

The introduction and implementation of a modified parent education programme – WATCH…WAIT…AND WONDER ™ as a group intervention and assess the process and outcomes – for the parent, the child (indirectly) and facilitator (researcher).

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I tried to teach my child from books.

He gave me only puzzled looks.

I tried to teach my child with words.

They passed him by, often unheard.

Despairingly, I turned aside,

‘How shall I teach this child?’ I cried.

Into my hand he put the key:

‘Please come,’ he said, ‘and play with me.’

-Author unknown-

Abstract

This study describes the introduction and implementation of a modified parent education programme – WATCH…WAIT…AND WONDER ™ developed by Michael Zilibowitz (2008) as a group intervention in New South Wales, Australia and attempts to assess the process and outcomes for the parent, child (indirectly) and the facilitator (researcher). WWW is a child led approach used to reconcile uneasy relationships between parents and children (Muir et al, 1999 and Cohen et al, 2002). The WWW method consists of the parent getting down on the floor with the child, to follow the child’s lead and not interfere in the child’s play but be watchful and receptive to whatever the child wants to do. As part of the group intervention, this method was modelled and explained to the participants who were encouraged to try to do WWW at home and feedback to the group the challenges and changes they experienced along the way.

It was hypothesised that using this modified parent education programme would lead to changes in the parents’ understanding of their child’s social and emotional development and associated behaviours. It was further hypothesised that this would influence the parents’ self-efficacy and capacity to initiate change in terms of their own behaviours following the intervention. Consequently, through using a mixed methods design, quantitative (pre- Time 1 and post -Time 2) measures were used to ascertain whether any changes occurred for the parents involved and Thematic Analysis was used to identify common themes evolving from the data collated from the participants (parents) and the facilitator (researcher). The modified group intervention (WWW) was available to all parents of children who attended a named Local Authority maintained nursery setting (age range of children between 36- 50 months). The group ran for four weeks.

Findings from the study indicate that WWW as a group intervention had a positive impact on parents’ perceptions of their child’s social and emotional skills development and parent self-efficacy. The study also identified themes relating to the process of implementing WWW as a group parent programme for the facilitator (researcher) and for the parent. Themes identified challenges but also changes to consider within the area of promoting and developing positive parent child relationships.

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Abbreviations

|  |  |
| --- | --- |
| WWW | Watch, Wait & Wonder |
| EYFS | Early Years Foundation Stage |
| KS1 | Key Stage 1 |
| EP | Educational Psychologist |
| OXPIP | Oxford Parent Infant Project |
| ELPP | Early Learning Partnership Programme |
| PPEL | Partners in Early Learning |
| SEN | Special Educational Needs |
| DfE | Department for Education |
| SEU - UK | Social Exclusion Unit - United Kingdom |
| ADHD | Attention Deficit Hyperactivity Disorder |
| OCED | Organisation for Economic Co-operation & Development |
| TME | Target Monitoring Evaluation |
| ASQ:SE2 | Ages and Stage: Social Emotional- 2 |
| TOPSE | Tool to measure Parenting Self-Efficacy |
| IPA | Interpretative Phenomenological Analysis |
| TA | Thematic Analysis |
| HLTA | Higher Learning Teaching Assistant |
| VIG | Video Interaction Guidance |
| AVIG | Association of Video Interaction Guidance |

**Chapter 1: Introduction**

* 1. **Overview**

This study describes the introduction and implementation of a modified parent education programme – WATCH…WAIT…AND WONDER ™ developed by Michael Zilibowitz (2008) as a group intervention in New South Wales, Australia. This study also sets out to assess the process and outcomes – for the parent, the child (indirectly) and facilitator (researcher) of this programme. In order to support the parents in understanding the WWW approach, information relating to social and emotional development and interaction in the early years was also incorporated into the programme delivery and content (Lawrence et al, 2016, 2017; Kennedy, 2011; Siegel, 2010 and Webster Stratton, 2001). By adding additional learning components it was hoped that this would support parents’ understanding of the Watch, Wait & Wonder approach which would in turn strengthen their engagement and willingness to have a go.

The Local Authority in which this study was implemented currently commission’s two parenting programmes – The Solihull Approach Parenting Group programme (2006) and the Incredible Years Parenting programme (Webster-Stratton, 1992), programmes which are widely researched and reviewed within the research literature (Bateson, et al, 2008; Webster-Stratton et al, 2001; Webster-Stratton & Taylor, 2001 & Webster-Stratton & Reid, 2004) WATCH…WAIT…AND WONDER ™ (Muir et al, (1992, 1999), Cohen et al, 1999) is an approach linked to Parent-Infant Psychotherapy which has not been implemented previously by local authorities in the UK. Parent-infant psychotherapy (PIP) rests on attachment theory and psychoanalysis and is intended to address/relieve emotional disturbances within the parent(s), the baby, and/or their interaction, for example, postnatal depression and anxiety, infant distress with breastfeeding and sleep, and attachment disorders. As an approach Watch…Wait..and Wonder has limited research and analysis (Muir et al, Cohen et al, 1999) and Watch…Wait…and …Wonder as a group intervention (Zilibowitz, 2008) is even further limited to two recorded studies (Zilibowitz, 2006 & French, 2011) all of which will be presented and discussed further in the literature review. Although little research has been carried out on the use, implementation, impact and/or outcomes of WWW, the underlying components of WWW are linked to Parent-Infant Psychotherapy which has an intensive research base (Barlow et al, 2016). Parent-infant psychotherapy (PIP) focuses on a number of factors; parents' behaviours and feelings; parents’ unconscious motives for developing and maintaining behaviour and feelings as well as parents’ striving to consciously bond with the child and provide an environment for attachment to develop and flourish. The therapist role in the parent/therapist dynamic aims to support the parent through ‘holding’ or ‘containing’ the parents’ distress/anxiety. This concept of holding and containment is also evident in both the Solihull Approach and the Incredible Years programmes and are seen as positive components of both of these programmes which bring about change.

The learning journey of implementing and delivering the WWW programme (Zilibowitz, 2008) as a group concept as well as identifying outcomes for the parent, the facilitator and the child (indirectly) was the underlying purpose of this study.

**1.2 Background**

My interest in early parent child relationships, specifically, attachment and its effect on a child’s social and emotional development and interactions from infancy to adulthood, stems from over 17 years of working as a Local Authority Educational Psychologist with families and schools within an area of high social deprivation and social exclusion from school systems and local communities. Over the years through my own work and discussions with colleagues I have noticed a growing escalation in the number of children who are referred to our service by schools in the Early Years Foundation Stage (EYFS – birth to 5 years) and Key Stage 1 (KS1 - 5-7 years) with a range of behavioural needs, in particular, high levels of aggression and anger, low levels of emotional regulation, refusal to be adult led and poor communication skills, which impact on the child’s ability to access a learning environment successfully. These behaviours were also evident when linked to the exclusion data (fixed and/or permanent) at a local and national level.

Latest figures from the Department for Education – National Statistics 2015-2016 identified and documented 1,153 pupils within state funded primary schools who were permanently excluded, 280 of these pupils were KS1 pupils whose ages ranged from under 4 to 7 years old. Of the 280 pupils identified, 260 of those were children between the ages of 6-7 years old – Year 2 pupils. The number of children within my Local Authority who were permanently excluded (nursery to end of Year 2) in 2016-2017 was 6 and for the same age range in 2017-2018 the number was 11. As a service we believe this number is actually lower than expected and experienced due to the fact that a number of children are moved onto prevention programmes which are part funded by schools and the Local Authority and as such are not recorded within the exclusion figure data.

Based on the most recent released national statistics from the Department for Education 2015-2016 and my Local Authority (2017-2018) the most common reason for exclusion related to a combination of one or more factors: physical assault against a pupil and/or adult, verbal abuse/threatening behaviour against a pupil and/or adult and/or persistent disruptive behaviours. Studies (Parsons 2005; Brodie & Berridge, 1997; and Hayden, 1999) relating to school exclusions in the United Kingdom (UK) identified excluded children as coming from families under stress, less likely to have employment and who are generally experiencing multiple disadvantages. Wright et al (2000) identified the impact and implications of exclusion from school has on a young person’s capacity and ability to participate fully in society later in life. At a local level, I have found from working with school staff, systems and parents of pupils who have had a series of fixed term and/or a permanent exclusion, a common profile of the underlying behaviours emerges which relate to child or young person who presents as:

* angry and/or aggressive; and/or
* struggling to self-regulate and calm; and/or
* unable to engage in a learning and/or social environment successfully. Other common factors consistent with research identified by Parsons 2005; Brodie & Berridge, 1997, Hayden, 1999 & Centre of Social Justice, 2011) identify other features to exclusions, such as history of loss, separation and/or bereavement, social care involvement, parental mental health and well-being issues, financial instability, single parent families and/or poor support networks as contributory factors.

The research literature relating to parent child relationships encompasses an extensive area of research relating to: social and emotional development, attachment, early identification/intervention, parenting/parenting support programmes and interventions (e.g.,Bowlby, 1969, Belsky, 1999a; Siegel, 2012). All areas of which I will endeavour to discuss and elaborate upon further in my literature review.

Considerable evidence also exists that would indicate that the optimal conditions for secure attachment and optimal development is related to a mother’s capacity and ability to recognise and respond to their child’s emotional signals as well as the capacity to show affection and accept their child’s behaviours and feelings (Ainsworth et al, 1978; Belsky, Rovine & Taylor, 1984; Emde, 1987; Grossmann, Grossmann, Spangler, Suess & Unzer, 1985 & Sroufe, 1996).

Interestingly, much of the literature and research when linked to education and health appear to be driven and funded by central government to support policy makers and practices, for example, the Sure Start Programme (Home Office, 1998), No excuses – a review of educational exclusion, a policy report from the Centre for Social Justice (2011) and the Healthy Child Programme (Department of Health, 2009). Although these central government led programmes are important sources of information, research and practice, I was also conscious of the need to explore the research underpinning these government initiatives so as to enable me to create a more ‘balanced’ view of the importance of positive parent child relationships prior to starting this study.

**1.3 My Watch, Wait & Wonder Journey**

In 2014, I attended a talk delivered by Early Years Educational Psychologists within Leicestershire County Council ([www.leics.gov.uk](http://www.leics.gov.uk)) who were delivering a programme called ‘Thinking about Baby and Me’ which was available to first time expectant mums and dads and/or expectant mums and dads who have children already. This pre-parenting group ran for 5 weekly sessions and the programme delivered was based on the Solihull Approach (<http://www.solihullapproachparenting.com>) which explored areas relating to:

* What feelings do you have surrounding your baby and yourself/yourselves? – what makes you feel excited/worried? What things do you do that let you know you feel you are forming a bond with your developing baby? Do you have any worries about your ability to bond?
* Support networks, seeing things from my baby’s perspective, relationships and bonding, the importance of language, the fascination that is baby brain development and the importance of play and exploration.

Their referral procedure and processes involved encouraging Health Visitors to refer children between 0-3 years to the Leicestershire’s Early Years panel for education services. Their criteria focused on children:

* “Experiencing difficulties with peers and adults
* Difficulties with emotional regulation
* Difficulties with reciprocal language skills
* Maybe highly anxious. Tearful and/or angry.” [www.leics.gov.uk](http://www.leics.gov.uk)

The thinking behind this programme was to support Infant Mental Health based on the premise that a safe attachment relationship guarantees that a child will feel secure, appreciated and be still enough to explore the world around them. Through encouraging interactions, the infant realises that people can be trusted to react to its needs as well as providing a model for self-awareness and emotional regulation, it also enhances a child’s ability to learn and achieve at school.

Leicestershire County Council’s understanding of Infant Mental Health is based on the definition provided by the Association of Infant Mental health ([www.aimh.org.uk](http://www.aimh.org.uk)) which states that ‘”Infant Mental health is a study of mental health as it applies to infants and their families. The field investigates optimal social and emotional development in infants and their families in the first 3 years of life.”

With Leicestershire’s model in mind and its strong link with infant mental health I then researched previous and existing parenting programmes relating to early interventions which addressed parent-child relationships with social and emotional well-being components for the child and parent/carers within my Local Authority, which identified two main programmes – Incredible Years and The Solihull Approach, both of which focus on helping to build positive relationships between parents and children. Interestingly, the Local Authority focus on the Incredible years programme in particular, was and is based on the need to address and reduce behaviour problems, Although both programmes work towards developing the parent child relationship and are well researched and evaluated (Moore et al, 2013 and Pidano and Allen, 2015), I was interested in an approach which was primarily child led and where the voice of the child was paramount in developing and enhancing the relationship. With this in mind, a review of the literature relating to child led interventions, led to research relating to (MBT) Mentalisation Based Therapy (Bateman & Fonagy, 2010), which aims to improve a person’s capacity to mentalise which is the ability to focus on what is going on in your own mind and the mind of other people and link this to understand and alleviate problematic behaviours. This idea of mentalisation appeared to be an underlying component of the intervention programme Watch, Wait and Wonder (Muir et al, 1999). I then sought to explore the WWW approach more and contacted an organisation in Oxford called OXPIP – Oxford Parent Infant Project, who as an organisation were delivering training to support services on Watch, Wait & Wonder. I and four of my Educational Psychology (EP) colleagues attended a one-day training course in Oxford which was aimed at early years’ professionals, social workers and mental health professionals who are interested in developing positive parent child relationships.. This training course endeavoured to present the WWW approach as a means to support parents to interact with their babies/children in ways that support the babies’/children’s sense of self and need for exploration. Following on from this training with OXPIP, I purchased a copy of the Watch, Wait & Wonder manual (Muir et al, 1999). This manual describes WWW as a “dyadic infant-led approach to problems in infancy and early childhood” (title page of WWW manual, Muir et al, 1999) and set about familiarising ourselves with this approach and considered ways in which we could implement this approach into our Local Authority’s early years’ practice and provision. This process led to a pilot study which is detailed in Chapter 4: Procedures. Following the pilot study I was keen to try the WWW intervention with parents of children who were exhibiting behaviours which were creating ‘problems’ within the nursery/school environment and were in some cases leading to fixed and/or permanent exclusions. I was also conscious of the costs and time involved in delivering WWW with individual families along with my role as an Educational Psychologist and as such was further interested in using the WWW intervention as a group concept, which could be locality based, time, cost effective, access more families and be evidence based. With WWW as a group concept in mind, I went in search of any previous research or practices where this had been tried and tested and came across the psycho-educational group approach to WWW adopted by Dr Michael Zilibowitz in New South Wales, Australia for older children (Zilibowitz, 2008).

