (Scottish Executive, 2002). Offending by female children and young people has also doubled in the last ten years (Whyte, 2003).

In recent years, youth crime and anti-social behaviour have seldom been far from the political agenda. It is estimated that the property offences committed by young people cost Scotland's businesses, individuals and the public sector in the region of £80 million a year, in addition to costs incurred by police, social services and the Children's Hearing system (Scottish Executive, 2002). In addition, conduct problems account for half to a third of all clinic referrals (Brosnan and Carr, 2000) and are remarkably resistant to treatment (Kazdin, 1995). As adults, chronic juvenile offenders often present with drug or alcohol problems (Hagell and Newburn, 1994) and demonstrate unfavourable outcomes in terms of relationships, employment, mental health and mortality (Carr, 1999), necessitating considerable social and economic costs.

The debate on the extent to which the state should intervene in family life in order to tackle youth conduct disorder and offending is divided. On the one hand, central government, under public pressure, has demonstrated a more draconian stance by its

introduction of the Crime and Disorder Act 1998 and the more recent White Paper on Antisocial Behaviour (Home Office, 2003). These publications adopt a 'no nonsense' approach that reinforces parental responsibilities through, for example, the implementation of Parenting Orders, which mandates parents of persistent young offenders to accept support and parenting education from local youth offending teams. On the other hand, service providers at a local level often feel that a more supportive, less punitive ethos is required and that imposing criminal sanctions on parents does not produce better outcomes for children. Either way, the government is increasingly recognising the importance of parental influence in the development and prevention of offending and antisocial behaviour¹. However, the way in which it is tackled would appear to be crucial and current policy makers need to find non-punitive ways of tackling youth crime which are effective in terms of helping individual youths desist from crime and anti-social behaviour, while at the same time appeasing the public's need for visible sanctions.

In 1999 the Scottish Executive commissioned a review of youth crime in order to look at the scope for improving the range and availability of community-based interventions aimed at addressing the actions of persistent young offenders. Following a £23.5 million investment over four years, beginning in June 2000, multi-agency Youth Justice Teams were established in every Scottish local authority, with the aim of offering a community-based multi-disciplinary service to young people who were engaging in patterns of persistent and/or serious offending behaviour. The present qualitative study explores one such community-based intervention, namely Multiple Family Group intervention (MFG), from the perspectives of those who attended it. The intervention was initiated and implemented by Fife Youth Justice Strategy Team (YJST) and represented a joint venture between local Council and Health Board staff.

¹ As evidenced by two recent Green Papers: *Supporting Families* (Home Office, 1998) and *Every Child Matters* (2003, Department for Education and Skills).

In order to understand how current service provision for young offenders and their families has evolved, it is first necessary to review the relevant literature in order to summarize the findings of over 30 years worth of research in this area. This literature has looked at both the causes and consequences of youth crime and has attempted to establish which interventions are most likely to have a direct and positive effect. Secondly, a brief overview of local responses to youth crime will orient the reader to the particular context of the establishment of MFGs in Fife.

Although there are no definitive ‘answers’, a massive amount of evidenced-based research has provided practitioners and policy-makers with practical guidelines regarding the effectiveness of the services they provide. However, such research has often failed to take into account the views of people who actually use the services, being concerned mainly with outcomes and reducing recidivism rates, and this is something that this study attempts to redress. In addition, feedback from children and young people has traditionally been overlooked in this area and, as they are intended to be the main recipients of such interventions, in this particular study it was felt imperative that their views be obtained.

1.2. What causes youth crime?

It is generally agreed that anti-social behaviour and youth offending originate as a result of both genetic and environmental factors (Rutter, 2003). Around 30 years of follow-up research in both the UK and the USA have identified three broad areas of influence that may predispose young people to offend, namely: individual predisposition; early social and family life; and community and society-level factors. In addition, certain protective factors are thought to increase resilience towards such behaviour. These will be considered in turn.

1.2.1. Individual predisposition.

Child characteristics, such as difficult temperament, aggressiveness, impulsivity and lower IQ are thought to increase the probability of conduct disorders (Loeber &

Stouthamer-Loeber, 1986; Rutter, *et al.* 1998). Andrews & Bonta (1998) refer to an ‘antisocial personality’ which includes aggression, poor self-control, impulsivity, risky behaviour and poor problem solving. From a neurological perspective, evidence suggests that early identification of deficits in executive functioning, such as abstract reasoning, concept formation and planning, places youths at risk for subsequent conduct problems (Moffitt, 1993).

Whyte (2003) highlights the well established link that poor school attendance, low intelligence and being disruptive at school has to juvenile delinquency. Similarly, those who truant from school are 3 times as likely to commit an offence as those who have not truanted (Graham & Bowling, 1995). Although other variables such as socioeconomic status and family size are known to be involved, even when these variables are controlled, poor academic and intellectual functioning seem to predict conduct disorder (West, 1982).

1.2.2. Early family and social life

“The family is the basic institutional unit of society primarily responsible for child-rearing functions. When families fail to fulfill this responsibility to children, everyone suffers. Families are responsible for providing physical necessities, emotional support, learning opportunities, moral guidance and building self-esteem and resilience.”

(Kumpfer, 1999, p. 23)

Research carried out over the last thirty years has produced a considerable body of evidence regarding the influence of family life on the later development of children, including the emergence of criminal behaviour in adolescence and early adulthood. An ongoing Edinburgh-based study by Smith & McVies (2003) involving 4,380 young people has already identified that aspects of parenting and family functioning at age 13 are very strong predictors of delinquency 2 years later. High rates of intergenerational transmission of anti-social behaviour and delinquency also highlight the potential for such patterns to continue into the next generation (Whyte, 2003).

A number of large-scale longitudinal studies have confirmed the relationship between offending and disrupted family life (Juby & Farrington, 2001). Separation of parents itself does not appear to increase the risk of producing delinquent and anti-social children. Rather, it is the extent of discord and overt conflict that predicts a poor outcome (Kazdin, 1995).

Reviews of family factors associated with youth offending (Loeber and Stouthamer-Loeber, 1986) have consistently found that poor parental supervision, harsh and inconsistent discipline, parental conflict and parental rejection are linked with poor long-term and short-term outcomes for children, specifically in terms of increased aggression, later anti-social behaviour and poor mental health (Ghate, & Ramella, 2002). They are also important predictors of engagement in youth crime (Farrington, 1996). Lack of reinforcement for pro-social behaviour is also a predictor (Brosnan & Carr, 2000). Parenting interventions have commonly targeted these factors and have attempted to increase skills in supervision, monitoring, boundary setting and disciplining. Parent-child communication and negotiation skills have also been targeted, as positive interaction with parents is thought to be effective in helping children resist negative peer influences (Fulgini & Eccles, 1993), as well as increasing their ability to make appropriate decisions (Brown & Mann, 1990).

Poor parental mental and emotional health has also long been regarded as an important target for parenting support initiatives. In a sample of 1,750 parents in poor environments throughout the UK, one in five (21%) parents scored highly on the Malaise Inventory, suggesting high rates of depression (Ghate & Ramella, 2002). Poor maternal mental health, in particular, has a negative impact on children's attachment (Rutter, 2003) and is linked with high levels of both physical and behavioural problems in children (Ghate & Ramella, 2002). Alcoholism and drug related dysfunction in parents are also strong predictors of conduct disorder in children (West & Prinz, 1987).

1.2.3. Community and society-level factors

At a wider level, families do not live in a vacuum and form part of a broader interconnected and interdependent network. Using an 'ecological framework', Bronfenbrenner (1979) argues that the 'micro system' of the family must be seen within the broader, 'macro system' of a socio-cultural community and cannot be treated separately. Consequently, large neighbourhood differences in youth crime rates may be partly the result of differences in community functioning (Sampson *et al.*, 1997). Conger *et al.* (1994) looked in particular at the effect of economic hardship on coercive family practices and found that economic pressure was linked both directly with parent-adolescent financial conflicts and indirectly through parent depression and hostile marital relations. They found that economic stress had an adverse influence on young people's psychological well-being and the quality of their family relationships, which in turn predicted an increase in adolescent emotional and behavioural problems. However, it is difficult to separate the impact of low income from other related risk factors such as overcrowding, family size and parental supervision (Kazdin, 1995) and clearly many of these factors are inter-related.

Peer relationships and relationships with criminal others are also known to predict future offending (West, 1982) and play a central role in the onset of adolescent conduct disorder (Kazdin, 1995). With the onset of adolescence, peers are more likely to influence young people in the promotion and maintenance of anti-social behaviour (Elliot *et al.*, 1988). Lahey *et al.* (1999) suggest one of the reasons for this is that adolescents who are insecurely attached to their families may search for attachment security from peers who are similarly detached from their own families.

School characteristics have also been found to play an influential role in the development and maintenance of antisocial behaviour, although it is difficult to distinguish these characteristics from those belonging to the pupils from the neighbourhood that serves as the catchment area (Kazdin, 1995). Nevertheless,

Rutter *et al.* (1979) identified several characteristics of schools that seemed to result in favourable outcomes for children in terms of general behaviour and rates of delinquency. These included teacher use of praise for school work, good working conditions and consistent teacher expectations.

1.2.4. Protective factors

Despite an overwhelming focus in the literature on risk factors, recent research has also investigated the concept of resilience in young people and has highlighted huge individual variations in different responses to what appear to be the same risks (Rutter, 2000). Gardner (2003) highlights two crucial elements of any successful parenting support as being '*prevention of damage and promotion of strengths*'. In other words, he encourages an approach that focuses on resilience rather than problems. Garbarino *et al.* (2002) also support an approach that emphasises 'normal, expectable opportunities' that are able to neutralise risk factors for children and young people within families.

In a similar vein, Carr & Vandemer (2001) based their study on resiliency research and identified protective factors that were associated with positive outcomes exhibited by nonrepeat offenders. Personal protective factors included having an even temperament and a positive social orientation that promoted close bonds and friendship (Whyte, 2003). Positive school experiences (Losel & Bliesener, 1994) and higher intellectual ability (Stattin *et al.*, 1997) were also significant, as were self-reliance and support-seeking behaviour. Familial protective factors included good communication with at least one caregiver, such as a parent, grandparent, or an older sibling, and the presence of structure and rules with the household (Werner, 1989). Environmental supports were also found to promote resiliency, in the form of informal relationships with supportive adults, such as teachers or neighbours (Werner, 1989).

1.3. Specific interventions

1.3.1. What doesn't work

Clearly no single factor can be specified as the 'cause' of offending behaviour. Systematic reviews of the longitudinal research have indicated that multiple risk factors cluster together in the lives of some of these young people while important protective factors are absent (Farrington, 1996). In a study involving 147 young people, Manchester Youth Justice Trust (2003) found that 97% of referred clients had recently experienced bereavement, separation, parental rejection, domestic impermanence or loss of a loved one due to illness. 46% had experienced two or more of these factors. The prognosis for these young people is poor and their range of needs is immense. Clearly any intervention must take these multiple factors into account, as it is unlikely that any single treatment approach can respond effectively to such complex clinical problems (Kazdin, 1997). In addition, dramatic changes in family composition and structure in recent years point to an increasing need for interventions that are effective in reaching all types of families (Snell-Johns *et al.*, 2004).

More specifically, non-directive relationship counselling or psychodynamic counselling has been found to be less effective than interventions that address the learning styles of these young people by using cognitive behavioural therapy, social learning and skills-based approaches (McGuire & Priestly, 2000). However, cognitive-based approaches alone do not appear to be particularly effective, as constructive changes in an offender's cognitive processes alone seem insufficient to produce long-term change, particularly if there are multiple problems within the family and children are displaying more serious behaviour problems. Sustained change is more likely to occur when contextual factors such as relationships with family members, educational opportunities and employment prospects are also considered (Buist, 2003).

Public perceptions, however, are often based on seeing young offenders as deficient, with crime as an individual act, with subsequent individual responsibility (Bazemore

& Umbreit, 1995). Probation and incarceration can be seen as responses by society to perceived threats to public safety within the community which pay little heed to the contextual forces that maintain behaviours and limit alternative solutions (Quinn & Van Dyke, 2004). Research suggests that probation and incarceration do not work and, in fact, perpetuate and accelerate offending behaviour. In both the United States and the United Kingdom, youths discharged from custodial institutions continue to display high reconviction rates (Rutter *et al.*, 1998). In 1995, the British Home Office identified that 14-16 year-olds released from custody had a reconviction rate of 89% within two years (Home Office, 1995). In the US, 'boot camps' show consistently poor outcomes, with recidivism rates ranging from 64-75% in US reviews (Whyte, 2003).

Although research reviews have been unable to pin-point any single outstanding treatment programme that is alone guaranteed to reduce offending, such findings do suggest that certain types of intervention can have a direct and positive effect (Whyte, 2003). Lipsey & Wilson's (1998) meta-analysis of 200 intervention studies concluded that the most effective interventions involved families and communities (neighbours, schools, peers), as well as focusing on individual behaviours and cognition. In other words, programmes that recognise the broader social contexts and conditions required to support change are more likely to yield positive outcomes rather than those that are, for example, problem-focused and emphasise individual deficits. The following section summarises a range of approaches that are evidence-based and have been commonly used to address the problem of youth crime. Although these interventions are varied in terms of their nature and content, they are all united in their acknowledgement that offending behaviour does not occur in a vacuum.

1.3.2. Parent training²

Interventions that address parenting skills have been labeled in a variety of ways but are often described as ‘behavioural parent training (BPT)’ programmes. Parent training represents one of the more well-investigated treatments in child and adolescent therapy (Kazdin, 1997) and specific programmes often have well established, manualised programmes that can be easily replicated, with trainer’s programmes that can be cascaded down through professionals. Studies have shown that this type of intervention can have a significant impact on child behaviour (Dishion *et al.*, 1992; Dishion & Andrews, 1995} and they have been shown to be particularly effective when provided in small groups within community settings (Kazdin, 1997). Although most behavioural programmes were originally developed for parents of school-aged children, over time they have been extended to include both pre-school children and adolescents.

Parent training is generally based on social learning theory and aims to help parents use specific behavioural skills in order to manage behavioural and emotional problems in young people (Sanders *et al.*, 1999). This can take the form of observing, monitoring and recording behaviour in a systematic way, using contingency contracting, such as point earning, to encourage pro-social behaviour. A subsequent increase in parental self-efficacy is associated with improved parent/child interactions (Tucker *et al.*, 1998) and parental sensitivity (Pettit & Bates, 1989), characteristics that are known to be protective factors against the development of child and adolescent behaviour problems.

Parents often report high satisfaction with their attendance at parenting programmes, finding them useful in positively changing the way they interact with their child and enhancing their own well-being (Moran *et al.*, 2004). In controlled trials, parent

² Here, the definition of ‘parent’ includes all those who provide significant care for children or young people in a home or family context. This includes grandparents, step-parents, foster or adoptive parents, as well as biological parents.

training does appear to help parents respond more constructively and consistently to parent/child conflict (Dishion & Andrews, 1995; Whyte, 2003), particularly if it meets parents' self-defined needs and builds on the existing strengths of parents rather than focusing on their deficits (Ghate & Ramella, 2002). However, these effects do seem to be dependent on the age of the children involved and are most successful with pre-adolescent children, before aggressive or criminal behaviours have fully developed (Webster-Stratton & Hancock, 1998).

By the time adolescence is reached, entrenched patterns of behaviour are more likely to have been established and these respond less well to parental supervision (Patterson, *et al.*, 1992). In addition, the influence of deviant peer groups, common at this age, can lessen parental influence (Diamond *et al.*, 1996). As a result, many parents continue to report difficulties after the intervention is over, with up to 40% of children still being considered to be in the 'clinical range' with regard to their behaviour. This is particularly likely for children who are already exhibiting offending behaviour at the time of referral (Moran *et al.*, 2004).

Forehand & Kotchick (2002) have argued that other factors such as parental depression and marital conflict can lessen the effectiveness of parent training and indeed, 'parenting stress' is a well established factor in parenting intervention literature (Moran *et al.*, 2004) and has often been calculated using standardised measures, such as the 'Parenting Stress Inventory' (Abidin, 1983). Poverty, substandard housing, poor education and lack of social support can also have an impact. Prinz and Miller (1994) concluded that high drop out rates were often a result of service providers ignoring these factors, and that it was essential to address the range of concerns that affected parents in addition to child behaviour, if parent programmes were to be effective. By delivering enhanced family treatment (EFT) that incorporated frequent opportunities for discussion of adult issues, as opposed to standard family treatment (SFT), Prinz and Miller found that parental rates of attendance increased dramatically.

This last point highlights the importance of parent experiences for child outcomes, as, typically, parents decide whether or not to initiate and/or continue therapy (Nock & Kazdin, 2001). It is likely that parents' ability to parent effectively will be lessened if they feel incompetent and therefore an essential part of any programme is to make parents feel supported. Therefore, if therapy for parents includes a component designed to increase parental adjustment factors by raising their expectations and making them feel more valued, more favourable child outcomes are likely.

1.3.3. Family-based

Although parent-training approaches are well established as an intervention for the treatment of young people's conduct problems, working with parents alone may not be enough to achieve long-term change (Campbell, 2004). There is little evidence to suggest that improvements in children's behaviour in one setting can be generalised to other settings (Scottish Executive, 2004). Developing effective methods of working with whole families is therefore considered a priority within child and adolescent services (Utting & Vennard, 2000) and is found to be effective when working with young people who are involved in offending (Graham & Bowling, 1995).

Functional family therapy (FFT) is one such method, and focuses on the multiple domains and systems within which young people and their families function. FFT views the child's symptoms as serving a function within the family, for example, regulating emotional distance, or minimising conflict between parents. FFT uses intensive, evidence-based techniques to facilitate reorganisation of destructive family dynamics by finding more constructive ways of functioning (Keiley, 2002). In this respect, FFT moves away from viewing the young person as intrinsically deviant, towards viewing someone whose deviant behaviour is maintained by situational factors. Studies have found that FFT with young offenders is effective (Alexander *et al.*, (2000), and can reduce reoffending rates by 25-80% (Barton *et al.*, 1985).

Despite its effectiveness, FFT fails to address wider systemic issues that are often responsible for the maintenance of antisocial behaviour. Multi-systemic therapy (MST), however, tackles peer, school and community factors, as well as those within the family. Intensive home-based treatment is carried out by a small team of closely supervised therapists, generally over a four to six month period. Multi-systemic assessments are carried out, enabling a comprehensive network of support to be identified in an individualised way (Henggeler *et al.*, 1997). One of its particular advantages is that it is home-based, a factor that has decreased drop-out rates (Henggeler *et al.*, 1997). Not surprisingly, outcomes were substantially better when attendance was higher.

The effectiveness of MST is thought to be due to the comprehensive, intensive nature of its treatment, which attempts to tackle several causal factors at once. In the United States, MST has been found to improve individual and family functioning at post treatment (Borduin *et al.*, 1995). More impressively, violent and other criminal activity was greatly reduced at a 4 year follow-up (Borduin *et al.*, 1995; Henggeler *et al.*, 1992; Henggeler *et al.*, 1993). However, the effectiveness of MST has not yet been fully investigated in the UK and at this stage it is difficult to establish the extent to which its accomplishments can be translated to the UK.

1.3.4. Multi-dimensional approaches

Although the above interventions all show some degree of effectiveness, often combinations of treatment yield the most impressive results. This has been demonstrated both in terms of addressing more than one area of need and in varying the mode of delivery. Nokes (2005) argues that integrative approaches are more flexible, and are therefore likely to promote greater acceptability amongst clients. Klauber (2000), in her work with families, uses psychodynamic, systemic and cognitive approaches in order to explore why families present to services in the way that they do. She believes that this promotes collaboration with her clients in a way that singular approaches cannot.

Unfortunately, integrated approaches do not lend themselves well to treatment efficacy research, as they necessarily yield vast numbers of contributing variables (Nokes, 2005). In this respect, service providers may be reluctant to use them, as it is often hard to identify what exactly the intervention has delivered and how effective it has been. Nevertheless, many interventions have managed to adopt a certain degree of flexibility while still retaining a clearly articulated overarching aim with measurable objectives (Moran, 2004). Furthermore, evaluation of such programmes may be enhanced by looking closely at the characteristics of individual participants in order to understand why interventions are more effective for some families than for others.

1.4. Difficulties in engaging families

Whilst there is evidence to suggest that family interventions work, there is also evidence to suggest that implementing them in routine clinical practice can be difficult (Fadden, 1997). In child and adolescent therapy, 40-60% of families who begin treatment drop out prematurely. More specifically, it is estimated that a drop-out rate of 25-50% occurs in parenting programmes and, even when parents attend, they do not necessarily engage fully with the programme (Assemany & McIntosh, 2002). Existing service provision often fails to recognise the numerous barriers to treatment that exist for some families and it is often assumed that if a family truly desires to change, the family will access treatment (Kazdin, 1996). Families experiencing stress and socio-economic disadvantage are more likely to drop out early in treatment (Kazdin & Mazurick, 1994) and are less likely to have positive treatment outcomes (McKay *et al.*, 1999). This also applies to families within which maternal depression and marital distress are evident (Kazdin & Mazurick, 1994; Webster-Stratton, 1994). Families who suffer from high levels of social isolation are also likely to be reluctant to participate in programmes. If social isolation is a result of a lifetime of insecure attachment (Bowlby, 1979), mistrust of any form of intervention is likely to be extremely high.

In response to a US report on children's mental health (Surgeon General, 1999) which identified numerous barriers to children and families receiving appropriate services, Snell-Johns *et al.* (2004) reviewed empirical studies that examined specific strategies for overcoming barriers, decreasing attrition and promoting change in families defined as at risk for being underserved. These strategies included offering transportation, childcare, phoning families between sessions, providing home-based services and facilitating self-directed and video-based interventions. All these strategies had the advantage of being able to be immediately manipulated by service providers. In addition, Snell-Johns found that the use of multiple family groups was popular with families.

Kazdin & Wassell (1999) also found that *perceived*, not just *actual*, barriers could also have an impact on engagement. In other words, the less likely a family perceived a treatment as relevant and useful, the less effective it was likely to be. This would appear to have important implications in terms of the dissemination of accurate information to families, prior to the commencement of their treatment.

In recent years, particular attention has been paid to the engagement of fathers³. Although intervention is usually aimed at both parents, the percentage of fathers taking up services is comparatively small in comparison to mothers. This may be due to a number of factors, not least the fact that many children in today's society are brought up in single parent households, generally with mothers having the main responsibility. In addition, childcare is still often seen as a traditionally female domain, and it is likely that many men feel stigmatised by attending interventions aimed at improving their childcare skills. Even if men were keen to attend, opinion is divided as to whether or not working with both parents together actually increases the benefits for these families. Some professionals argue that involving both parents enhances positive outcomes as both are able to concurrently develop new insights

³ In this particular study, no fathers attended the MFG. The reasons for this and potential ways of addressing this will be discussed later.

and skills and put them into practice in the home environment, without one dominating the role. Others believe that the inclusion of both partners in parenting groups can negatively influence group dynamics by providing an opportunity for personal conflicts to be aired in public (Moran *et al.*, 2004). Research in this area has yet to realise conclusive results, and is considered to be beyond the scope of this study. However, it is likely that future research will have a considerable impact on policy makers.

1.4.1. Multi-agency collaboration

One response to problems of engagement is the increasing recognition that multi-agency partnerships are necessary if children and young people are to receive coordinated, accessible services. This is particularly relevant in an increasingly changing society that has multiple needs (Salmon, 2004). It is unlikely that any one intervention alone can provide a truly comprehensive package and therefore agencies that are ready to refer families to other agencies where necessary are more likely to do these families justice. A multi-disciplinary approach can be useful in addressing the complex difficulties of young offenders and their families, utilising the expertise of different professionals and organisations to address specific, interconnected problems (Whyte, 2003).

In order to refer families as and where appropriate, practitioners need to have sufficient understanding of each others' professional cultures. This has been highlighted in numerous published documents relating to child and adolescent services, including clinical psychology (Christian & Gilvarry, 1999). By 2006, there will be a requirement for local authorities to have set up Children's Trusts in most areas, as proposed in the Government Green Paper, *Every Child Matters* (Department for Education and Skills, 2003). These trusts will have the task of integrating local education, social care and health services into a single organizational focus. The need for real collaboration has been recognized by those delivering services to young people at risk of reoffending, who do not fall neatly in to one category or another. In the USA, for example, a project in San Mateo County, California, effectively

coordinates mental health, social and education services with the probationary service (Abbott *et al.*, 1995), offering innovative interventions that include individual, family and group work. Such a holistic approach, it is argued, overcomes traditional boundaries that have characteristically kept different professions apart and prevented them from responding effectively to local evaluations of needs (Salmon, 2004).

1.4.2. Multiple family groups

Despite the numerous difficulties and barriers, “hard to reach” families do appear to appreciate interventions when they engage with services (Campbell, 2004). Studies have found that if parents are “persuaded” to engage with services, against their own natural inclinations, they often report being glad they attended and are aware of significant improvements in their parenting confidence as a result (Ghate & Ramella, 2002). Increasingly, offering parallel work with children and young people, as well as with parents, is being seen as more effective than parent work alone (Moran *et al.*, 2004) and multiple family groups (MFGs) have been highlighted as one way in which low-income, multi-problem families can be encouraged to engage (McKay, *et al.*, 1995).

Multiple family groups today are based on the success of such groups used successfully with schizophrenic patients and their relatives in the seventies. These groups originated historically out of the necessity to provide cost-effective interventions for psychiatric inpatients (Laqueur, 1976) and were also seen as a means by which patients’ and their families’ distrust of medical staff could be minimised. Laqueur based his model on group therapy, family therapy, psychodynamic practices and attachment theory. By using multiple families, Laqueur found that a change in context occurred, whereby different role relations and behaviours emerged between and within the families. He discovered that families were able to share their own wide range of experiences with each other and, by confronting, supporting and witnessing each others’ successes and failures, they were more likely to be able to identify and maintain alternative behaviours.

Laqueur's work inspired others to establish MFGs in psychiatric hospitals.

McFarlane (1982) used similar groups and identified the main therapeutic ingredients of this type of intervention as being re-socialisation, stigma reversal, modulated dis-enmeshment, communication normalisation and crisis management. McFarlane also argued that group members did not need to experience traditional 'insight' into their behaviour in order to benefit from treatment. In other words, rather than having issues made explicit to them in psychological terms, changes could be effected by group members seeing elements of themselves in others.

Anderson (1983) also used a similar group format in his work with families of people with schizophrenia and found that benefits for families included increasing their social network, reducing stigma and relieving carer burden. He also discovered that families' attitudes towards the person with the illness became more tolerant.

Today, the MFG format has been adapted for use with other client groups, such as those with eating disorders (Colahan & Robinson, 2002) and homeless families (Davey, 2004), but the essential ingredients remain the same, in that 'social circumstances and relationships with others are both the object of the intervention and the medium through which change can be achieved' (Farrall, 2002, pp. 21). This creation of different options and possibilities regarding the way in which family members react to one another lies at the heart of MFGs as a therapeutic modality.

In terms of young people at risk of offending and their families, MFGs have been found to be particularly effective. In a preliminary analysis, McKay *et al.* (1999) offered evidence that low-income minority families and children could benefit more from participation in group work with more than one family than with individual families. Qualitative and quantitative data revealed that 70% of MFG parents identified a significant decrease in their children's disruptive behaviour, in comparison to 54% of parents whose children received individual family therapy.

Such groups are felt to reduce the stigma associated with receiving professional help and increase identification with other families in similar circumstances.

Similarly, Quinn & Van Dyke (2004) looked at the relative merits of an MFG intervention compared to probation. The rationale for their intervention was based on empirical support for the influence of family relationships and parenting style on youths' levels of delinquency. By building on established family influences and providing experiences to promote family cohesion and positive parenting practices, Quinn & Van Dyke found that recidivism rates for young offenders decreased significantly for those whose families attended such a group, in comparison to those youths who had merely been given probation. Quinn and Van Dyke considered that the success of their intervention was largely due to the community-based element within the group, that encouraged innovative and alternative interactional behaviours both within and between families that could be applied to the wider context of their daily lives.