With an identified programme in place and the knowledge gleamed from the pilot group I set out to embark on what was to become an incredible journey.

**Chapter 2: Literature Review**

**2.1 Introduction**

As referred to in my introduction, the aim of this study was to introduce and implement a group parent education programme – Watch, Wait & Wonder (Zilibowitz, 2008). In order to implement such a programme there is a need to describe the programme – its origins and processes but also the literature and research which underpin WWW as a programme and as an intervention. This literature review will endeavour to present, explore, link and critically evaluate the literature surrounding Watch, Wait & Wonder as an approach and intervention in the following sections:

Section 2.2 describes Watch, Wait and Wonder as an intervention and its origins. Section 2.2 concludes with a comparison table (Table 1) which summarises existing Local Authority parenting programmes vs WWW & WWW group approaches according to origins, core programme, session structure, participants, facilitator, aims & impact.

Section 2.3 explores the concept of social and emotional development in the early years.

Section 2.4 offers an over view of the role of parenting and parenting programmes.

Section 2.5 outlines the role of early identification and access to services and support.

Section 2.6 explores the role of attachment in parent child relationships.

Section 2.7 provides a summary of the literature review in relation to this study and the research questions.

**2.2 Watch, Wait and Wonder as an intervention and its origins.**

Watch, Wait & Wonder (WWW) is aimed at parents and their children who are experiencing difficulties with their relationship and development (Muir et al, 1999 & Cohen et al, 2002). It is an evidence based child led therapeutic approach using the child's spontaneous free play. Research around the Watch, Wait & Wonder programme (Wesner et al, 1980, 1982; Muir et al, 1986/1987; Cohen et al, 1999, 2002; Lojkasek, 1994) would suggest that it is a proven and effective tool for supporting positive parent-infant/child relationships. It aims to enhance parental sensitivity and attunement; promote parental responsiveness and reduce intrusiveness; increase positive affect and pleasure within the relationship and encourage a more secure attachment. My hope was that in using an existing approach such as WWW to implement and evaluate would enable me (facilitator, researcher and Educational Psychologist) to look at, unpack and identify the key components of an established infant-led programme and explore the impact of this approach on developing and supporting a positive parent child relationship.

The origins and development of Watch, Wait & Wonder arose initially from a realisation that infant therapy literature reported on interventions which were primarily adult led (Mahrer et al, 1976). This led to a role reversal where the child became the source of stimulation from which the parent had to follow. This approach was originally a training programme which was developed for mothers with infants aged 6-10 months (Mahrer et al, 1976). This technique was further adapted and published in the early 1980s by Wesner et al,1982) who extended the age range from 5-6 months to 3 years, focusing on troubled parent infant dyads, and introduced an approach known as Watch, Wait and Wonder. Positive results were identified for problems relating to low maternal feelings and general concerns relating to poor sleep, feeding and unsettledness with the babies (Wesner et al, 1982).

Research undertaken by Muir et al, (1999), used Wesner et al (1982) WWW as a child-led approach but added a dialogue between the observer (therapist) and the parent based on the parent’s observations of their infant’s play. Muir et al (1999) reported improvements in the presenting problems and in the relationship between the infant and themselves as well as parents describing feeling more ‘bonded’ or ‘attached’ to their child. Parents were reported to have expressed more confidence in themselves as parents. Gains in their child’s communication skills and focused play were also noted. Elizabeth and Roy Muir, have continued to use this modified version of WWW since 1989 with families, all of which led to the development of the WWW manual in 1999. Additional research undertaken by Cohen, et al (1999), which studied WWW and the usefulness of this approach to mother-infant psychotherapy as part of a six-month follow up reported maintenance and/or improvements from the beginning to the end of the intervention for both intervention groups for infant symptoms, parenting stress and mother-infant interaction.

Other supporters of the WWW approach include Lojkasek et al (1994) who developed a WWW programme for parents to practice at home. This programme set out the principles of the WWW, such as, setting up the space at home and when to implement it with their child. Lojkasek continues to provide workshops to teach and train the WWW programme to a range of child care, health and educational professionals.

Research into WWW as a group work programme in a community setting is minimal. Dr Michael Zilibowitz (2008) developed WWW as a group concept for parents to support them with child-led play. He utilises the WWW approach and instructions as outlined by Muir et al (1999) and Cohen et al, (2002). This group approach is delivered over three sessions. Parents are encouraged to keep their own records about using WWW as well as noticing what happens for their child, themselves and the relationship when engaging in WWW, all of which are discussed within the group sessions using the terms – challenges and changes. In Australia, Zilibowitz (2008) evaluated this group adaptation with families whose children ranged from 12 months to 5 years with a follow up (4-6 weeks later). His findings showed reductions in three main domains in the Parent Stress Index/Short Form - parental distress, parent-child dysfunctional interaction and difficult child’ as well as reporting positive feedback from parents based on two main questions – “What was it like for your child?” “Did you notice changes as a result of implementing WWW with your child?”

In the UK, a later group study undertaken by French (2011) called ‘Together Time’ which describes the WWW approach of Muir & Muir (1992) appears to be more in line with earlier work of Johnson et al (1980) in supporting the parent to follow the child’s lead. Observations reported related to infants displaying less clinginess and more exploratory behaviour. Unfortunately no data was collected. The author’s discussion of this process would suggest the use of a group approach was merely to facilitate a parent and infant space rather than following the central therapeutic principles of the WWW intervention.

Despite a trawl through the literature and research relating to using WWW as a group concept, literature is limited to Zilibowitz’s (2008) work as the sole study to be evaluated and reported upon. However, research relating to Watch, Wait and Wonder in clinical practice (Muir et al, 1999 and Cohen et al, 2002) recognises the need to continually review and update this approach through experience and implementation. More recently, Watch, Wait and Wonder as a group process has emerged within the field of Video Interaction Guidance (Celebi, 2017). Celebi (2017) presents the notion of a ‘Friendly Mirror’, which looks at integrating Watch, Wait and Wonder and Video Interaction Guidance in Baby watching groups. The belief behind this approach is that parents seeing positive images of themselves and their babies and/or experiencing other parent baby relationships in a ‘baby watching group’ can encourage parents to become more in sync with their babies. Tucker (2006) also reported on using video to enhance the learning in a first attempt at Watch, Wait and Wonder.

There is however a great deal of research and literature on group parenting programmes, such as Incredible Years (Webster Stratton et al, 2001), Triple P (Bodenmann et al, 2008), Strengthening Families and Communities (Steele et al, 2000) which aim to focus on families/parents of children with conduct or behaviour difficulties, where the focus of need seems to be more on the child and less on the parent. The WWW approach presents as more focused on developing skills for the parent as well as the child.

As outlined above WWW is an attachment-based approach that was first introduced by Muir in the 1990s and has subsequently demonstrated over time to be one of the evidence-based treatments for infants and pre-schoolers bringing about meaningful change in the mother-infant relationship (Cohen et al, 1999). Muir et al, (1999) and Cohen et al, (2002) identify the main goal of WWW is to enhance parental sensitivity and attunement as these parental skills have been shown to be linked to positive infant attachment (Sroufe, 1996). The task of watching and wondering could be seen as a form of reflective function, which Fonagy et al, (1991) describes as the ability of an individual to consider that which is in the mind of another. Studies by Meins et al, (2001 in the UK) and Slade, Grienenberger, Bernbach, Levy & Locker, (2005) in the US have also found this ability to be reflective to be linked to greater parental sensitivity and subsequently attachment. Throughout the WWW process, the parent is encouraged to focus on their child’s play and what they might be thinking. There is an expectation that misinterpretations may initially prevail in the parent’s observations, but with weekly repetition of these two components of the session, misinterpretations reduce and the parent becomes more accustomed and sensitive to their child’s signals (Muir et al, 1999). The end goal of WWW is to reduce challenges within the parent child dyad by developing and enhancing parents’ ability to reflect with sensitivity and reflective function. All of which shifts the child’s course of attachment.

On reading the background to WWW (Muir, et al, 1999; Cohen et al, 2002), the idea of a programme spanning from birth to beyond, held a great interest for me in that it was a programme which could have the potential to be used and adapted to meet a wider age range as well as being a programme which was tried and tested with positive outcomes. WWW is presented as having a universal component that has the capacity to enhance the interaction between all children and their parents in every family (Cohen et al, 1999). This idea of a universal component is particularly attractive in light of the current climate of reduced funding and resources within Local Authority provision and services while still meeting a need for families and communities. I was also conscious of the need to be aware of the problems associated with the notion of ‘universalism’ and social policy which is about providing good quality services for all, with specific additional service for the most marginalised groups (Anttonen, 2012). Studies relating to the engagement of families, in particular, disadvantaged and/or ‘hard to reach’ families advise on the need for a flexible, multi-model and ongoing strategy (Katz, Spooner & Valentine, 2006). There is a recognition that one method or approach to encourage engagement is unlikely to be successful or bring about change (Coe et al, 2008). However, Bolderson & Mabbett (1999) query whether universal benefits can exist because no benefits can and are accessible for all. This remains an ongoing dilemma for central and local government in that there is a continuing need to consider what and how to deliver programmes which can ensure equality, opportunities and access for all as well as saving costs.

WWW was originally designed for children 0-5 years, but has been used with older children, however, little or no research is available to provide outcomes for an older age range. The primary aim of the WWW approach is on supporting, developing and consolidating the attachment relationship between the caregiver and child, in order to improve the child’s ability to self-regulate and to feel safe and secure within the relationship and enhance the caregiver’s understanding of their child’s basic and emotional needs. Muir et al (1999) describes the WWW process as making use of the infants’ need for attachment and development. It allows the child to explore what they need to improve and/or heal the attachment relationship. It uses a child led approach to enrich the relationship between parents and their children. Initially the WWW approach can appear simple; however in practice it is often very difficult for parents to adopt the observer role if they are usually directive and/or intrusive. By learning to watch and not intrude, the parent has an opportunity to read their child’s play more objectively. The WWW experience generates a space for the parent to mindfully take on the observer role. Mindfulness in its simplest term is the capacity to become an observer of one’s own thoughts, feelings and behaviours without acting them out (Bishop et al, 2004). By developing a capacity to observe allows the parent to actually see and be present with their child sometimes for the first time. This then enables the parent to develop a non-judgemental presence where they can sit still and be totally accepting of whatever arises in their child. The need for their child to be any way different lessens, in other words, the child becomes less needy, greedy, angry and/or clingy. In a way the WWW approach creates an intervention which relieves a parent of the anxious need to teach, instruct or play with his/her child. Research in to child led play (Moyles, 2010; Broadhead, Howard and Wood, 2010, Whitebread, 2012) frequently highlights how when given the presence of a still focused parent the child almost always plays out and communicates the major themes of the relationship (Goldstein, 2012). WWW works on this premise that a child will often communicate clearly what is missing or how he feels about the relationship and most parents will get the message. This thinking is also reflected in Winnicott’s (1958) term ego-relatedness which he describes as the relationship between two people, one of whom or both are alone, yet the presence of each is important to the other. Winnicott also focused on the importance of providing freedom for a child to explore while held in the safety net of the parents non-threatening presence and attention, and how this develops into the capacity to be alone. Too much intrusion and/or lack of involvement from a parent drives a child to use his/her emotional energy to deal with his/her parents’ intrusiveness or lack of involvement instead of being available to explore themselves. This emotional energy coupled with the child’s rational mind takes over leaving the child feeling empty. When parents are intrusive or absent, children have to remain on guard to respond to their parents’ worries and anxieties leaving them unable to explore their own inner worlds. Winnicott sees this capacity to be alone in one’s own rich inner world is the remedy to feeling lost and empty. He therefore proposed that the ideal holding environment is safe and unobtrusive, a space which WWW as a concept is attempting to achieve.

Based on my review of the literature relating to WWW in its original state (Muir et al, 1999) and/or as a group intervention (Zilibowitz, 2008), all available papers relating to WWW (Early Intervention Foundation evidence, 2016; Cohen et al, 1999; Rance, 2006, Cohen et al, 2002, Zilibowtz, 2008 and French, 2011) indicate positive outcomes in relation to child and other outcomes. Child outcomes identified related to: Improved attachment security, improved emotion regulation and improved cognitive development. Other outcomes related to improved sense of parenting competence, reduced depression and reduced parenting stress (Cohen et al, 1999). Cohen et al (1999) further identifies that as WWW addresses maternal competence directly, the mother comes to understand that she does not have to work so hard at initiating interactions because the child is a contributor himself. The parent also learns that by observing her child’s activity she becomes more knowledgeable about her child and not feel the need to rely on the therapeutic ‘expert’. Cohen et al (2002) wonders by encouraging and promoting this sense of competence and enjoyment in mothering may contribute to a reduction in depression and stress in the WWW group. This finding is also reiterated in research compiled by Murray and Cooper (1997) relating to depressed mothers, who engaged in an intervention that improved their feelings about their relationship about their child. However, research by Goldfried and Wolfe (1998) and Seligman (1995) identified that the uncovering process in an intervention is likely to maintain or exacerbate depression in the short term. Cohen et al (1999) although identifies the positive outcomes of WWW, continues to stress that all findings are speculative and future research is needed to systematically investigate mechanisms of change. Cohen et al (1999) also highlights the need to consider the effects of interventions in relation to and dependent on the stage of attachment formation. Sroufe (1997) identifies that attachment insecurity is only one factor in a multirisk model of developmental psychopathology and only one of a number of factors that contribute to parent-child relationships (MacKinnon-Lewis & Dunn, 1993; Rutter, 1995).

I recognise that in my attempt to present the origins and background to Watch, Wait and Wonder as an intervention, I have erred towards a positive stance in my account. However, that is not to say that WWW as an intervention has not also presented me with a number of questions and queries. Much of the research around WWW is based on work with infants where the attachments were already formed and as such it is unknown what the potential effects of WWW would have been if intervention was earlier. Research relating to WWW as a group concept is limited with no recorded evidence of WWW compared with other group approaches for outcomes. Muir et al, (1999), and Cohen et al, (2002) do however acknowledge the need for further work and research to explore WWW as an approach and intervention - (i) in community based settings, (ii) to be utilised by less clinical specialised frontline staff and finally (iii) to monitor if current findings persist and/or whether different outcomes will emerge over time.

The origins and theoretical under pinning’s of WWW outlined in the previous sections highlight the importance of encouraging, promoting and developing early caregiving which is sensitive, responsive, involved, proactive and providing structure. All of which can promote social and emotional health and development in the early years.

Table 1 below provides a summary of the existing approaches used in this study’s Local Authority compared with Watch, Wait & Wonder & WWW group approach – origins, core programme, session structure, participants, facilitator, aim and impact.

Table 1. Summary of Local Authority’s current parenting programmes vs WWW and WWW group approaches.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Programme | Incredible Years | Solihull Approach | Watch, Wait & Wonder | WWW group approach |
| Origins | USA – Carolyn Webster-Stratton (1984) | UK – (1996) joint working with Health Visitors & Psychotherapists | Canada – Muir et al, (1999) | Australia - Dr Michael Zilibowitz (2008) |
| Core Programme | Combines elements of the School Age BASIC program (12-16 sessions) with the ADVANCE parent program (9 sessions) making 18-22 sessions of 2-2.5 hours. 5 programmes for different ages ranging from 1 month – 12 years. | 10 week parent group for parents of children with universal and complex needs. Children and Young People aged 6 months -19 years. | Watch, Wait and Wonder (WWW) is a dyadic therapy programme for mothers and young children where parents are experiencing difficulty with their young child (10 to 30 months old). | Introduce the WWW programme within a group settingA series of at least three weekly group sessions of approximately 1.5 hours. 9 months - 4 years (younger and older children can also benefit)Recommended at least one 1:1 session with psychologist/counsellor to be included in the programme for each parent. |
| Session Structure | Manual includes group discussion, video and live modelling, role play or small group rehearsal. Refreshments provided.  | Follow a resource manual for parents and children which includes group discussion, video and live modelling, role play or small group rehearsal. Refreshments provided.  | The programme is delivered by infant mental health specialist over a maximum of 18 weekly sessions, with a minimum of eight sessions and average of 14 sessions. | Follow a facilitator guide (good beginnings Australia &Zilibowitz, 2006) which includes group feedback, discussions and DVDRefreshments providedParents meet weekly to give feedback, ask questions and share ideas about their own experience of WWW under the guidance & support of a group facilitator |
| Participants | Group of 10-14 parents | Group – up to 12 | Watch, Wait and Wonder is delivered by one practitioner in 15 sessions of one hours’ duration each to individual families. | Group – 6-12 parents |
| Facilitators | Two group leaders – ideally drawn from professionals with postgraduate qualifications in fields such as psychology, psychiatry, social work, nursing | Two group leaders | One practitioner | Two practitioners |
| Aim | Treatment and prevention of child behaviour problems;Promotion of child’s social competence/emotional regulation & positive attributions;Building positive parent-child relationships. | Increase emotional health & well-being through both practitioner & parents | Enhance maternal sensitivity & responsiveness; the child’s sense of self and self-efficacy;Parent develops a positive representations of their child;Increased positive expectations of themselves – child and adult;Improve mental health and reduce risk of child maltreatment. | To support parents in becoming more attuned and sensitive to their child’s communicationAllows a new rhythm to develop in the attachment relationshipFacilitates a beneficial ‘shift’ in the parent-child relationship |
| Theoretical framework | Cognitive social learning theory (Patterson’s negative reinforcement & bandura’s modelling and self-efficacy);Cognitive strategies which challenge negative & depressive self-talk, self-esteem & confidence | Uses a theoretical model of containment, reciprocity & behaviour management as the basis for developing a relationship model that focuses on providing a containing experience for parents so that they are able to calm, process emotions & have the capacity to think, to be more in tune with their child’s feelings and developmental needs.  | Based on the premise that positive and sensitive parent/child interactions increase the likelihood of a secure parent/child attachment relationship. Parents receive therapeutic support to improve their ability to form positive representations of their child and provide an appropriately nurturing and sensitive caregiving environment.  | Based on theoretical framework of WWW.Specific purpose of learning about WWW |
| Impact | Increased confidence in parenting;Better relationships with their children;Successful use of new behaviour management techniques;Improvement in their children’s behaviours. | Decrease in externalising child behaviours (aggression, defiance);Over the age of 2 years, decrease in parental anxiety;A relationship between parental anxiety and changes in child internalising behaviours. | Child outcomes: Improved attachment security;Improved emotion regulation;Improved cognitive development;Improved sense of parenting competence;Reduced depression & Reduced parenting stress | Using the parent stress index, reductions were found from Time 1 to Time relating to parental distress, parent-child dysfunctional interaction, difficult child and total stress.Feedback from parents re impact on child highlighted positive responses.Zilibowitz (2006)   |

**2.3 Social and emotional development in the early years**

For the purposes of this study, I describe social and emotional development in the early years as the evolving capacity of children to ‘”form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore the environment and learn — all in the context of family, community, and culture” (Yates et al., 2008, p. 2). Yates et al (2008) understanding of social and emotional development is reiterated in studies undertaken by Denham, 2006; National Scientific Council on the Developing Child, 2007 and Yoder, 2014, who also make references to emotional expression, regulation, control and management and the ability to develop and maintain relationships with others.

The ability of children and young people to manage their emotions and behaviours and develop and sustain relationships are also well documented in the literature relating to school readiness and academic success (Webster-Stratton & Reid, 2004; Diekstra, 2008; Zins et al, 2004). Payton et al (2008) identifies social and emotional learning as the means through which children and adults procure the skills to:

* Identify and control their emotions;
* Set and attain positive goals
* Show affection and concern for others
* Make and sustain positive relationships
* Make responsible choices
* Manage interpersonal circumstances successfully

Although the importance of social and emotional development is recognised and acknowledged, it is how we ensure that children who are struggling to develop social and emotional skills receive the support and/or teaching they need. One way is to work with parents to build skills and develop strategies to support their child’s emotional well-being. Research relating to parent training programmes have been identified as the most successful treatment approach to reducing externalising behaviour problems in young children (Brestan and Eyberg, 1998; Webster-Stratton and Taylor, 2001). This concept of parenting, access to services and support through parenting programmes requires further discussion which I will endeavour to cover in the following section.

**2.4 Role of parenting and access to services, such as parenting programmes**

Morrison, (1978) defined parenting as ‘the process of developing and utilising the knowledge and skills appropriate to planning for, creating, giving birth to, rearing and/or providing care for offspring’ (p. ). This definition suggests that parenting starts with a plan that involves bringing up and providing care for children.

Parenting derives from the latin verb – ‘pareve’ – to bring forth, develop or educate. As part of the United Nation’s Charter of Children’s Rights, parents are regarded as the main agents of delivery of these rights with the state having a policing and supportive backup role (Hoghughi and Long, 2004). Interestingly, it could be argued that the terms policing and supportive are by their definition conflicting, in that, the former could be seen as being directive and imposing as a means to instigate structure and maintain order which negates the concept of being supportive?

Parenting during post-war Britain, saw the emergence of Bowlby’s early work on attachment which lead to a common belief that a mother’s early care giving behaviour towards their child leads to attachment security or insecurity which in turn leads to adaptive or maladaptive functioning and development respectively. This thinking opened up a whole new area of enquiry into parenting processes and outcomes. Bowlby’s work and others relating to attachment will be discussed in more detail under the section related to attachment.

In the 1950s, Winnicott introduced the notion of ‘good enough’ parenting as a desirable goal. Winnicott felt that the most and the best that parents can do for their children is to give them a staple of total love and dependable care, offer a safe background for children’s own resilience and developmental potential to unfold.

In the1970’s, Bronfenbrenner (1979) argued that although a child may be the focal point of parents worries and actions the impact of these actions is significantly reliant on parents own relationships, economic circumstances, cultural context and the wider social and political structures within which they function. Bronfenbrenner also considered the increasing experience of parents over time, as well as their developmental prospective as affecting the way they bring up their children. This interdependent operation of a wide array of factors needs to be considered as a preliminary to making sense of parenting practices. This concept underpins the notion and subsequent establishment of Head Start (USA – 1960 to present day) to Sure Start Centres throughout the UK (1999 to 2010).

Parenting education then and even today is regarded as a mechanism for social change. Schlossman (1976) viewed parenting courses as merely a means of making the poor and underprivileged less of a challenge for society and not about offering support for the most needy. Schlossman’s thinking was based on a historical analysis of parenting programmes of the time. He concluded that it is easier for society to think about the cause and effect that poverty has on a person’s ability to parent rather than to think about how society could provide resources to help and support people to parent.

By the 1980’s, Rutter identified vulnerability and resilience were major overarching factors that are affected by and affect the outcome of parenting practices with children. Later studies by Moran et al (2004) identified early parent training can lead to reductions in antisocial and delinquent behaviour, child neglect, school breakdown and child and adolescent mental health difficulties.

The expansion in the parenting education ‘industry’ and the number of services working with parents directly have become a primary focus on a national and local level (Adi et al, 2007a; Barlow et al, 2012 & Katz et al, 2006). The previous and current government rationale appears to be based primarily on findings that ineffective parenting is a key risk factor in the development and maintenance of conduct problems (Dishion & Patterson, 2006) and so the types of parenting programmes currently in operation relate to behavioural approaches (for example, Incredible Years (Webster Stratton) with parenting programmes exploring relationship approaches less evident.

O’Connor and Scott (2007) recognised this political interest in parenting as tending to focus on links between ‘problem’ behaviour by children and young people and dysfunctional families and so sought to review existing research to explore the concept of parenting in ‘ordinary’ families as well as pursuing a better understanding of diversity in parenting. This research was concerned with exploring parenting and outcomes, resilience, ethnicity, and poverty as well as fathers and fatherhood, children’s understandings of parenting and obstacles to inclusion. Key points identified:

* Some dimensions of parenting are important in children’s lives regardless of age, especially whether relationships are warm and supportive or marked by conflict.
* Warm, authoritative and receptive parenting is usually central in developing resilience. Parents who foster communication, problem solving, confidence and flexibility tend to cope with and manage stress well and facilitate their families do the same.
* Young children relationships with their mothers typically shape their development more than father-child relationships.
* Parents under estimate their own influence on their child and take insufficient account of children’s feelings at times of emotional turmoil.
* There is no evident link between poverty and parenting with the view that being financially poor does not make you a poor parent.

However, this research does acknowledge that poverty can contribute to parental stress, depression and irritability leading to disrupted parenting. The concept of poverty raises a number of questions, in particular, what do we mean by the term poverty? Researchers exploring the term ‘poverty’ use a breadth of definitions which vary from descriptions that “poor” means lacking not only material assets and health but also capabilities, such as social belonging, cultural identity, respect and dignity, and information and education. Sen (1995) identifies poverty as capability deprivation and that an escape from poverty is primarily due to an individual condition. Tilly (2007) focuses on the social exclusion factors which prevent groups or categories of peoples from moving out of poverty. These multiple factors are illustrated in a series of case studies in Narayan & Petesch’s (2002) Throughout the Voices of the Poor series where people vividly describe multiple, interlocking sets of disadvantages that leave them powerless to get ahead.

O’Connor and Scott (2007) acknowledges the presence of other factors such as family structure, community and social support interact with parents’ temperaments, beliefs and their own experiences of parenting has on outcomes for children. This research also identified that in order to support parents, there is also a need to acknowledge that the reasons for limited engagement by parents can be varied, such as, a lack of knowledge of local services, unsuitable location, access, costs, suspicion and stigma, fears over privacy and confidentiality. These findings were identified and expanded on by Koerting et al (2013) who acknowledged a number of barriers to service access, which relate to five major themes:

1. Situational barriers (transport, childcare, financial difficulties, location, inconvenient timings, unpleasant venue, parking and time constraints).
2. Psychological barriers - Fears and worries (lack of confidence, shyness, concern about being judged, and concern about not having skills). Stigma (disgrace about needing help, fear of being categorised and engaging in a support service is associated with being a poor parent). Distrust - concern about lack of confidentiality/anonymity, distrust of professionals).
3. Lack of information/misconception about services – unawareness of services, misconceptions about services, belief that there is no need for treatment; advertising insufficient; perception that services are for others.
4. Availability of services – limited availability, long waiting time, needs not recognised by professionals, assertiveness of parents, have to be very vocal to get help.
5. Poor interagency collaboration – poor/unorganised referral routes, poor communication/sharing of information between agencies; inappropriate referrals, i.e.., mismatch parent programme.

These findings aligned with research into ‘good practice’ and service delivery have identified that engagement with parents can be optimised through choosing suitable venues and times, developing trusting relationships between front-line staff and service users and involving parents in decision making (Moran et al, 2004). This concept of parental involvement in their child’s education was previously outlined in the Plowden report (1967).

The Plowden report (1967) was commissioned for the Central Advisory Council or Education (England) into Primary education in England. The report was to consider all aspects of primary education through to secondary transition. The Plowden report promoted the concept of a child centre approach to education with the belief that “at the heart of the education process lies the child” (Plowden,1967 p. 9). As well as promoting a child centred approach to primary education it also acknowledged the importance of the parent’s role in their child’s education as well as the need to engage parent’s respectfully in services. The Start Right report (Ball, 1994) later shaped a new kind of partnership between parents and professionals:

“Parents are the most important people in children’s lives. It is from parents that children learn most, particularly in the early months and years” (Ball, 1994, p. 43).

Later projects, such as the Effective Provision of Pre-School Education (EPPE) project (Sylva et al, 2004) which was based on a European longitudinal study of a national sample of young children’s development between the ages of 3 and 7 years reported that whatever the background or experiences of the parents, being involved in their child’s education can negate any adverse effects, in other words, what parents do is more important than who parents are.

Sylva et al, 2004 identified the term ‘partnership’ as more about challenging practice and building relationships rather than simply ‘teaching parent’s new skills.’ The emphasis on building and maintaining relationships with families was identified as being vital to ensure that knowledge can be shared both ways, between workers and parents in a respectful discourse. Parents’ opinions in the development of services and their appraisal of ‘what works’ is crucial to this. Braun et al (2006) in Asmussen, (2011), itemises features that emphasise the notion of a ‘helping relationship and partnership’ which relate to:

* Respect: appreciating parents as individuals, believing in their ultimate ability to manage and make a change in their family lives and working within a philosophy of partnership.
* Empathy: showing an understanding of the challenges a parent is facing in their lives, and being able to see the situation from their point of view.
* Genuineness: being sensitive, honest, undefensive and trustworthy.
* Humility: striving to work in the context of an equal relationship and using parents’ strengths, views and knowledge alongside your own at every stage of the process.
* Quiet enthusiasm: bringing a friendly, positive energy to the relationship and a consistently calm, steady and warm approach.
* Personal integrity: in addition to empathising with the parent, being able to hold alternative views and offer these when appropriate.
* Expertise: the knowledge and experience that the helper (practitioner) brings to the work to complement the parent’s existing knowledge and skills, both in building the relationship and in providing information and support.