A family group approach has also been used with some success for young people involved in substance abuse. In a programme entitled 'Preparing for the Drug Free Years' (Kosterman *et al.*, 1997) a reduction in negative interaction and an increase in proactive communication was found between young people (age 8 to 14 years) and their parents, as well as a decrease in use of alcohol by adolescents.

Despite their success with young people at risk of reoffending, such groups do have the potential to produce iatrogenic effects⁴ in that they bring high-risk young people together who can influence each other in a negative way (Dishion *et al.*, 1992). In this way, anti-social behaviour can be encouraged rather than discouraged. Care must therefore be taken to ensure that adequate supervision is in place at all times during any such group work.

⁴ That is, negative effects arising out of the intervention itself.

1.5. Rationale for the study

1.5.1. Fife Youth Justice Teams

Youth justice teams are part of the government's response to youth crime and, since their inception in 2000, their role has strengthened. One of their aims is to integrate the work of the many different agencies involved in the lives of young offenders and those considered to be at risk of offending. Specialist services for children and young people who offend are part of a wider network of children's services throughout Scotland. At a local level, the Fife CAMH (Child and Adolescent Mental Health) and Well-being Workplan (2004) highlighted a lack of co-ordination in children's and young people's services and, similarly, the need for a coherent public health approach to address the multiple risk factors that contribute towards youth offending has been recognised by services. The Fife Youth Justice Strategy Team (YJST) is therefore committed to establishing fully integrated health and social work teams, thus reflecting the joint responsibilities both services have to this client group.

This service is intended to reduce their risk of reoffending by targeting individual risk factors as well as promoting the enhancement of those protective factors that are thought to reduce the risk of reoffending. Underlying its work is its commitment to maintaining young people within the children's hearing system and within local communities, without compromising public safety and whilst promoting social inclusion.

In this respect, Fife YJST aims to provide a service to those youngsters who are not ideally accommodated by either the welfare model of the children's hearing system or the justice model of the adult criminal justice system.

Specific interventions by Fife YJST aim to target the risk factors that the research literature has shown to be amenable to change, and are based on the 'What Works' principles which suggest that interventions are more likely to be effective if they are:

- Based on a theoretical framework which provides a clear rationale for the application of methods and is supported by empirical research.
- Multi-modal, skills oriented, concentrating on problem-solving and social interaction.
- Based on active, participatory methods of working which are congruent with the learning styles of the offenders and their families.
- Adequately resourced, staffed appropriately and based on a clear rationale.

(McGuire & Priestley, 2000)

1.5.2. Fife MFG intervention

The rationale behind the recent establishment of local MFG interventions is part of an overall comprehensive parenting strategy within Fife. Its aim has been to provide an opportunity to focus directly on the relationship between young people and their families, within the context of addressing the dynamic family-based factors that are associated with an increased risk of reoffending. Such intervention is designed to support particularly ‘hard to reach’ families and takes into account the needs of disadvantaged families, families from low socioeconomic status or those which are experiencing high levels of distress. It embraces a multi-modal approach, utilising a range of methods and practices, depending on the particular needs of the families. However, the key theoretical basis for intervention embraces the Contact Principles used in Video Interactive Guidance (VIG)⁵. In addition, an artist/ animator works as part of the team, providing opportunities for shared, creative activities and facilitating non-confrontational family communication⁶.

Referral criteria state that young people should generally be age 12-18 years, must normally reside in Fife, and should have a ‘severe, longstanding and pervasive’ conduct problem that has, or is at risk of bringing them into contact with the police or

⁵ Appendix I outlines VIG procedure and principles.

⁶ Appendix II provides a more detailed format of Fife YJST MFG intervention.

the Children's Reporter⁷. In addition, there will be concerns that the family is experiencing difficulties in two or more of the following areas: poor communication; negative parent-child relationship; lack of monitoring/parental involvement; parental rejection (low warmth, high levels of hostility); harsh/inconsistent punishment. Despite having these difficulties, however, in order to be considered for the programme, there must be some degree of commitment from the family to remaining together.

Despite being a relatively recent innovation within the YJST, levels of attendance and client feedback suggest that families are responding positively to this kind of intervention and a pilot study submitted as a small scale research project to the University of Edinburgh D Clin Psychology course (Metcalf, 2004) has so far identified staff characteristics and style of delivery as being influential with regard to families' level of commitment to the group. The pilot has also highlighted the fact that most of these families are experiencing ongoing high levels of stress, often exacerbated by domestic violence and socioeconomic disadvantage.

1.5.3. User involvement

As reflected in the Division of Clinical Psychology (2000) report, 'Understanding Mental Illness and Psychotic Experiences', Clinical Psychology is beginning to pay heed to the views of service users and to reflect on the implications for how clinical psychologists work with people who use these services (Soffe, 2004). Such an approach acknowledges that, while the professional has an expertise of techniques and working towards solutions, clients also have an expertise, both in terms of their non-clinical experiences of life and their current difficulties, and their experiences of using mental health services (May, 2001). Research that takes into account users' perspectives can inform professionals regarding the most effective ways to engage families. Davis *et al.*, (2001) argue that 'finding the everyday language of "people not patients"' can be a powerful working experience...especially so when exploring

⁷ The definition of 'severe, pervasive and longstanding' is outlined in Appendix III.

what service users expect from staff and services and comparing these views to those held by professionals' (p.40). Davis, *et al.*, in their investigation of user-involvement and psychosocial rehabilitation, concluded that those factors that most influenced clients' perceptions of treatment were based on staff characteristics. These included staff being emotionally available, non-judgmental, and allowing clients to be themselves.

User research with children and young people is often more difficult to carry out because of issues such as consent and cognitive ability. Instead of perhaps being creative in their approach, researchers and practitioners often tend to see children as 'developing adults' with opinions that are limited in their usefulness in terms of accuracy and insight (Moran, *et al.*, 2004). As a consequence, their views are often strikingly absent from the literature. However, it is increasingly being recognized that all children should be given the opportunity to play an active role in setting goals and agreeing courses of treatment (Wolpert *et al.*, 2001) and older children in particular are being encouraged to provide feedback on their experiences of receiving services, particularly as they are intended to be the main beneficiaries. Research that has been carried out suggests that children and young people are less positive than their parents about the effects of services (Ghate & Ramella, 2002) and this highlights an area that needs further investigation. In this particular study, it was felt to be a crucial part of the research process to include the views of the children and young people involved⁸.

1.5.4. Qualitative evaluation

The Fife YJST is committed to structurally evaluating the interventions it uses, in order to inform the development and continued improvement of these programmes and advise the Scottish Executive of the work of the team and any gaps in service

⁸ Factors relating to the effective interviewing of children and young people will be discussed later in the report.

provision. Clearly further evaluation of the MFG intervention is both desirable and necessary. Despite a wealth of research on the clinical outcomes of family interventions, studies have mainly considered quantitative outcome data. Overall, little is known about families' subjective experiences of family interventions and many attempts to elicit such views are largely ineffective. Hayes *et al.* (2005), for example, used pre- and post-intervention questionnaires to ask young people aged 13 years and above about their expectations and experiences of a child and adolescent mental health service in Sedgefield. Although some ways in which services could be improved were identified, a poor return rate (31%) limited these results.

Furthermore, the questionnaires did not identify which particular aspects of the service clients were satisfied/unsatisfied with. Campbell (2004) conducted a phenomenological enquiry into the lived experiences of 10 families who received behavioural family therapy, using the subjective reports of families. Campbell concluded that such interventions worked, but that they were not always easy to implement in routine practice, again raising the issue of engagement. Similar research suggests that families often feel that professionals do not understand their situations (Snell-Jones *et al.*, 2004).

McKay *et al.*, (1995) also argue that it is difficult to empirically define the process of change within MFG interventions because change occurs at multiple levels and is difficult to quantify. As has already been noted, it is difficult to credit individual components with effectiveness in multi-component programmes and therefore some way of investigating individual participants' experiences in more minute detail may yield more dividends than traditional quantitative methods of inquiry.

The purpose of this study was to explore families' perspectives of their participation in these groups. Such an approach assumes that the phenomenological views of people involved in offending and their families are as important as more service-oriented, quantifiable indicators of progress or 'success' and will be able to give a more comprehensive understanding of not just 'what works' but also 'how' and 'why' it works (Farrell, 2002) and under what particular circumstances. In addition,

the small number of families involved in the group meant that qualitative evaluation would be more suited to this particular topic. Although such research cannot be deemed to evaluate using strictly 'scientific' criteria, it does have the potential to reveal much regarding the factors that are able to influence the outcomes of particular programmes (Newman & Roberts, 1999).

By exploring in depth the experiences within the group of young people and their families, this study aimed to understand the way in which these individuals made sense of the group process and the impact, if any, they felt that it had on their wider lives. By focusing on families in this way, the study attempted to redress the position of disempowerment that such families traditionally occupy within services. An additional aim of the study was to examine the extent to which staff perceptions matched those of the families in terms of outcome and factors that influenced that outcome. Such a study might also potentially reveal the critical factors in multiple family work that appear to promote successful engagement with 'hard to reach' families, thereby influencing future service development in the area of youth offending.

1.6. Aims of the Study

1.6.1. Primary aims

- To explore young people at risk of reoffending and their families' experiences of their attendance at a clinical psychology and social work led Multiple Family Group (MFG).
- To examine how attendance at such a group has influenced these families' perceptions of service delivery and professional intervention.
- To explore the impact on these individuals of this particular intervention in terms of their ongoing lives and interpersonal family relationships.

- To examine the extent to which staff perceptions of the impact on these families of attendance at the group match those of the families themselves.

1.6.2. **Secondary aims**

- To identify the critical elements that affect ‘hard to reach’ families’ level of engagement with health and social work services.
- To identify ways in which such families’ experiences can inform future areas of research into youth offending and potential service development.

2. Methodology

2.1. Design

A qualitative design was utilised. Individual semi-structured interviews were carried out with all participants. Data was analysed using Interpretive Phenomenological Analysis (IPA, Smith, 1996). Throughout the study, a personal reflexive diary was kept, documenting the researcher's thoughts and insights regarding her own involvement as a facilitator in the MFG and her experiences of interviewing participants and analysing their data.

2.2. Participants

Participants were the attendees of one particular MFG held between September and December 2004. The total group comprised five mothers, seven young people, ranging in age from 11-14 and four facilitators, one of which was the researcher. Inclusion criteria for family members were that they had engaged in regular attendance at the group (for levels of attendance and demographic information, see results section). One young person was not interviewed due to his being unavailable after the group finished. One facilitator, the group leader, was also the researcher's supervisor and was therefore not considered a suitable candidate for interview.

2.3. Procedure

The study evolved from the outcome of a pilot project, submitted to the University of Edinburgh as a small-scale research project (Metcalf, 2004). The pilot study was based on routine evaluation of a previous MFG conducted with other families. Although this routine evaluation was intended to be based on quantifiable standardised measures of change, families were reluctant to complete appropriate questionnaires and this method yielded very little useful information. Consequently,

families agreed to be interviewed at home and preliminary qualitative analysis of this data formed the basis for the present study.

2.3.1. Recruitment of Participants

The project was discussed with families and facilitators during the second-last week of the group, firstly in a group setting and then individually with families. Individuals were given information sheets detailing the aims and requirements of the study and inviting them to take part (Appendix IV). The information was presented in appropriate detail and language in order to allow participants to make an informed choice about taking part. Information sheets were adapted for young people. The researcher was alert to potential literacy difficulties and was available to aid comprehension where necessary. Families and facilitators were given the opportunity to ask any questions regarding the research during their last two attendances at the group. The information sheet also included the researcher's contact details to enable individuals to contact her outside group sessions should they wish to discuss things further.

Throughout the recruitment process, all reasonable steps were taken to ensure that potential participants adequately understood the nature of the research and its potential consequences. Participants were given adequate time to read and digest the information sheets before being required to make a decision. They were also encouraged to discuss the research with other family members or friends, or with their social workers.

If individuals agreed to take part, they were required to sign consent forms. For young people under the age of 16, a consent form signed by parents was also required. Young people were encouraged to discuss the research independently with their parents and were also asked to sign a separate consent form so that their own wishes could be accepted (Appendix V). The young person's right to refuse to participate or withdraw was deemed to overrule parental wishes. Participants were

also made aware that even if they signed the forms, they were free to withdraw their consent at anytime prior to or during the interview, without having to give a reason. Participants were also assured that their ongoing standard of care from the service would not be affected if they refused to take part.

2.3.2. Interview format

Semi-structured interviews were carried out with individual parents who attended the MFG with their children following a referral from the Fife YJST. All interviews were conducted by the researcher. It was anticipated that interviews would last approximately 40 minutes, although the length of each individual interview was determined by the interviewer's judgement of the participant's level of interest and concentration, with the aim being to maintain their enthusiasm and commitment.

A semi-structured interview schedule was designed, using guidelines suggested by Smith & Osborn (2003). Following the principle of IPA, the schedule was based on the particular area of interest that the researcher wished to pursue. However, at the same time, there was an attempt to enter the psychological world of the participant and, as such, the interview was guided by the participant's interests and concerns. Thus, the interview schedule guided the interview, but did not dictate its exact course. Open-ended questioning was used, with the aim of encouraging participants to expand on their own experiences.

For families, the following types of topics were covered (Appendix VI shows the interview schedule):

- The background to how they came to be referred to the MFG.
- How families felt about the MFG and whether or not their experiences matched their expectations.
- The impact, if any, that they felt the MFG had on their family functioning, particularly in terms of their interpersonal relationships.

- The influence of stressful life events on their ability to cope with the MFG and life in general (in other words, the extent to which they feel stressful life events affect their ability to seek professional help).
- The way in which they perceived professional help and the critical factors that they feel determine whether or not it is well received.
- The way in which they envisaged future support and whether or not they felt it would be helpful.

The following areas of interest were explored with facilitators:

- Their previous work experience and how they came to work in this particular area.
- The way in which they felt the MFG had impacted on these particular families.
- The way they felt these families perceived professional help.
- The extent to which they considered stressful life events impacted on these families and their ability to benefit from services.
- The way in which they felt families could best be helped in the future.

Special considerations were taken into account when interviewing young people. The researcher was aware of the considerable variation in the developmental maturity of children within the same age group, and questions were adjusted accordingly. Also, as the researcher was familiar with these particular young people, she was aware of the potentiality of limited attention during such a procedure and interviews were expected to be somewhat shorter than those with adults (Smith & Dunworth, 2003). In addition, the researcher was prepared to perhaps have to take a stronger role in guiding the interview than is usual in IPA, for example, by the increased use of closed questions.

2.3.3. Interview setting

Interviews were intended to take place as soon as practically possible after the final session of the MFG in order to facilitate maximum recall of experiences. Participants were given the choice of venue for their interview. The majority chose to be interviewed at the MFG venue, where a private room was available for this purpose. Two mothers and one young person chose to be interviewed in their own home environment. Interviews were conducted during December 2004 and January 2005.

2.3.4. Data management

All participants agreed to the interviews being audio-taped. In the interests of confidentiality, the recordings were personally transcribed verbatim by the researcher. This had the added advantage of increasing familiarity with the content of the interviews. Priority was given to keeping the interview data in the context in which it was gathered. The participants' use of their own language was therefore preserved, in order to protect, as far as possible, the original meaning expressed through the data (Roberts & Wilson, 2002). Significant non-verbal events and gestures were also noted, as well as noticeable pauses.

Digital audio recordings were saved to computer before being erased from the digital recorder. Storage of voice files on the computer enabled the researcher to engage in constant interaction with the interview material. All personal identifiers were removed from the data. Each participant was assigned a code number and pseudonym that was used on all data sheets. The use of an audio-recorder and subsequent verbatim typing of interviews into transcripts assured consistent and accurate reporting of data. Comprehensive descriptive notes were also made following interview sessions, including observations of the setting and the participants, impressions of any problems and any other ideas or thoughts that emerged during that time.

Transcripts were converted to Rich Text documents and imported to NVivo, a qualitative research software package, for analysis.

2.4. Data Analysis

2.4.1. Methodology

A qualitative design was felt to be appropriate for this study as it enables a detailed analysis of how individuals make sense of their experiences to take place. By using semi-structured interviews, participants were able to provide a fuller, richer account than would be possible with a more 'scientific' standardised form of data collection. In traditional research into young offenders, large scale studies have tended to highlight commonalities among this population while at the same time concealing any differences (McNeill & Batchelor, 2002). In terms of what contributes to the success or failure of interventions for young offenders and their families, qualitative research would appear to provide an appropriate way of understanding the particular factors that make a difference. Such in-depth research, although small in scale, can reveal powerful insights into the very processes that influence young people's motivation for desistance from offending (McNeill, 2002).

IPA is a relatively recent qualitative approach, specifically developed within psychology by Smith (1996). It is heavily influenced by phenomenological researchers, such as Edmund Husserl (1859-1938) who believe that, rather than there being a single reality that explains the way the world works, there are multiple realities constructed by those who experience the world. It therefore offers a way of analysing qualitative data which fundamentally aims to explore participants' experiences and the meanings they ascribe to them. At the same time, IPA fully acknowledges that these meanings are only available through a process of interpretation on the part of the researcher. In this respect, IPA is both phenomenological, in that it is concerned with individuals' perceptions of objects or events (Giorgi & Giorgi, 2003) and interpretative, in that it recognises the central

role of the researcher in making sense of that personal experience. Smith (2004) describes this as a “double hermeneutic”. In other words, the participant is trying to make sense of his or her personal and social world, while the researcher is trying to make sense of the participant trying to make sense of his or her personal and social world.

IPA is also linked theoretically with symbolic interactionism, which emerged in the 1930’s in opposition to the positivist paradigm. Symbolic interactionism acknowledges that the meanings individuals ascribe to events and actions are of paramount concern, but also states that meanings occur and are made sense of through social interactions (Smith, 1996). Therefore, IPA does more than simply pay lip service to the researcher’s perspective. Rather, it states that the researcher is central to the process and that social interaction between the researcher and the participant is *jointly* constructed.

IPA’s explicit acknowledgement of the central role of the researcher was felt to be particularly pertinent to the present study. Throughout the MFG, the researcher was a fully participating facilitator and inevitably repeated contacts with families and staff allowed familiarity to develop. Such familiarity was felt to be an advantage in establishing a level of trust within the interview encounter (Del Busso, 2004), particularly with a client group traditionally renowned for its suspicion of services. In addition, this method of establishing trust and gaining people’s perspectives on services was felt to address issues of empowerment for these clients. Prior knowledge of the researcher was felt to enable the interview to be conducted on a more equal footing and be less of an intimidating experience. Rather than being seen as a barrier to ‘scientific’ research, full acknowledgement was therefore given to ‘insider’ research bias (Tilley & Chambers, 1996) throughout the study and it was acknowledged that the researcher’s taken for granted assumptions and usual ways of perceiving could not be completely ‘bracketed’ (Lester, 1999). Particular care was taken throughout the study to be reflective, and personal perceptions were identified and recorded in a reflexive journal, adding to the data collection and analysis.

IPA was also felt to be a particularly suitable methodology for this study as the intention was not to develop a formal theory that could generalize to a wider population. Rather, the study aimed to offer a more descriptive and localized theory, based on a small, finite sample of participants which precluded the process of theoretical sampling. In addition, IPA is essentially interested in interpreting the nature of 'essence' of individuals' phenomenological worlds. Although these interpretations can be based on a range of theoretical perspectives, there is no attempt to model themes and issues, as would be the case with grounded theory.

2.4.2. Process of analysis

Data was analysed using the principles of IPA (Smith, 1996). Analysis was carried out within three distinct sub-groups: facilitators, young people and parents. An idiographic approach to analysis was employed, whereby the transcript of one interview was analysed in detail before moving on to another. The first transcript was read and re-read several times to ensure familiarity with the data. The audio-recording was listened to again in order to provide a reminder of context. Following close reading of the transcript, preliminary thoughts and observations were noted in the left-hand margin. This included identification of associations, summary statements, comments on language use, and assignment of descriptive labels, as well as some preliminary interpretations (Smith & Osborn, 2003; Willig, 2004). Next, the transcript was re-read and tentative themes were identified. Initial notes were transformed into concise phrases which were intended to capture the essential quality of what was found in the text. These were recorded in the right-hand margin (Appendix VIII provides some examples of transcript extracts illustrating early coding). At this stage, analysis was still very much grounded in the text, but a higher level of interpretation was used (Smith & Osborn, 2003). These tentative themes were incorporated as 'nodes' into an NVivo project specific to that sub-group.

The third level of analysis involved introducing structure, as connections between themes were identified and sub-themes and super-ordinate concepts were created accordingly. These themes and their groupings were noted in the right-hand margin

and were validated by constant checking back to the original transcript. Any preliminary themes that were not well-represented in the data were discarded. The fourth stage of analysis involved creating a summary table of structured themes. NVivo enabled an overview of each theme to be developed, along with its location in the transcript.

The summary table of master themes created for the first participant was used to aid analysis of subsequent transcripts. Using themes from the first transcript as a basis, the above process was repeated in turn for the remaining transcripts in that particular sub-group. In this way, already established themes could be identified in the new transcripts, alongside the development of new, emerging categories.

This process generated a list of master themes and sub-themes which captured the nature of those participants' shared experience of their attendance at the group. This process was repeated for the other two sub-groups. Finally, themes common to all three sub-groups were identified. This process of moving from individual to group enabled an examination of individuals' personal experiences while at the same time allowing shared themes to be highlighted across participants.

Periodic peer debriefing facilitated the discussion of findings with colleagues who were knowledgeable about the topic and were able to explore alternative explanations the researcher may have overlooked. Literature was used as a data source throughout the analysis to verify emerging concepts and themes.

2.5. Truthfulness and consistency

In traditional quantitative research, reliability and validity are generally based on assumptions of researcher objectivity and disengagement from the analytic process.

While qualitative researchers agree that validity and reliability are important considerations, they disagree that their studies should be judged by essentially quantitative criteria (Smith, 2003). In accordance with qualitative principles, issues of reliability and validity have often been addressed in terms of ‘consistency’ and ‘truthfulness’ (Appleton, 1995). Yardley (2000) has identified three broad categories for addressing the quality of qualitative research and these will be used as guidelines to evaluate the methodology of the current study.

- **Sensitivity to context:** Emphasis was placed on an awareness of the socio-cultural background of the participants, in particular, their sensitivity to professional intervention, as well as the social context of the relationship between the researcher and the participants. In addition, the introduction highlighted an awareness of the relevant literature and the complexity of existing interventions for this client group.
- **Commitment, rigour, transparency and coherence:** Commitment was ensured by the development of competence in the particular qualitative method used, including interviewing skills, and familiarity of the area under investigation, facilitated by the completion of a pilot study. Extended immersion in the data and engagement in the whole MFG process also demonstrated commitment. Rigour referred to the thoroughness of the data collection, analysis and interpretation. Transparency and coherence were ensured by the detailed account of how the research was carried out, from the development of the interview schedule to the process of analysis. Verbatim extracts from the transcripts were used to help the reader judge the strengths of the claims being made. Particular care was also taken to be reflective, and personal perceptions were identified and recorded on an ongoing basis during data collection and analysis. In addition, transcripts were read by a colleague in order to confirm that a consensus on emerging themes and interpretation was reached. Sample coding was also carried out on a section of data by a colleague experienced in qualitative analysis.
- **Impact and importance:** These factors were felt to be of particular relevance to this study with regard to its possible contribution in terms of changing

professional practice. Equally, the processes described by the study were felt to have the potential to explain some of the effects documented by quantitative studies in this area.

2.6. Ethical issues

“Protecting, managing and interpreting data with accountability and sensitivity are also incumbent on the researcher as a custodian of privileged information”

(Bong, 2002)

Prior to commencement of the study, ethical approval was obtained from Fife Regional Ethics Committee (REC). Management approval was also received from NHS Fife.

2.6.1. Measures to ensure the safety and comfort of participants

Families were given the choice of where to hold the interviews, at a time that was convenient for them. It was anticipated that some families may have preferred to be interviewed at home in order to make them feel more at ease. In addition, the researcher was aware of transportation difficulties and childcare issues for these families.

Priority was given to ensuring participants' comfort throughout the procedure. The interviewer was alert to potential signs of fatigue and participants were regularly asked if they were happy to continue, or required a break. Participants were given the opportunity to access refreshment if the interview went on longer than anticipated. It was also made clear to participants that they could withdraw at any stage.

2.6.2. Obtaining informed consent

Appropriate procedures were adhered to concerning informed consent. For participants under 16 years, additional written consent was obtained from parents. All participants were made aware that they could withdraw their consent at any time.

When interviewing participants under 16 years at home, a parent or legal guardian was required to remain in the house throughout the interview.

2.6.3. Measures to protect participants from emotional distress

It was acknowledged that, during this type of personal interview, participants might recall, or choose to discuss, distressing memories or experiences. If there was any indication that the participant was becoming distressed, it was intended to stop the interview and offer psychological support. The interview would only be resumed if the participant was willing and the interviewer felt that continuing would not be detrimental to the participant's psychological and emotional well-being. The participant would also be offered the opportunity to withdraw from the study and/or be referred to an appropriate service.

Following the interviews, participants were thanked for their involvement, and given the interviewer's contact details in case they wanted to get in touch regarding any issues that had arisen during the interview.

2.6.4. Confidentiality

Although confidentiality was assured, the possibility of 'unexpected' disclosure was anticipated, and participants were informed of the professional obligation of the interviewer to inform appropriate third parties if such disclosures raised sufficient concern about the safety and/or interests of participants or others.

2.6.5. Ethical issues pertaining to staff

Staff were assured their involvement in the study was in no way intended to be an evaluation or critique of their practice. They were also ensured that they were under no obligation to take part.

2.6.6. Ethical issues pertaining to researcher

It was acknowledged that the researcher might be affected by any distressing information revealed by the participants. Adequate supervision arrangements were therefore in place to ensure that any potential distress could be addressed promptly through discussion with an experienced colleague. Regular, ongoing supervision sessions were also scheduled as part of the routine study.

3.1.1. Family 1

Claire was a single mother who identified the group with her two sons: Paul (14) and Connor (12). At the time of referral, Paul had over 30 outstanding charges for offences such as breach of the peace, theft and vandalism. Connor had a few charges and was considered by his mother to be "leading the wrong way" as his brother. Both boys had problems with school attendance, although Connor attended more regularly. Claire admitted to having difficulties controlling Paul and Connor. She also had long-standing mental health difficulties and a previous history of substance abuse. Claire had an older son (24) who had been taken into care when he was 8-10. He had recently resumed contact with Claire and had now returned to live with the family. Housing conditions were poor for this family and money was scarce. No contact occurred with the boys' father.

Family 1 had previous experience of attending an Integrated Community School-led activity day¹⁹, and had especially fitted well into a group setting. Claire and Connor

¹⁹ Names of all participants were changed to protect confidentiality.

²⁰ The focus of Integrated Community Schools is on addressing barriers to learning and the well-being of the child through an integrated provision of services. A range of professionals, including teachers, social workers, mental health professionals and others work together in a single team.

3. Analysis

3.1. Socio-demographic profile of participants⁹

Prior to being accepted in the MFG, referrers were asked to complete referral forms detailing family circumstances and offending background. Commitment to attend the group was also assessed. A copy of a blank referral form is provided in Appendix VII. Potential attendees were also visited at home by group facilitators in order to carry out further assessment and provide families with the opportunity to find out more about the MFG.

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were ambivalent about attending, although Paul was more reluctant.

3.1.2. Family 2

Eleanor attended the group with her only child, Emily (13). Emily's father was now remarried and had two younger sons. Emily saw her father occasionally, but relationships were strained and he had no contact with the group. Emily was referred to the MFG by the local youth drugs team after an episode of ecstasy use resulted in a hospital admission. Eleanor said that she had no control over Emily and that she would frequently go out at night and not come home until the next day. On one occasion, Emily had threatened her mother with a knife. There had also been incidences of self-harm and threatened suicide attempts. Eleanor admitted that she was at the end of her tether, and shortly before the commencement of the MFG, Emily was accommodated in a residential unit at the request of a children's panel, due to their belief that she was putting herself at risk.

Eleanor had sought professional help extensively in the last year and was very keen to accept MFG intervention. Emily, however, had very little commitment to attend.

3.1.3. Family 3

Sally was a mother of eight and attended with her 13 year old son, Darren. Darren had three older siblings and four younger siblings. He had a diagnosis of ADHD and had been excluded from school on several occasions. Recently Darren had been involved in misusing alcohol and drugs. He also tended to get involved very easily in inappropriate relationships and put himself at considerable risk. Sally described Darren as immature and volatile. Despite previously having a good relationship with Darren, she felt it was now deteriorating. Sally looked after the children on her own and there appeared to be no contact between Darren and his father.

Sally had chosen not to take up previous offers of support from social services, and had not been keen to attend the group. Darren had shown more enthusiasm. On

occasion, Sally's younger children regularly attended the MFG as her lack of trust in services made her reluctant to accept the offer of childcare.

3.1.4. Family 4.¹¹

Margaret attended with her two children, Melanie (14) and Duncan (13). Both Melanie and Duncan were currently placed on the child protection register due to Margaret's current and long-standing alcohol problem. At the time of referral to the MFG, there were concerns that Duncan, in particular, might be taken into care. On a positive note, both children appeared to have a good relationship with their mother. Their father lived locally and was in contact with both children. His relationship with Margaret was strained, however, and he had no involvement in the MFG. Margaret herself was extremely reluctant to attend the MFG, as was Melanie. Duncan showed more enthusiasm.

3.1.5. Family 5

Susan attended, along with her 13 year old son, Andy. Andy was not attending school at the time of referral, and had been involved in vandalism in the local community. Susan admitted that she was unable to discipline Andy effectively and that he was outwith her control. Andy had older twin brothers, as well as a younger sister Hannah (9). He had minimal contact with his father. Hannah attended the MFG during school holiday periods. Andy had a diagnosis of ADHD, but was not currently on any regular medication. Susan had current mental health issues, including depression, stress and panic attacks. She was also concerned about potential eviction from their home, as well as threats of break-ins from other members of the community.

Susan was quite withdrawn, and was extremely anxious about attending the MFG. Andy was ambivalent.

¹¹ Family 4 were reluctant to expand on their views throughout their interview and therefore their contribution to the analysis was limited. Duncan was unavailable for interview. Nevertheless, it was felt important to include the information Margaret and Melanie did provide, particularly because it

3.1.6. Facilitator 1

Andrew was a social work assistant with considerable experience of working within the children and families social work department, more latterly within the Youth Justice Strategy Team. This was the third MFG he had facilitated.

3.1.7. Facilitator 2

Julie was a qualified art therapist, currently employed as a project worker for the Youth Justice Strategy Team. Julie had previous experience of family work in various projects, working with both children and their parents. She had also worked with the local Youth Drugs Team. This was the second MFG that Julie had facilitated.

appeared contrary to the overall view. The significance of their contribution will be expanded on in the discussion section.

3.2. Levels of attendance¹²

Attendance levels for this particular MFG were high, and are illustrated in Table 1.

Participant	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10	Wk 11	Wk 12	Total %
Claire	√	√	√	√	√	√	√	√	√	√	√	√	100
Paul	√	√	√	√	√	√	√	√	√	√	√	√	100
Connor	√	√	√	√	√	√	√	√	√	√	√	√	100
Eleanor	√	√	√	√	√	√	√	√	√	√	√	√	100
Emily	√	√	√	√	√	√	√	√	√	√	√	√	100
Sally		√	√		√		√	√	√	√	√	√	75
Darren		√	√		√		√	√	√	√	√	√	75
Margaret	√	√	√			√	√	√		√		√	67
Melanie	√	√	√			√		√				√	50
Duncan	√	√	√			√	√	√		√		√	67
Susan		√	√	√	√	√	√	√	√		√	√	84
Andy		√	√	√	√	√	√	√	√		√	√	84

Table 1: Attendance levels each week and as overall percentages. (**red** = parent, **green** = young person).

¹² Difficulties in terms of transport and childcare were addressed by facilitators and appropriate provisions were made. This was deemed to be essential in order to maintain high attendance levels.

3.3. Results

During the analysis of interview material, six super-ordinate themes emerged which highlighted the nature of participants' experiences. These were each subsumed into sub-categories (See table 2).

<p>STRUGGLING</p> <p>'Where dae we start'</p> <p>Juggling needs</p> <p>On our own</p> <p>Self-doubt</p>	<p>EXPECTATIONS</p> <p>Previous experience of professional input</p> <p>'What is this is MFG?'</p> <p>Social anxiety</p> <p>'I cannae dae that'</p>
<p>PROCESSS</p> <p>Working together</p> <p>Bonding</p> <p>'One big family'</p> <p>'All in the same boat'</p>	<p>ETHOS</p> <p>'What's <i>said</i> in group <i>stays</i> in the group'</p> <p>Staff characteristics</p> <p>Being ourselves</p> <p>Support</p>
<p>IMPACT</p> <p>Changes in young people</p> <p>Changes in mothers</p> <p>Relationships</p> <p>Professional development</p>	<p>LIMITATIONS</p> <p>Being realistic</p> <p>Not long enough</p> <p>No 'quick fix'</p>

Table 2: Main themes and sub-themes identified during analysis

The following section translates the emergent themes into a narrative account.

Themes are firstly described using extracts from interview transcripts to illustrate the shared experiences across the participants. In the quotations, empty square brackets indicate where material has been omitted, material within square brackets is included for clarification, and ellipsis points (...) indicate a pause in speech. Material within standard brackets indicates the researcher's speech.

Secondly, a discursive commentary at the end of each sub-section seeks to explore the implications of each theme in relation to the meanings inherent in the participants' experiences. The implications in terms of the existing literature are also discussed. Finally, a diagrammatic illustration of the inter-relationships between the categories that emerged through the analysis is shown in Figure 7 on page 102.

During the analysis stage, an external party, familiar with qualitative methodology, looked objectively at transcript excerpts, matching them to themes that had emerged during the initial analysis. The researcher examined the extent to which the external party's matching fitted with her own analysis. At this point, any discrepancies and ambiguous themes were discussed. On this occasion, inter-rater reliability was considered to be high. Although the use of inter-rater reliability was felt to be useful at this stage, its limitations for this particular type of methodology were acknowledged. The interpretative nature of IPA means that disagreement between two researcher does not necessarily indicate a lack of reliability. However, it can help to identify any 'taken for granted' assumptions and can provide a new perspective that can enrich data.

3.3.1. Struggling

Although the main focus of this study was concerned with participants' perceptions of the MFG, some background information was felt to be relevant in order to provide a context for these perceptions. Based on information obtained during interviews, aspects of families' struggling at the time of referral were subsumed into four sub-categories. These are outlined in Figure 1.



Figure 1. Struggling

“Where dae we start?”

This sub-theme referred to the way in which children’s behaviour was perceived and how families were struggling to cope with it. For mothers, one aspect of this category was a sense of being overwhelmed by the sheer magnitude of their children’s behaviour to the point that they no longer had any control.

“Where dae we start? Pluggin’ the school, goin tae another school using a false name, shoplifting, drinking, goin’ out takin’ Ecstasy, goin’ out on a Friday night, comin’ in on a Sunday, thinking she’s done nothing wrong” Eleanor

“The police were never away from the door ‘cause of him and things like that, and children’s panels.” Susan

Another aspect of mothers’ perceptions of their children’s behaviour was the sense of regret that this was happening and the awareness that things had not always been like this. In many respects, mothers seemed to view the future as an inevitable downwards spiral. One mother reflected on how much her younger son seemed destined to follow in his brother’s footsteps.

“He’s getting’ a little devil, that one (right). He’s...not a carbon copy o’ Paul, but he’s getting’ there (mm-hm). That bairn, you could take *anywhere*. He knew his Ps. He knew his Qs...everything, and he was so helpful...like if he saw the old woman, a couple o’ doors down, struggling up the stair wi’ her messages...he would stop playin’ an’ just go up and say, ‘I’ll help you’, and just take her bags and help her up wi’ the shopping.”
Claire

Young peoples’ articulation of their own behaviour was less expansive, but nevertheless candid, and seemed to be characterised by a sense of indifference.

“We used tae argue every day [] I used tae go mental at her, then she’d gi’ me money and I wouldnae come back ‘til the Sunday.”
Darren

“Puttin’ windaes in an’ all that. Smashing them.”

Andy

Juggling needs

For those mothers with more than one child at home, pressures from the rest of the family appeared to have a negative impact on their relationship with their child in that they found it difficult to spend time alone with them.

“As I said, there’s no’ a lot of time for me and Darren because, he’s either never in or if he is in, the rest of them are about an’...so there’s no’ really time for me tae have a one to one with him, or any of the rest of them.”
Sally

“Uh-huh, ‘cause if he says tae me in the house ‘I’ve got something tae tell you’, you’ve always got one of them at the back o’ him, jumping in and then Andy gets ratty, ‘cause he was telling me something and one of them’s jumped in.”
Susan

One mother, who had been on her own with her younger son for several years, described having to try and divide her attention between her sons now that the older two were back.

“We don’t have that any more... ‘cause now there’s four of us in the house (yeah) an’, Connor and I havenae got our time any more. Connor sits beside me an’ Paul’ll say, ‘ Oh how come he’s sittin’ wi’ you an’ I’m not?’ an’ I’ll move along and I’ll say, ‘You sit the other side o’ me’, and then he’ll turn round and say, ‘I’m too big to cuddle in’. So he complains, but then when you gi’ him the offer, he’ll say no, he’s too old.”

Claire

Her son concurred with this view point.

“I get on quite good with my mum if it’s just her and me.”

Connor

Another mother was aware that her other children were less than sympathetic to her son’s needs.

“I probably get on better wi’ him than what the rest o’ them dae because there’s always arguments whatever, em, the rest of them being kids and teenagers, they’re no’ gonna’ take the time tae stop and think...about Darren and why he’s like the way he is or...gi’ him any room for being the way he is, know what I mean (mm-hm) they’re just always on the attack or whatever.”

Sally

Facilitators were very much aware of the pressures on these particular families in terms of their struggles to maintain normal family life.

“...you know, we’re talking about chaotic families who don’t normally have any structure.”
Andrew

“...because they won’t have much stability in their lives, a lot of these young people.”
Julie

On our own

Mothers’ struggling appeared to be compounded by a lack of support from other members of the family. One mother described her difficult relationship with her daughter’s father and how she felt his attitude had made things worse for them.

“I went to her father and asked him for help and I was politely told that it was my own effing fault, and that it was the way I’d brought her up...but, until her dad and his girlfriend and his mother and father stopped speaking tae her, I had nae problems with Emily (uh-huh) and fae they telling her no’ tae come back, that was two years past, that’s when my troubles started (right) and her favourite thing is, even yet, ‘My dad tells me I dinnae have to listen to anything you tell me’.”
Eleanor

Lack of support was not always as a result of acrimonious relationships. There was also a sense of not wanting to overburden other members of the family.

“My mum’s sort o’ blind, an my brother, he’s got his own family. I talk tae my gran sometimes, but I’ve got tae keep a lot of problems away from her ‘cause she’s had a stroke an’ that.”
Susan

“I cannae keep saying tae them that she’s getting worse.”
Eleanor

There was also an acknowledgement that this was not the way it was supposed to be, and that other children and families did not behave in this way.

“...if I do gi’ him money, he’ll go out and buy a drink or fags or that (mm-hm). If you dinnae gi’ him nothin’, he lifts them out of the house (mm-hm). How many women have got tae sleep with their phone and their handbag underneath the pillow? Basically, if it’s not *screwed* down, he’ll take it.”

Claire

Therefore, in terms of both extended family members and wider social networks, these families appeared to self-isolate, seeing themselves as different to the majority of people in their community. Facilitators were aware of the lack of social support available to these families and related this to the potential benefits of MFG attendance.

“...a lot of kids have very poor school attendance, or no school attendance. Mums have no, em, social interaction with anybody so, em, so again, there’s a little bit about the kids, em, get to interact with some of their peers in a positive manner, doing positive things and mums get to start to communicate with new adults.”

Andrew

Self-doubt

One aspect of struggling was the tendency for some mothers to introspect on the reasons for their children’s behaviour, often coming to the conclusion that it was their fault.

“It’s hard, ‘cause you’re sittin’ saying ‘have you brought them up the proper way, or have you done this, or no done that. Why’s he daein’ it an’ is he looking for attention’, an’ things like that...like, if you’ve been an unfit person, an’ then like, have I done this or that.”

Susan

“You know. It’s like admitting that...you’re not a good parent, or something like that.”

Eleanor

There was clearly the potential for other people to influence how mothers perceived themselves.

“My sister says that that’s my fault that I’ve never really, gave them a smack and that’s probably where the problem is (uh-huh) but you know a lot of the time I felt [] but tell Darren and he doesnae listen [] he knows how far tae push me but he always knows how tae push a wee bit further (mm-hm). I suppose that’s my fault for moving my limits, eh, but.”

Sally

Awareness of the mothers’ self doubt and subsequent low self-efficacy was evident to facilitators.

“A lot of mums suffer from depression, em, low self-worth, and have no haven’t really had, even, sort of, basic experience, or have the basic skills of ‘How do I access anything’. A lot of these mums come from care themselves, or they’ve come from broken homes themselves, you know. They’ve got loads of their own issues over and above actually looking after their kids and running the household.”

Andrew

“There was a theme that the mums were quite...needy in themselves with their own...emotions and their own kind of, family history and it would have been nice to have had more time to focus on the mums.”

Julie

Summary of super-ordinate theme ‘struggling’

As illustrated in figure 1, these four sub-themes were considered to be interconnected in a self-perpetuating cycle which maintained families’ sense of struggling. In other words, children’s and young peoples’ offending behaviour, often within the context of large and demanding, single-parent households, increased mothers’ self-doubt with respect to their ability to cope. This, in turn, reduced their desire to seek social support, leading to further isolation and stigmatisation, both within their own extended families and the wider local community. There was a sense that mothers

felt that if they were honest about their struggling, they might be rejected or have their children taken away.

As highlighted in the introduction, many risk factors thought to contribute to youth offending were present within these families, including poor school attendance (Whyte, 2003), disrupted family life (Juby & Farrington, 2001) and poor parental mental and emotional health (Ghate & Hazel, 2002). In addition, protective factors, such as positive school experiences (Losel & Bliesener, 1994) and well-structured households (Werner, 1989) were absent.

Although the ultimate aim of MFG intervention was to reduce youth offending, the level of struggling within these particular families suggested that this aim was unlikely to be achieved without taking a more holistic view of the multiple factors that contributed to and maintained a cycle of offending behaviour. Facilitators appeared to be aware of this, referring to families' difficulties and considering such an awareness to be essential to their effective practice.

3.3.2. Expectations of MFG

This theme concerns the expectations that participants had of the MFG prior to their attendance. These expectations were shaped by several factors that appeared to have a significant impact on the way in which they initially perceived the MFG, and which were subsumed into four sub-themes. These are illustrated in Figure 2.



Figure 2. Expectations

Previous experience of professional input

Participants' previous experience of professionals, both in terms of group and individual input, were influential in shaping their expectations. Firstly, although other groups had been enjoyable on some levels, they had often failed to facilitate much interaction for parents.

“Well the group thing that we used to go to on a Thursday... we used tae enjoy them [kids] being out...but the mothers never spoke (right)...There was one, I used tae speak tae now and again...but like, the other mothers...they tended tae speak tae the group leader and ignored, like the other mothers, even when we went outside tae have a fag...the kids were out kayaking or, mountain biking or that...they'd stand there, all at the same bit smoking, and there was hardly two words put together.”
Claire

Young people's recollections of attendance at previous groups were characterised by ambivalence.

“They were pretty boring.”

Connor

“They’re all the same.”

Paul

Parents’ perceptions of being unsupported themselves were also noted in individual work with professionals. Mothers were aware that their children could benefit from interventions but there appeared to be an underlying feeling that they themselves were not taken into consideration.

“I had a lot of support but it was for Emily. I had no supports for me (right) [] it was, ‘We dinnae work with you. We’re here for Emily’, and anything that was said that I felt I should have got tae ken, I got telt nothing.”

Eleanor

“We’ve been involved with social workers for a good number of years now but, a lot of it’s mainly just been for Darren so, if, em, if anyone’s getting a day out of it sort of thing, it’s been Darren (mm-hm).”

Sally

There was a strong sense that professionals were often not capable of understanding what families were going through.

“With social workers, for an example, right, you’re talkin’ tae your social worker, you’re tryin’ tae explain to them the problems that you’ve got with your kids, right. They’re only seein’ that through everybody’s kids (mm-hm). They’re not going through it first hand [] they’re taught that job. They haven’t been through it. Most of them haven’t been, well maybe a short percentage have actually been through it wi’ their own kids.”

Claire

One mother felt particularly strongly about the power imbalance that she perceived to characterise her relationship with some professionals, and commented on the unjustness of this.

“‘Cause I can feel that quite a bit wi’ the different authorities...police or...I always feel like, I suppose inferior

and superior's different, or too strong a word to use, eh. But...you always seem to know who's in command sort o' thing, know what I mean, or who's calling the shots [] And it's like, well you're gonna be listened tae before I am, eh...that's like tae me abusing their position a wee bit if they're gonna do anything like that...so...it's just a case, I think most of them have got the attitude whereas...they're always right.”
Sally

One young person had a similar viewpoint.

“Cause it's like they ken everything and you dinnae ken nothing.”
Emily

The same mother clearly related her current impression of social work staff to one of her early experiences.

I mean, my first experience of one of them was...she was like a sergeant major, she just came in and said, 'I'm like the social work police. I can come in, snatch your children and go off again'. So I didn't have a very high opinion of them.”
Sally

Lack of receptiveness by professionals was also an issue for some parents. Parents felt that social workers tended not to really listen to them and that they had their own agendas.

“With a social worker you cannae dae that. They put down what they want tae put down...no matter what you say... they interpret, their way. Their minds up, made up, like on panel reports. They've got their reports done before they even come and speak tae you.”
Claire

This view was echoed by a young person.

“They dinnae listen to you when you’re talking to them...they dinnae talk to you at all...they’re rude...”
Connor

Another parent felt that social workers conspired against her to make decisions regarding her children.

“I turned round and looked, the two of them were laughing at each other [social workers]. I thought, oh well, you’ve won.”
Margaret

Facilitators were acutely aware that these families’ previous experiences of professionals were likely to shape the way in which the MFG was initially perceived.

“I’d imagine...that...they’ve probably had a lot of...input from, kind of services, throughout their lives and maybe it hasn’t all been positive and, em, if they’ve had negative kind of experiences from...maybe social workers in the past, or I don’t know psychologists in the past, or counsellors in the past, then they’ll take that with them and expect that from the next kind of service that they meet.”
Andrew

Parents also referred to being let down by social work staff. One mother felt that lack of consistency and commitment from social work staff had contributed to her son’s difficulties.

“A lot of the time, em, I know they’ve got a lot on but a lot of the time, Darren’s been let down, without a phonecall, without reason whatsoever. It’s ‘Oh, something else’s come up’, and I thought, well that’s part of the problem with Darren because lots of people have let him down [] but at the end of the day, it’s only a phonecall, or a visit, or whatever, em, ‘cause when that happens tae him, ‘Oh, they’ve let me down again’ and that gets him a bad attitude towards them.”
Sally

Lack of keeping clients informed was also highlighted by another mother.

“She said she’d come back, she never did. [] She might at least write a letter, eh, really...see what’s happening.”

Margaret

Despite an overwhelming negative response to previous involvement, some mothers were still able to be positive about the help they had received and demonstrated an awareness that not all social workers were the same. One mother particularly appreciated the individualised approach that a social worker used.

“I mean I did have a social worker, em, who was, definitely different fae the rest of them. She was...really...she had her ain views on things and, although it was different from everyone else’s, it was like, you werenae necessarily going by the rules and regulations, eh, if this happens and that’s the steps you take, whereas she had her ain steps, you know what I mean (uh-huh) and it was also more for the fact that the family or the child were involved, or whatever. Although she was by the book, it was sort of adapted. So she was less intimidating. I’d rather speak tae her than any other ones, but she was only there for a wee while, so, it was back tae the other ones.”

Sally

“What is this MFG?”

During the interviews, participants were asked how they had heard about the MFG and what they expected it to be like. All family members said that they had received face-to-face contact with group facilitators who had tried to explain what the MFG was about. The extent to which mothers understood why they were being referred varied. One mother said that she wasn’t really sure what the group was about but confessed that she hadn’t really been listening.

“I don’t think I was actually listening 100%, em...and I still wasnae sure why Andrew and Sarah [facilitators] came out tae see us. [] an’ I wasnae sure of the whole...idea of us coming here, what it was about. [] I think it was just me, sort of, shutting off (mm-hm) like about, what am I comin’ here (mm-mm), em, another, em, body involved with Darren and

the problems we've got, it's just as I say, another body involved, but, em...so I was more-or-less probably no' listening properly." Sally

Some young people also appeared not to have taken the information on board.

"I dunno. I was playing the computer." Paul

"I cannae even mind what was said." Emily

Others had a clearer memory of what they had been told, but were still somewhat vague with regard to what they thought the reason behind their referral.

"...was it interactive groups, I think you call them, or something...he says that...to alleviate some of the pressure, like off of me...and tae gi' the kids something to do...an' that, that they have groups [] and that he would put a referral forward for us and see if we could get on it and see if it could help the family sort o' get, like, closer together...cause the kids and I werenae getting' on." Claire

"...something to dae wi' behaviour." Darren

This vagueness about what attendance at the MFG entailed had an impact on participants' commitment to attend and their belief that it would be of benefit.

"I was a bit dubious, 'cause I wasn't exactly sure what I was coming intae. [] I was 'aye but no', tell me when it's all definite." Sally

“I thought it was just gonna be a room wi’ about twenty chairs and you all just sat in a circle or something.”

Emily

Some mothers clearly feared the consequences of non-attendance, despite the fact that attendance was deemed to be voluntary.

“So I suppose it would have been easier for me tae say no fae the start, but I felt like I *had* tae say aye, er, because that would look better on the paperwork if it’s going to the reporter that we did agree tae go tae this thing, rather than say no. That means a good mark instead o’ a black mark.”

Sally

“...well I thought it might have helped, you know, me having the children not going into care an’ all this.”

Margaret

Social anxiety

All mothers expressed some anxiety at the thought of mixing with professionals and other families. One mother was particularly anxious.

“I’m no’ too good at meeting strangers...I dinnae like that tae start off with [] To be honest wi’ you, I didnae ken what tae expect...I thought...coming into an environment where I never really kent, it would be like...naebody would want tae speak tae you. [] I didn’t know how many was gonna be there...whether there was gonna be males and females...or what. None of us knew what tae expect.”

Claire

Young people were equally anxious.

“...it would be a bit scary ‘cos I dinnae ken anyone there.”

Andy

“I didnae ken who was gonna come or whatever...like, this time...and they should like, they should like, told you who was comin’, or whatever, to make you decide, am I goin’ or no’.”
Paul

One mother appreciated the role of her social worker in bringing her along, as she had missed the first week and this increased her anxiety.

“...and plus it was Paula [social worker] that brought us the second week, and she introduced us tae everyone and it was a bit easier. [] ‘cause it was hard for me the second week.”
Susan

Facilitators were also aware that families might be feeling nervous about attending.

“They were probably very suspicious, I would say...they must have been very...it must have been very nerve-racking for them to come to the first group.”
Julie

“I cannae dae that”

In addition to feeling anxious about meeting new people, mothers also felt intimidated at the prospect of carrying out the animation tasks. The aim of showing them videos of previously completed animation work had been to encourage parents to attend. However for one mother, it had the opposite effect.

“It was a bit scary. [] Just the way the wee film was, and you’re like, ‘I cannae dae that’. [] when I first seen the film, I thought, ‘I’m no’ gonna be able tae dae it’.”
Susan

One facilitator was aware that mothers might not be able to join in easily with what, on the surface, were perceived by staff to be essentially non-threatening tasks.

“...because adults sometimes find it difficult to kind of, allow themselves to, you know, kind of play or make or work or draw. They might find it a bit strange.” Julie

Summary of super-ordinate theme ‘expectations’

Whereas the struggling theme appeared to highlight “actual” barriers to participants seeking help, the super-ordinate theme encompassing expectations seemed to concern barriers that were “perceived” by families (Kazdin & Wassell, 1999). These barriers were significantly influenced by families’ previous experience of professional help. Mothers clearly believed themselves to be struggling, but their expectation that they themselves would not benefit from intervention hindered their motivation to attend. In addition, their low self-confidence with regard to their ability to maintain a well-functioning family life, made them less inclined to participate in services that had previously contributed to their feelings of inferiority.

Parental expectations regarding involvement in treatment have been shown to be a critical factor in affecting outcomes in social learning family treatments (Prinz & Miller, 1994). Preparation for attendance has been suggested as one method of reducing dropout (Kazdin, 1996). Facilitators appeared to be aware of families’ reluctance to engage and hence home visits and follow-up phone calls were made in order to provide as much information as possible and address parents’ initial apprehension. In this respect, disengagement was very much viewed as being the facilitators’ problem, not the families’. Two elements that facilitators considered would encourage families to attend were the showing of animated films produced by previous groups and the highlighting of the social aspect of the group. Ironically, these two elements appeared to be perceived by families as potential threats to their already shaky self-esteem, in terms of ‘exposing’ their inadequacies, with regard to both their family functioning and their practical skills. This was more evident for

mothers than young people, although the latter were anxious to find out which other young people would be attending.

Some mothers and young people admitted to “not really listening” throughout these pre-meetings, indicating a lack of emotional investment in the ‘idea’ of the MFG. The lack of engagement in services by these particular families appears to be indicative of ‘hard to reach’ families in general (Fadden, 1997) and, in this case, attendance was only ensured by means of substantial encouragement on the part of facilitators and referrers. It is also worth highlighting here the potential for ‘encouragement’ to result in coercion. During the recruitment phase, several mothers appear to have attended only in order to avoid negative sanctions, rather than anticipating positive changes. Although this was not the intention, many mothers clearly felt an obligation to attend.

3.3.3. MFG Process

Despite their initial reservations, most mothers found the MFG to be a positive experience. This theme considered the actual group processes and the way in which they evolved during the twelve weeks of attendance. Four sub-categories emerged within this theme and are illustrated in Figure 3.

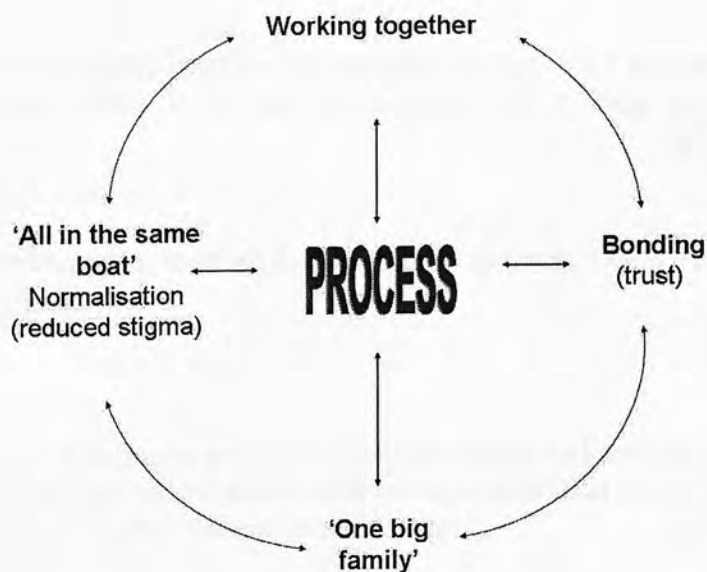


Figure 3. MFG Process

Working together

Mothers appeared to appreciate having time with their children, something that they had highlighted as being difficult to achieve in normal family circumstances.

Mothers discovered the opportunity to re-familiarise themselves with each other through the simple process of talking.

“It was good for the fact that me and him had some time together outside the rest of the family and we did things together, like that work [animation] and things.” Sally

“...an’ it was basically for me an’ Andy. Ken what I mean like, sit an’ talk tae each other, get some time for ourselves. [] an’ tae have time wi’ Andy on your own, an’ discuss things wi’ him, an’...” Susan

Young people, on the other hand, were not so enthusiastic about having to spend all day with their mothers.