Given some of the research, and practice guidelines outlined above which highlight the usefulness of partnerships, there appears to be numerous obstacles linked to the execution and equality of partnerships. For example, one study compiled by Bezdek et al (2010) which explored professionals’ attitudes on partnering with Families of Children and Youth with Disabilities provided for me a different perspective to the literature on attitudes to partnerships. The findings from this study identified three main areas – (1) a gap between ideal and actual practices where professionals appeared to use a family/child-centred philosophy in their interactions with parents, yet did not adhered to this philosophy in their actual comments and/or actions. There was a belief that the professionals had learned to ‘talk the talk’ but not learned to ‘walk the walk’. (2) the idea of a ‘Goldilocks’ perception where professionals have very specific ideas regarding the ‘just right’ amount of involvement which the professional believed was appropriate for the parents. Families who were perceived by professionals as ‘good families’ were those who supported the professional’s advice and direction, i.e., did what the professional said and those who deviated from the plan were deemed to be too involved or not enough (3) Parental blame – blame was apportioned to the parents where professionals were unable to see the situation from the families’ point of view; and saw problems as outside themselves or with the family. In other words the professionals blamed the parents for problems in developing and maintaining the partnership. These findings provide valuable information for future research and group applications. There is a general consensus of the need for initial communication, formal or informal, that enables families and professionals to get to know each other and to reach consensus on expectations as preferences. Summers et al (2005) described partnerships as “. . . mutually supportive interactions between families and professionals, focused on meeting the needs of children and families, and characterized by a sense of competence, commitment, equality, positive communication, respect, and trust” (p. 3).

As a professional working with families, I endeavour to achieve an equal/balanced relationship. This equal/balanced relationship has I believe at its core the benefit for the child, which is supported by parents’ knowledge of their own child and the practitioner’s comprehension of child development, and learning, which leads to a shared knowledge and understanding which works to benefit the child (Wheeler et al, 2006). My work as an Educational Psychologist over the years has taught me that key to a successful engagement with families is working in partnership, acknowledging what families bring and what practitioners contribute. However, it would be prudent for me to be watchful and aware of my own belief systems relating to parental attitude and behaviour when working with parents which may cause conflict and/or judgements to be made.

Easen et al (1992) use the term “developmental partnership” in which both parent and practitioner provide their knowledge. The understanding behind the term partnership requires a flexible approach as the (DCSF) Department for Children, Schools and Families (2010) recognised that the complete range of modern family life means that “one size fits all” approaches are doubtful to be effective and that instead, giving families access to information, advice and support of various kinds so that they can make use of when they think best, is much more likely to be effective.

Roberts (2009) reviewed the learning from the DCSF-funded programmes, Early Learning Partnership Programme (ELPP) and parents as Partners in Early Learning (PPEL) and reported that many services who participated in the projects were beginning to see vulnerable adults primarily as parents and partners rather than clients and to recognise the prominence of parents’ participation in their children’s learning.

The idea of parents as partners in systems and accessing support was also explored by the Council of Europe who reported in 2007 on Parenting in Contemporary Europe that programmes and services should be guided by certain principles:

* Non-judgemental and non-stigmatising attitude
* A bottom up approach
* Multi-focused and flexible services
* Integrated community-based services
* Inclusivity towards the experience of minority and ethnic groups.

This reference to non-judgemental and non-stigmatising attitude is again an interesting principle in that it could be argued that much of the research around parenting and support outlined in this study and within its research field has by its very nature an element of judgement, in particular, with reference to many of the literature arising from government funded research – for example, Central of Social Justice and Department of Health/Education publications.

This attitude is also reiterated in the final principle – inclusivity towards experience of black and minority ethnic groups. There is a wide research base and literature which explores institutionalised racism of the education system and that those children from particular ethnic minority groups as more likely to be excluded and have an SEN diagnosis (DfE, 2015-2016; Spears, 1978).

This notion of parents as partners in systems and accessing support overlaps in parts with the concept of self-efficacy. Self-efficacy is defined as an individual’s beliefs about their capabilities to produce desired levels of performance to influence events that affect their lives (Bandura, 1982). When we look at parental self-efficacy, Jones and Prinz (2005) broadly define this term as the expectation a parent holds about their ability to parent successfully. Strong evidence for a link between parental self-efficacy and parental competence has been found, with higher levels of parental self-efficacy related to more effective parenting and better outcomes (Dumka, Gonzales, Wheeler & Millsap, 2010; Izzo et al, 2000). As self-efficacy is not a fixed personality trait but a dynamic process modified by task and situational demands as well as changing individual factors (Bandura, 1997a), parental self-efficacy is potentially modifiable and essential to behaviour change; therefore, parental self-efficacy should be a crucial consideration when assessing interventions aimed at increasing parental competence. The underlying mechanisms of interactions between parental self-efficacy and effective parenting are unclear. Support has been found for multiple mechanisms through which parental self-efficacy influences parental behaviour, indicating parental self-efficacy can be:

Antecedent – High parental self-efficacy is linked to positive parenting strategies and behaviours (Coleman and Karraker, 1998). When parents feel competent in their ability to parent, they are likely to use effective parenting practices, which foster positive developmental outcomes (Bloomfield and Kendall, 2007).

Consequence – Effective parenting leads to enhanced feelings of efficacy in a parent (Bandura, 1997). A number of factors influence parental self-efficacy. Including social support, infant temperament and maternal mental health (Cutrona and Troutman, 1986; Leahy-Warren, McCarthy and Corcoran, 2011)

Mediator – Parental self-efficacy may mediate the effects of depression, perception of infant temperament and social support on parenting competence in parents of young children (Teti and Gelfand, 1991).

Reading around parental self-efficacy highlights a complicated relationship between parenting behaviours and parental self-efficacy, but the research does indicate that parental self-efficacy is an important component and should be considered and addressed in considering and delivering parenting interventions.

The research literature outlined above relates to the concept of parenting and outcomes for children. Although there is a recognition that many aspects of the wider environment impact on children’s outcomes but the greatest influence, within a child’s first years of life, are the experiences within the family, including the parental relationship, family environment, social and economic environment and culture. Identifying and supporting parental needs are often over looked. The next section attempts to explore the research which links with the needs of the whole family – parent and child.

**Section 2.5 Early identification and access to services and support**

It needs to be recognised that it is parents’ experiences of being parented in their turn, the history of their own relationships with family, peers, partners, professionals and the community, coupled with their current life stressors that will affect the way they understand and interpret the needs and behaviours of their own children (O’Connor & Scott, 2007). Work with vulnerable families’ needs to be considered as long term, and this can best be done through organisations with a stable workforce who are well supported to remain curious about families they work with and committed to the work they do (DCSF, 2008).

The prevention of social exclusion has been a major focus for the UK government since 1997 and a number of initiatives have been introduced in an attempt to alleviate social exclusion for children, young people and their families in England, these initiatives have included Sure Start and Children’s Centres (Social Exclusion Unit, 2004) and the Children’s Fund which was launched in 2000. The Children’s Fund (2000) had the principal aim of supporting multi-agency alliance and participation in the development of preventative services for children (aged 5-13 years) at risk of social exclusion in England. These initiatives recognised that services tailored to individual needs are pivotal to preventative practice, particularly fast responses and early intervention to prevent problems becoming more acute. Delivering specialist support which is receptive and bespoke to the individual needs of the child and family is a key element of many Children’s Fund projects (Evans et al, 2006) and was appreciated by children and parents were valued for their early intervention to prevent problems escalating.

Support directed towards children was also found to be effective in responding to the emotional and practical support needs of parents/carers. Existing research shows that developing trusting relationships between services and families is a key component of effective service delivery with a realisation and acceptance that these relationships take time to build (Hoggarth & Smith, 2004; SEU, 2000).

Sustainability of services was initially seen by Kirby et al (2003) in terms of building community-capacity to maintain provision. Evans et al, (2006) acknowledged users concerns relating to their loss of access to support but stressed the importance of empowering service users so that they do not become dependent on the support available. There is an acknowledgment here for the need to develop relationships and provide support and skills but also to help families sustain their skills over time so that they can go it alone.

Young Minds Policy (2004) recognises the importance of early intervention and the need for variety in support programmes. Young Minds is a charity which work to prevent mental illness from developing and to improve early intervention and care for those living with a mental health problem. Some of the key policy initiatives outlined briefly above relating to children, young people and their families have early identification and intervention as a major component.

It has also been publicised at a local and national government level that valuable early identification of need and intervention may enable more young people with less severe needs to avoid an SEN classification at a later stage (Department of Education – 2007). This view point many have a number of underlying connotations – avoiding SEN classifications would reduce the need for statutory assessment and funding and./or would tie in within with research relating to systems – nursery, services as being part of the process of constructing problems.

Infant mental health and early development has over the past decade been a priority on a national level, which has included initiatives relating to emotional well-being and Sure Start (Home Office 1998, Healthy Child Programme, DH 2009) all of which reflect the growing recognition of the importance of parenting and the family environment in influencing successful outcomes for children.

The UK’s first cross party children’s manifesto - The 1001 Critical Days –which was devised in 2012 strongly promotes the criticality of Conception to Age 2 identifying this period as a ‘critical’ window of opportunity where connections in the brain are created at a rate of one million per second. The manifesto also stresses the impact of earliest experiences on early brain development and its enduring influence on a baby’s later mental and emotional health. The 1001 Critical Days document identifies that with the right type of early intervention, there is every opportunity for secure parent infant attachments to progress ([www.1001criticaldays.co.uk](http://www.1001criticaldays.co.uk)).

Studies by Greenberg et al. (2001), Shucksmith et al. (2007) and Browne et al, (2004) found that early recognition and help through intervention ensure that difficulties can be settled with the least worry and disturbance. Greenberg et al (2001) identifies the most effective interventions are those that focus on pre-school and the early years. Early intervention research also identifies that engaging in early preventative measures inhibits or prevents emerging mental health problems from intensifying and reduces the need for more extensive interventions at a later juncture.

These studies have also found that working directly with parent/carers and families has a significant influence in making methods and approaches more successful. Adi et al, (2007a) identifies research to support specific school-based interventions with parents and carers, which outlined benefits for both home and school life. This research also highlighted that parental input in education systems is instrumental and therefore every effort should be made to provide information and support to all parents so that they can participate in and make informed decisions about their child.

Well designed and implemented targeted approaches and interventions, have been shown to help ease the early emergence of emotional and behavioural indicators and help those with recognised mental health difficulties (Diekstra, 2008). Shucksmith et al, (2007) presents a number of effective approaches: Cognitive Behaviour Therapy (CBT) which works to help pupils restructure their thoughts and processes; use of successful teaching and classroom management approaches and support for parents and argues whether it matters what approach is chosen as long as what is chosen is of good quality, fits the need and is executed with principle.

In 2011, research undertaken by Clare Campbell in connection with National College for School Leadership explored how different schools engage hard-to reach groups of parents. The findings from this research highlighted that the best methods are those that are tailored to specific parental need. There is significant research both nationally and internationally to advocate that parental participation in children’s learning is related to academic success. Cotton & Wikelund, (1989) and Sylva et al, (2004) concur that the more engaged parents are in their children’s learning; the bigger the impact on achievement. These findings applied to all forms of parental involvement in children’s learning regardless of children’s ages. Research further indicates that deprived children have the most to benefit from a school-parent collaboration (Henderson, 1987).

The research literature clearly identifies the need and importance of early identification and intervention in developing and maintaining strong secure parent child relationships which leads into the next section – Attachment.

**2.6 The role of attachment in parent child relationships**

Attachment theory has over time delivered a structure for the understanding of both the initial and long term effects of early relationship experiences on the developing child. Attachment is based on the premise that the mother-child bond is the crucial and main component in infant development, and thus forms the foundations for managing, compromise and personality development (Bowlby, 1953). From the 1940s, John Bowlby studied how and why babies make attachments.  Bowlby (1969) proposed that the concept of genetic selection aligned itself to attachment behaviours, behaviours which strengthened the chances of being close to the main care giver which increased the prospect of protection and survival.  Bowlby (1969/1982) also outlined additional benefits of a child’s close proximity to the parent ensured feeding, learning about their environment and social exchanges. Simpson (1999) explored this notion that human beings are born in an underdeveloped state but from the moment of birth, babies are equipped to bond with their caregivers.

Bowlby’s research findings focused on children who had been separated from their mothers.  Bowlby believed that in order to comprehend the importance of establishing and keeping a successful attachment one would need to study children who had never formed an attachment and/or had formed an attachment but that attachment had subsequently broken.  Between 1936 and 1939, while working in a clinic for mentally ill adolescents, Bowlby explored the idea that maternal separation disrupted these children’s attachments.  Bowlby’s findings supported his idea that an early bond was crucial for good future mental health and that humans have a biological need to have a close, loving bond with their main care giver – their mothers. If this bond isn’t allowed to form or is broken, emotional development will be disturbed.

Bowlby’s early work clearly highlighted the critical role that a child’s early attachment bond/interaction and relationship with their primary care giver had on a child’s future development and functioning.  This then lead to a common belief that a mother’s early care giving behaviour towards their child leads to attachment security/insecurity which in turns leads to adaptive or maladaptive functioning and development.

A former student of Bowlby, Mary Ainsworth strongly believed in the importance of the quality of the relationship between child and care giver, she considered them as biologically ingrained and common across cultures (Ainsworth et al, 1978).  Using the Strange Situation technique, Ainsworth classified four types of attachment:  Type A: anxious/avoidant - child shuns mother on reunion; Type B: secure - child favours mother to stranger and during reunion with mother retains immediacy and is easily calmed; Type C: anxious/ambivalent - distressed during separation and exhibits anger and inconsistency to mother on reunion; Type D: disorganised - confused or anxious at separation.