“It was embarrassing... ‘cause you can’t do anything without your mum moaning.” Darren

“It was nippy, because I’d normally be out. [] I cannae, I cannae stand it in the same room for a long time.” Paul

They did, however, appear to relish the opportunity to interact with their peers during group activities.

“...me and Darren just...sat round the corner and painted and we were just talkin’ about what we were doin’ that night, and who we’re goin’ with an’ stuff like that.” Emily

The animation and art work seemed to be a particularly effective way of promoting family cohesion. This was true even for one mother who overall found the MFG atmosphere challenging.

“...sometimes she liked...yeah, didn’t you [speaking to daughter]. Once you went to it you got stuck in, didn’t you? Makin’ them puppets and things like that. [] It was alright doing stuff together. Duncan enjoyed makin’ that...what was it...‘Gaylien’ (referring to son’s puppet).” Margaret

Another mother found that her family’s usual difficult dynamics were diffused by the recreational activities.

“...see after dinner time when we hit the art room...you hardly ever heard a raised voice or a bad attitude fae any of the kids. We were all runnin’ about. Although we were doin’ our own thing, we were still talkin’ in the passin’ as we were goin’ for bits and pieces.” Claire

The same parent enjoyed seeing her child utilise art skills that he was reluctant to reveal in other situations.

“...when he was doin’ the house an’ that an’ doin’ the wee curtains for the windows...watching him do things like that, ‘cause I ken he’s got the art side there. I was like that when I was his age an’ it’s good to see it in him, and I know he can do it...but at home, he won’t do it. But the group brought it out in him...and even the school says he’s good at art.” Claire

One facilitator derived satisfaction from watching a mother re-discover her artistic side.

“...she said that whenever she used to want to get away from things she would draw and she would draw cartoon figures, you know like copy them from books or something, but I

think she found that again, through the group. You know, she found that, yes she is good at being creative and she really enjoyed that and she seemed to get engrossed.” Julie

The visual representation of their work in the form of an animated film enabled mothers to reflect on their achievements. This appeared to provide a confidence boost.

“Mmm. Even different skills that you didn’t think you had, and you weren’t going tae be able tae make they puppet things. But you done it all. It was a bit scary, ‘cause you, like, ‘I cannae dae this’, and it’s good tae see at the end that you’ve actually made one, an’ when I first seen the film, I thought, ‘I’m no’ gonna be able tae dae it’.” Susan

“I thought when I seen it on film and I seen wee bits that had been done, I thought it was great, I thought it was brilliant. To actually see them come to life, like, you know, you have tae move them in order tae get the different actions, but you don’t see that on the camera, eh, like, on the films. I thought it was great. I’m looking forward to seeing the whole thing, like.” Sally

Equally, young people seemed proud of their finished art work.

“Eh, I made my baseball bat, eh...painted the house. I did quite a few things.” Connor

One young person found the art work to be the best part of the group.

“...at the start I thought it was pretty borin’, but then, when I started building my rat an’ that, it was alright, but then at the end it gets pretty boring.” Paul

With regard to the morning’s group activities, however, “boring” seemed to be a recurring theme for young people.

“That stuff’s ... boring.”

Connor

“Well I thought it was...alright the first time I went, but then it just got boring.”

Melanie

“That was pretty boring.”

Paul

In terms of the VIG work, most mothers expressed initial anxiety and reluctance to be filmed, but managed to overcome this and found it beneficial to see the film played back.

“...yeah, because, instead of being embarrassed about what I looked like, or whatever...it was more...she knew that right away...em, us playing it, it was about the content and what was talked about, or what I done, what I said, instead o’ me lookin’ an’ goin’ ‘God!’, know what I mean.”

Sally

“...when you didn’t get tae ken other mums at that point, it was scary and it was embarrassing [being videoed] but when you got tae ken them, it was easier. [] I was quite shocked because Andy was like sometimes making eye contact with you which he wouldnae dae before and there were other things.”

Susan

This emphasis on positive interactions and achievements was the intention of facilitators.

“...‘cause you’re looking for the positive interaction and nobody’s criticizing and we’re not, kind of going backwards, and talking about all the negative things with the families. We’re trying to hopefully say ‘Look well you can do *that* and as long as you can do that, then that’s brilliant and we’ll build on it.”

Julie

Bonding

Despite their initial reticence to mix, participants began to bond as a group and became more comfortable in each others' presence. This proved to be a gradual process, particularly for mothers.

“It was a couple of weeks down the line, I think, before I got speaking to anyone.”

Susan

One parent felt that the children were an aid to breaking the ice and made the process of getting to know each other less daunting.

“...the difference there is, you're sittin', you're ha'in' a cuppa...you're watching your kids all running about...its givin' you something tae talk 'cause your kids are nae far fae you. They're still in the same building. [] If they were havin' a carry on, and we turned round and we checked them off automatically that made the two mothers talk or, how many mothers were involved wi' the kids. So, actually in a way, the kids were used, but not used, if you follow what I mean (yeah) to break the ice 'cause the mothers couldnae dae it on their ain.”

Claire

Gradually, mothers felt able to talk without needing their children around and, in fact, seemed to relish the opportunity to escape from them for a while.

“...over the weeks we started standin' out there and we'd have a chinwag while the fags were going round...and the kids werenae there, so we were managing tae have a gripe between us as well, about the kids...without the kids knowing.”

Eleanor

One mother admitted that she found it difficult to bond with the other mothers, and put this down to the fact that she was different in a way.

“...well...lots of people were quite younger. All the women were quite younger than me...and er...Melanie didn't really like going.”
Margaret

Even for this particular mother, however, a friendship formed with one other person, and during the interview she asked after her.

“I liked Susan. She was a nice person, eh. She was right friendly. Like I said, me and her were kind of alike, you know. I was actually supposed to phone her during Christmas but, you know, you just dinnae get round...does she ever ask about me?”
Margaret

Two mothers did manage to keep in touch after the MFG finished and found it to be a useful and pleasant form of social support. A wariness of becoming too close was still apparent, however.

“...and I got friendly with Claire. I mean, Emily keeps saying to me ‘You're needing to go through’, ‘No Emily. We're quite happy to phone one another’, I says, ‘That's still keeping in touch wi' one another’. An' I says ‘If I've got a problem, I can phone Claire. She's got a problem...she phones me. I ken she's got problems of her own, but she's there tae listen tae mine, and I'm there tae listen tae hers.’”
Eleanor

Mothers were very much aware of group dynamics and two parents in particular attempted to improve cohesion.

“I think we noticed Sally started opening up a wee bit more, cause we actually used tae sit and watch her going out for a fag and follow her. We intentionally done it an then we done it wi' Margaret as well. We intentionally left our fags...until they were going out...and then we were going out, and they had basically, two options. Stand there, and smoke your fag the same time as us, or put your fag straight back out, and go back in, and then we slowly got talking.”
Claire

Bonding amongst young people appeared to be easier for some.

“Cause we all got on pure sound. I got on wi’ Darren, Darren gets on wi’ me, then we all get on wi’ Paul and then Paul gets on wi’ us. I mean, Darren’s wee brothers are pure gorgeous.”
Emily

One young person appeared to keep her distance from the others, displaying a sense of ambivalence rather than dislike.

“Aye...well I did, I did get on with the young folk, mostly, but I didn’t really bother with them.”
Melanie

Facilitators were aware that socialising was difficult for some families.

“...em I think there were some mums who perhaps didn’t bond, or struggled to bond with some mums that were in the group. [] I know Margaret found it difficult to come.”
Andrew

This was something that was increasingly being seen as an important part of the prior assessment of families.

“...trying to assess, em, just how families would get on as a group, and, em, trying to ensure that, as best as you can, the folk as, you know, how well they may bond, together as a group, and how supportive they may be, especially mums with each other.”
Andrew

“One big family”

One of the characteristics of the group that appeared to be significant for mothers was the overall atmosphere, which was unlike their previous experiences of intervention.

“It was a different atmosphere. It was...friendly, if you know what I mean. It wasnae intimidating or whatever, whatsoever.”
Sally

Facilitators were also aware of the difference in atmosphere to previous groups they had facilitated.

“I suppose, when I think of other groups that I’ve ran or been part of, there’s always a kind of format that you tie into... ‘Right, this week we’re doing this’. You know, although you do need that structure...but in the family group, the way they kind of met, and were greeted in the morning and we all had coffee and, em, conversations came out of *that* that weren’t directed by us, but came from the families, because they were comfortable.”
Andrew

The atmosphere appeared to transcend regular group cohesion and some mothers likened the internal dynamics of the group to those of a family.

“...but at the group we got a chance tae say what we wanted tae say and we actually got listened tae...an’ then, it just basically it became just like one big family.”
Claire

This view was echoed by a facilitator.

“I suppose it was giving a wee bit of power to them (mm-mm) so they’d feel empowered to feel that it was *their* group, not just the facilitators’. You know it’s their kind of...I suppose it was a bit like a family.”
Julie

The process of becoming “one big family”, similar to the process of forming friendships, was a gradual process that evolved as people built up trust and became more comfortable with each other.

“...but then the other sides were coming out that were kept hidden all they weeks and we were just all startin’ tae...mind as I said, we ended up like a wee family at the end.”

Claire

The flexibility of the environment was highlighted as a positive feature which enabled a natural, family-like atmosphere to prevail. The opportunity to have lunch together also appeared to foster a sense of togetherness.

“The benefit of the group was... you’re all in the same room, tae start off with, then we split p, then we’re back together again, for dinner an’ that and then we dae our wee individual things. [] But you’re not constantly wi’ your kids, but you can be if you want . The choice is there. You can either mix wi’ your kids, or you can mix wi’ other parents, you can talk about your problems and not worry, ‘oh, where’s the kids’.”

Eleanor

“We had lunch with them as well which, I don’t really think happens in very many groups...that you actually sit down and you have your lunch with them...and we all help share roles. We share kind of like facilitators butter the bread as well as mums. We do the dishes...and that breaks down barriers as well.”

Julie

“All in the same boat”

One theme that recurred frequently for all mothers centred on the fact that their participation in the MFG had made them realize they were not alone with their problems.

“I don’t know how other folk felt...but as the weeks went on...I felt better...because I was talkin’...I dinnae ken if you can maybe understand how I feel ... I was beginning to feel like I was the only one...that had so many problems [] But once I got talkin’ tae the other mothers, you realize, you’re not alone. There is folk got they same problems. It’s just that *you* don’t know it, until you’re actually confronted wi’ somebody that’s got the same. [] Folk were startin’ tae realize ... we’re all in the same sort o’ boat.” Claire

The same parent acknowledged the powerful impact of this awareness on the way she was now able to cope with her own circumstances.

“...since being tae the group...I’ve noticed I’ve changed a lot. No’ just the kids, but my outlook on things has changed a lot, because I’ve realized...I’m not on my own. I’m not the only one that’s got unruly kids. I’m no’ the only one that’s been hit by an ex-partner.” Claire

Similarly, another mother found that her outlook had changed as a result of shared experiences with others.

“Before, I used tae go off my nutter at him [son], if he used tae get himself intae trouble. I wouldnae listen tae him, I would just say it was him that done it (mm-hm) and it makes you realise when you’re sitting in a room with all different parents, that they’ve went through it.” Susan

The similarities of problems made the group feel particularly appropriate for one parent.

“We found that if, if we were talking tae like Andrew or Sarah [facilitators] about, em, problems an’ that, it was...we all shared the same sort of problem. The questions that were getting asked, it’s questions I would have asked and...there seems tae be a lot o’ similarities, you know what I mean, your lifestyles an’ that...and problems that we’ve came across.” Sally

One mother, although she did find it hard to identify with the overall group, appreciated the fact that she did have something in common with one other member, at least.

“...mm-hm. She was kind of the *same* as me because, eh, I’m not an outgoing person, you know and neither, I thought, an’ she wasn’t either. So the two of us were in the same boat.”

Margaret

Facilitators were also aware that support that mothers gained from each other was something they could not offer themselves.

“I guess, in some ways, the whole package they receive when they come to the MFG, I can’t offer the kind of things that they’re gonna be able to get when I work individually with families. You know you have the opportunity to bounce off other mums, talk about problems. I think the fact that they are in a group situation, em and they see other people that don’t have...they’re not the only ones that have problems. It helps immensely.”

Andrew

Summary of super-ordinate theme ‘process’

What seems to emerge from participants’ perceptions of the MFG process is that the group became more than the sum of its parts, a recognised phenomenon in family therapy (Carr, 2000). Participants were able to interact with each other, both within and across families, as well as with facilitators, developing a strong sense of group cohesion. In this respect, group interactions appeared to be more influential and have greater importance for participants than didactic ways of presenting might have done. Working together on the animation project facilitated the development of a shared sense of purpose with a tangible outcome. For these families, the rare opportunity to

‘escape’ from outside pressures enabled them to utilise their creative talents, connect with their children and step back from their own struggling.

Although young people were often less than enthusiastic about working with their mothers, they were still able to successfully participate in a creative leisure activity which fostered co-operation and for which they were credited, something that Carr (2004) suggests can be a protective factor against offending behaviour. Ross (2003) suggests that children often have difficulty distinguishing between a pleasant experience and one that helps with difficulties, and therefore activities perceived as “boring” may have actually been of some benefit.

As the weeks unfolded, the connection between some mothers became stronger, in some cases developing into friendships that transcended the group. This was particularly remarkable, given the extent of social isolation and mistrust that characterised these families. Clearly this was easier for some participants than for others and facilitators had already recognised the importance of having prior knowledge of families in order to assess how they would gel as a group and to ensure the psychological safety of everyone.

The network of relationships that developed during the MFG appeared to represent more than group cohesion, and was described by participants as resembling a family. Participants noted an absence of the typical power imbalance that had characterised many of their previous encounters with services and this allowed them to develop a genuine personal responsibility and commitment to one another, taking on roles they might previously have felt to be beyond their capabilities. Facilitators were also aware that the group processes encouraged a sense of “one big family” and acknowledged that this was a different way of working for them.

Essentially, the ‘glue’ that bonded these families together and facilitated the MFG process appeared to arise from their overlap of life experiences. Although the obvious common factor was the membership within the family of a young person

who had offended, all families, to some extent, were dealing with school failure, lack of effective discipline, parent-child conflict, father absence and maternal low self-esteem. Membership of the MFG enabled them to feel less alone and isolated, something of particular importance for these typically disenfranchised families (Quinn, 2004). In this sense, families were able to provide mutual support regarding their similar life challenges and struggles in a way that facilitators were not.

3.3.4. MFG ethos

The fourth super-ordinate theme to emerge from interview material encompassed an overall group 'ethos' or 'culture'. As the MFG progressed, a strong sense of group identity seemed to develop across all participants. Four distinct sub-themes were identified, as shown in Figure 4.

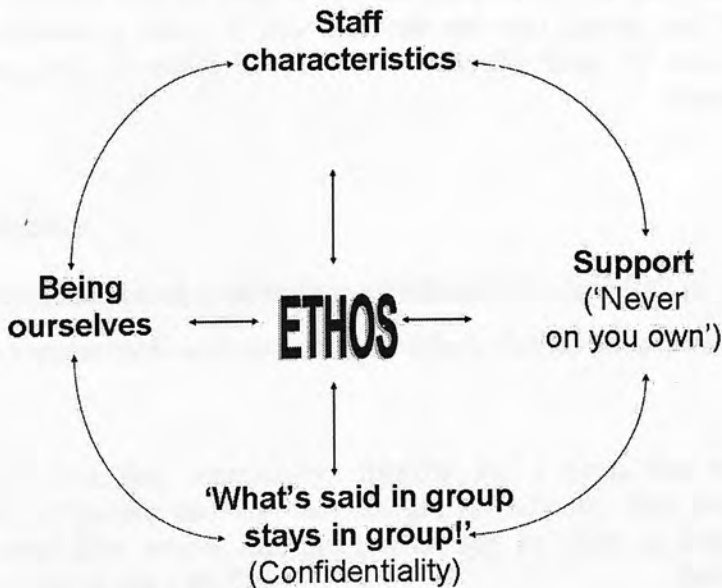


Figure 4. MFG Ethos

“What’s said in the group stays in the group”

Although, in general, the group culture emerged informally, the issue of confidentiality had been made explicit during the first session. Group members themselves had formally expressed their desire to respect each other’s needs for confidentiality in terms of their personal lives and this proved to be extremely important in developing trust.

“...where when I come down here, I’ve been able tae talk tae Susan I’ve been able tae talk tae Sally, just about what’s going on in our ain hames, kenning that it’ll go no further. It’s like, what’s *said* in the group *stays* in the group.”

Eleanor

Mothers appeared to feel safe disclosing personal issues within the group, that they felt unable to speak candidly about to friends and neighbours.

“...another way as well, if you tell them things, as well, it’s confidential, where if you went out and said that to any of your pals, it would be half way round the town by now.”

Susan

Staff characteristics

Staff characteristics appeared to contribute significantly to the MFG process. Staff were felt to be approachable and seemed to be able to put families at ease fairly quickly.

“...as it is, they were really...friendly, so...I mean, they tae me are people that are easy tae get on wi’ and they help people, like, maybe me, that’s a bit shy an’ that, to bring themselves out a bit.”

Sally

“I found it easier talkin’ to the staff (uh-huh). I mean, I come in, I wouldnae say I had that much tae say the first week, but by the second week...my tongue was runnin’ away wi’ me.”

Eleanor

“She’s nice her [facilitator]. She was really nice.”

Margaret

Staff were also considered to be genuine, in contrast to mothers’ pre-existing perceptions of professionals not really listening to them.

“...and the difference is, *youse* have tried tae understand as well, how *we* feel, whereas social workers, it’s like a prison, you’re just a number. And that’s what we were feeling like. That’s what came out in one of our conversations...we felt for once, somebody was sittin’ not just *watchin’*, but they were *listenin’*.”

Claire

“...because there was never anything like getting told to me, or whatever, or...put to me. It was always...questions asked, or we’d ask...if we wanted to talk about something, blah, blah, blah and if we did, then we were listened tae...know what I mean (yeah) and, Sarah [facilitator] an’ that, whoever was listening, seemed sincere in their listening.”

Sally

Young people also felt that staff were easy to get on with;

“They were just...sound, an’...If you were sound wi’ them, they were sound wi’ you. [] They had a carry-on wi’ you. They just had a laugh an’ that.”

Emily

“They were helpful an’ kind, an’ all that.”

Andy

...and contrasted MFG staff with previous, less positive, experiences of staff.

“...but when you get some staff that’s pure crabbit and just in their job for their money.”

Emily

In addition, mothers felt that MFG staff treated them as equals. This lack of ‘pulling rank’ is clearly illustrated in a quote from one mother, who highlighted the fact that she was unaware initially of particular staff roles within the MFG.

“I never felt like this was like, social work involvement or... for a good few weeks I didnae know what the positions were. I thought you were all like psychologists or something... [participant laughs] but I was never made tae feel that...you were staff and I was...or we were, know what I mean, patients, or whatever it is you want to call us. [] it was more equal. It was more...you werenae looked down at, or... made tae feel like you didnae know what you were talking about or anything, where a lot of the time, I feel I cannae say what I want tae social workers ‘cause, like...they don’t understand what I’m saying, or...they’re qualified...so...but I never felt like that here. It was...friendly, if you know what I mean (uh-huh). It wasnae intimidating or whatever, whatsoever...which I find a lot of social workers can be.” Sally

Facilitators seemed to be aware that their own commitment to families and their style of working was particularly significant.

“...probably one of the reasons why most of the families appeared to be so open, is about, the consistency of staff. [] There’s a great deal of thought that goes into it...who runs the group...and it’s not just a case of, ‘Oh, we’re one person down, let’s pull someone in’. There’s a great deal of thought that goes in about, looking at their [staffs’] approach, em, just looking at the whole different skills and attributes that are needed, for that post.” Andrew

Being ourselves

Another important aspect of the group for mothers was the fact that they were allowed to be themselves and did not feel that they had to act in a certain way.

“Youse were easier tae...I wouldnae put it...we didn’t feel criticism fae youse, fae the staff. We didn’t feel as if it were criticized. You left us alone tae be *us*. We had a gripe...if

youse were there, you sat and youse listened tae it a couple of times when it got out o' hand, something was said but apart fae that you let us gripe, you let us get it out."

Sally

Acceptance of families for themselves was echoed by facilitators.

"I think the MFG does have a definite kind of ethos in the way that...I suppose just all the things that we, as facilitators try to approach the group with...we try to be non-judgmental."

Julie

Event though one mother realised that part of the staff's role was to observe families, she found this acceptable and did not feel restricted in her actions.

"We knew, that...everybody at that group knew, youse were watchin' what we were doing', how we were interacting as a family and how we were interacting as other people, with other people. But...we didn't feel that you were invading our privacy at the same time, which allowed us tae be us, not what you wanted us tae be. We didn't have tae put a false show on for you, like, 'right, we're at the group for blah, blah reasons'."

Claire

Facilitators were aware that families had begun to trust them, and acknowledged the very real fear that these families experienced in their everyday contact with statutory organizations.

"...they genuinely felt that people were there to actually deal with issues that were related to them, em, without the fear of, em, without the fear of, you know us taking the kids away or anything like that."

Andrew

Young people were also felt to appreciate facilitators' attitudes.

“One of the boys said it’s because you treat us like human beings, you treat us like adults, you know, and you don’t speak to us the way that teachers do. You don’t speak down to us.”
Andrew

One facilitator highlighted the reciprocal nature of this trust;

“...as facilitators become a wee bit more confident about our approach...we weren’t, kind of, afraid to be ourselves and afraid to kind of be, open with families and we were...just ourselves basically.”
Julie

and contrasted this with the way in which she had been trained to work.

“I know in my training, and especially if you take an analytical approach with art therapy...you don’t give too much away...but I don’t think for this group it was appropriate. It was more appropriate just to be open and...more approachable...because that’s what we were trying to do, was help the parent-child relationship and I suppose if we modeled that, ourselves as facilitators...”
Julie

Allowing families to go at their own pace was felt by facilitators to be most effective.

“We weren’t asking too much of them at the beginning, it was just very gentle, making them feel comfortable, making them feel at ease, that no one’s gonna be judging them.”
Julie

Support

This sub-theme recurred throughout the interview transcripts for the majority of mothers. In essence, the MFG seemed to provide something that the mothers had highlighted as lacking in their home environments. Staff were seen as both available and approachable.

“...we’d been told fae the start, we had any problems...we could go tae any member o’ the staff and if one couldn’t help you then they would get you to speak to one of the other staff ...but there would always be somebody there that would help us one way or the other.”
Claire

“There was plenty of folk there for tae speak tae an’ plenty tae listen tae and if you had a question you were getting’ a straightforward answer.”
Eleanor

Support came not only from staff, but from other mothers.

“You were never on your own. There was always somebody there. They’d seen me comfort Eleanor when Eleanor had been crying, and then I’d done it wi’ Sally an’ then we all started doin’ it wi’ each other. It put, a bit o’ bondness there wi’ us, because we realized, there was nothin’ wrong in cryin’. There was somebody there tae sit and listen...but we’d always thought we’d all been on our own.”
Claire

One facilitator emphasised the importance of maintaining regular contact with families.

“and there’s also...a wee bit more time spent with the families outwith the group, as in you know, maybe family visits through the week or even if it’s just a telephone call, to see how they were doing. Em, I think they appreciated that ‘cause you kept a link from week to week.”
Andrew

This appeared to be reassuring for families.

“It’s nice tae ken you’re only a phone call away.”
Eleanor

Summary of super-ordinate theme ‘ethos’

Overall, these four sub-themes could be considered to comprise a particular group ethos that characterized the MFG process and enabled the majority of families to quickly begin to experience the group in a positive manner, counteracting their initial negative expectations. Some elements of this ethos were clearly stated and consciously applied by facilitators. Confidentiality, for example, is an essential component of any service-led group and is necessary to develop a group dynamic of trust. Trusting for these families was deemed to be particularly difficult in terms of both their previous experiences of professionals and their alienation within their own communities, and therefore their faith in the confidentiality of the group could not be taken for granted. Clearly, however, families did feel secure enough within the MFG environment to open up to one another and to staff in a way that they explicitly avoided doing in any other circumstances, testimony to the strong sense of trust that prevailed.

The staff characteristics commented on by both mothers and young people were also felt by facilitators to be based on an explicit professional code of conduct, adhered to as a matter of course within their general working practice. Facilitators aimed to be non-judgmental, genuine and supportive towards participants. Interestingly, despite the multidisciplinary nature of the staff group, they appeared to see themselves first and foremost as MFG facilitators, rather than as representing their primary profession. This fostered a sense of cohesion within staff, which encouraged the emergence of a distinctive ethos. This ethos links in with Trotter’s (1999) theory of pro-social modeling, which essentially argues that staff themselves need to model the behaviours they wish to promote and discourage those behaviours they wish to eliminate or reduce. Trotter’s theory therefore emphasizes that style and approach are just as important in bringing about effective change as specific programmes of intervention.

Other elements of the ethos were less explicit and appeared to evolve as the group progressed. Facilitators’ response to families very much depended on the families’ characteristics and the way in which they initially participated in the group. This

flexibility ensured that intervention remained relevant and useful for individuals and also enabled families to truly be themselves without fear of being rejected or penalized, providing them with a previously lacking sense of belonging and validation. Interestingly, facilitators also commented that they too felt more relaxed about being themselves, resulting in a reduction of traditional boundaries between clients and staff. Staff appeared to appreciate being with clients in a less formal way and this was equally valued by families. This way of working appears to be a significant factor in enabling this type of client group, who probably view themselves as very different and separate from professional staff, to feel comfortable about accessing services (Bishop *et al.*, 2002).

The final sub-theme in this section encompassed the supportive nature of the MFG. Support was available both from other families and facilitators and seemed to be of particular benefit to mothers, who had previously felt left out of professionals' involvement with their children. In effect, this enabled mothers' experiences of struggling to be validated, rather than ignored in the haste to facilitate change (Quinn, 2004). In addition, facilitators began to recognise that families needed support in between sessions and this became an essential part of the overall MFG service, in the form of phone calls and home visits to reassure families and deal with any crises that had arisen during the week.

3.3.5. Impact

This theme related to the way in which attendance at the MFG was perceived by participants to have impacted on their lives. Four sub-themes emerged within this super-ordinate theme and these are illustrated in Figure 5.



Figure 5. Impact

Changes in young people

Many mothers felt that their children's attitudes had changed as a result of their attendance at the MFG.

“In the beginning, when she was first taken into care, she wouldn't speak to me, she hated me, but she now realizes that what I did then, was for her benefit and not my aim. [] She's started to listen. Things have improved a lot. She's accepting that she's needing the help and she's taking what she's getting offered. I'd say the first time she was down here, she wasn't really much interested but then she started ...listening and joining in and there has been a lot of improvements in her since she was down here. First when she was speaking to me she'd be looking one way and I'd be looking at her, where now she'll face me or you'll say to her, 'Look would you do this', and it's done, where before...”
Eleanor

Another mother had noticed that her son's relationship with his siblings had improved.

“He’s started helping quite a bit with the wee ones, he loves taking care of the wee ones. He gets them up an’ that and plays with them, or he’ll help with getting them to sleep, so...he’s had a lot more time wi’ the wee ones than what he used tae, or if it was time for them it would be to annoy them and wind them up and things like that, but he’s started tae come away from that a wee bit. He’s actually taking time tae be with them sort of thing.”
Sally

One boy was now keeping out of trouble in the community, a fact which his mother put down to his attendance at the MFG.

“He’s changed a wee bit. He’s kept himself out of trouble since June [] ‘an he’s actually kept away from the boys that he was getting into trouble with.”
Susan

Her son confirmed this.

“I just stay out o’ trouble. I just dinnae go out anymore. Just stay in.”
Andy

One mother noted that the change in her daughter’s attitude was so dramatic that she had begun to influence her peers.

“Emily’s been a model pupil ever since, apart from the two carries on with the hash, but other than that...she’s been asked quite a few times for her tae go on the run. She decided, took a step back, ‘No, I’m wantin’ tae go home tae my mum. I’m no wantin’ tae be here...the rest of my life type thing’. But then she’s also been goin’ tae one of the workers and saying ‘Look, so-and-so’s planning on running away’. So of course then, they’ve been stopped in their tracks.”
Eleanor

Changes in mothers

As well as an awareness that their children had changed, some mothers felt that their own attitudes had altered. One mother felt that the MFG had enabled her to open up and begin to come to terms with some emotional baggage that she had been struggling with.

“...an’ you’ve kept all that hatred an’...anxiety an’ everything, built up inside you for years an’ then for a basic twelve week course...things that you’ve been trying to get off your chest for years on end, came out in twelve weeks what you’ve been tryin’ tae get across in, say, maybe twelve years...an’ it does take a lot o’ weight off your shoulders.”

Claire

This same mother acknowledged that opening up had not been easy for her.

“...because I couldn’t handle it, it was a *new* thing tae me... somebody sittin’ listenin’. Being in company. I’m used tae bein’ a loner. But the group could change that. It’s changed for a lot o’ us.”

Claire

In addition, her self-esteem appeared to increase as a result of her role as advisor to other mothers in the group, and this had a positive impact on her ability to cope with her children.

“...but it also helped my attitude wi’ the bairns...cause I was feeling that I gave somebody else advice but it was up tae them whether they took it or not and if I couldn’t help I would say...go tae one of them (facilitators) if I couldnae help. But it made me feel better wi’ my kids...because no matter how much they tried tae wind me up I thought, nuht, I’ve done ma’ good deed for the day you’re no’ getting’ there...and I started standin’ up on my ain two feet wi’ them more.”

Claire

A similar effect was apparent for another parent.

“Aye, I mean before, when she would start, she would sort o’, she would face up tae you, and you’d back off thinking, the size of her compared tae me, eh. If I slapped her, then I’d be lyin’ on the ground. But now, no ... I mean, I’ve actually grabbed her back in the door...and she’s been telt, ‘You’re no’ goin’ out’. Where I’ll lock the door and put the key in my pocket. And if that had been six months ago she would have climbed out the kitchen window...” Eleanor

Experiences at the MFG also appeared to increase confidence in other areas of life.

“where now, I mean, I was, I’ve been on the tenant’s and residents’ group for about three year. I would go tae the meetings. I would never put a point over. I would sit and listen tae what everyone else had to say, where now, at our meetings I’ll say, ‘This has tae get looked intae. We need this sorted out’, whereas before I’d have just sat back and left it tae everybody else, where now, I feel I’ve got the confidence...that’s what I’m wanting to put across, I could do it on my own.” Eleanor

Facilitators were aware of the change in mothers’ attitudes as the weeks progressed.

“It’s really interesting, isn’t it, because it’s supposed to be a group...I think the mums came along at first thinking it was for the children and it...sort of changed.” Andrew

Relationships

Perhaps one of the most significant consequences of changes in mothers and children was the impact on their relationships with one another. Some mothers commented on the stronger bond they now had with their child.

“...em...although you might no’ realise it at the time, but at the end of the twelve weeks, whatever, something has changed, know what I mean. Even if it is slight, em, I mean, I cannae say that I noticed any big changes in Darren but I think, at the end o’ it, I did notice that me and him were, or he was able tae talk tae me a wee bit better, than what he would, em...so there must have been a wee bit more o’ a bond there than what I noticed tae start wi’.” Sally

Her son described their relationship as

“...a bit better.”

Darren

Another mother reiterated this feeling with her daughter.

“...but when I look at what I’ve gotten back fae her. I mean, this last three months, maybe four at the most, I’ve been getting’ cuddles fae her. [] This’ll sound daft...It’s as if I’ve bonded over again.” Eleanor

Eleanor’s daughter confirmed that their relationship had improved.

“We’ve only argued three times fae November...we used tae argue every day.” Emily

Facilitators were aware of the powerful effect that some of the group processes had on mothers with regard to their relationships with their children.

“Take VIG, for instance. The impact something like that can actually have, where mums actually see their children as kids again, and they actually see them interacting with them, and the bits they thought had disappeared for ever, are actually still there. That can be quite emotional for them, but in a really positive way.” Andrew

Despite the majority of mothers reacting positively to the MFG one mother felt that it had had very little impact on either her or her children. In particular, she struggled to cope with the social aspect of the group, and found it difficult to approach staff for help. Facilitators were aware of the difficulties for this family, but still felt that they did have some positive experiences.

“...they still did take part in the activities and they had that lovely image that they did together, do you remember the world, with the love heart in the middle? And Duncan and Melanie and Margaret worked on that together.” Julie

Professional development

In addition to changes in families, facilitators were also aware of the way in which the MFG had impacted on themselves, particularly in terms of professional development. Multidisciplinary working was highlighted as something that had greatly enhanced their own skills.

“You have to be prepared to...be open and...be open to change and be open to how the other members of staff work, because we all have different backgrounds, so, it’s not to say one person’s technique is right. It’s like we’ve all got something to offer and we can all learn from each other. So I found that very beneficial.” Julie

Enthusiasm and commitment was also clearly apparent.

“It’s fascinating to watch, em, families with each other. I had a fantastic time, working with the family groups. Every group is a challenge. Every group is different.”

Andrew

“I found that all the families were just lovely. They were just really...yeah, they were a pleasure to be with. I found that, it was very comfortable to be with them.” Julie

Summary of super-ordinate theme 'impact'

Overall, changes in families were considered both in individual terms and in terms of family dynamics. As with previous themes, young peoples' perceptions of change were less explicit although the majority did appear to acknowledge that they were staying out of trouble more and had noticed improvements in family relationships. Mothers, on the other hand, were very expressive about the changes in their relationship with their children, often becoming emotional about the re-establishment of some sort of bond. A sense of pride was also apparent for some parents when describing the impact that the change in their children's behaviour had on other areas of their lives. This pride in their children's achievements had begun to surface during group activities and was perhaps facilitated by the supportive ethos encouraged by the group, which emphasised accomplishment rather than negative behaviour, something these families appeared to be unused to.

Mothers also acknowledged significant changes in themselves in that they were more confident in general and were more able to cope with their children's behaviour. In effect they appeared to have begun to take more responsibility for their children's behaviour by acknowledging that the way they themselves behaved had an impact on family dynamics. This fits in with systemic models of conduct disorder which view the context of disorganised families as a potential contributing factor (Kazdin, 1995).

In trying to work out why the MFG process had such an impact on these families, Kazdin (2000) provides a useful model which emphasises that treatment acceptability is positively correlated with therapeutic change.¹³ The characteristics of MFG intervention, as encompassed within the MFG process and MFG ethos, appeared to be highly acceptable to participants. Quinton (2004) suggests that accepting support depends on feeling that there is a mutual respect and partnership in

¹³ Kazdin (2000) defines treatment acceptability as the extent to which clients view treatment as reasonable, justified, fair and palatable.

the relationship. In other words, families want to feel in control, be treated like adults and be taken seriously.

By identifying the particular factors that influenced acceptability of MFG intervention, rather than outcome alone, the reasons why this particular client group responded well to a service they had previously considered to be hostile and unhelpful become clearer.

One unanticipated impact of MFG intervention concerned facilitators' reaction to their own involvement. Enthusiasm and commitment to working with a notoriously difficult client group was clearly evident throughout the process, as was an allegiance to truly multidisciplinary working. Despite the intensive nature of the work and the 'whole day' approach, facilitators appeared to maintain high motivation throughout the programme. This appeared to be a contrast to the overwhelming sense of frustration and high rates of burnout experienced by many professionals working with this kind of family. Again, using Kazdin's model, it appears that this way of working was highly acceptable to facilitators as well as clients. In essence, the 'fit' between staff and client seemed to be a crucial factor influencing the overall impact of MFG intervention, highlighting the significance of the MFG ethos to positive outcomes.

3.3.6. Limitations

The final theme to emerge from interview transcripts was concerned with the limitations of MFG intervention and implications for future service development. The sub-themes for this category are illustrated in Figure 6.

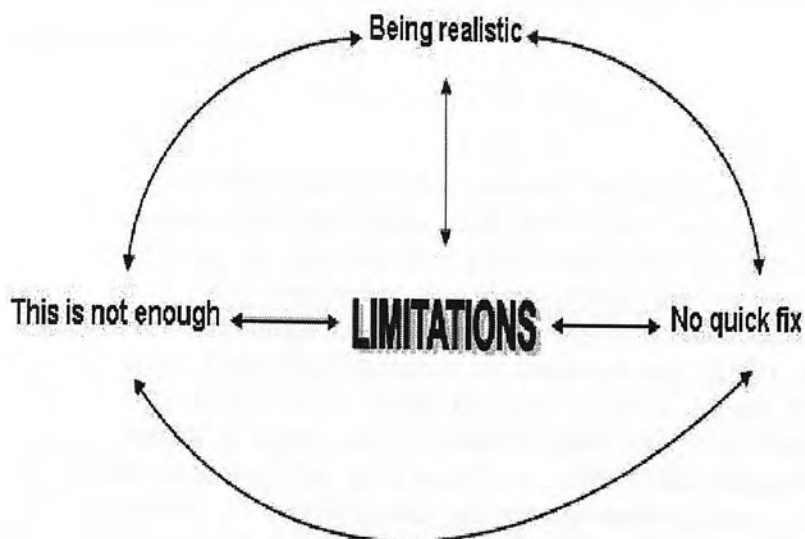


Figure 6. Limitations

Being realistic

Although the majority of mothers noticed an improvement in their relationship with their child during the group, they were realistic about the long term impact.

“...it’s just that, as soon as you get out of this environment it’s...back to the norm, so you’ve no’ actually got time to sit and reflect what’s just happened, although I mean, you’ll maybe talk about it on the way back in the taxi, whatever, soon as we get back in it’s ‘Mum, Mum!’ Everything’s like, back tae normal. So, that’s it laid tae rest, sort o’ thing, until the next week.”
Sally

“The school problem’s still going on...refusing tae go tae school. He’s actually getting picked up fae social work and he’s still refusing tae go.”
Susan

One mother, although she appreciated talking to other mothers, felt that her difficulties with her own children were more severe, and that what worked for them would not necessarily work for her.

“...and then you get other mothers’ inputs to how they were dealing with their kids...and you’d find out it was totally different to the way that you would deal wi’ yours. Like Emily and Darren an’ that, for instance, they get grounded, they get things taken away from them. I can’t do that wi’ mine. I take the Playstation off them and say, ‘Right, that’s it. You’re no’ sittin’ until five, six o’clock in the morning burnin’ it again...they’ll sneak in here when I’m sleepin’. In the morning I get up it’s not here and it’s back plugged in the room ... I’ve tried other ways of grounding them...locking the door so that they cannae get out. They’ll bang holes in my wall, they’ll kick the door...eventually I just say, ‘Oh, get out of my face’, and I’ll let them out.”
Claire

One mother admitted total resignation at her situation and the fact that the MFG had not helped her keep her children at home.

“Well I thought it might have helped, you know, me having the children not going into care an’ all this, but now that *he’s* (father) got them down there, I don’t know...I tried my best really. That was that.”
Margaret

One young person seemed cautious in her predictions for the future when she came out of care.

“We’ll just have to see how it goes when I get out.” Emily

Not long enough

There was an overall sense from parents that the group could have run for longer, in terms of benefiting both the children:

“...just as we were startin’ tae reach a good point...that was the end o’ it...because all the kids were startin’ tae get closer together. They were startin’ tae calm down. All the kids were startin’ tae mix, tae help each other.”
Claire

and the mothers.

“...other sides were coming out that were kept hidden all they weeks and we were just all startin’ tae...takin’ our skeletons out an’ dustin’ them off and everything tae get rid o’ them and we had tae put them back in the cupboards.”
Claire

“Em, I was a bit...thingied when it was having to stop, when it was comin’ tae an end. ‘Cause this is something that I wouldnae mind comin’ tae once a week, or whatever.”
Sally

Most young people would also have liked the group to continue for longer and revealed what they would miss about it.

“...painting...people tae talk tae...a day off school.”
Connor

“Darren an’ that and Paul. My wee pals.”
Emily

Facilitators also believed that a longer intervention would have been beneficial.

“I mean, when you’re trying to change someone’s...inner mind set, if you like, or the way they behave or the way they relate, twelve weeks out of someone’s life really isn’t that long a time. I mean...we did progress...but I think it would have been better if it had been longer.”
Julie

Facilitators described a sense of abandonment for families after the end of the MFG, and a desire to offer them something more.

“One thing that we’ve learned is how, the impact the group has on these families, if there isn’t something afterwards, you know, it’s almost like, what have they got left? [] We’re gonna have more and more mums and families out there, having a really positive experience, but then being put back in their own environment, and missing what they got out of the group, so we need to find a way of transferring what they got out of the group as much as we can, back into their own communities.”
Andrew

“I feel in terms of the mums, some sort of mums’ group, or future contact with them would be really appropriate because they’ve started to tap into things that...are becoming...develop a wee bit of awareness that they maybe didn’t have before the group, but now they’ve got it, it’s like, what do you do with that now?”
Julie

No ‘quick fix’

One facilitator emphasised the *gradual* process of change that occurred for families and the resultant rewarding feeling this brought.

“...a lot of them do seem to be beginning to understand the importance of basic communications, stuff like that. You can see that. A lot of them, sometimes it takes until week nine for them to actually get it, some of the purposes of the exercises we are actually doing. But when the penny sinks, it’s really good to see them, and it’s really good when they actually come back and tell you, ‘Actually I did this and I did that at home.’”
Andrew

Facilitators were also aware that this slow and not easily visible progress was not compatible with service aims and budgets. Hence, the pressure to ‘deliver’ quickly was a frustrating aspect of the job.

“On a different level, you’ve got the people who fund us and what they’re expecting and there’s pressure that comes from them as well and social work are expecting something different from health because they’ve got welfare and all these issues ... you know, maybe children’s hearings that are coming up and issues with the police and offending behaviour. [...] and you do feel that pressure because you’re being pulled between one way and another and you can, at times, feel a bit under pressure to deliver something, or fix these families, or, you know, measure how much it’s changed. ‘Tell us that they’re all gonna stay together and be happy ever after’. Or, it could even come down to something as simple as, ‘Well, have they offended in the last twelve weeks?’”
Julie

Summary of super-ordinate theme ‘limitations’

Despite the overwhelmingly positive response to the MFG and an awareness that it had impacted favourably in many areas, families were often unable to be optimistic about the future. Even when the group was still in progress, there was a realization that its positive effects were hard to maintain in the home environment, and that its influence did not necessarily extend to such things as school attendance. Mothers seemed to view the future with a certain sense of inevitability that resulted from years of struggling with their own particular circumstances and seeing very little change. In many ways, mothers seemed to view their attendance at the MFG as a form of respite from the outside world. While in progress, it provided safety and validation that parenting was a stressful enterprise. However, back in the outside world, the multiple stressors facing these families resurfaced and overwhelmed much of the positive feelings that had emerged during the MFG.

Both families and facilitators felt that the end of the group came too soon. Families were reluctant to give up what had been an extremely rewarding experience, and had invested heavily in the treatment process as well as in their relationships with other participants. This precipitated an intensely emotional response to the ending phase of the MFG which seemed to be influenced by a feeling of hopelessness about the future. In addition, facilitators seemed to feel a sense of continuing commitment to

these families, to the extent that they perceived it to be potentially damaging to give them such a positive experience and then withdraw it. Overall, participants' perceptions at the end of the group seemed to represent a lack of confidence in these families' ability to fully overcome their struggling without further support. One implication for this was the realisation of the need to provide some sort of follow-up service, something that families were now receptive to.

Facilitators were also frustrated by the competing aims of service providers, aims that were often misguided by a lack of knowledge of the reality of working face-to-face with this client group. The difficulty of 'measuring' change was also highlighted. Despite the visible difference in families' attitudes and their eagerness to engage in the MFG, facilitators were aware that this was not easy to quantify. However, facilitators still strongly believed that these factors were an essential prerequisite for more long-term change and were therefore highly significant.

3.3.7. Inter-relationship of themes

To conclude the results section, Figure 7 illustrates the relationship between themes. Families who were referred to the MFG were **struggling** and had low **expectations** of intervention. However, the presence of a supportive and non-judgmental **ethos** facilitated the positive **impact** of the group **process**. Families became more accepting of intervention and their **expectations** regarding future services were raised. Despite some **limitations**, the impact of MFG intervention appeared to reduce some aspects of **struggling** for these families. Thus, a self-perpetuating loop seemed to be in evidence.

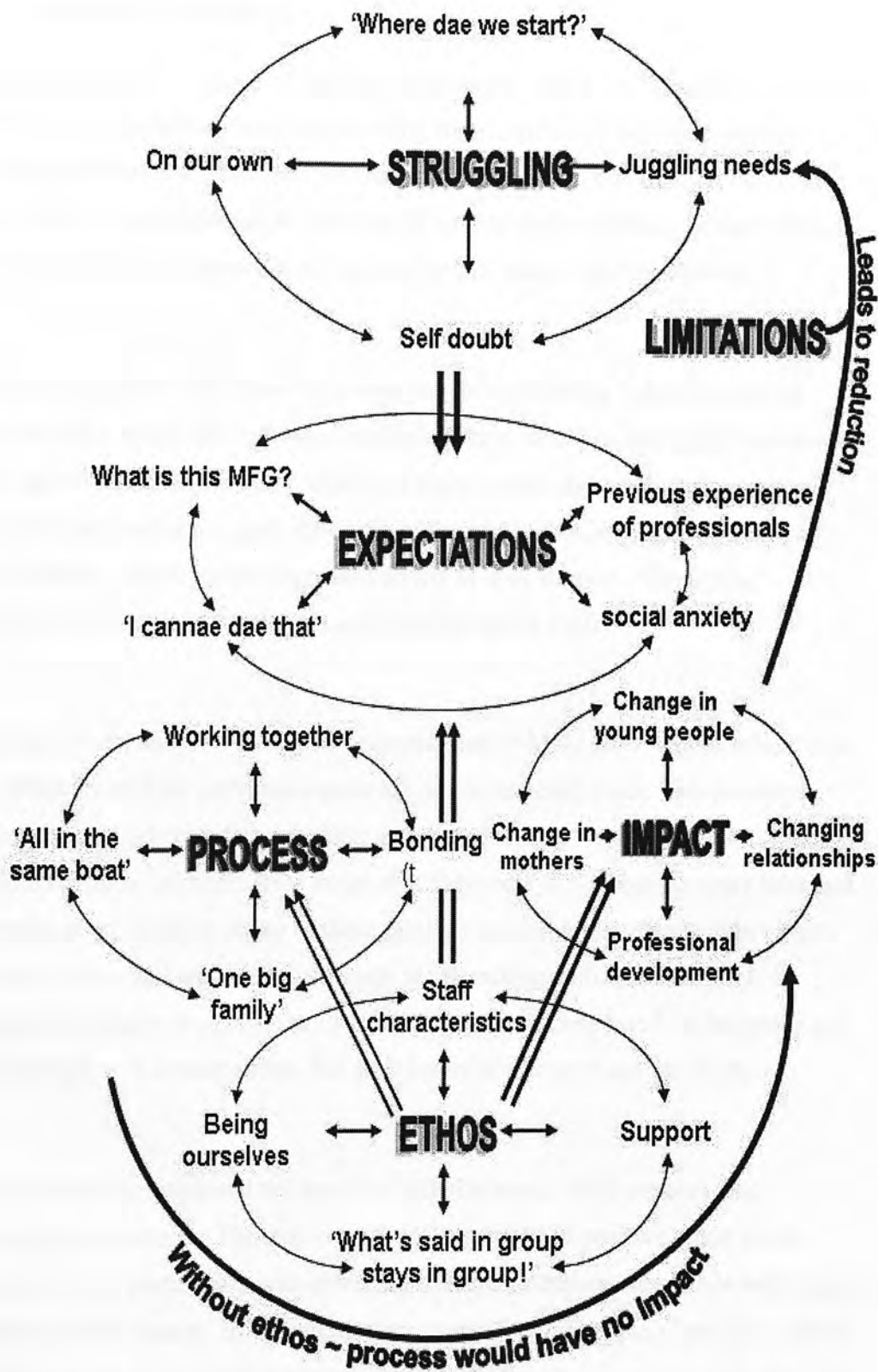


Figure 7. Diagrammatic illustration identifying the inter-relationship of themes

4. Issues and implications

4.1. Summary of findings

The experiences of five families' and two facilitators' attendance at a multiple family group for young people at risk of reoffending were explored using semi-structured interviewing. Interviews were analysed using a qualitative methodology, namely Interpretative Phenomenological Analysis (IPA). Six super-ordinate themes emerged. These were struggling, expectations, process, ethos, impact and limitations.

Within the first theme, the impact of young people's offending behaviour on the family was seen within the context of multiple family stressors that might increase the risk of offending behaviour. Inability to control their children's behaviour and the necessity of having to juggle the needs of the whole family increased maternal low self-esteem, which in turn decreased ability to seek support. 'Struggling' therefore seemed to be maintained in a self-perpetuating cycle.

The second theme concerned families' expectations of MFG intervention which were based primarily on their previous experience of professional input. This previous input was largely perceived as unhelpful and intrusive, resulting in suspicion towards any future services. Mothers were aware that they were struggling but were reluctant to accept help. In addition, many of these families had experienced rejection in their own communities and were therefore wary of interacting with other families. Facilitators' attempts to engage families prior to the commencement of the group put families at ease to a certain extent, but their levels of anxiety were still high.

The third theme encompassed the way in which the actual MFG process was perceived by participants. The majority of mothers spoke in positive terms about their experiences, particularly with reference to the connections they made with other families and their 'escape' from everyday pressures. Young people were less positive about group activities but they too appeared to enjoy the social contact with peers. In

essence the MFG process was viewed as highly acceptable by families. It appeared to foster a sense of belonging and self-validation, which enabled family members to view themselves and each other in a more positive light. Mothers also gained strength from identifying with each other's challenging life experiences.

The fourth theme was characterised by a group 'ethos' which was felt to be instrumental in facilitating acceptance of the MFG process. Although elements of this ethos were deliberately constructed by facilitators, much of it evolved during the process as a consequence of interactions between participants. In addition to bonding with each other, both mothers and young people felt able to connect with facilitators on a more equal level than they were used to with other professionals. Although facilitators were considered to provide appropriate guidance where necessary, this was felt to occur in a non-judgmental manner which enabled families to feel genuinely valued. Facilitators also valued being able to "be themselves".

The fifth theme encompassed the overall impact that the MFG process was felt to have on participants. Both mothers and young people considered their relationships with one another to have improved as a result of their attendance at the group. Mothers appeared to be less critical of their children and referred to pride in their achievements, both during the group and within the broader context of life outside. Mothers also expressed an increase in their general self-confidence which both increased their ability to cope with their children's behaviour and increased their self-confidence in other areas of their lives. The impact on facilitators was also worthy of note. Facilitators expressed an enthusiasm for this way of working, both in terms of the interdisciplinary nature of the work and the nature of engagement with families. In many ways, this was contrary to their typical way of working.

The final theme considered the limitations of this particular intervention. These limitations were seen to emerge in relation to the longer-term impact of the positive changes that had occurred during the group. Mothers and facilitators appeared to have doubts about the ability of these changes to be maintained in the home

environment. Although the group had provided an intensive intervention, the multiple problems of these families were unlikely to be resolved with one intervention alone. In this respect, participants' doubts could be viewed as being realistic. Facilitators were aware of these limitations and conveyed a feeling of the need for future obligation to these families in order to maintain the trust that had built up. Facilitators also felt under considerable pressure from services to "fix" families quickly, and were frustrated by this unrealistic expectation.

4.2. Implications of the findings

There are many theories of family therapy, all of which vary in their focus on the role of the family in problem predisposition and problem maintenance. However, all professionals involved in working with families highlight the role of the family in problem resolution. The literature on working with young people with conduct disorder within a family context points to some interesting areas that are relevant to the findings of this study (Carr, 2000). These will now be discussed.

4.2.1. Working with parents and young people together

One of the MFG's greatest strengths appeared to relate to its simultaneous involvement of mothers with their children. Although separation did occasionally occur as part of activities or during breaks, the primary focus of the MFG was on mothers and children participating together. Feedback from parents working with Youth Offending Teams has highlighted the need to involve young people in work with parents and vice versa (Scottish Executive, 2004).

Young people and parents often have very different perceptions of what is causing the difficulties in their families. Keiley (2002) points out that at the beginning of multiple family therapy, parents often believe that only their children need to change, whereas adolescents generally feel that only their parents need to change. Therefore, the consideration of both perspectives is an essential prerequisite to ensuring that parent and young person are working towards a common goal. Both parents and

children frequently express ambivalence at the thought of participating in something together. Quinn (2004) points out that this ambivalence, particularly on the part of young people, often masks a very real desire to connect. Simply by being present during the intervention, parents are conveying the message to their children that they care about them and are interested in their well-being. Young adolescents, who are just beginning to assert their independence, are unlikely to openly express this need for attention, but it is very likely that they will benefit from it. Facilitators need to be able to recognise this and have the flexibility and appropriate knowledge to address individuals from different developmental perspectives.

4.2.2. Addressing needs of parents

When a young person is referred to services, he or she typically becomes the focus of attention. This can foster a sense that the young person is the 'problem'. Parents' reluctance to get involved has often been viewed by professionals as due to their lack of insight regarding their own influence over the young person's behaviour, their belief that the young person is intrinsically 'bad' and their desire for professionals to 'fix' their offspring. However, within this sample of parents, references were made to not being listened to and left out of discussions regarding their children. This would imply that parents did in fact desire to be more involved. Prinz & Miller (1994) suggest that paying attention to parents' needs may encourage them to attend services along with their children. Webster-Stratton & Herbert (1994) argue that parents need to be nurtured in terms of their own frustrations and anger and feel supported and strengthened as parents if they are to be able to understand the feelings and perspectives of their child. Within the MFG, parents were encouraged to talk about the general stressors they were experiencing, and parents viewed this as highly valuable. Furthermore, this allowed facilitators to understand these issues in terms of serious barriers to effective parenting, thereby enabling them to incorporate an understanding of parents' contexts into their practice. This was done very much at the mothers' own pace, however, as 'forced' disclosure was felt to be likely to discourage attendance (Prinz & Miller, 1994). In addition, care was taken to strike a balance between allowing mothers to air their grievances and becoming collectively

vitriolic in their criticisms of their children. The presence of young people was considered to be instrumental in preventing this happening.

4.2.3. Working with multiple families

Working within a multiple-family context has demonstrated that families find it helpful to interact with other families with similar problems and find it easier to accept observations and suggestions from each other than from professionals (Colahan & Robinson, 2002). For families who are socially isolated, awareness of mutual life circumstances can be particularly powerful and liberating. In this particular sample, mothers valued the opportunity to share their personal experiences with other mothers outwith the confines of their local communities and within the relative anonymity of a separate group. Disclosures were more readily forthcoming within the context of a group which had common problems and aims, rather than in an environment that had already stigmatised these families. Equally, advice was more readily acceptable from people who had 'been there'.

From a family systems perspective a large group is viewed as a functioning system, with each individual member playing a particular role within the system (McKay, 1995). The group process is used in order to influence the dynamics of the component family groups (Chazan, 2001). In addition to providing mutual support, interaction among families allowed opportunities for feedback and information exchange in order to bring about change within individual family units. Within the MFG, the opportunity arose for children to listen to parents and parents to hear children in an alternative context.

From an attachment based perspective, Liddle & Schwartz (2002) suggest one of the important functions of MFG intervention is to repair damaged attachment relationships and encourage the development of a secure family base. This is thought to occur in three stages. Firstly, families are encouraged to attach to facilitators in order to provide safety and security. Secondly, the development or repairing of a

positive attachment relationship is facilitated between parent and young person. Finally, this enables access to less threatening feelings associated with parent/adolescent conflict. The presence of multiple families can also be seen to facilitate healthy attachments in another way. Adolescents are able to remain connected to their parents while at the same time increasing their autonomy by increasing their connection to peers.