Later studies by Tizard & Rees (1975) argued that deprivation alone was not responsible for insecure attachments. He believed instead that unstimulating environments, high turnover of carers present within ‘institutions’ prevented the formation of close relationships.  Tizard and Ree’s (1975) findings could see no connection between separation and behavioural problems. This research contradicts much of Bowlby’s early work which focuses on deprivation and its impact on a child’s future development and functioning.

Rutter, (1981), extended on Tizard’s earlier work when he explored the concept of attachment within the wider environmental contexts.  Rutter argued that it is the type of deprivation experienced that is key and highlighted three types: privation (lack of opportunities to create bonds because of the environment), disruption (loss of established bonds through experiences, such as death of a parent) and distortion (bonds become out of context due to experiences such as divorce/separation).
Research clearly states early attachments have a significant impact on a child’s later relationships (Rutter, 1981;Webster-Strattan, 2001 & Sroufe, 1996)).  Children who are securely attached in childhood tend to have good self-esteem, strong romantic relationships, and the ability to feel comfortable to share of themselves with others.  Research (Balbernie, 2001 & Belsky, 1999) also tells us that when children do not form secure attachments early in their lives, this can have adverse impact on their behaviour in later childhood and throughout their lives.

Although attachment research highlights the importance of developing secure and loving relationships, there is also additional components which need to be considered - all children are different in their genetic make-up, and the development in children depends on the interaction between their genetic potential and the environment in which they grow. Language delay, co-ordination difficulties, can have a negative impact on a child’s ability or willingness to be responsive to environmental influences. Early problems, such as colic, prematurity can make a baby difficult and less rewarding to parents. Unless parents can access help to manage this, poor relationships can develop with further risks to mental health (Greenberg et al, 2001 & Hinshaw, 2007).

The nature of a child’s primary attachments to caregivers laid the foundations for socio-emotional well-being and therefore children’s capacity to learn (Sylva et al, 2004; Deforges & Abouchaar, 2003). Educationalists need to gain a fuller understanding of attachment and the importance of developing positive and trusting relationship with pupils, particularly with more challenging and vulnerable pupils, as a means to enhance and promote learning opportunities for all children. Secure attachment relationships correlate strongly with higher academic attainment, better self-regulation and social competence (Commodari, 2013 & Geddes, 2006).

Secure attachments support psychological processes, which Bowlby (1969) referred to as the internal working model that help children to regulate emotions, reduce fear, attune to others, have self-understanding and insight, empathy for others and appropriate moral reasoning. On the other hand, if a child cannot rely on the adult to respond to their needs in times of stress, they are unable to learn how to soothe themselves, manage their emotions and engage in reciprocal relationships, all of which result from an insecure attachment.

Based on Bowlby’s internal working models, Gilbert, Rose & McGuire-Sniekus, (2014) devised a model which emphasises actions based on and guided by previous interactions (positive or negative). This model refers to the minds ability to internalise pictures of the physical and mental experiences of attunement with caregivers. These pictures are established in childhood and are used to inform behaviour in all the substantial relationships in a child’s and adult’s life. It serves as a filter for understanding current and future interactions and are used to help or hinder the child to evaluate, predict and select what behaviour to use and present. Gilbert, Rose & McGuire-Snekus’s model is outlined as follows:

Memories of day to day interactions

Actions based on & guided by previous interactions

Accumulating schema or event scripts

Expectations &experience associated with interactions

Figure 1: Gilbert, Rose & McGuire-Snekus (2014) – internal working model

This internal working model links in with attachment theory’s concept of early attachment experiences as shaping the development of internal working models of ‘self-as-parent’. This internal working model in accordance with attachment theory is linked to prior childhood experiences of one’s own parents, and assumptions about one’s own likely behaviour as a parent which all play a part in determining the levels of stress experienced in the role of being a parent. Previous research from the Adverse Childhood Experiences (ACE) Study identifies that exposure to stressful events and/or experiences in the first 18 years of life is related to adverse medical and mental outcomes in adulthood, some of which could potentially impinge on parenting (Chapman et al, 2004). Further studies by Bailey et al, (2012) & Pereira et al, (2012) identified high levels of parenting stress as influential on parenting behaviour and resultant child outcomes.

The key messages from attachment research, outlines that nurturing adult attachments provide children with protective, safe havens and secure bases from which to explore and engage with others and their environment (Bowlby 1988). Early care-giving encourages and develops a capacity to learn, to regulate emotions and form satisfying relationships, all of which has a long-lasting impact on child and adolescent development (Siegel 2012). Attachment is central to children’s psychological well-being and forms a basis of personality development and socialisation (Bowlby 1988). While the biological function of attachment is survival; the psychological function is to gain security (Schaffer 2004). Research over time has identified a number of factors which may present a risk to the quality of the attachment between child and parent:

* Poverty
* Parental mental health difficulties
* Exposure to neglect, domestic violence or other forms of abuse
* Alcohol/drug taking during pregnancy
* Multiple home and school placement
* Premature birth
* Abandonment
* Family bereavement.
* Vulnerable groups may include:
* Children in areas of social and economic deprivation
* Children in care
* Adopted children whose early experiences of trauma continue to affect their lives
* Disabled children
* Children with medical conditions or illness
* Children who have moved home frequently during the early years
* Refugees and children who have been traumatised by conflict or loss.

The research also recognises that insecure attachments may occur within non-vulnerable children as well.

Attachment types (Ainsworth et al, 1978) can be seen as self-protective behavioural strategies. There are 4 identified attachment types which link with Ainsworth’s findings in the 1970s:

“Secure - ‘I’m ok, you’re there for me’

Insecure avoidant – It’s not ok to be emotional’

Insecure ambivalent –‘I want comfort but it doesn’t help me’

Insecure disorganised – ‘I’m frightened”

Ainsworth et al (1978) considered and identified that the nature of attachment type impacts on the emotional responses and later social behaviour and resilience. Some research uses just two categories of attachment styles – secure versus insecure, whilst other research uses a continuum of security in attachment (Bergin & Bergin 2009). Other more recent research into attachment indicates that at least one third of children have an insecure attachment with at least one caregiver (Bergin & Bergin 2009). As many as 80% of children diagnosed with ADHD have attachment issues (Clarke et al 2002; Moss & St-Laurent 2001). 98% of children surveyed experienced one or more trauma event – for one in four this trauma resulted in behavioural and/or emotional disturbance (O’Connor & Russell 2004).

A common theme based on the research relating to attachment identifies with a solid, healthy attachment with a primary care giver correlates with a high probability of healthy relationships with others while poor attachment with the primary care-giver appears to be associated with a host of emotional and behavioural problems throughout childhood, within education and later in life (Webster-Strattan et al, 2001).

Research by Glaser (2001) & Balbernie (2001) on early brain development has provided further insight into the importance of the quality of a baby's relationship with his/her parents when compared with studies which explore the impact of neglect, trauma and abuse has on the developing brain. Allen, (2011) identifies that the “prime time” for emotional development is up to 18 months. Other studies although recognise this “prime time” do not focus on a specified time period but do recommend the need for early intervention and prevention as it is harder to alter the neural pathways in the brain the longer a damaging relationship is allowed to continue. In 2007, the Organisation for Economic Co-operation and Development (OCED) reported on the importance of interactions and experiences in the early years and the impact of these on the developing brain to support a child’s future health, wellbeing and development. The (US) National Scientific Council on the Developing Child (2007) explores the research findings relating to babies, infants and children’s exposure to high levels of stress caused by damaging relationships with carers which have been found to produce changes in the brain neural pathways and connections which lay the foundations for attachment and emotional and behavioural development.

Immordino-Yang and Damasio (2007) have highlighted that advances in neuroscience are showing connections between emotions and learning. Immordino-Yang and Damasio (2007) elaborate on the areas of thinking and learning which are applied within a school and education setting, such as, learning, attention, decision making, memory and social skills are components within the context of emotional development and skills. Neuroscientific evidence demonstrates that warm, responsive relationships and interactions (attunement) build children’s brains and help them to learn to self-regulate their behaviour. Securely attached children build positive internal working models of others as trustworthy and of the self as valuable and effective.

Our brain is continually shaped by emotions, experiences, opportunities, relationships, values, beliefs, knowledge and genetics. However, there is an instinctive, priority of attachment over the brain’s exploratory system – feeling safe and secure is more important than learning (Siegel, 2012). Siegel (2012) also acknowledges that caring, supportive attachments and relationships are essential to enhance brain development as the ‘attunement’ of emotional conditions is vital for the developing brain.

The term attunement has over time become more evident in the literature relating to attachment. However, the terms attunement and attachment are interlinked in that caregivers who are available and responsive to their child’s needs beginning in infancy, establish a sense of security within that child.  The infant/child learns that their parent (caregiver) is dependable (Tizard & Rees, 1975).  This attunement creates a strong foundation for which that child can explore the world.

Attunement relates to the ability to read and respond to the cues of another. The process of paying attention to, reading each other’s non-verbal cues and responding appropriately is essential to support and maintain the interaction needed to create a healthy attachment. Research explore through ChildTrauma.org ([www.childtrauma.org](http://www.childtrauma.org)) explores the difficulties in communicating between a parent and a child, where a parents’ style may fit with one child but not another. This presents a dilemma for the parent and for the child with both wanted to interact with each other but their interactions are out of sync. This feeling of being ‘out of sync’ can lead to frustrations on both sides and can if left to continue can impair the relationship between the child and the parent.

Attunement as a concept is about being aware of, and responsive to, another and relates to a term referred to previously by Fonagy et al (1995) as a form of reflective function and/or as part of the research relating to (MBT) Mentalisation Based Therapy (Bateman & Fonagy, 2010), all of which aim to improve a person’s ability to focus on what is going on in your own mind and the mind of other people and link this to understand, change and/or alter problematic behaviours. In learning to become more attuned to our child and/or others requires our thinking to be broken down into simple questions, such as, how does my child think, feel or express themselves when they are happy, sad or angry. How do I as a parent respond to these emotions in myself and/or my child? Siegel, (2010) uses the hand model of the brain to demonstrate the concept of flip the lid as a means to describe the structure of the brain and how a child and adult’s brain functions in relation to our experiences and interactions. The role of the parent is to support the child in regulating their emotions and experiences. The child will look to the adult as a means to self-regulate so if the parent is calm and responsive the child will calm more quickly if however, the parent is anxious, distressed, angry or struggling to regulate their own emotions, then the child will attempt to align itself with the state of mind of the parent. Celebi, (2017) describes the concept of a “friendly mirror” and the group creating a ‘multi-mirror’ to support parent child attunement. Celebi (2017) reports on the findings that when parents are given an opportunity to see themselves interacting with their child (by integrating WWW and Video Interaction Guidance) this can strengthen the relationship. Kennedy, (2011), presents principles for developing attuned interactions, which relate to the following behaviours:

* “Being attentive;
* Encouraging initiative;
* Receiving initiatives;
* Developing attuned interactions;
* Scaffolding;
* Deepening discussions and managing conflict.”

These principles as outlined by Kennedy, (2011) is reflected in the values and beliefs outlined by the Association for Video Interaction Guidance UK. “VIG is an intervention through which a practitioner uses video clips of authentic situations to enhance communication within relationships. It works by engaging clients actively in the process of change towards realising their own hopes for a better future in their relationships with others who are important to them.” Association for Video Interaction Guidance UK.

Studies (Leahy-Warren et al, 2011; Murray & Cooper, 1997) show that babies mirror depressed mothers’ feelings by also becoming depressed, displaying abnormally high levels of anger and sadness and low levels of curiosity and interest. Sadly, for many parents, attunement either does not come ‘naturally’ or is disrupted by experiences and events within the carer’s life.

Other studies, refer to sensitivity and its contributing role in forming attachment (Dunst et al, 2004; Ainsworth et al, 1978). For this reason many interventions that have the goal of promoting children’s emotional and social development, especially their attachment security attempt to do so by enhancing maternal sensitivity or responsiveness.

**2.7 Summary of rationale**

Much of the literature outlined above relating to attachment theory has shown a link between early childhood experiences, especially parent-child relationships, influence how adults parent their children (Bowlby, 1982; Grossmann, Grossmann, & Waters, 2005; Main, Kaplan & Cassidy, 1985; Steele & Fonagy, 1996). This in turn links seamlessly to much of the research literature relating to Parent-Infant psychotherapy (PIP) which targets the parent-infant relationship by focusing on improving the parent-infant relationship and infant attachment security by targeting parental internal working models (Main, Kaplan & Cassidy, 1985), and by working with directly with the parent-infant relationship in the room. The PIP approach is essentially psychodynamic which attempts to identify patterns of parent-infant relating. Frailberg et al, 1975;1980) early approach to PIP focuses primarily on the mother’s ‘representational’ world or the way in which the mother’s view of her infant was affected by intrusive thoughts from her own past. The ultimate aim of this approach was to facilitate the mother to recognise the ‘ghosts in the nursery’ and to link them to the mother’s current functioning in order to directly improve the parent-infant relationship, thereby facilitating new pathways for growth and development for both the mother and the infant (Cramer & Stern, 1988). These approaches in attempting to understand and facilitate parent-infant relationships has over time combined with representational and behavioural approaches (Cohen et al, 1999), such as Watch, Wait & Wonder (WWW). Although the concept of Watch, Wait and Wonder as an intervention to support parent child relationships has been around for some time, it has remained routed within the arena of parent-infant psychotherapy and PiP’s role in terms of improving parental functioning (Cohen et al, 2002; Cohen et al, 1999) and fostering secure attachment relationships in young children (Toth et al, 2006).

There have however, been few published studies evaluating the effectiveness of WWW as a group concept (Zilibowitz, 2008 & French, 2011). This chapter has attempted to review the range of research available or at least identify the research which under pin the WWW approach. This study aims to introduce and implement WWW as a group intervention and assesses the process and outcomes for the parent, child (indirectly) and the facilitator (researcher). By engaging in the process, I hoped to develop some understanding of what were the parts of the process and intervention that brought about challenges and changes to support future groups using WWW. Hinshaw (2007) argues that gaining an understanding of the active ingredients in an intervention that produce better outcomes is fundamental.

The next Chapter sets out the procedure and process of implementing and running a WWW group within a Local Authority maintained nursery, and details my research questions.