4.2.4. Client–professional partnership

The client/professional relationship has been highly documented in recent literature. Forehand & Kotchick (2002) found that the relationship between professional and client was a critical factor in treatment compliance. Kazdin (1997) argued that sensitivity, empathy and insight were all critical factors in establishing a therapeutic relationship with families who were experiencing multiple problems. In the present study, staff characteristics were clearly regarded as contributing to families' acceptance of MFG intervention. Families consistently stated that they found facilitators to be approachable, non-judgmental and genuinely interested in their lives.

Webster-Stratton & Herbert (1994) argue that a truly collaborative partnership between clients and therapists allows families to regain dignity, self-control and respect in the face of long-standing problems of low self-esteem and helplessness. This is backed up by well-known literature on self-efficacy, attribution theory and helplessness, which has shown that allowing people to develop their own solutions is more likely to result in an increase in their confidence and perceived self-efficacy (Bandura, 1989).

According to Rycroft (2004), facilitators also need to develop a 'secure base' when working with families. This, she argues, enables them to be aware of their limits, drop their own agendas and 'be themselves'. This appeared to be a process with which the facilitators in this study engaged wholeheartedly. Families seemed to

respect this genuineness and responded by lessening their own defences. The authenticity of the therapeutic alliance is also considered by experiential family therapists to be an essential prerequisite of therapeutic change. Based on Carl Rogers' (1951) work, experientialists argue that it is not enough for therapists to be technically skilled. They must also relate to the family in a non-judgmental way, offering warmth and unconditional positive regard.

One further point to make within this section is the level of commitment to the MFG by staff. If the delivery of successful interventions depends to a large extent on client/professional relationships, it seems likely that the more committed staff are to families, the more successful the outcome will be. Whyte (2003) points out that quality of delivery is very much dependent upon the extent to which staff are convinced that a programme is worthwhile. In this case, MFG facilitators repeatedly emphasized the extent to which they enjoyed this way of working and found it enabled them to connect to the families on a very 'real' level.

4.2.5. Multi-disciplinary working

One of the overwhelming themes present when working with this particular client group was the extent to which these families were facing multiple problems. Although not always explicitly referred to during interviews, many families were contending with considerable financial and housing difficulties. Mental health difficulties and substance abuse were also apparent for some parents and young people. Within services, such families have often been considered as 'impossible' to help (Asen, 2002). Involvement with multiple agencies, such as health, social work, special education departments and criminal justice has often been characterised by lack of inter-professional co-ordination and co-operation (Carr, 2000). It comes as no surprise, therefore, that many families are confused and disillusioned with the very services that are designed to help them. One of the aims of MFG intervention was to recognise the inter-connectedness of families' multiple problems and to provide a service to parents outwith the actual allocated group time. The multi-disciplinary MFG staff group enabled rapid access to different services within both

health and social work. Attempts were also made to support families in their communications with school staff and the children's hearing system.

4.3. Implications for service development

Since its inception in January 2004, MFG intervention within Fife has existed on a shoestring budget with a fluctuating staff group. Within the last twelve months, plans to expand MFG intervention have been submitted as part of Fife's Antisocial Behaviour Strategy and substantial funding has been obtained through the Scottish Executive, as part of a three-year national pilot of parenting orders. This funding has enabled the development of a multi-disciplinary Family Intervention Service (FIS), which aims to provide specialist interventions for difficult to reach families of young people who are engaging in anti-social behaviour. At the core of this service is MFG intervention. With increased funding, there is now the opportunity to expand and develop the service. Several key areas have been highlighted by this research as being worthy of expansion:

4.3.1. Individual family intervention

Not all families will benefit from this particular form of intervention. In this particular MFG, Margaret's reflections on her experiences were noticeably less favorable than those of other participants. Although Margaret was happy enough to be interviewed, she proved to be difficult to engage in a full and frank discussion and her interview transcript was therefore rather scant. However, it was felt important to include the information she did offer, in order to try to establish some of the factors that made MFG intervention less effective for certain families.

Margaret described the group nature of the intervention as "not being my cup of tea", and made it very clear that her main motive to attend the MFG had been to "keep" her children. Shortly after the end of the MFG, Margaret was deemed to be unable to look after her children and they were directed by a children's panel to live with their

father, and Margaret therefore was unable to see any advantage to her family in having attended.

Although other mothers had initially attended in order to avoid similar pejorative outcomes, all of them had grown considerably more attached to the group as it proceeded, and particularly enjoyed the social aspect and sense of belonging it gave them. Margaret admitted to finding this aspect extremely difficult. The very factor that appealed to other families seemed to provide the least attractive incentive for Margaret to attend. It seems quite obvious, therefore, that group-based work does not appeal to everyone. Margaret did, however, appear to have a strong desire to keep her family together and it is possible that individual family intervention may have been more appropriate to her particular needs, as may be the case with other families.

4.3.2. Inclusion of specifically parent-focused interventions

One of the contributing factors to Margaret's reluctance to mix with other families was thought to have been her problematic alcohol use. Facilitators frequently suspected Margaret had been drinking when she arrived at the group and it seemed unlikely that any significant changes would occur until her alcohol misuse could be addressed. Prior to the start of the MFG, Margaret had been encouraged to attend alcohol counselling, but her attendance had not been maintained and there was no way of enforcing this.

It seems likely that a future service of this type will need to consider the addition of specifically parent-focused interventions if it is clear that parents will be unable to maintain focus without their wider issues being addressed. In addition to substance misuse, such issues might include parental depression, financial difficulties or marital crisis. With the advent of Parenting Orders in Scotland, it is likely that future service providers will have statutory powers to insist that parents attend such treatments prior to, or in tandem with family intervention. However, utmost care will need to be taken to ensure that Parenting Orders will be implemented within the

broader context of comprehensive parenting support services and will only be considered when all other avenues have been explored:

‘A parenting order will only be appropriate where the behaviour of the parent is seriously deficient in relation to their child and when a parent has been offered support on a voluntary basis and has refused to engage with that support and where their behaviour is having a negative impact on their child.’
(Scottish Executive, 2004, p. 4)

4.3.3. Services for fathers

Although ostensibly open to all family members, the complete absence of fathers was apparent within this study. All families who attended the MFG were of single parent status. Those fathers who maintained contact with their families appeared to have conflictual relationships with their ex-partners. The inclusion of them in the MFG would therefore have been likely to cause difficulties. However, the importance of offering a service for fathers has been widely recognised and one suggestion for families characterised by parental discord has been to offer ‘father and young person’ groups.

Qualitative studies have suggested that fathers and mothers may want different things from family support services (Ghate, Shaw & Hazel, 2000), and therefore more needs to be researched about the differences and similarities in fathers’ and mothers’ parenting strategies and preferred style of delivery before such a service can be implemented effectively.

4.3.4. Follow-up service

As previously discussed, MFG intervention was considered to have significant limitations in its ability to completely address the multiple problems of these families. In addition, the MFG participants appeared to invest heavily in the MFG process, particularly in terms of their relationships with other participants. Families

gradually came to refer to the group as “our group” and a very real sense of loss emerged as the group drew to a close. This confirmed facilitators’ awareness that families had received considerable benefit from the service, and led them to believe that, by not offering further contact they would, in effect, be letting families down. Families were therefore invited back for follow-up sessions and occasional ‘family days’ were arranged offering a variety of leisure-based activities.

Buist (2003) argues that the need for aftercare services for clients is often not apparent until after the end of a project, and therefore its implementation is often informal. This appeared to be the case in this project, with add-on services being very much an immediate response to demand. However, given the strong desire by families for follow up service and the recognition by both themselves and facilitators of ongoing stressors, the need for a more formal implementation of follow-up provision was recognised.

4.3.5. Supporting staff

As mentioned previously, staffs’ enthusiasm for this type of work seemed quite remarkable in the face of the typical pressures imposed by this type of client group. Although not specifically mentioned by facilitators in their interviews, one of the significant factors thought to contribute to staff morale was the regular pre-planning and de-briefing sessions that occurred before and after every weekly group. These sessions allowed facilitators to access peer support and discuss the often disturbing events of the group, and were considered to be an integral part of any future service.

In addition, future training needs of staff were felt to be of high priority. The emergence of an MFG ethos highlighted some of the essential ingredients felt to contribute to the successful outcome of the intervention and service developers were keen to see this ethos remain. In addition, future training with regard to VIG was recommended as an ongoing aim.

4.4. Personal reflections

‘Reflexivity is [...] the process of continually reflecting upon our interpretations of both our experience and the phenomena being studied so as to move beyond the partiality of our previous understandings and our investment in particular research outcomes.’ (Finlay, 2003, p.108)

Within a qualitative research paradigm, the researcher is seen as a central figure within the research process with regards to the choice of area of study and the collection and interpretation of data. In opposition to traditional, positivist research, consideration of the researcher’s own role and the effect this has on the response of participants is considered to represent a valuable part of the research process itself. Rather than aiming to completely ‘bracket’ (Lester, 1999) these influences in an attempt to enable replicable results, research is regarded as co-constituted in terms of the relationship between participants and the researcher (Finlay, 2002). In other words, meanings are negotiated in a particular context and another researcher would inevitably come up with a different story. In this respect, it is considered to be impossible for the researcher to strive for neutrality, and therefore a more satisfactory solution is to ‘own one’s perspective’ (Elliot *et al.*, 1999).

During this research project, I kept a record of my own personal reflections in a journal, and this became an ongoing source of insight with regard to my own influence on the research process. Several key issues are worthy of note.

Background

For the duration of this research, I was a third year clinical psychology trainee working within a child clinical psychology department. I had previous experience of working within an MFG setting for young people at risk of reoffending and this had led to the submission of a small scale research project which evaluated parents’ experience of attendance at a previous MFG (Metcalf, 2004). I was aware that both

my experience of co-facilitating an MFG and researching its impact had aroused my curiosity further as to how and why this particular type of intervention appeared to impact so significantly on families that were considered to be extremely hard to engage. I was also keen to obtain the perspectives of young people and facilitators.

I also had a different professional experience of working with this type of client group, having sat for three years as a children's panel member. In addition, I have children of my own, two of whom were of similar ages to young people in the group at the time.

Reconciling roles

Throughout the research process, I was aware of my dual role as facilitator and researcher. This caused several dilemmas. Firstly, my spending considerable time with families prior to interviewing meant that I would hopefully have already established a rapport. In addition, I would be familiar with the process of the MFG and would be able to personally identify with many of the experiences they might refer to. However, I was aware that participants might feel unable to be openly critical of a service that I had been involved in, and might tell me what they thought I wanted to hear. I was also aware of the potential challenges that my prior knowledge might bring in terms of preventing me from viewing data with a fresh perspective. To combat this, I resolved to commit to a continual process of self-reflection (Tilley & Chambers, 1996) in the form of my reflexive journal and regular supervision with a colleague.

Secondly, I was conscious of my own overwhelming desire to satisfactorily complete my course requirements. Reviewing my diary, I realised that on several occasions I had highlighted a concern that this might detract from my ability to be first and foremost an effective facilitator, in that I might be 'using' the participants to further my own career. This sat very uncomfortably with my internal perceptions of myself as a caring and empathetic practitioner.

I sometimes feel that because so much is hingeing on this personally, I'll lose sight of the people and their lives ... what *they* are getting out of it. It feels very selfish. I don't want to lose that connection.”
7th October 2004

Thirdly, I was aware of my personal stake in the results of the research in terms of wanting it to show the MFG in a positive light, and the subsequent potential for this to bias my interpretations. Again, this highlighted the need for self-reflection and discussion with colleagues.

Advocating for families

Another recurring theme for me throughout the research process was an awareness of the marginalisation of these families by society. The intensive nature of MFG intervention had allowed me to get close to these families and enabled me to some extent to understand the multitude of difficulties that they were facing on a daily basis. I was able to contrast this with my experience of serving on the children's panel, which necessarily afforded me limited insight into what life was actually like for these families. This instilled in me a sense of wanting to dispel the stereotypical myth of incapable, uncaring parents who had no desire to change, and to provide a service that genuinely cared about helping families who, for whatever reason, needed help at that particular time. At the same time, I was aware of the frustrations I experienced when seeing families in perpetual crisis, and could empathise with professionals' lack of sympathy following their often seemingly futile attempts to effect change. One of my diary entries reflected this succinctly:

“Maybe it's something about the frustration of the whole cyclical pattern of these families. At some point you want them to start helping themselves. On a rational level, I know that these mothers are so damaged themselves and their socio-economic situations are entrenched that it is extremely difficult for them to change their life trajectory. On the other hand, my emotional side feels so angry that these kids would have half a chance if their parents would just make an effort.”
19th November 2004

Own family circumstances

Finally, I was very much aware of the impact that some young people within the group had on me in relation to my own children of similar ages. I found myself imaging my own children in similar circumstances, wondering how I would cope. In addition, I found myself reflecting on my own relationship with my children and my role as a mother. In one respect, I felt that I shared a common bond with these families, in terms of belonging to a family myself and having the role of a mother. On the other hand, I was acutely aware of the different personal and socio-economic circumstances in which I was bringing up my own family.

4.5. Methodological critique

IPA is a relatively new qualitative method and, as such, it tends to be compared with the more established form of theme analysis, grounded theory. Critics might suggest that IPA is not as 'tried and tested' as grounded theory and consequently not as rigorous. In this study, careful attention was therefore paid to ensuring that the analytic procedure was explicitly outlined, in order that the researcher's steps could be retraced. Although a lesser known method, IPA was considered to yield more pertinent results for this particular study than grounded theory would have achieved. Firstly, it enabled an insight to be gained into individual's phenomenological worlds, rather than focusing on social processes. Secondly, the use of IPA allowed for the researcher's own interpretations to form an integral part of the analytic process right from the start. Thirdly, its suitability for a small, finite sample size ensured that what was distinct for individuals was able to be looked at, as well as commonalities among individuals.

IPA necessarily uses an in-depth, nuanced, idiographic analysis and it can only be used with a small sample size. Critics might say that an IPA analysis therefore has little value in terms of generalisability. Smith, (2003) agrees that IPA does not offer empirical generalisability. Instead, he argues, the value of such a study lies in being

able to link it with claims within the extant literature and with one's own personal and clinical experiences, thus placing it within a broader context.

Many qualitative researchers also argue that to aspire to generalisability is unrealistic, in that factors such as social context are unpredictable and change with time and space (Tonry, 1991). Tonry stresses that the same intervention may work in different ways in different circumstances, and therefore processes and social context as well as outcome are critical factors to consider in the evaluation of any programme. Whyte (2003) also concurs that it is difficult to ensure that interventions are exactly replicated with the expectation that the approach will work in the same way with everyone.

The quality of interview material obtained was one important factor within this study. It has been suggested that one of IPA's limitations is that its dependence on vivid and rich descriptions of experience renders it unsuitable for the study of those who may find it difficult to clearly articulate their views (Willig, 2004). This may suggest that it is likely to be suitable for a more highly-educated population rather than for the type of participant used in this study. Smith (2004) however, argues that if participants are thoroughly engaged with the topic under discussion, they are likely to provide a rich account of their experiences, regardless of their socioeconomic status.

Particular challenges were encountered when interviewing children. Often their conversation was monosyllabic and characterised by ambivalence. The duration of their interviews was, on average, fifteen to twenty minutes, considerably shorter than those of parents and facilitators. Initially, it was easy to construe their interviews as being of minimum value within this study. However, Bricher (1999) argues that we need to recognise that young peoples' and adults' knowledge is different, and that 'complex' is not necessarily better than 'simple'. Although young people's accounts of their study may not be as expansive as those of their parents, they are nevertheless able to provide an 'insider's perspective' into their personal worlds. In this study,

young people's interpretations of their experiences were often very different to their parents and this is significant in itself.

Although interviews with young people did yield some useful information, it was acknowledged that there was room for improvement in interview technique. Some researchers make suggestions as to how to make young people more comfortable with the interview process, such as preliminary sessions in order to become acquainted (Smith & Dunworth, 2003). It was the researcher's feeling, however, that the whole interview process sits uncomfortably with most young people, despite the familiarisation with the interviewer. One suggestion would therefore be to find some way of recording more informal interactions encountered during shared activities.

Notwithstanding the depth of interview material, it must be acknowledged that there is always a degree of reduction in qualitative research (Chenail, 1995). This reduction inevitably depends on the researcher's own perceptions of what is significant and worthy of note. One of the advantages of IPA is its explicit acknowledgement that the results of any such study are largely the outcome of the researcher's own interpretations. Emphasis is therefore put on 'grounding' the data to ensure that its context prior to being selected for analysis is preserved. In addition, as previously mentioned, acknowledgement of researcher bias was also made explicit.

Finally, one limitation was felt to be that there was no indication of long term impact. It had been an original intention of this study to conduct follow-up interviews with families at a later date, but time restrictions rendered this impossible. This was felt to be worthy of future research.

4.6. Conclusion

Traditionally, young people involved in offending and their families have been defined in a negative way, and this affects how they behave themselves. By

addressing the social context of these families, MFG intervention has been able to target issues which contribute to the initiation and maintenance of offending behaviour in a non-judgemental way. This type of intervention would appear to have much to offer vulnerable and socially excluded young people and their families.

The aim of this study was not to provide quantifiable, probability-driven results. Rather, it intended to elicit a deep understanding of the unique experiences and perceptions of a particular group of people. Nevertheless, by revealing new insights into these families' perceptions of their difficulties, as well as the perceptions of facilitators, many of the findings offer useful information with regard to the way in which wider services can be effectively provided. It seems apparent that we need to continue to listen to these families if we want to build on current successes and prevent further marginalisation of young people at risk of reoffending.

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6. Appendices

- I VIG procedures and principles
- II MFG Intervention
- III Definition of 'severe, pervasive and longstanding' conduct problem
- IV Information sheets for participants
- V Consent forms for participants
- VI Interview schedule
- VII Excerpts of transcripts illustrating early coding.
- VIII MFG referral form

6.1. Appendix I VIG procedures and principles¹⁴

What is Video Interactive Guidance (VIG)?

- VIG uses early mother-infant dialogue as a model for improving any communication.
- The method is based on a model developed by Harrie Biemans through Orion and SPIN (Stichting Promotie Intensive thuisbehandeling Netherlands) projects over the last 20 years.
- It is based on the premise that the key to future development and change lies primarily in the quality of interactions between people.
- VIG is a way of enabling clients and practitioners to review video clips of their own successful communication.

Aims

To improve effective communication in the situation where it naturally occurs, building on each individual's unique and effective style, by:

- Raising self-awareness and reflection.
- Increasing attuned responses to others.
- Activating clients to solve their own problems.
- Reframing perceptions.
- Reducing stress and increasing self-confidence.
- Achieving collaborative relationships.

Values/Beliefs

VIG is based on the beliefs that:

- People wish to communicate.
- People in troubled situations do wish to change.
- People do really care about each other.
- Everyone is doing the best they can at the time.

¹⁴ Taken from 'Scottish Project in Viewing Interaction Positively'
www.Dundee.ac.uk/psychology/SPinVIG.

- A crisis is an opportunity for change.
- The power for change lies with the individual or situation itself.

The MFG is a group-based intervention that aims to support families who are struggling to manage their child's behaviour. It is designed to provide a safe and supportive environment where families can learn from each other and receive guidance from professionals. The MFG is based on the principles of attachment theory and the concept of the family as a system. It is a long-term intervention that aims to help families build a strong and positive relationship with their child. The MFG is designed to be a supportive and non-judgmental environment where families can learn from each other and receive guidance from professionals. The MFG is based on the principles of attachment theory and the concept of the family as a system. It is a long-term intervention that aims to help families build a strong and positive relationship with their child.

The MFG aims to address the family's ability to provide a safe and supportive environment for their child. It is designed to help families build a strong and positive relationship with their child. The MFG is based on the principles of attachment theory and the concept of the family as a system. It is a long-term intervention that aims to help families build a strong and positive relationship with their child. The MFG is designed to be a supportive and non-judgmental environment where families can learn from each other and receive guidance from professionals. The MFG is based on the principles of attachment theory and the concept of the family as a system. It is a long-term intervention that aims to help families build a strong and positive relationship with their child.

Practice within the MFG is based upon the 'Common Principles' (the basic principles of successful parent-child interaction) as developed by Harry Eisenberg (1983) from the research of Colwyn Trevarthen into early parent-child interaction. Group facilitators use the Common Principles in their interaction with families within the group setting. In addition, extensive use of the video camera is used in order to capture interaction during sessions and feed back examples of positive interaction to the families in a supportive manner.

The MFG is designed to engage families where there are likely to be difficulties with attachment and regulation of activity levels and emotion. It brings 200 families together over 12 (one day per week) sessions and attempts to create an environment

¹⁰ Taken from the draft procedural procedures for the management of Parenting Orders in Fife.

6.2. Appendix II MFG Intervention Outline¹⁵

The multiple family group (MFG) approach is designed to offer a community-based intervention that is sensitive to the needs of disadvantaged families or families who are experiencing high levels of stress. The approach seeks to avoid the stigma associated with mental health services for young people who are engaging in antisocial behaviour.

The MFG aims to improve the quality of the parent-young person relationship on the assumption that this will result in improvements in the young person's behaviour. Specifically it aims to tackle the aspects of parenting that have been repeatedly found to have a long-term association with antisocial behaviour (poor supervision, erratic harsh discipline, rejection/hostility towards the child and low parental involvement in the child's activities).

Practice within the MFG is based upon the "*Contact Principles*" (the basic principles of successful parent-child interaction) as developed by Harry Biemans (1985) from the research of Colwyn Trevarthan into early parent-child interaction. Group facilitators seek to use the *Contact Principles* in their interaction with families within the group setting. In addition extensive use of the video camera is used in order to capture interaction during sessions and feedback examples of positive interaction to the families in a therapeutic manner.

The MFG is designed to engage families where there are likely to be difficulties with attachment and regulation of activity levels and emotion. It brings five families together over 12 (one day per week) sessions and attempts to create an environment

¹⁵ Taken from the draft protocol and procedures for the management of Parenting Orders in Fife.

where positive family change is both possible and probable. Key elements of this environment include structure, fun, shared creative activities and a supportive non-judgemental atmosphere. A nurturing and valuing culture aims to give both parents and young people a sense of connectedness. Use of role play, art work and other exercises are chosen to meet the needs of each group as they progress through the stages of the programme.

The MFG does not explicitly try to teach “parenting skills”. Rather it seeks to reduce the levels of stress within which a parent is attempting to function and then supports the development of the building blocks of successful family communication. It adopts the principles that all children need families, most family members really care about each other, troubled families want to change and that everybody is doing the best they can at the time.

Outline of weekly programme:

- **Morning** (11-12.30) Family communication skills (games, videoing, role-play, group discussions).
- **Lunch** (12.30-1.00) Staff and families all involved together in the process of setting up lunch, sitting down to eat, and clearing up.
- **Afternoon** (1.00-2.30) ‘Creative therapy’ – animation – family members encouraged to work creatively together.

6.3. Appendix III Definition of conduct problem¹⁶

Severe

- Physical aggression to people or animals (often bullies, threatens or intimidates others).
- Deliberate destruction of property.
- Deceitfulness (often lies).
- Often defies or refuses to comply with adults' requests or rules and is easily angered.
- Antisocial behaviour occurs in the context of alcohol/drug misuse.

Pervasive

The disturbance in the young person's behaviour is associated with difficulties in at least two out of three of the following:

- Home – family conflict.
- School – truancy, exclusions, behaviour support.
- Community – stealing, fire-setting, vandalism, other offending behaviour.

Longstanding

The young person has had at least some of these difficulties for the past 12 months and their behaviour has been worsening in recent months.

¹⁶ Taken from the draft protocol and procedures for the management of Parenting Orders in Fife.

6.4. Appendix IV Information sheets for participants

- a) Participant information sheet
- b) Parent/guardian information sheet
- c) Young person information sheet
- d) Facilitator information sheet

- a) **A study of how young people at risk of reoffending and their families have experienced attendance at a multiple family group**

PARTICIPANT INFORMATION LEAFLET

I would like to invite you to take part in a research project. Before you decide whether you want to take part or not it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything you are not clear about or if you would like further information. There is no hurry for you to decide.

WHAT IS THE STUDY ABOUT?

I am currently carrying out some research to look at the impact that attendance at a Multiple Family Group (MFG) has had on young people at risk of reoffending and their families. I am particularly interested in hearing both young people's and their parents' point of view.

I intend to do this by interviewing people who have attended the most recent MFG.

WHY HAVE I BEEN ASKED TO TAKE PART?

You have been asked to take part as you have recently attended one of these groups. Every family who attended the same group as you has been asked to take part.

DO I HAVE TO TAKE PART?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and will be asked to sign a consent form. If you do decide to take part you are still free to withdraw at any time and without giving a reason. If you do decide to withdraw, this will not affect the standard of care that you may receive in the future from this service.

WHAT WILL I BE ASKED TO DO?

Once I know that you are willing to take part, I will arrange to meet you either at one of our offices or at your own home if you prefer. This will be soon after the final week of the group.

During our meeting I will ask you to talk about how you felt about the MFG. The sort of questions I will be asking are “How do you feel the MFG has affected your relationships at home?” “Could we have done anything differently?” “What were your expectations of the MFG?” With your permission, the interview will be audio-taped so that I don’t forget anything that is said. I expect the interview to last about 40 minutes, but you can take a break at any time if you feel you need to.

ARE THERE ANY RISKS OR BENEFITS TO TAKING PART?

Although you will have completed your attendance at the MFG we hope that this study will benefit you by providing you with an opportunity to have your views heard. Your opinions may help us to further develop the services that families like yours receive in the future.

You do not have to share any information you do not wish to so there should be no risks associated with taking part. However, you may stop the interview at any time if you begin to feel distressed. You also have the right to withdraw from the study at any time.

WILL MY TAKING PART IN THIS STUDY BE KEPT CONFIDENTIAL?

All information which is collected about you during the course of the research will be kept strictly confidential. I will give the transcript of your interview a code number so that you cannot be identified. The only people to have access to the information during the study will be myself and my research supervisors.

All the information you provide me with will be stored in a secure location (i.e. in a locked filing cabinet). At the end of the study the audio tapes will be destroyed.

WHAT WILL HAPPEN TO THE RESULTS OF THE RESEARCH STUDY?

In order that other professionals can learn from the findings of this study, some articles and papers may be published. However your name will not be used, and you will not be able to be identified in any publication from the study.

WHO IS ORGANISING AND FUNDING THE RESEARCH?

This research is being carried out as part academic requirement for a Doctorate in Clinical Psychology, University of Edinburgh & East of Scotland NHS Clinical Psychology Training Course. It is being hosted by NHS Fife, Fife Primary Care Trust.

WHO HAS REVIEWED THE STUDY?

The Fife Committee on Medical Research Ethics, which has responsibility for scrutinising all proposals for medical research on all residents in Fife has examined the proposal and has raised no objections from the point of view of medical ethics.

Thank you for taking the time to read this information

If you require more information regarding this project please contact me:

b) A study of how young people at risk of reoffending and their families have experienced attendance at a multiple family group

PARTICIPANT INFORMATION LEAFLET-Parent/guardian

I would like to invite your son/daughter to take part in a research project. Before you decide whether you want them to take part or not it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything you are not clear about or if you would like further information. There is no hurry for you to decide.

WHAT IS THE STUDY ABOUT?

I am currently carrying out some research to look at the impact that attendance at a Multiple Family Group (MFG) has had on young people at risk of reoffending and their families. I am particularly interested in hearing both young people's and their parents' point of view.

I intend to do this by interviewing people who have attended the most recent MFG.

WHY HAS MY SON/DAUGHTER BEEN ASKED TO TAKE PART?

Your family has been asked to take part as you have recently attended one of these groups. Every family who attended the same group as you has been asked to take part.

DO THEY HAVE TO TAKE PART?

It is up to you and your child to decide whether or not they should take part. If you do decide that it is ok for them to take part you will be given this information sheet to keep and will be asked to sign a consent form. If you do decide to take part you are still free to withdraw at any time and without giving a reason. If you do decide to withdraw your child, this will not affect the standard of care that they may receive in the future from this service.

I have given your son/daughter an information sheet so that they can decide whether or not to take part. If they agree, they will also be asked to sign their own consent form. It will be helpful if you could discuss it with them before they make a decision. As your son/daughter is under sixteen, you are required to sign a consent form for them too.