**Chapter 3: Methodology**

**3.1 Introduction**

The aim of this study was to introduce and implement a modified parent education programme – Watch, Wait and Wonder (WWW) as a group intervention and assess the process and outcomes for the parent, the child (indirectly) and researcher/facilitator. As part of the process of delivering WWW as a group intervention, I also wanted to incorporate some learning opportunities for the parents within the groups sessions which supported an understanding of early child development by using the Baby Brain Quiz (Lawrence et al, 2016, 2017) – (Appendix 16), Flip the Lid - to explore emotional regulation (Siegel, 2010) – (Appendix 17); principles of attuned interactions and guidance (Kennedy, 2011) and behaviour management based on the Incredible Years pyramid model (Webster Stratton, 2001) – (Appendix 18). My thinking behind this was to help put the WWW concept into a context which could aid understanding of and engagement in the process and programme. This thinking links to the variety of literature on parenting education which identifies that the most effective programmes focus on developmental information and parenting skills (Powell (2005); Colosi & Dunifron (2003) and Bunting (2004).

This study sets out to answer the following research questions:

1. Does involvement in the WWW group result in a change in parents’ perceptions of their child’s social and emotional well-being?
2. Does involvement in the WWW group result in a change in parents’ self-efficacy?
3. Did parents achieve their personal goals set at the beginning of the WWW group (Time 1) by the end of the WWW group (Time 2)?
4. Does using a WWW group intervention support parent child relationships?

This research developed from my interest in early parent child relationships and the wide range of research literature around attachment and its impact on a child’s development from infancy into adulthood. I was also interested in what parts of the process and programme which were beneficial and/or brought about change which could be sustained over time. As an Educational Psychologist, sustaining and maintaining positive change from research into practice is the ultimate goal. This links nicely to the growing literature relating to evidence based practice where this research-to-practice gap is highlighted (Frederickson, 2002 and Cook & Odom, 2012). Sackett et al (1996) supports the notion that factors such as, clinical expertise and stakeholder values should be considered alongside the research evidence rather than research evidence being the sole driver or focus. This brief example of the literature relating to evidence based practice and thinking sets the scene for how I wanted to approach this study. The following sections focus on parents, procedures, choice of methodology and analysis.

**3.2 Initial research design, assumptions and reflective thinking**

My approach to research methodology in this study was to initially familiarise myself with the terminology and then identify where I as a researcher of this study stood within this.

Prior to establishing a research methodology there is a need to identify with a research paradigm (Doyle et al, 2009). A paradigm as described by Kuhn (1970) is seen as a “shared belief systems that influence the kinds of knowledge researcher’s seek and how they interpret the evidence they collect” (Morgan, 2007, p.50).

Likewise there is also a need to explore the researcher’s epistemological (What do you know? and How do you know that?) and ontological (What is there?) position (Eastceby-Smith, Thorpe et al,1991 and Saunders, Lewis & Thornhill, 2007) which I will endeavour to unpack further throughout this chapter. Exploring epistemology and ontology opens a new way of thinking, to question assumptions throughout as different people can view subject matter differently according to their role, value sets and background (Dilti & Delozier, 2000).

Tashakkori and Teddlie (1998) propose that there are in fact three approaches to research – qualitative, quantitative and mixed methods. Qualitative research is characteristically connected with an interpretive or constructionist paradigm, and Qualitative research is more generally connected with positivist or scientific paradigms. Eastceby-Smith, Thorpe et al, (1991) describes positivism as not open to subjective opinions of the researcher and focuses much more on measurable data and not speculation. Interpretivism is described as conclusions which are developed from the interpretations of the parents (Eastceby-Smith, Thorpe et al, (1991). The mixed methods approach is associated with the pragmatic paradigm and approaches that involve gathering data in a parallel way using methods that are drawn from both quantitative and qualitative practices while still ensuring the approaches meet the needs identified in the research questions. (Creswell 2003).

Bryman (2001) describes interpretivism or constructivism as an attentive ontological position where social phenomenon and their meaning are repeatedly being altered and modified through social contact. The constructivist methodology describes the social construction of knowledge. Or put simply constructivism attempts to explain how people know what they know or the belief that people can only understand what they have constructed. As I will be constructing the outcomes from the results from this study as well as my own experiences and viewpoints, I believe it lends itself to a constructivist approach. Adapting such an inductive approach to the analysis of data allows one to “….develop both subjective knowledge and objectified knowledge (which derives from ‘standing back’ from a given situation by contextualising and historicising it)” Pouliot (2007, p.367).

As this study was also interested in understanding participant’s experiences, an interpretivist stance was considered to be appropriate. This stance recognises the functional role the researcher and the participant have in the formation of knowledge and interpretation of the data. It is “…impossible to separate the inquirer from the inquired…” (Guba & Lincoln, 1989, p.88). From my reading around research design and assumptions I was becoming more aware of the need to acknowledge my experiences and beliefs which can add to the development of knowledge (Mackenzie & Knipe, 2006). As part of this research process, I was also aware of the need to consider the participant’s ability to reflect upon and verbalise their views and perceptions of the experience being studied (MacKenzie & Knipe, 2006).

As a researcher, I was also particularly interested in exploring an approach which linked directly to the research questions (Creswell, 2003) which required a mix of paradigms – constructivism, interpretivist and pragmatism. Darlington and Scott (2002) recognise that in reality a great number of decisions of whether to take a quantitative or quantitative research approach are based not on philosophical commitment but on a belief of a design and methodology being best suited to purpose.

Based on my understanding of these three approaches to research outlined by Tashakkori and Teddlie (1998), I was reassured by Darlington and Scott (2002) belief that the research question should lead to the identification of the most appropriate methods and relief that the researcher is not necessarily required to follow any one particular stance.

As this study sought to evaluate the process and outcomes of a group intervention (WWW) for the parents, the child (indirectly) and the facilitator, I believed that a pragmatic approach would be needed which would combine a mix of constructivist and interpretivist paradigms to inform the quantitative and qualitative components of this study. In choosing a method of data analysis, I was also mindful that the quality of the research and analysis would be only as good as my ability to engage with it (Angen, 2000).

For this study, I have chosen to employ thematic analysis (Braun & Clarke, 2006). I have chosen this form of analysis as I set out to obtain and examine rich data from the parents talk in the group sessions that were being constructed within the group sessions. Thematic analysis is an ideal method to deal with such rich data as it is exploratory and can be used to structure the data. It is also an ideal method because it is not linked to any epistemological position and can draw on a social constructionist principle (Braun & Clarke, 2006). I have followed the suggestions of Braun and Clarke (2006) in using a thematic analysis to arrive at a pattern in the data and to look at and explore the extracts. Thematic analysis will be discussed in greater detail later in this chapter.

Table 2 below provides a brief overview of the methods considered for this research in order to ensure that the most appropriate methodology was in place.

Table 2 Overview of Methods

|  |  |
| --- | --- |
| Paradigm | Mixed Methods – mainly qualitative with some quantitative (rating scales & statistical analysis) |
| Method of data collection | Recording sessions x 4 – transcribedFocus group x 1 - transcribedRating scale scores of their personal goalsASQ:SE2 questionnaireTOPSE – Tool to measure Parenting Self-Efficacy |
| Method of data recording | Digital voice recorderNote takingHard copy of rating scales: Goals ASQ:SE2 questionnaire & TOPSE |
| Method of Data analysis | Thematic AnalysisDescriptive statistics |

**3.3 Paradigm - Mixed Methods**

As I was anticipating using a mixture of qualitative and quantitative data in the study I began to look for an approach that would allow me to use both methods to present all possible findings. My thinking behind this was fueled by what Maxcy (2003) refers to ‘as all human inquiry involves imagination and interpretation’. This description created a pragmatic stance from which I felt supported my thinking and supported the methods of data collection chosen to use in the study (Maxcy, 2003 in Tashakkori & Teddlie p.84).

Caracelli and Graham’s (1989) defines “…mixed-method designs as those that include at least one quantitative method (designed to collect numbers) and one qualitative method (designed to collect words), where neither type of method is inherently linked to any particular inquiry paradigm” (p.256). However, I was intrigued to discover that my initial understanding and belief about mixed methods moved beyond this simple definition. More recent research, in particular, Greene (2007) reported on mixed methods research as being more orientated towards looking at the social world, for example, a mixed method approach as one “…that actively invites us to participate in dialogue about multiple ways of seeing and hearing, multiple ways of making sense of the social world, and multiple standpoints on what is important and to be valued and cherished” (p.20). Howe (2004) presents an interpretivist’s framework which seeks to give a voice to those involved in the research and process by engaging in qualitative data collection which promotes dialogue, for example, focus groups, interviews.

Research into a mixed method approach, suggests at least four possible outcomes (Morgan, 1998 cited in Bryman, 2001; Hammersley, 1996):

* “Corroboration – the ‘same’ results are derived from both qualitative and quantitative methods;
* Elaboration: qualitative data analysis exemplifies how the quantitative findings apply in particular cases;
* Complementarity: The quantitative results differ but together they generate insights;
* Contradiction: Where qualitative data and quantitative findings conflict”.

My thinking behind these four possible outcomes was based on the way I as the researcher anticipated using the data (qualitative and quantitative) would vary depending on what stage of the research I was at and where the data sat in relation to my research questions.

A search of the internet and academic databases identifies a range of studies in social and health sciences, education and educational psychology that are labelled as mixed methods. Tashakkori and Creswell (2007) refer to mixed methods as research in which the researcher collects and analyses data, incorporates the findings and draws conclusions using both qualitative and quantitative methods in a single study. Although the field of mixed methods has only been widely acknowledged over the past 10 years, researchers have long been using a combination of various methods to analyse qualitative and quantitative data. Mixed methods research is now recognised as a means of using multiple ways to explore a research question. Creswell (2003) outlines a basic set of characteristics to a mixed method approach:

* “Design can be based on either or both perspectives.
* Research problems can become research questions and/or hypotheses based on prior literature, knowledge, experience, or the research process.
* Sample sizes vary based on methods used.
* Data collection can involve any technique available to researchers.
* Interpretation is continual and can influence stages in the research process”.

In my reading around mixed methods, my initial thoughts were that it was an approach which allowed for the combination of qualitative and quantitative research. Much of the arguments on how mixed methods should be viewed appear to be based on the understanding that ‘qualitative’ equates to textual data and ‘quantitative’ equates to numerical data. Morse & Niehaus (2009) argue that multiple sources of one kind of data should be called ‘multiple methods’ not ‘mixed methods’. Multiple methods was a concept previously described by Denzin (1978) who proposed the idea of “data triangulation” to identify the use of a variety of data sources in a study. He said, “I now offer as a final methodological rule the principle that multiple methods should be used in every investigation” (Denzin, 1978, p. 28). Later findings by Creswell & Plano Clark (2007, 2011) suggested that multiple paradigms related to and reflected different phases of research design and that “relinking paradigms and designs makes sense.”

I feel that this viewpoint ties in with my thinking and decisions regarding my data collection and analysis. I was also drawn to Denzin’s (1978) thinking which refers to the concept of mixed methods as a means of interpreting all data and gaining a richer experience.

**3.4 Quantitative paradigm**

Three of the five key research questions in this study relate to measuring changes in: parents’ perceptions of their child’s social and emotional well-being and parents’ self-efficacy as well as meeting parents’ personal goals. The use of these rating scales drive the quantitative element of this research.

Quantitative methods are most closely linked to the ‘traditional’ scientific method. These methods are generally associated with ‘scientific’ or ‘positivist’ paradigms. These paradigms can be seen as recording the most precise possible observations as it uses controlled environments and exact measurements. It is therefore less open to reproach of variability and subjectivity and can be generalised to a broader population than tested.

Quantitative data describes an event in terms of numerical data in order to answer a predetermined question or hypothesis this in turn leads to a creation of unnatural situations in which behaviour can be predicted and controlled. For the purpose of this study, parent perceptions of their child’s social and emotional development and their own parenting prior to and following their attendance on the Watch, Wait and Wonder course was the common focus throughout and as such the researcher required an approach that would provide flexibility to be able to explore the parents’ perceptions and feedback.

**3.5 Qualitative paradigm**

The over-riding aim of the research was to implement a parent-child programme – Watch, Wait & Wonder and assess the process and outcomes – for the parent, child (indirectly) and researcher. Of particular interest were any skills and strategies that the parents had continued to use and why they thought they still used them. The richness of the data required a qualitative approach to research.

Qualitative research is usually associated with an interpretative or constructivist paradigm whereas quantitative research is more commonly associated with scientific or positivist paradigms. Parker (1994) describes qualitative research as “the interpretive study of a specific issue or problem in which the researcher is central to the sense that is made” (p.2).

As this study involved trying to understand how individuals view, experience and make sense of their own and the wider world all within a group context, the natural choice of data collection for this study was qualitative. Strauss & Corbin (1998 p.11) summarise qualitative research as research which uses a “nonmathematical process of interpretation, carried out for the purpose of discovering concepts and relationships in raw data”. As the qualitative data needed for interpretation is based on the researcher engaging with the participant in their world, there is a need to establish a relationship with the participant (Charmaz, 1988). In order to manage and support the individuals within this group and as a group this study relied heavily on developing and maintaining rapport as a means to reduce anxieties and to maintain attendance and motivation.

Willig (2001) believes the objective of qualitative research is to describe and possibly explain events and experiences but never to predict them. Recording session transcripts as part of my data collection allowed me to simply let the session run and as such naturally allowed for the emergence of unanticipated experiences and events. If, I had been using other methods to collect data, such as an interview, I would have perhaps felt constricted by the questions.

I did endeavor to ensure that as little data as possible was lost in the translation from collection to analysis and interpretation. Although I was lucky to collate a large amount of data from the sessions, I was aware that despite my best efforts to collect the quantity of data, I as the researcher and facilitator would undoubtedly be placing my own interpretations on the data. In order to prevent this as much as feasible, I endeavored to transcribe verbatim or as near to.

My interest in using qualitative methods links to my role as an educational psychologist where I am intrigued by how individuals makes sense of their lives. Through focusing on parents’ perspectives it can “illuminate the inner dynamics of situations – dynamics that are often invisible to the outsider” (Bogdan & Biklen, 1982, p.30).

Through my reading on qualitative research, it is often seen as less ‘scientific’ as its findings and conclusions are constrained by the parents’ perceptions, understanding and social framework. However, I see this apparent criticism as a strength in that by being so closely entwined in the data gathering, it requires and demands that the researcher reflect on their own hypotheses, theoretical viewpoints and beliefs. It is this very knowledge and reflective skill of the researcher which if used practically and thoughtfully can be a vigor of this approach.

It remains important to reiterate that the main collection and interpretation of data in this study was qualitative and as such was given priority over quantitative data collection. The qualitative data from the transcribed weekly sessions and focus group yielded ‘substantial’ data about individual’s perceptions of the process and learning evoked from the sessions. The quantitative data on the other hand yielded descriptive statistics that could be analysed to enable it to be compared to other quantitative data.

**3.6 Data Collection**

The following instruments were used to collect quantitative data from Time 1 and Time 2:

1. Goals - An individual goal form was adapted from the Target Monitoring Evaluation (TME) form from Video Interactive Guidance (AVIG.UK) – Appendix 1.

Conceptually and methodologically, the Target Monitoring and Evaluation (TME) system is based on the work of Kiresuk and Sherman (1968), who devised Goal Attainment Scaling (GAS) which they proposed as a method that could be used to evaluate the outcomes of mental health interventions.

TME retains many of the key advantages of GAS such as the provision of data on whether progress following intervention is as expected, better than expected or worse than expected. Furthermore, as with GAS three targets or goals can be set that link directly to intervention plans. As discussed in the methodology section, the targets are assigned ratings on a Likert-type scale prior to and following intervention. The TME scale provides interval-level measurement that parallels that of GAS. Progress can therefore be coded as follows:

* Worst progress (actual outcome rating is below baseline).
* No progress (baseline maintained).
* Some progress (outcome is rated less than expected rating but above baseline).
* Expected level of progress (actual rating matches expected rating).
* Better than expected progress (actual outcome exceeds expected rating).

Both scales are constructed for individuals and require an assessment of the pupil’s most probable response to the programme/ intervention. In that sense, the scale is calibrated for the pupil’s level of ability (i.e. expected level of outcome, Cardillo & Smith, 1994). TME provides a robust system and a mechanism to provide target oriented feedback on interventions which can be useful for administration, performance management, quality control, accountability and public relations. TME requires definition of specific, measurable outcome descriptors that reflect the progress of the individual, group, agency or system receiving the intervention. It will not provide standardised data. However, the individualised nature of measurement within TME can be used for casework review and to augment standardised and qualitative outcome indicators.

The premise behind TME as part of the VIG intervention was to help parents to establish a more attuned interaction relationship with their child whilst also being able to meet individual need (Kennedy, Landor and Todd, 2011). This is often supported through the development of a ‘helping question’ which is devised with the support of the guider to negotiate the individuals’ goals in a solution focused way (Forsyth, et al 1998).  The parents/grandparents who attended were asked to score themselves on a rating scale from ‘Not there’ to ‘Brilliant’ in terms of how they felt they were at the beginning of the process to achieving their goals. Their goal(s) were self-determined. The use of a rating scale was used to identify where parents/grandparents felt they were in relation to their goal(s) at the start of the process and where they were in relation to the same goal(s) at the end of the process.

1. Ages and Stages: Social Emotional (ASQ:SE2) questionnaire (Squires et al, 1990). The ASQ:SE2 is a parent completed screening tool.

The aim of the ASQ:SE2 is to accurately identify young children who are in need of further evaluation to determine if they are eligible for early intervention services. Cost effective and widely used within and across cultures. Evidence shows that the ASQ is an accurate, cost-effective, parent-friendly tool for screening and monitoring of pre-school children. Used world-wide for the goal of early detection and identifying developmental disability. Valid and reliable global screening scale for <5 years. @risk population and used to improve early outcomes before disabilities became more established. Shown to be reliable and cost effective as well as correlating well with pediatricians and service provider assessments.

The first edition of ASQ:SE became commercially available in 2002 (Squires, Bricker & Twombly, 2002). ASQ:SE2 was developed to complement the Ages & Stages Questionnaires Third Edition (ASQ-3 TM) – a broad-based, general development screening measure. ASQ-3 is composed of 21 questionnaires designed to identify infants and young children who need more comprehensive developmental assessment of their communication, gross motor, fine motor, problem solving and personal-social skills. The ASQ:SE2 is a tool to screen social-emotional development in children from 1-72 months. The ASQ:SE2 items address a child’s behaviour in seven areas – self-regulation, compliance, adaptive functioning, autonomy, affect, social-communication and interaction with people. The parents each completed the ASQ:SE2 questionnaire matched to their child’s age stage listed on the questionnaire for Time 1 and Time 2. The decision to use the ASQ:SE2 questionnaires was based on a number of factors, as a tool, the ASQ:SE2 is used within my Local Authority by Health Visitors and as such parents were already familiar with the questionnaire. Research relating to parent-completed screening tools (Glascoe, 1999; Rydz et al, 2005) have identified that such tools:

* are accurate in identifying problems in the early years;
* can also be completed by parents in the home setting;
* relatively inexpensive and accurate;

The Ages and Stages Questionnaires (ASQ) – (Squires et al, 1990) is currently the most widely used screening tool (Lindsay, 2008). Screening young children is perceived to be an effective and efficient way for individuals working with children to assess developmental needs, identify next steps and monitor progress. . Although screening tools can play an important role in identifying children who can benefit from interventions, there is an ongoing need for specialised training to support parents and deliver interventions in response to any identified need.

1. TOPSE – Tool to measure Parenting Self-Efficacy (Kendall & Bloomfield, 2005)

TOPSE is a parenting programme evaluation tool that is sensitive and specific to parenting in the United Kingdom and takes into account the views and experiences of parents from a diverse range of cultural, educational and social backgrounds (Kendall and Bloomfield, [2005](https://www.cambridge.org/core/journals/primary-health-care-research-and-development/article/parenting-selfefficacy-parenting-stress-and-child-behaviour-before-and-after-a-parenting-programme/890F5688F679D54C58E1C69AA43F9689/core-reader#ref34)). The theoretical underpinning of TOPSE is based on the self-efficacy theory developed by Albert Bandura (Bandura, [1982](https://www.cambridge.org/core/journals/primary-health-care-research-and-development/article/parenting-selfefficacy-parenting-stress-and-child-behaviour-before-and-after-a-parenting-programme/890F5688F679D54C58E1C69AA43F9689/core-reader#ref6); [1986](https://www.cambridge.org/core/journals/primary-health-care-research-and-development/article/parenting-selfefficacy-parenting-stress-and-child-behaviour-before-and-after-a-parenting-programme/890F5688F679D54C58E1C69AA43F9689/core-reader#ref7); [1989](https://www.cambridge.org/core/journals/primary-health-care-research-and-development/article/parenting-selfefficacy-parenting-stress-and-child-behaviour-before-and-after-a-parenting-programme/890F5688F679D54C58E1C69AA43F9689/core-reader#ref8)). TOPSE is a multi-dimensional instrument of 48 statements within eight scales, each scale having six statements and representing a distinct dimension of parenting: emotion and affection, play and enjoyment, empathy and understanding, control, discipline and boundaries, pressures, self-acceptance, learning and knowledge. The items are rated on an 11-point Likert scale where 0 represents completely disagree and 10 represents completely agree. The scale contains positive and negatively worded items and the responses are summed to create a total score; the lower the score, the lower the level of parenting self-efficacy.

TOPSE has been developed as a tool which is sensitive to parenting in the UK (Kendall & Bloomfield 2005). It takes into account the views and experiences of practitioners and parents from a range of diverse educational, social and cultural backgrounds (Bloomfield, Kendall 2005). The TOPSE is a multi-dimensional instrument of 82 statements within 9 scales each representing a distinct dimension of parenting: Emotion and affection (9 items), Play and enjoyment (7 items), Empathy and understanding (9 items), routines (11 items), Control (9 items), Discipline and boundary setting (11 items), Pressure (10 items), self-acceptance (9 items), learning and Knowledge (7 items). The emotion and affection domain looks at statements which relate to a parents ability to be attuned to and show affection towards their child. Play and enjoyment focuses on a parent’s ability to enjoy being with their child and interacting with them. Empathy and understanding, focuses on a parent’s ability to be able to demonstrate empathy or simply put, put themselves in their child’s shoes. Control presents statements were a parent reflects on their ability to remain calm and handle challenges consistently. Discipline and setting boundaries identifies statements relating to consistency and setting limits. Pressure domain focuses on statements relating to other people’s expectations and accepting advice from others. Self-acceptance provides parents with a number of statements which relates to parents perceptions of their own parenting and feeling safe around their child. The final domain relates to learning and knowledge and identifies parent’s ability and access to support and learning opportunities to support their role as a parent. The domains outlined in the TOPSE identify with the research literature relating to emotion expression and management, perspective taking, empathy, inhibitory control, self-confidence, and the ability to develop and support relationships with others (Denham, 2006; National Scientific Council on the Developing Child, 2007; Yoder, 2014).

The items are rated on an 11-point Likert scale where 0 represents completely disagree and 10 represents completely agree. The scale contains positive and negative worded items and the responses are summed to create a total score, the lower the score the lower the level of parenting self-efficacy. The TOPSE tool was designed to monitor the initial and long term effectiveness of parenting interventions and to identify ways of improving practice to provide the best possible outcomes for parents and children. All parents in the study completed the TOPSE for Time 1 and Time 2.

Previous studies and findings by Kendall et al (2005) using the Tool to Measure Parenting Self-Efficacy (TOPSE), provides evidence that it can be used to assess the impact of different types of parenting programmes on parenting self-efficacy. The TOPSE can also be used to measure pre- and post-outcomes and evaluate the effectiveness of different types of interventions over time to support parents, families and communities. This relationship between parenting self-efficacy and outcomes for parents and children is recognised by the World Health Organisation (2002). The theory underpinning self-efficacy enables public health practitioners to assess outcomes from the parental perspective, thus leading to more effective care. It is particularly relevant where the main health needs of children are being directly influenced by parental capacity to cope with a given situation (Kendall 1991).

**3.7 Focus Groups**

Focus groups were another method of data collection considered and used as part of this study. Ward & Atkin (2002) describe a focus group as “a research method designed to explore a particular topic by gathering the experiences of perceptions of selected target populations”. Key principles of focus group methodology relate to:

* Objectivity;
* Diversity of experience;
* Consistency
* Ethical obligations

As a research tool, focus groups offer a number of advantages, such as, timely, efficiency, flexibility, real life examples and a useful initial step. There are also limitations to this approach which the researcher needs to be mindful of:

* Results cannot be seen as universal as the views expressed in a focus group tend to represent as small sample size.
* Recruitment difficulties.
* Loss of objectivity.

Ward, H & Atkins, (2002) also identify ‘special issues of low income parent focus groups and which for the purpose of this study and its’ parents was of particular importance and consideration. They identify the following areas for consideration:

* Trust
* Scheduling
* Language barriers
* Education levels
* Site selection
* Incentives and supports

With these principles and considerations in mind, I saw the function of the focus group as an open ended discussion between me and the parents. As the parents had been used to speaking in a group and sharing their thoughts and ideas I felt this would be a friendly and efficient way of gathering data as opposed to carrying out individual interviews.

A focus group was arranged approximately 6 weeks after the final session. The focus group was set up and was delivered by me as the researcher and facilitator of previous sessions. The focus group questions were developed to generate further qualitative information from the parents in the WWW group to get general feedback about their thoughts and feelings re the programme, delivery, content, perceived outcomes and next steps. The focus group questions were as follows:

Did attending the WWW programme meet your expectations?

1. Did attending the WWW group meet your expectations?
2. What did you like best about WWW?
3. What did you like least about WWW?
4. Do you have any suggestions for future delivery of this programme?

The focus group in this study was made up of 7 participants which met with the recommendation that focus groups involve at least five people with similar characteristics (Krueger & Casey, 2009). The focus group session was recorded using audio recording equipment which I then transcribed in order to familiarise myself with the data. As with the transcribed weekly sessions, the six phases of thematic analysis were then followed in order to identify key themes which could be subject to interpretation (Braun & Clarke, 2006). As with many approaches, the research literature relating to focus groups identify a number of limitations to be aware of pre and post use (Krueger & Casey, 2009; Ward, H & Atkins, 2002). However, as the focus group was made up of the same individuals who attended the WWW group sessions and any issues relating to group processes and participation were I felt addressed previously limitations outlined in the literature were minimal. I was hopeful that as the group were already familiar with each other and that this familiarity would perhaps encourage an arena for them to be open and honest about the WWW process and outcomes. While facilitating the focus group I remained mindful of the size and make-up of the group, where I endeavored to ensure that all parents had an opportunity to express their views and opinions. I was also conscious of individuals in the group who were shy and/or may have felt intimidated by the group and required encouragement.

**3.8 Qualitative Data Analysis: Rationale for selection**

Approaches to qualitative data collection and analysis are numerous, representing a diverse range of epistemological, theoretical and disciplinary perspectives.” Guest, MacQueen & Namey, (2012), p.3

The range of qualitative approaches are highly diverse yet subtly overlap (Holloway & Todres, 2003), but for the purpose of this study I was required to explore a range of qualitative approaches so that I could make an informed decision and choose one approach which would reflect the purpose of this study. During this exploration I accessed the literature relating to four main approaches - grounded theory (Charmaz, 2006), interpretative phenomenological analysis – IPA (Smith et al, 1999), content analysis (Krippendorf, 2004) and thematic analysis (Braun & Clarke, 2006). The following sections summarise the main components of each approach:

**Interpretative Phenomenological Analysis (IPA)** – IPA’s principal focus is the participant’s lived experiences expressed in their own terms. IPA requires the researcher to make sense of the participant trying to make sense of what is happening to them (Smith et al, 1999). Although the participant provides the account of the personal lived experience, the researcher plays a key role in the analysis of the account (Brocki and Wearden, 2006). Smith et al, (1999) outlines the usefulness of IPA in researching areas which are complex, ambiguous and emotionally laden and as such are evident within medical research and literature. Charmaz & Henwood, (2008), outline that IPA as an approach is interested not in the behaviours which led to the area being explored but what meaning do they attribute to their action, reactions and thoughts process and the responses of others. While reading about IPA, I noted similarities between thematic analysis and IPA (Guest et al, 2011). These similarities relate to the focus on making sense of people’s experiences (Guest et al, 2012). The analytical process of both approaches are similar in that they both focus on the process of absorption in the data and the drawing out initially codes and then themes (Collins & Nicolson, 2002; Braun & Clarke, 2006). Although this study was interested in individual experiences, I was most interested in the group experiences of accessing WWW.