WHAT WILL THEY BE ASKED TO DO?

Once I know that you are willing to take part, I will arrange to meet them either at one of our offices or at your own home if you prefer. This will be soon after the final week of the group.

During our meeting I will interview your son/daughter separately. I will ask them to talk about how they felt about the MFG. The sorts of questions I will be asking are “What did you enjoy about the group?” “Could we have done anything differently?” “What did you expect the group to be like?” With your permission, the interview will be audio-taped so that I don’t forget anything that is said. I expect the interview to last about 40minutes, but you can take a break at any time if you feel you need to.

If they are interviewed at home, a parent/legal guardian will be required to be present in the house while your son/daughter is being interviewed. You may, of course, wish to remain present in the room throughout both interviews.

ARE THERE ANY RISKS OR BENEFITS TO TAKING PART?

Although your son/daughter will have completed their attendance at the MFG we hope that this study will benefit them by providing them with an opportunity to have their views heard. Their opinions may help us to further develop the services that families like you receive in the future.

Your son/daughter does not have to share any information they do not wish to so there should be no risks associated with taking part. However, they may stop the interview at any time if they begin to feel distressed. They also have the right to withdraw from the study at any time.

WILL MY TAKING PART IN THIS STUDY BE KEPT CONFIDENTIAL?

All information which is collected about your son/daughter during the course of the research will be kept strictly confidential. I will give the transcript of their interview a code number so that they cannot be identified. The only people to have access to the information during the study will be myself and my research supervisors.

All the information provided will be stored in a secure location (i.e. in a locked filing cabinet on NHS property). MRC Good Research Practice recommends that written research data should be kept for a minimum of 10 years. However, in the case of audio material (i.e. tapes of the interviews), this will be destroyed at the end of the study in August 2005.

WHAT WILL HAPPEN TO THE RESULTS OF THE RESEARCH STUDY?

In order that other professionals can learn from the findings of this study, some articles and papers may be published. However names will not be used, and nobody will be able to be identified in any publication from the study.

WHO IS ORGANISING AND FUNDING THE RESEARCH?

This research is being carried out as part academic requirement for a Doctorate in Clinical Psychology, University of Edinburgh & East of Scotland NHS Clinical Psychology Training Course. It is being hosted by NHS Fife, Fife Primary Care Trust.

WHO HAS REVIEWED THE STUDY?

The Fife Committee on Medical Research Ethics, which has responsibility for scrutinising all proposals for medical research on all residents in Fife has examined the proposal and has raised no objections from the point of view of medical ethics.

Thank you for taking the time to read this information

If you require more information regarding this project please contact me:

c) HOW WAS THE MFG FOR YOU?

YOUNG PERSON'S INFORMATION LEAFLET

I would like to ask you to take part in a research project. Before you decide whether you want to take part or not it is important for you to understand why I am doing this and what you will be asked to do. Please take time to read this sheet carefully and ask other people about it if you wish. Ask me if there is anything you are not clear about or if you would like to know more. There is no hurry for you to decide.

WHAT IS THE STUDY ABOUT

I am interested in finding out what you thought about the Multiple Family Group (MFG) that you have just taken part in. I would like to hear your views as well as your parents'.

The way I hope to do this is by interviewing people who have all taken part in a MFG.

WHY HAVE I BEEN ASKED TO TAKE PART?

You have been asked to take part as you have been coming to one of these groups. Every family who came to the same group as you has been asked to take part. Your mum or dad has been asked to take part as well.

DO I HAVE TO TAKE PART?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and will be asked to sign a consent form. (consent means saying that you agree to do something). If you do decide to take part you can still change your mind any time and without giving a reason. If you do decide to pull out, nobody will mind.

As you are under 16, I will speak to your mum or dad about it and ask them to sign a consent form too.

WHAT WILL WE BE ASKED TO DO?

If you agree to take part, I will arrange to meet you either at my work or at your own home if that would be better. I will do this quite soon after the last day of the group.

When we meet I will ask you to talk about how you felt about the MFG. The sorts of questions I will be asking are “What did you enjoy about the group?” “Could we have done anything differently?” “What did you expect the group to be like?”. If it’s ok with you, the interview will be audio-taped so that I don’t forget anything that is said. I think the interview will last about 40minutes, but you can take a break at any time if you want to.

If you are interviewed at home, your mum or dad will be in the house while I am talking to you. You might want them to stay in the room with you while we are talking and that will be fine.

ARE THERE ANY RISKS OR BENEFITS TO TAKING PART?

Although you will have finished at the MFG we hope that you will enjoy this chance to talk about what it was like for you. What you say might help us to make future groups better for families like yours.

You do not have to tell me anything that you don’t want to so it shouldn’t be unpleasant. There are no right or wrong answers to the questions and you are not being tested. However, you can stop the interview at any time if you begin to feel upset. You also have the right to pull out of the study at any time.

WHO ELSE WILL HEAR WHAT I TELL YOU?

All the things you tell me will be kept confidential. The tapes will only be heard by me and they will be destroyed at the end of the project. Although the written research information will be kept for longer (guidelines are for 10 years), it will be stored in a safe place at my place of work. Anything I write down from the tapes will not have your name on it, so nobody else will know it was you. The only people I will discuss what we talked about with are my research supervisors.

WHAT WILL HAPPEN TO THE RESULTS OF THE RESEARCH STUDY?

So that other people I work with can find out how to provide better services for people like you, the results of the research will be written down for other people to see. However your name will not be used, and nobody will be able to tell it was you.

WHO IS ORGANISING THE RESEARCH?

This research is part a course that I am doing at Edinburgh University. It is being carried out by NHS Fife, Fife Primary Care Trust.

WHERE CAN YOU FIND OUT MORE ABOUT THIS STUDY?

You can ask your parents or another adult who you trust to discuss this with you before you make up your mind about taking part. Nobody can make you do it, though. It is up to you to decide in the end.

Thank you for reading this information sheet

If you or your family want to get in touch to ask me anything here are my contact details:

d) A study of how young people at risk of reoffending and their families have experienced attendance at a multiple family group

FACILITATOR INFORMATION SHEET

I would like to invite you to take part in a research project. Before you decide whether you want to take part or not it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything you are not clear about or if you would like further information. There is no hurry for you to decide.

WHAT IS THE STUDY ABOUT?

I am currently carrying out some research to look at the impact that attendance at a Multiple Family Group (MFG) has had on young people at risk of reoffending and their families. I am particularly interested in hearing both young people's and their parents' point of view, as well as those of staff.

I intend to do this by interviewing both staff and clients who have attended the most recent MFG.

WHY HAVE I BEEN ASKED TO TAKE PART?

You have been asked to take part as you have recently facilitated during one of these groups. The families who attended your group have also been asked to take part.

DO I HAVE TO TAKE PART?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and will be asked to sign a consent form. Your participation in this research will not be used as a critique or evaluation of your professional practice. If you do decide to take part you are still free to withdraw at any time and without giving a reason. If you do decide to withdraw, this will not affect your rights as an employee in any way.

WHAT WILL I BE ASKED TO DO?

Once I know that you are willing to take part, I will arrange to meet you at work, during office hours. This will be soon after the final week of the group.

During our meeting I will ask you to talk about how you felt about facilitating the MFG. The sorts of questions I will be asking are “How do you feel the MFG has impacted on families?” “How do you think these families perceive professional help?” “How best do you think we can help these families in the future?” With your permission, the interview will be audio-taped so that I don’t forget anything that is said. I expect the interview to last about 40 minutes, but you can take a break at any time if you feel you need to.

ARE THERE ANY RISKS OR BENEFITS TO TAKING PART?

We hope that this study will benefit you by providing you with an opportunity to have your views heard. Your opinions may help us to further develop the services that these families receive in the future.

You do not have to share any information you do not wish to so there should be no risks associated with taking part. However, you may stop the interview at any time if you begin to feel distressed. You also have the right to withdraw from the study at any time.

WILL MY TAKING PART IN THIS STUDY BE KEPT CONFIDENTIAL?

All information which is collected about you during the course of the research will be kept strictly confidential. I will give the transcript of your interview a code number so that you cannot be identified. The only people to have access to the information during the study will be my research supervisors and myself.

All the information you provide me with will be stored in a secure location (i.e. in a locked filing cabinet on NHS property). MRc Good Research Practice recommends that written research data should be kept for a minimum of 10 years. However, in the case of audio material (i.e. tapes of the interviews), this will be destroyed in August 2005, at the end of the study.

Although the ultimate aim is to respect your confidentiality, I must make you aware that if you make any disclosures that cause sufficient concern about the safety or interests of yourself or others, I will be professionally obliged to inform the appropriate third parties.

WHAT WILL HAPPEN TO THE RESULTS OF THE RESEARCH STUDY?

In order that other professionals can learn from the findings of this study, some articles and papers may be published. However your name will not be used, and you will not be able to be identified in any publication from the study.

WHO IS ORGANISING AND FUNDING THE RESEARCH?

This research is being carried out as part academic requirement for a Doctorate in Clinical Psychology, University of Edinburgh & East of Scotland NHS Clinical Psychology Training Course. It is being hosted by NHS Fife, Fife Primary Care Trust. The University of Edinburgh has approved the research and is acting as the sponsor. It will therefore provide indemnity and/or compensation should you incur any suffering (negligent or non-negligent) as a consequence of taking part in this research.

WHO HAS REVIEWED THE STUDY?

The Fife Committee on Medical Research Ethics, which has responsibility for scrutinising all proposals for medical research on all residents in Fife has examined the proposal and has raised no objections from the point of view of medical ethics.

Thank you for taking the time to read this information

If you require more information regarding this project please contact me:

6.5. Appendix V Consent forms for participants

a) Consent form for parents and young people

b) Consent form for facilitators

[Faint, illegible text of a consent form, likely containing questions and checkboxes.]

A study of how young people at risk of reoffending and their families have experienced attendance at a multiple family group (MFG)

a) Consent form for participants and parent(s) of participants

	Please tick appropriate box			
Have you read and understood the Project Information Sheet?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been given an opportunity to ask questions and further discuss this study?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you received satisfactory answers to all your questions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you now received enough information about this study?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Who have you spoken to?				
.....				
Do you understand that your participation is entirely voluntary?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you understand that you are free to withdraw from this study at any time?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Without having to give a reason for withdrawing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Without this affecting the present or future medical care of you or your family?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you agree to take part in this study?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Signature.....

Date.....

Name in Block Capital Letters

.....

For young people only parent or guardian must also sign below:

Signature of parent or legal guardian

Signature.....

Date.....

Relationship to participant.....

Telephone Contact.....

Signature of researcher

Signature.....

Date.....

A study of how young people at risk of reoffending and their families have experienced attendance at a multiple family group (MFG)

a) Consent form for facilitators

Please tick appropriate box

Have you read and understood the Project Information Sheet? Yes No

Have you been given an opportunity to ask questions and further discuss this study? Yes No

Have you received satisfactory answers to all your questions? Yes No

Have you now received enough information about this study? Yes No

Who have you spoken to?

.....

Do you understand that your participation is entirely voluntary? Yes No

Do you understand that this will not be a critique or evaluation of your practice?

Yes No

Do you understand that you are free to withdraw from this study at any time? Yes No

Without having to give a reason for withdrawing? Yes No

Without this affecting your rights as an employee? Yes No

Do you agree to take part in this study? Yes No

Signature of Facilitator

Signature.....

Date.....

Name in Block Capital Letters

.....

Telephone Contact.....

Signature of researcher.....

Signature.....

Date.....

6.6. Appendix VI Interview schedule

Individual interviews will have a semi-structured, conversational format. Open-ended questions will be used with the aim of encouraging participants to expand on their own experiences. Types of questions will be as follows:

Interviews with families

- How did your family come to be referred to the MFG and how did you feel about it?
- Did it meet your expectations?
- What sort of impact has the MFG had on your relationship with your child/parent?
- Can you tell me about the type of professional help you have received in the past. How does it compare to the MFG?

Interviews with facilitators

- How do you feel the MFG has impacted on these families?
- How do you think these families perceive professional help?
- How do you think stressful life events impact on these families and their ability to benefit from services?
- How best do you think these families can be helped in the future?

EXCERPT FROM SALLY'S TRANSCRIPT – Initial interpretations

D's good side -
when on own.
Hides it from
others.
S. Sees it
Knows him best.

...though, when it's just him and them that's about, I could be upstairs and he'll be downstairs and that's when he'll do it. It's never really when there's a lot of people about. (Uh-huh) so it's like when it's them on their ain, but, aye, he's got, he's got a good side. He just doesnae show it very often. (Mm-hm) No' everybody sees it.

So you said that it did give you a chance when you were here (mm-hm) to -- spend a bit of time (mm-hm) with him?

accusing up/showing off
in front of others.
has audience - makes
it worse.
not listening
Doesn't realise why
he's here.
frustrating

Mm-hm. But I found the time we spent here a lot of it was me telling him off (right) for being cheeky tae other adults or showing off an' no' listening when he was supposed tae be or -- just 'no takin' on board -- the reason why he's here sort o' thing. (Uh-huh) He was just, tae me, it was just another audience for him tae play up tae. (Right) The fact that it was a new audience made it that wee bit worse.

(Mm-hm). I mean how/

grit teeth - hiding
what really feeling
sister says - others'
opinions.
Doesn't listen
D. different
Knows how to
push.
Blames self
Knows what she
should do.

/I found it hard tae cope sometimes, tae grit my teeth and just bear it for the time we were here (mm-hm) 'cause sometimes I really felt like just smacking him or whatever (right) -- but my sister says that that's my fault that I've never really, gave them a smack and that's probably where the problem is (uh-huh) but -- (clears throat) you know a lot of the time I felt, 'cause of the way he was speaking tae me -- in front o' others, you know what I mean, (uh-huh) it was like, em, but tell Darren and he doesnae listen. He just gets back at you wi' another remark or whatever . . . {{3 sec}} He knows how far tae push me but he always knows how tae push a wee bit further (mm-hm). I suppose that's my fault for moving my limits, eh, but . . . {{3 sec}}

What did you think -- you know you said that you did quite enjoy the group (yeah) even though it's maybe not made much difference in the way that Darren behaves. I mean, what did you think when you were first told about the group?

not knowing/not sure
wanted to say no
'obligation' had to come
afterward appearance
good mark, black mark
glad we came.
time for me & D.

I don't think I was actually listening 100%, em . . . {{3 sec}} and I still wasnae sure why -- Andrew and Sarah (facilitators) came out -- tae see us. I cannae remember who it was who that referred -- us (right) whether it was Lynn or Alison or -- an' I wasnae sure of the whole -- idea of us coming here, what it was about, em -- so I suppose it would have been easier for me tae say no fae the start, but I felt like I had tae say aye, (mm-hm) er, because that would look better on the paper work if it's going the reporter that we did agree tae go tae this thing (right) rather than say no. (Right) That means a good mark instead o' a black mark, but at the end of the day I'm glad that we did come, em, I mean it's got me and Darren a few hours together, even if it is only once a week.

Mm-hm . . . {{3 sec}} What was good about the group?

Others in similar
situation
Time out - getting
away - drudgery
Kids hard work.

The fact that we met people in similar situation . . . {{3 sec}} em . . . {{3 sec}} just time out fae normal, normal day, know what I mean. (Mm-hm) I escaped fae, fae a couple o' hours fae what I'd usually be doing. (Yeah) I suppose I think that was the main plus -- was actually getting out somewhere fae a few hours. I didn't need tae think about the kids running about or -- (clears throat) making up bottles or changing nappies, or that.

Uh-huh. So it gave you a bit of a break/

Break from other
kids.

/Aye, a break fae having the rest of them all.

Uh-huh. And what about the other mums in the group? How did you find -- you know, it must have been a bit -- nerve-wracking/

- hard at first - don't know people
- shy.
- depends what others are like - characteristics
- nice people.
- glad to have met them.
- all got on.

/Tae start wi', aye, 'cause if you don't know somebody (*mm-hm*) it depends how she you are or how shy they are (*mm-hm*) how you're able tae gat on with, but a few weeks intae it I think it was, em, I think it was alright wi' them. (*Yeah*) I found them really, down tae earth (*uh-huh*) -- nice people, ken what I mean. (*Uh-huh*) So -- (clears throat) I cannae say I'm glad they were in the group 'cause I didn't know anybody else, (laughs) you know what I mean. (*Uh-huh*) but I'm glad it was the same group I was in that I met them, sort o' thing. (*Yeah*) I think we all got on okay.

Yeah -- and you said that it helped, sort of, seeing other people (*mm-hm*) -- in the same situation. Did you discuss with other mothers about things at all?

- sharing problems.
- similarity with others
- lifestyles - understood.
- not just D - not alone
- Guilt - 'not child' but 'child'.

N..no, no' really. Em, not in any great detail. Em, but we found that if, if we were talking tae like Andrew or Sarah (facilitators) about, em, problems an' that, it was -- we all shared the same sort of problem. (*Mm-hm*) The questions that were getting asked, it's questions I would have asked and -- there seems tae be a lot o' -- similarities, you know what I mean, (*yeah*) your lifestyles an' that -- and problems that we've come across. But it was, I suppose, nice for us tae all be in the same group, where it was, the child was the problem, sort o' thing, know what I mean, (*mm-hm*) like it's no' just Darren, (*yeah*) there's other kids like it. (*mm*) -- Em {{4 secs}} They say it's no' the child that's bad, it's the behaviour in it that's bad, but sometimes we ???????? (laughs).

Would you, say that you knew somebody who -- was asked to come to a group like this -- would you recommend it to them?

Uh-huh. Definitely.

What would you say to them?

- gets you out
- away from norm/ norm not good - need a break.
- not big change - but some.
- communicating better
- bond - is there.
- learning skills - animation
- meeting people - friends

That it's, em {{4 secs}} the positives would be -- that it gets you out for a few hours, away fae the norm. Em -- although you might no' realise it at the time, but at the end of the 12 weeks, whatever, something *has* changed, know what I mean. (*Mm-hm*) Even if it is slight, em, I mean, I cannae say that I noticed any big changes in Darren but I think, at the end o' it, I did notice that me and him were, or he was able tae talk tae me a wee bit better, than what he would, em -- so there must have been a wee bit more o' a bond there than what I noticed tae start wi'. 'Em, you can learn new skills like how tae make puppets an' things. (*Yeah*) Em, an' it's just, a way tae meet nice people, what you'd call friends probably now. Em -- /

/So you'd call them friends now?

- good thing to come
- definitely.
- would come again
- without D. - got something out of group herself.

Aye, I would like to think I could anyway. (*Yeah*). . . {{3 sec}} Em -- I'd definitely say it was, em, a good thing tae come tae. (*Mm-hm*) {{4 sec}} I'm glad I've been tae it if you know what I mean. (*Uh-huh*) Given the choice, would I come or no' come, I'm glad I came (*right*) and I would come again, aye. Even if it meant without Darren, (laughs) aye. But I'd have tae bring him, I suppose.

So, initially -- you, you sort of, agreed to come 'cause you thought it would be -- a good thing/

'right thing'.

/The right thing tae do/

EXCERPT FROM SALLY'S TRANSCRIPT –emergence of themes

...though, when it's just him and them that's about, I could be upstairs and he'll be downstairs and that's when he'll do it. It's never really when there's a lot of people about. (*Uh-huh*) so it's like when it's them on their ain, but, aye, he's got, he's got a good side. He just doesnae show it very often. (*Mm-hm*) No' everybody sees it.

good points
about child
belief included.

So you said that it did give you a chance when you were here (*mm-hm*) to -- spend a bit of time (*mm-hm*) with him?

Mm-hm. But I found the time we spent here a lot of it was me telling him off (*right*) for being cheeky tae other adults or showing off an' no' listening when he was supposed tae be or -- just 'no takin' on board -- the reason why he's here sort o' thing. (*Uh-huh*) He was just, tae me, it was just another audience for him tae play up tae. (*Right*) The fact that it was a new audience made it that wee bit worse.

showing-off

(*Mm-hm*). I mean how/

/ I found it hard tae cope sometimes, tae grit my teeth and just bear it for the time we were here (*mm-hm*) 'cause sometimes I really felt like just smacking him or whatever (*right*) -- but my sister says that that's my fault that I've never really, gave them a smack and that's probably where the problem is (*uh-huh*) but -- (clears throat) you know a lot of the time I felt, 'cause of the way he was speaking tae me -- in front o' others, you know what I mean, (*uh-huh*) it was like, em, but tell Darren and he doesnae listen. He just gets back at you wi' another remark or whatever . . . {{3 sec}} He knows how far tae push me but he always knows how tae push a wee bit further (*mm-hm*). I suppose that's my fault for moving my limits, eh, but . . . {{3 sec}}

other people -
looked down upon.
Should know better
self doubt.
struggling.

What did you think -- you know you said that *you* did quite enjoy the group (*yeah*) even though it's maybe not made much difference in the way that Darren behaves. I mean, what did you think when you were first told about the group?

I don't think I was actually listening 100%, em . . . {{3 sec}} and I still wasnae sure why -- Andrew and Sarah (facilitators) came out -- tae see us. I cannae remember who it was who that referred -- us (*right*) whether it was Lynn or Alison or -- an' I wasnae sure of the whole -- idea of us coming here, what it was about, em -- so I suppose it would have been easier for me tae say no fae the start, but I felt like I *had* tae say aye, (*mm-hm*) er, because that would look better on the paper work if it's going the reporter that we did agree tae go tae this thing (*right*) rather than say no. (*Right*) That means a good mark instead o' a black mark, but at the end of the day I'm glad that we did come, em, I mean it's got me and Darren a few hours together, even if it is only once a week.

'them & us'
power imbalance
social anxiety

Mm-hm . . . {{3 sec}} What was good about the group?

The fact that we met people in similar situation . . . {{3 sec}} em . . . {{3 sec}} just time out fae normal, normal day, know what I mean. (*Mm-hm*) I escaped fae, fae a couple o' hours fae what I'd usually be doing. (*Yeah*) I suppose I think that was the main plus -- was actually getting out somewhere fae a few hours. I didn't need tae think about the kids running about or -- (clears throat) making up bottles or changing nappies, or that.

'all in same boat'
time for mums

Uh-huh. So it gave you a bit of a break/

/Aye, a break fae having the rest of them all.

- family pressure

Uh-huh. And what about the other mums in the group? How did you find -- you know, it must have been a bit -- nerve-wracking/

/Tae start wi', aye, 'cause if you don't know somebody (*mm-hm*) it depends how she you are or how shy they are (*mm-hm*) how you're able tae gat on with, but a few weeks intae it I think it was, em, I think it was alright wi' them. (*Yeah*) I found them really, down tae earth (*uh-huh*) -- nice people, ken what I mean. (*Uh-huh*) So -- (clears throat) I cannae say I'm glad they were in the group 'cause I didn't know anybody else, (laughs) you know what I mean. (*Uh-huh*) but I'm glad it was the same group I was in that I met them, sort o' thing. (*Yeah*) I think we all got on okay.

Social anxiety

bonding

Yeah -- and you said that it helped, sort of, seeing other people (*mm-hm*) -- in the same situation. Did you discuss with other mothers about things at all?

N..no, no' really. Em, not in any great detail. Em, but we found that if, if we were talking tae like Andrew or Sarah (facilitators) about, em, problems an' that, it was -- we all shared the same sort of problem. (*Mm-hm*) The questions that were getting asked, it's questions I would have asked and -- there seems tae be a lot o' -- similarities, you know what I mean, (*yeah*) your lifestyles an' that -- and problems that we've came across. But it was, I suppose, nice for us tae all be in the same group, where it was, the child was the problem, sort o' thing, know what I mean, (*mm-hm*) like it's no' just Darren, (*yeah*) there's other kids like it. (*mm*) -- Em {{4 secs}} They say it's no' the child that's bad, it's the behaviour in it that's bad, but sometimes we ??????? (laughs).

'all in same boat'

Staff support

- not alone

Would you, say that you knew somebody who -- was asked to come to a group like this -- would you recommend it to them?

Uh-huh. Definitely.

What would you say to them?

That it's, em {{4 secs}} the positives would be -- that it gets you out for a few hours, away fae the norm. Em -- although you might no' realise it at the time, but at the end of the 12 weeks, whatever, something *has* changed, know what I mean. (*Mm-hm*) Even if it is slight, em, I mean, I cannae say that I noticed any big changes in Darren but I think, at the end o' it, I did notice that me and him were, or he was able tae talk tae me a wee bit better, than what he would, em -- so there must have been a wee bit more o' a bond there than what I noticed tae start wi'. 'Em, you can learn new skills like how tae make puppets an' things. (*Yeah*) Em, an' it's just, a way tae meet nice people, what you'd call friends probably now. Em -- /

family pressure - struggling

change - subtle

- bonding with y.p.

- new skills

- social support

/So you'd call them friends now?

Aye, I would like to think I could anyway. (*Yeah*) . . . {{3 sec}} Em -- I'd definitely say it was, em, a good thing tae come tae. (*Mm-hm*) {{4 sec}} I'm glad I've been tae it if you know what I mean. (*Uh-huh*) Given the choice, would I come or no' come, I'm glad I came (*right*) and I would come again, aye. Even if it meant without Darren, (*laughs*) aye. But I'd have tae bring him, I suppose.

- no regrets

- positive experience

So, initially -- you, you sort of, agreed to come 'cause you thought it would be -- a good thing/

/The right thing tae do/

- obligation
right thing

EXCERPTS FROM EMILY'S TRANSCRIPT- Initial interpretations

Do you remember when you first heard about the group?

Initial info -
don't remember
much.

No.

No? Do you remember who told you about it?

No (*laughs*).

No? Was it your mum -- or -- /

can't remember. /I cannae even mind

Social worker?

Previous experience -
already involved
with services.

. . . {{3 sec}} No, it was Lynn, my drugs worker.

Right. What, what did she say about it?

not listening

I don't know 'cause I wasnae listening tae her.

Right. Why were you not listening tae her?

bad mood.

'Cause I was in a bad mood.

not interested.

Okay . . . {{3 sec}} It sounds like you weren't really interested in what she was -- saying.

I wasnae.

But, you came along to the first -- session didn't you? (*mm-hm*) With your mum. Em, Did you want to come along?

didn't want to
come - didn't
know anyone!

No' really, 'cause I didnae ken if I'd ken anybody.

Right. Okay. How did you feel -- as you were coming along to the first day?

Stupid.

Stupid?

(Laughs and nods)

Why?

'Cause you had got tae walk intae a room and no' ken anybody.

worried about
not knowing
anyone.

Right. So, it was, like, a bit nerve-wracking? What was your mum thinking?

I dinae ken. (Right) I never asked her.

Do you think she might have been a bit nervous as well?

No. She's never embarrassed.

No?

No.

embarrassed.

So you were embarrassed?

Mm-hm.

Right . . . {{3 sec}} And when you got here . . . {{3 sec}} what was it like then, when you were actually here?

Alright, because I knew Paul an' that.

Importance of knowing someone already - makes it better.

Right. Okay. Did you know any of the staff? People who were working here?

Sarah (facilitator).

Right. So did that help, knowing/

/Mm-hm.

So what was the first day like?

can't remember.

. {{5 sec}} I cannae even mind (laughs) what we done on the first day.

Right {{4 sec}} Was the group, overall, was is what you expected it to be like/

No.

not what I expected.

Why not? What was different?

I though we would just have tae sit down and work all the time but, you just had a good laugh.

expected to work - experience of other in workshop.

You had a good laugh?

Mm-hm.

'good laugh' - enjoyable

What were the bits that you liked best about it?

Makin', well just, havin' a carry on wi' Paul an' Darren an' that. (Mm-hm) It was funny. And the things we got up tae an' that.

'carry on' - friends/peers. 'got up tae'

What about the stuff, we used to do stuff in the morning, like, em, you know we'd all sort of sit around and maybe play a game or something. What was that like?

Hm, childish (laughs).

don't want to be treated like child

Childish? . . . {{3 sec}} So was that not a good laugh?

No. But it was when you were doing it because - - like we'd be laughing at one person and they'd be laughing at us when we went tae dae it an' that. (Uh-huh) {{5 sec}}

good laugh - relaxed

Did you like doing the animation?