**Content Analysis** – “A research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use”. (Krippendorf, 2004, p.475). Content analysis is a technique that allows the researcher to take qualitative data and transform it into quantitative by following a linear pattern where the data is collected, the researcher familiarises oneself with the data to identify coding units which are then analysed and a tally if made of the number of times a coding unit appears. Although Content Analysis is a reliable means to analyse qualitative data because it can be applied in the same way over time by different researcher, it would not support the purpose of this study as it only describes the data it cannot extract any deeper meaning or explanation for the data patterns emerging (Ezzy, 2002).

**Grounded Theory**

Another approach that was considered was that of grounded theory which is more inductive than content analysis. Strauss & Corbin,(1988) describe grounded theory as:

“A qualitative research method that uses a systematic set of procedure to develop an inductively derived grounded theory about a phenomenon” (p24).

Grounded theory was introduced by Glaser and Strauss in 1967, who outlined that in order to start the grounded theory process, the following steps should be adhered to:

* “Identify the area of interest.
* Avoid predetermined ideas and focus on the data only.
* Apply theoretical sensitivity, where the researcher is required to be aware of the subtle messages and meanings in the data collected.”

Grounded theory requires data to be collected and analysed. The idea that theories emerge from, rather than exist before the data. Glaser (1978) viewed grounded theory as a method for studying basic social and psychological processes. Willig (2001) views the procedures and practices involved in grounded theory as inductive and as such do not seek to prove a hypothesis.

Braun & Clarke (2006) argue that “Grounded Theory is very similar to Thematic Analysis in terms of their procedures for coding ‘themes’ or coding from data” (pp.8-10). However, as I was using a mixed methods approach in this study and I was interested in developing an informed interpretation of the data, I felt a thematic analysis approach would be more appropriate, accessible and easier to implement and manage.

**Thematic Analysis**

My reading around Thematic Analysis has led me to see TA as a means to categorise and scrutinize patterns in qualitative data. Braun & Clarke (2006) emphasise its theoretical flexibility and identify it as an “analytic method”. Qualitative data collection is mainly dependent on interpretation and requires several explanations. This overlap of analysis and interpretation to reach a conclusion seems to be a key component of Thematic Analysis.

The sample used in this study was determined and defined before starting the study and as such Braun and Clarke (2006) would argue that thematic analysis is more appropriate. As part of this argument, Braun and Clarke also present the concept of hermeneutic analysis which for me as the researcher was an interesting and new perspective albeit hermeneutic analysis having a long history. For the purpose of this study, and to help me understand the term hermeneutics I refer to the concept of interpretation, i.e. the theory of achieving and understanding of texts, utterances, and so on. Braun and Clarke view thematic and hermeneutic analysis as similar in that they both focus on interpreting the data and are appropriate approaches to generate outcomes. Further reading into hermeneutic analysis would indicate a particular focus on a wider research context and takes into account the entire background environment of the research during data collection (Myers, 2004; Boland, 1985). Based on this understanding, I felt that hermeneutic analysis was unlikely to be appropriate for analysing data in this study as the main focus of the data collection and analysis was on participant’s perceptions.

Other studies would describe thematic analysis as a form of qualitative analysis used to analyse classifications and present themes or patterns that relate to the data. Boyatzis (1998) describes TA as having the capacity to illustrate data in great detail as well as dealing with diverse subjects via interpretations.

Marks & Yardley, 2004 and Namey et al (2008) said

“Thematic moves beyond counting explicit words or phrases and focuses on identifying and describing both implicit and explicit ideas. Codes develop from ideas or themes which are then applied or linked to raw data as summary markers for later analysis, which may include comparing the relative frequencies of themes or topics within a data set, looking for code co-occurrence or graphically displaying code relationships” (p.138).

My thinking behind using thematic analysis was the potential and possibility to link various concepts and opinions expressed by the parents and compare these with the data collected in different situations at different times during this study. Marks et al (2004) seems to promote this idea that all possibilities for clarification are feasible. Due consideration was also given to the relevance of the approach based on the sample size and data collection needed (Joffe & Yardley, 2004).

**3.9 Thematic Analysis Model & Approach**

The following TA models were explored: 1) Miles and Huberman’s (1994) model outlines three linked stages or streams – data reduction, data display and data conclusion-drawing/verifying.

2) Braun & Clarke (2006) developed a set of guidelines which formed the model of thematic analysis used in this study. Figure 2 shows the six phases of thematic analysis which on the surface presents as a linear process but as Braun and Clarke (2006, p.86) advise it should be seen as a ‘recursive process’ where the researcher feels free to revisit previous phases if needed or necessary.

Figure 2. The six stages of thematic analysis (Braun & Clarke, 2006)

Phase 2: Generate initial codes

Phase 3: Search for themes

Phase 5: Define and name themes

Phase 4: Review the themes

Phase 1: Familiarisation with the data

Phase 6: Produce the report

Braun & Clarke, (2006) six stages of thematic analysis which presents a linear model where you cannot proceed to the next phase without completing the prior phase. I will now summarise each stage of the thematic analysis process in line with Braun & Clarke’s (2006) TA model:

Stage 1 – Familiarisation of the data

This first stage of Thematic Analysis involves the researcher familiarizing themselves with the data (Braun & Clarke, 2006). In this study, initial familiarization was enabled through the process of transcribing the audio recordings from the four Watch, Wait & Wonder sessions. All sessions were transcribed. While transcribing the raw data from the sessions, initial ideas, recurrent patterns and codes were emerging (Braun & Clarke, 2006) which I recorded to support and enhance the Thematic Analysis staged process in this study. This stage involved reading and re-reading the session transcripts and noting any initial observations. In doing so, it allowed me to appreciate a full picture of a study and begin to make connections between the participants and the area being studied.

Stage 2 –Coding

The process of coding is not simply a method of data reduction it also a method to capture what is and is not said (Braun & Clarke, 2006). Coding helps to make connections between different parts of the data. Coffey & Atkinson, (1996) refer to this process as categorising information with the aim of framing it as theoretical perceptions. This stage was for me a challenge in that I felt I had to try really hard not to jump into identifying and naming themes (Stage 3). In order to support me with this process, I went back to my research questions to help focus my attention on identifying and noting aspects in the transcripts which related to my research questions (Appendix 2 – generating initial codes example).

At this stage I endeavored to highlight sections of raw data from the transcripts to represent units of data (Appendix 2). The units of data varied in length and content (Vaughn et al, 1996). Once all the data was coded, I collated all of the units of data (extracts) which represented each code. Once grouped under each code, I read each extract of data again to check each extract was an accurate representation of the code. In order to assess the external consistency (inter-rated reliability) of identified codes and groupings, I presented my EP colleagues with a sample of data extracts and asked them to match extracts with the list of initial codes. Figure 3 provides an example of data extract and associated code.

 Figure 3 – Unit of Data and Code

|  |  |
| --- | --- |
| **Unit of Data** | **Code** |
| **Parent 3:** It’s alright I suppose. She didn’t get angry with me so that’s good I suppose? | Identifying impact of behavior on child and parentRecognising exceptions |

Stage 3 – Searching for themes

Braun and Clarke (2006) define a theme as a logical and significant pattern in the data applicable to the research questions. This ‘searching’ is seen as an active process where the themes are not hidden in the data waiting to be discovered but rather the researcher creates the themes. In order to assist me in this process I wrote each individual code onto one piece of paper and then set about grouping each code according to a potential theme or sub-theme. I soon came to realise that there appeared to be different levels of themes which were equally valuable within the context of this study. Some codes clearly represent key themes but other codes are less specific. For example, the codes of ‘checking understanding’ and ‘acknowledging contributions’ were grouped together under the sub-theme ‘validation’ which was then placed within the overarching theme of ‘Relationships’.

In order to develop faith in my own practice and use of thematic analysis, I presented my colleagues with a sample of codes and encouraged them to identify themes based on the codes. Once they had completed this, I then provided them with the themes and sub-themes that I had arrived at to ask their views and opinions. This process allowed me to compare my colleagues’ thoughts, processes and themes with my own. I was relieved and affirmed that what I had identified as themes and sub-themes concurred by and large with my colleagues analysis of the data (Appendix 3 shows phase 3 of thematic analysis – searching for themes). Variations were identified which provided an opportunity for me to justify reasoning and selection of themes and subthemes based on the raw data. It also made me go back to my research questions and what information was I seeking from the raw data to answer these questions. I was encouraged by Litosseliti’s (2003) argument that a theme which is more prevalent across the data set is not necessarily more significant than another.

Stage 4 – Reviewing themes

This stage involved checking that the themes relate to both the coded extracts and the full data set. This stage also required me as the researcher to reflect on whether the themes reflected the data collected, was there sufficient data to represent each theme and sub-theme. A number of changes and amendments were made at this stage which tended to relate to semantics.

Stage 5 – Defining and naming themes

At this stage, as I was very familiar with the data in the transcripts I was particularly focused on matching the identified themes with the data extracts that gave substance to the theme (Appendix 4 & 5, example of data extracts within codes and themes).

Stage 6 – Writing up

The final stage was bringing the data from the transcripts to life in a coherent way as well as linking the themes to existing literature and research.

The literature relating to Thematic Analysis appears to promote the need to approach Thematic Analysis or any form of qualitative methods as theory first and methods second. By understanding the practice first seems to allow space for the theory to make sense. TA is a theoretically flexible method (Braun & Clarke, 2006; 2013). In order to navigate my way through qualitative research I adhered to Braun & Clarke’s (2006) core principles to teaching qualitative study, which focuses on:

* Emphasising the messy reality.
* Develop your own map of where and how different approaches and theories relate to each other.
* Emphasising fundamental principles – ‘basic’ and ‘generic’ research skills and knowledge can be translated across different named qualitative analysis methods.
* Prioritising the practical.
* Data generated from people – an intimate window onto the life worlds of people.

This reference to ‘messy’ reality relates to Braun & Clarke (2006) recognition of the temptation to skip data familiarisation and coding and go straight to identifying themes in the data. Familiarisation of the data is needed in order to develop a rich and complex account beyond the obvious meanings in the data. Braun & Clarke (2006, 2013) identify failure to construct codes can be problematic because themes are developed from codes, rather than directly from data. I used a ‘remove the data’ test to demonstrate these elements – where I took a copy of the data leaving just the codes and then asked the question - do my codes successfully reflect the data? And if they do, they work.

In order to support my attempts at coding I embarked on a structured coding exercise, where I enlisted a group of colleagues to code the same data that I had coded previously in order to build analytic confidence. Through this peer review process (Garside, 2014), I was able to compile the analytic insights and observations (codes) from this small group, identify similarities and differences in the observations made and refine and develop the codes. I found by looking at and discussing others’ codes was useful in developing my own thinking about the data based on existing theory as well as analysing parents’ single or shared concepts which could lead to an appreciation of the whole picture.

The second phase of data reduction involved highlighting the sentences from each participant that could be used, for example, to answer the study’s questions by taking ‘excerpts from the participant’s full text’.

During this second phase, I referred to advice from authors such as Halldorson, (2009) who suggests keeping an eye on the study’s research questions during data collection and analysis to help the researcher to identify accurately ‘excerpts’ that relate to the research objectives. Ryan and Bernard (2003) also recommend “Pawing through’ texts and marking them up with different coloured highlighter pens.”(p.11)

Both studies, reminded me to keep my research aims and objectives in mind which in turn helped to keep me focused and on task throughout.

The third phase involves using the highlighted sentences and then breaking the data into smaller segments or themes – thus establishing the first themes from the data. Before proceeding to identify the second level of themes, i.e., codes, it is worth discussing the validity of the themes…do the excerpts from the first themes represent the whole text? Themes need to be evaluated to ensure that they represent the whole of the text. Validating themes in early and later stages of data analysis is essential.

To test if the themes I identified were compatible with the whole of the text or not studies using TA highlight that it may be prudent to involve an outside reviewer, this enables the researcher to compare the two sets of feedback. Hosmer (2008 , p.52) refers to this procedure as a way to “build reliability in themes analysis coding”. The thinking behind this is that the researcher is then better informed of any conflicting results with respect to any themes that were added or removed by the outside reviewer (Miles & Huberman, 1994; Hosmer, 2008)

Miles and Huberman (1994) report on using two outside/independent reviewers at two separate phases would probably build a strong process for analytical credibility “similar to reliability from a positivistic perspective.” (Hosmer, 2008, p.52)

Once themes began to emerge, the next stage related to data display – “the organised, compressed assembly of information.” (Hosmer, 2008, p.11) in order to make sense of the data that is collected. Data display organises data, helps to arrange concepts and the thoughts (Miles & Huberman, 1994).

Displaying the data serves a number of purposes:

* The ability to view and enhance data more clearly for the research
* To avoid data over load during the process of analysis
* Making sense of the data that has been collated by displaying related concepts from different statements (Miles & Huberman, 1994; Halldorson, 2009)
* Utilising different data display techniques and gradually framing it, enables the researcher to focus and organise his/her thoughts by linking and comparing the information to make conclusions (Miles & Huberman 1994)

Thematic Analysis provided a comprehensive process for me as the researcher to identify numerous cross-references between the evolving themes and the entire data (Hayes, 1997). By using thematic analysis I was able to link the various concepts and opinions of parents and compare them with the data that had been gathered in different situations at different times during the study. In this case the potential for interpretation becomes infinite.

**3.10 Validity and Reliability**

Both validity and reliability are key components of implementing research. A brief overview of both is presented below:

Validity can be generally defined as a piece of research showing what it claims to show (Goodman, 2008a). Goodman (2008) also outlines four main forms of validity which relate to:

* Construct - does the data collected measure what it aims to measure;
* Internal – whether the effects identified are in fact being caused by variables under study, rather than some other factors;
* External – can the results from the study be generalised from the sample to a wider population;
* Ecological - the relationship between the ‘real’ world and the research.
* Construct, internal and external validity are all crucial for good (valid) research.

All four forms of validity were considered and implemented when planning and gathering data (qualitative and quantitative) throughout this study. As each session began with feedback from parents re challenges and changes at home, how each parent fed back and responded to these areas varied and as such it was very difficult to adhere to a set script or formula. This flexibility and open endedness can be difficult to contain and bring back to the topic of the session, however, it did provide insight into parents’ own thoughts and feelings which were beneficial to overall outcomes. These will be elaborated on in greater detail in the results and