. {{3 sec}} It was alright.

EXCERPTS FROM EMILY'S TRANSCRIPT- Emerging themes

Do you remember when you first heard about the group?

not taking info on board.

No.

No? Do you remember who told you about it?

No (laughs).

No? Was it your mum - - or - -/

/I cannae even mind

Social worker?

. . . {{3 sec}} No, it was Lynn, my drugs worker.

other experiences of professionals.

Right. What, what did she say about it?

I don't know 'cause I wasnae listening tae her.

non-engagement - initially

Right. Why were you not listening tae her?

'Cause I was in a bad mood.

Okay . . . {{3 sec}} It sounds like you weren't really interested in what she was - - saying.

apathy/disinterest.

I wasnae.

But, you came along to the first - - session didn't you? (mm-hm) With your mum. Em, Did you want to come along?

No' really, 'cause I didnae ken if I'd ken anybody.

poor expectations
social anxiety

Right. Okay. How did you feel - - as you were coming along to the first day?

Stupid.

embarrassment

Stupid?

(Laughs and nods)

Why?

'Cause you had got tae walk intae a room and no' ken anybody.

Social anxiety

Right. So, it was, like, a bit nerve-wracking? What was your mum thinking?

I dinae ken. (Right) I never asked her.

'dinae ken'

Do you think she might have been a bit nervous as well?

No. She's never embarrassed.

perceptions of mum
adolecent/parent divide

No?

No.

So you were embarrassed?

Mm-hm.

social anxiety

Right . . . {{3 sec}} And when you got here . . . {{3 sec}} what was it like then, when you were actually here?

Alright, because I knew Paul an' that.

peers/friends
made it easier.

Right. Okay. Did you know any of the staff? People who were working here?

Sarah (facilitator).

knowledge of
staff - made it
more comfortable.

Right. So did that help, knowing/

/Mm-hm.

So what was the first day like?

. {{5 sec}} I cannae even mind (laughs) what we done on the first day.

- 'apathy' - not
listening.

Right {{4 sec}} Was the group, overall, was is what you expected it to be like/

No.

pleasantly
surprised.

Why not? What was different?

I though we would just have tae sit down and work all the time but, you just had a good laugh.

low expectations.

You had a good laugh?

Mm-hm.

good laugh.
- not so much
formal learning

What were the bits that you liked best about it?

Makin', well just, havin' a carry on wi' Paul an' Darren an' that. (*Mm-hm*) It was funny. And the things we got up tae an' that.

peers -
social aspect

What about the stuff, we used to do stuff in the morning, like, em, you know we'd all sort of sit around and maybe play a game or something. What was that like?

Hm, childish (laughs).

Childish? . . . {{3 sec}} So was that not a good laugh?

No. But it was when you were doing it because -- like we'd be laughing at one person and they'd be laughing at us when we went tae dae it an' that. (*Uh-huh*) {{5 sec}}

friendly atmosphere
- relaxed.
- 'good laugh'

EXCERPT FROM SARAH'S TRANSCRIPT –Initial interpretations

So do you think that these families have – what do you think their experiences have been like before with... from services, professionals?

- lots of previous impact - negative different services.
- 'broce cycle'
- different approach.
- snooping
- judging

I'd imagine . . . {{3 sec}} that . . . {{2 sec}} they've probably had a lot of . . . {{2 sec}} input from, kind of services, throughout their lives (mm-hm) and maybe it hasn't all been that positive and, em, if they've had negative kind of experiences from . . . {{2 sec}} maybe social workers in the past, or – I don't know – psychologists in the past, or counsellors in the past, then they'll take that with them and expect that from the next kind of service that they meet, (yeah) em, but I suppose we kind of, broke the cycle in a way, of, because we approached it differently, em . . . {{2 sec}} I remember one mum talking about how when the social worker comes to do their visit and they come into your house and they're like snooping around and, having a good look, and you feel like they're judging you and, em, kind of getting into your life and finding out about you, but really, and then in reality, what do they know about that social worker who just goes out the door and kind of leaves, sort of thing. So . . . {{3 sec}}

How do you think these families were feeling when they were first told about the group?

. . . {{3 sec}} Em/

/if they've maybe had that sort of . . . {{2 sec}} experience?

- suspicious
- anxious
- other groups affected
- less focused. info.

putting families at ease.

- going at families own pace
- lunch - not usual way of working
- sharing roles
- breaking down barriers

They were probably very suspicious, I would say (yeah) . . . {{3 sec}} They must have been very, it must have been very nerve-wracking for them to come to the first group and I suppose, when I think of other groups that I've ran or been part of, or even groups with the youth drugs team, there's always a kind of format that you kind of, you tie into – fulfil your aims and your goals and you've got . . . {{3 sec}} kind of specific, "Right. This week we're doing this, and we're targeting this". You know, although you do need that structure, but, em . . . {{3 sec}} the group, as you say, would be run for an hour and a half, would be very much focussed on that one thing, you know, trying to achieve aim, the goal, and you're, you're really focussing the group to kind of do, to think in that certain way. But in the family group, the way they kind of met, and were greeted in the morning and we all had coffee and, em, conversations came out of *that* that were, weren't directed by us, but came from the families, because they were comfortable and were able to say, "Oh, well such-and-such happened during the week," or, you know . . . {{2 sec}} and we'd get that all, kind of out of the way (laughs) over the coffee, and then go and do, you know, the first part of the group and then we had lunch with them as well which, I don't really think happens in very many . . . {{2 sec}} groups, you know, it's, that you actually sit down and you have your lunch with them . . . and we all help share roles. We share kind of, like facilitators butter the bread as well as (laughs) mums. We do the dishes . . . {{2 sec}} and that breaks down barriers as well.

Yeah, and they had some say in the food that we got as well, didn't they.

clients have control.

That's right. They had a bit of control, didn't they?

Yeah

'their' group.

So I suppose it was giving a wee bit of power to them (mm-hm) . . . {{3 sec}} so they'd feel empowered to feel that it was *their* group, not just the

'family' atmosphere

facilitators. (yeah) You know, it's their kind of . . . {{3 sec}} I suppose it was a bit like a family.

Yeah. It sounds like you think there was a lot of positive things about the group. I suppose in terms of services and that (mm-hm), if we have to measure, you know, justify why we're doing it . . . {{3 sec}} do you think it's possible to do that, you know, looking at the families at the start, and the situations they were in, and then twelve weeks later. Do you think there's any visible difference there? {{5 sec}} Or measurable difference?

Only 12 weeks.
- not long enough to change mind-set.
- could have been longer
- difficult to get true picture
- rose tinted glasses
- difficult to measure - system like way it works.

I think measurable is . . . {{2 sec}} very difficult (mmm) . . . {{3 sec}} and I'm sure one of the reasons why was because it was only twelve weeks and, I mean really, when you're trying to change someone's . . . {{3 sec}} inner mind-set, if you like, or the way they behave or the way they relate, twelve weeks out of someone's life really isn't that long time. I mean we did make progress . . . {{3 sec}} but, I think it would have been better if it had have been longer, maybe. Em, trying to measure it {{4 sec}} It's difficult 'cause there's only so much you can get from questionnaires when you ask the families at the beginning. Are they really telling you the truth at the beginning and . . . {{3 sec}} and then, at the end, when you ask them questions there's that bit about it being, "Oh it's the end of the group", and the kind of looking through rose-tinted glasses. So do you really get the kind of true picture, as well (yeah). So, em, I think measuring it, it is really difficult. As well, a lot of the families that came to the group {{4 sec}} well most of them, 'cause that's one of the criterias for it, would be, at risk of going into care, so a lot of them already had started that process of the children's panel and, you know, when you think, at twelve weeks - sometimes it takes, you know, maybe say eight weeks for a children's panel to come up, so if something had happened prior to the group, and even though we'd worked on those issues, maybe the children's panel was coming up in the middle of it and even though the young person or the family had moved a bit, they still have to go to this panel about something that happened . . . {{3 sec}} three months ago and so its' although they are progressing, in a way, because they're already in this legal system, the kids sometimes look as if they're going . . . {{3 sec}} backwards, or it could bring them backwards (yeah) Em, so . . . {{2 sec}} it is very difficult to {{4 sec}} measure.

moved a bit
Visible change
difficult to measure.
traditional way of evaluating are difficult

Yeah. But you said that you felt that the families got more relaxed and . . . {{2 sec}}

Mm-hm.

So that I suppose, in a way, that's how we're measuring it, I think.

Changes in relationships -
- Emily's mum - better - visible difference
- not communicating before
- sees mum differently

Yeah. Yeah . . . {{3 sec}} And how they relate...I mean, if you can measure it on {{3 sec}} specific relationships and how people . . . {{3 sec}} relate, you could say Emily and her mum, their relationship improved, remarkably (mm-hm) to the point that they weren't getting on at all, and I know that at Emily's first referral to the Youth Drugs Team, round about April last year, when the two project workers went out to do the assessment, they said that Emily and her mum just couldn't talk at all, you know, couldn't communicate at all, and that was where a lot of the problems were, and, now we're at a stage where they actually, you know they can talk, and Emily *does* listen to her mum now, and she's back home, which is fantastic . . . {{3 sec}} and, I think has come to view her mum in a new light, because of being in the group with her mum, and, 'cause Eleanor was a real asset to the group and, you know, through the VIG work, that was fed back and Emma was there to witness all this, and was there to witness her

EXCERPT FROM SARAH'S TRANSCRIPT –emerging themes

So do you think that these families have – what do you think their experiences have been like before with... from services, professionals?

I'd imagine . . . {{3 sec}} that . . . {{2 sec}} they've probably had a lot of . . . {{2 sec}} input from, kind of services, throughout their lives (mm-hm) and maybe it hasn't all been that positive and, em, if they've had negative kind of experiences from . . . {{2 sec}} maybe social workers in the past, or – I don't know – psychologists in the past, or counsellors in the past, then they'll take that with them and expect that from the next kind of service that they meet, (yeah) em, but I suppose we kind of, broke the cycle in a way, of, because we approached it differently, em . . . {{2 sec}} I remember one mum talking about how when the social worker comes to do their visit and they come into your house and they're like snooping around and, having a good look, and you feel like they're judging you and, em, kind of getting into your life and finding out about you, but really, and then in reality, what do they know about that social worker who just goes out the door and kind of leaves, sort of thing. So . . . {{3 sec}}

previous negative experiences.

different way of working.

understanding family

judgemental - other professionals

How do you think these families were feeling when they were first told about the group?

. . . {{3 sec}} Em/

/if they've maybe had that sort of . . . {{2 sec}} experience?

They were probably very suspicious, I would say (yeah) . . . {{3 sec}} They must have been very, it must have been very nerve-wracking for them to come to the first group and I suppose, when I think of other groups that I've ran or been part of, or even groups with the youth drugs team, there's always a kind of format that you kind of, you tie into – fulfil your aims and your goals and you've got . . . {{3 sec}} kind of specific, "Right. This week we're doing this, and we're targeting this". You know, although you do need that structure, but, em . . . {{3 sec}} the group, as you say, would be run for an hour and a half, would be very much focussed on that one thing, you know, trying to achieve aim, the goal, and you're, you're really focussing the group to kind of do, to think in that certain way. But in the family group, the way they kind of met, and were greeted in the morning and we all had coffee and, em, conversations came out of that that were, weren't directed by us, but came from the families, because they were comfortable and were able to say, "Oh, well such-and-such happened during the week," or, you know . . . {{2 sec}} and we'd get that all, kind of out of the way (laughs) over the coffee, and then go and do, you know, the first part of the group and then we had lunch with them as well which, I don't really think happens in very many . . . {{2 sec}} groups, you know, it's, that you actually sit down and you have your lunch with them . . . and we all help share roles. We share kind of, like facilitators butter the bread as well as (laughs) mums. We do the dishes . . . {{2 sec}} and that breaks down barriers as well.

anxiety-provoking

different way of working

valuing people - power to families

respect equality - not 'them & us'

Yeah, and they had some say in the food that we got as well, didn't they.

That's right. They had a bit of control, didn't they?

Yeah

So I suppose it was giving a wee bit of power to them (mm-hm) . . . {{3 sec}} so they'd feel empowered to feel that it was *their* group, not just the

power/control to families

empowering 'their group' 'one big family'

facilitators. (yeah) You know, it's their kind of . . . {{3 sec}} I suppose it was a bit like a family.

one big family

Yeah. It sounds like you think there was a lot of positive things about the group. I suppose in terms of services and that (mm-hm), if we have to measure, you know, justify why we're doing it . . . {{3 sec}} do you think it's possible to do that, you know, looking at the families at the start, and the situations they were in, and then twelve weeks later. Do you think there's any visible difference there? {{5 sec}} Or measurable difference?

I think measurable is . . . {{2 sec}} very difficult (mmm) . . . {{3 sec}} and I'm sure one of the reasons why was because it was only twelve weeks and, I mean really, when you're trying to change someone's {{3 sec}} inner mind-set, if you like, or the way they behave or the way they relate, twelve weeks out of someone's life really isn't that long time. I mean we did make progress . . . {{3 sec}} but, I think it would have been better if it had have been longer, maybe. Em, trying to measure it {{4 sec}} It's difficult 'cause there's only so much you can get from questionnaires when you ask the families at the beginning. Are they really telling you the truth at the beginning and . . . {{3 sec}} and then, at the end, when you ask them questions there's that bit about it being, "Oh it's the end of the group", and the kind of looking through rose-tinted glasses. So do you really get the kind of true picture, as well (yeah). So, em, I think measuring it, it is really difficult. As well, a lot of the families that came to the group {{4 sec}} well most of them, 'cause that's one of the criterias for it, would be, at risk of going into care, so a lot of them already had started that process of the children's panel and, you know, when you think, at twelve weeks – sometimes it takes, you know, maybe say eight weeks for a children's panel to come up, so if something had happened prior to the group, and even though we'd worked on those issues, maybe the children's panel was coming up in the middle of it and even though the young person or the family had moved a bit, they still have to go to this panel about something that happened . . . {{3 sec}} three months ago and so its' although they are progressing, in a way, because they're already in this legal system, the kids sometimes look as if they're going . . . {{3 sec}} backwards, or it could bring them backwards (yeah) Em, so . . . {{2 sec}} it is very difficult to {{4 sec}} measure.

not long enough
entrenched problems struggling for years
difficult to measure
entrenched problems
'tip of ice-berg'
not true picture

Yeah. But you said that you felt that the families got more relaxed and . . . {{2 sec}}

Mm-hm.

So that I suppose, in a way, that's how we're measuring it, I think.

Yeah. Yeah . . . {{3 sec}} And how they relate...I mean, if you can measure it on . . . {{3 sec}} specific relationships and how people {{3 sec}} relate, you could say Emily and her mum, their relationship improved, remarkably (mm-hm) to the point that they weren't getting on at all, and I know that at Emily's first referral to the Youth Drugs Team, round about April last year, when the two project workers went out to do the assessment, they said that Emily and her mum just couldn't talk at all, you know, couldn't communicate at all, and that was where a lot of the problems were, and, now we're at a stage where they actually, you know they can talk, and Emily *does* listen to her mum now, and she's back home, which is fantastic . . . {{3 sec}} and, I think has come to view her mum in a new light, because of being in the group with her mum, and, 'cause Eleanor was a real asset to the group and, you know, through the VIG work, that was fed back and Emma was there to witness all this, and was there to witness her

change in relationships
- communication skills
source shift
valuing clients
mum & kids together

facilitators. (yeah) You know, it's their kind of . . . {{3 sec}} I suppose it was a bit like a family.

one big family.

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not long enough

entrenched probs - struggling for years

difficult to measure

entrenched problems

tip of ice-berg

not true picture

Yeah. But you said that you felt that the families got more relaxed and . . . {{2 sec}}

Mm-hm.

So that I suppose, in a way, that's how we're measuring it, I think.

Yeah. Yeah . . . {{3 sec}} And how they relate... I mean, if you can measure it on . . . {{3 sec}} specific relationships and how people . . . {{3 sec}} relate, you could say Emily and her mum, their relationship improved, remarkably (mm-hm) to the point that they weren't getting on at all, and I know that at Emily's first referral to the Youth Drugs Team, round about April last year, when the two project workers went out to do the assessment, they said that Emily and her mum just couldn't talk at all, you know, couldn't communicate at all, and that was where a lot of the problems were, and, now we're at a stage where they actually, you know they can talk, and Emily *does* listen to her mum now, and she's back home, which is fantastic . . . {{3 sec}} and, I think has come to view her mum in a new light, because of being in the group with her mum, and, 'cause Eleanor was a real asset to the group and, you know, through the VIG work, that was fed back and Emma was there to witness all this, and was there to witness her

change in relationship

- communication skills

subtle shift

valuing clients

mum & kids - together

6.8. Appendix VIII Multiple Family Group Referral Form

Name of Young Person:

D.O.B.:

Address:

Tel No:

School Attended:

(Full / Part Time)

School Contact:

GP

C & F Social Worker

MFG Link Worker:

Presenting Problems:

Please briefly summarise the reasons why the young person was referred to your team (e.g. offending history) or include a recent YLS: CMI report.

Family Composition

<u>Name</u>	<u>Relationship</u>	<u>D.O.B. / Age</u>

1)	In your opinion would it be beneficial for any siblings over the age of 12 to attend the group along with the young person and their parent(s)?	
2)	Which parent or parents would you like to attend the group?	

ASSESSMENT

1. Family Relationships

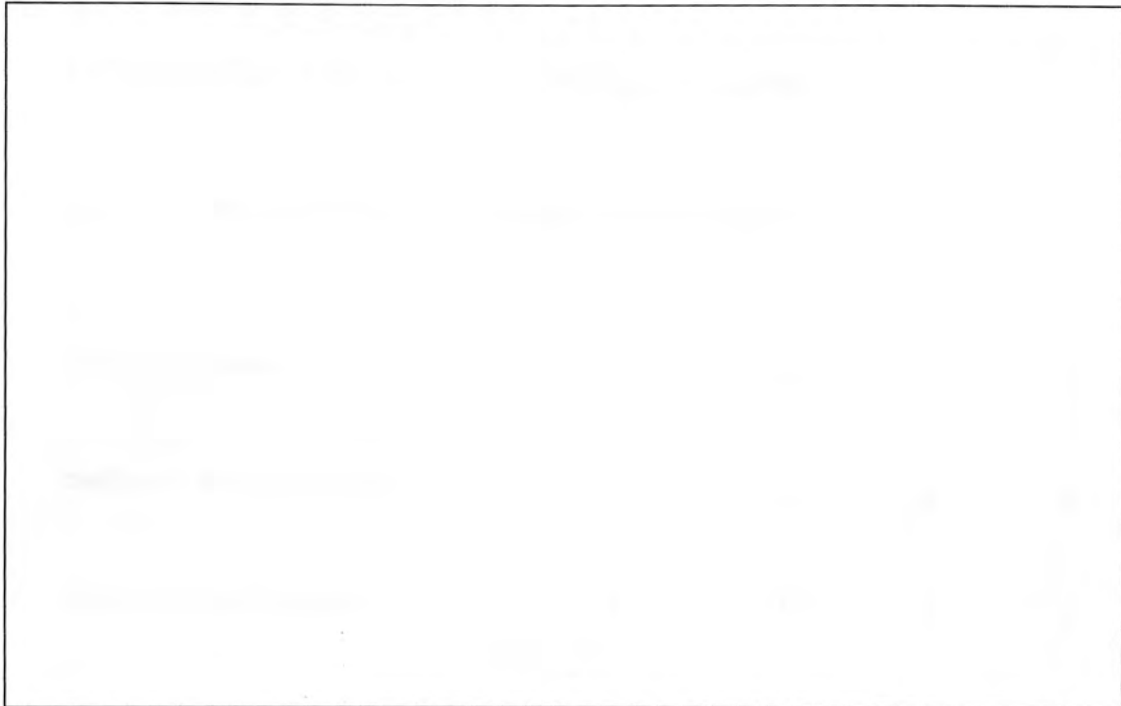
Are any of the following a concern (as defined by the YLSI guidelines):

Adequate Supervision	
Difficulty controlling behaviour	
Inappropriate discipline	
Inconsistent parenting	
Poor young person/parent relationship	

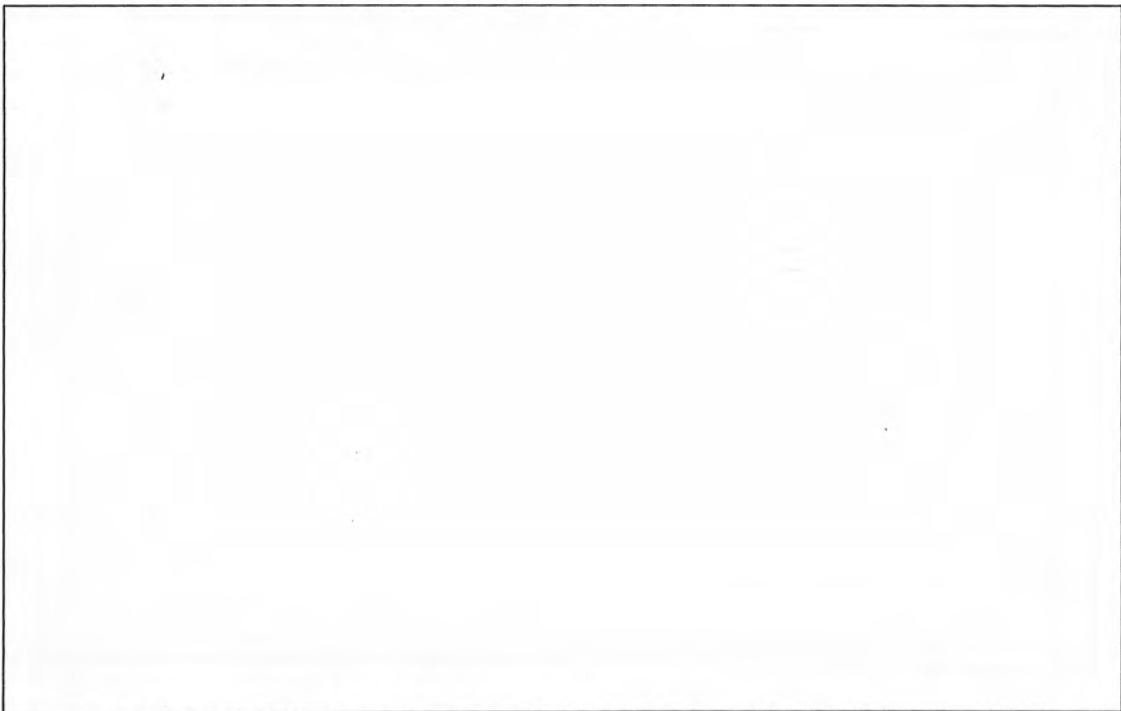
2. Do parents/carers experience any of the following? (please give details)

Mental Health Difficulties	
Alcohol/substance misuse problems	
Learning Disability	
Physical Disability	
Any other issues?	

3. Family/parenting work previously undertaken (including any group work)

A large, empty rectangular box with a thin black border, intended for handwritten notes or typed text. It occupies the upper half of the page.

4. Are there any concerns about how the young person and their parent/carers may cope with the group situation?

A large, empty rectangular box with a thin black border, intended for handwritten notes or typed text. It occupies the lower half of the page.

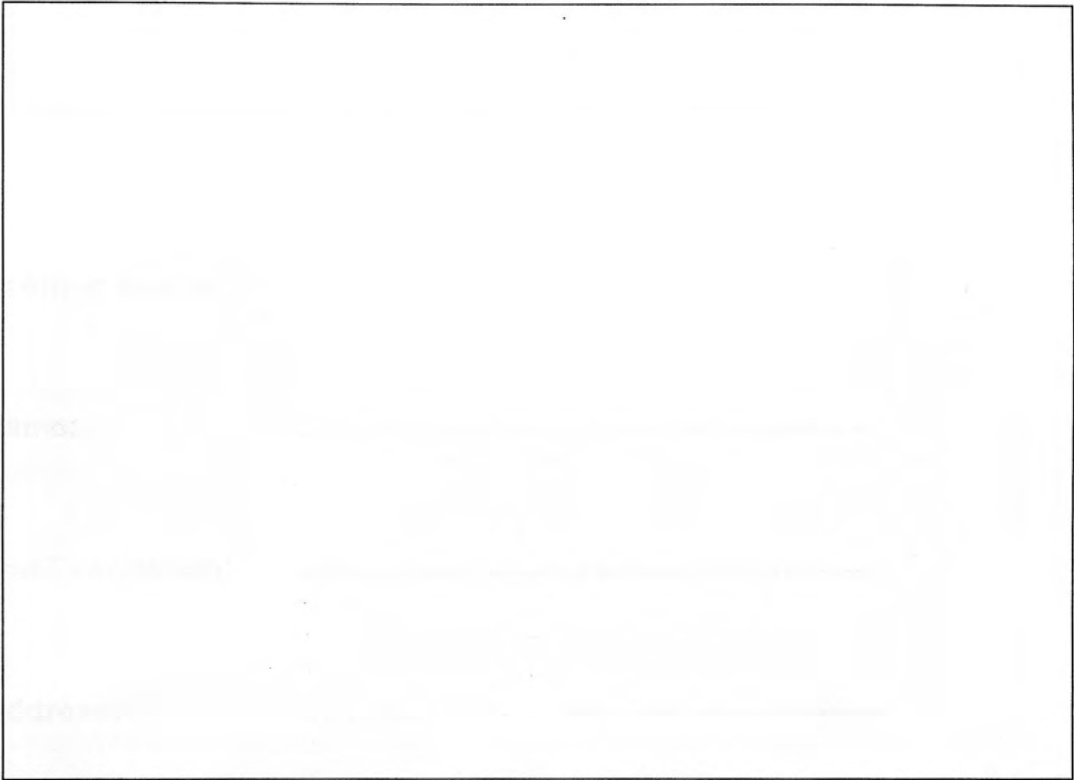
5. What level of commitment does the young person and their parents/carers have towards attending the group? Please circle.

(e.g. 1 – very committed 5 – refusing to attend)

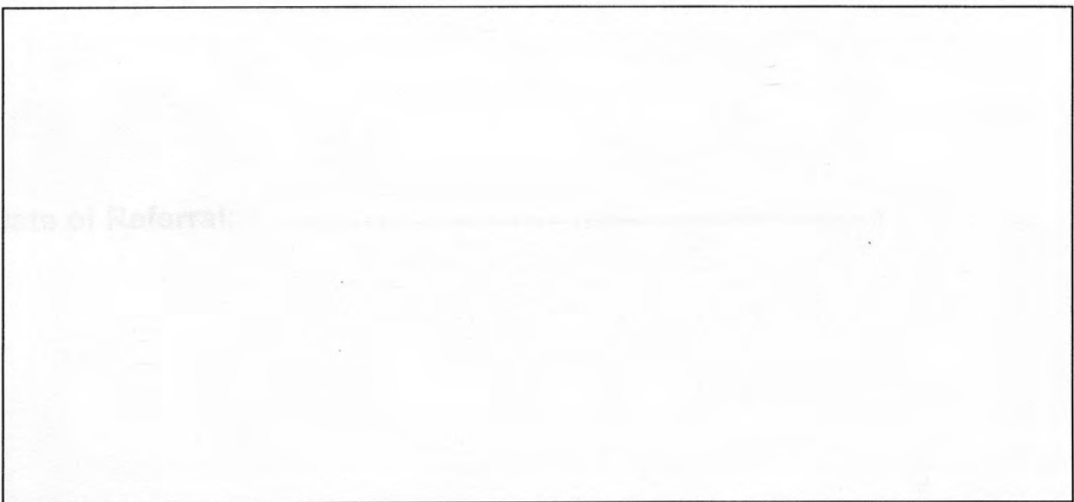
young person	1	2	3	4	5
mother / female partner	1	2	3	4	5
father / male partner	1	2	3	4	5

6. Are there any other risk/need factors which are currently around for this young person which could raise their priority for the group?

7. What practical supports are needed to encourage attendance? e.g. transport, childcare.



8. Is there anything else which group facilitators need to know?



Referrer details

Name:

Job Description:

Address:

.....

Contact No:

Date of Referral: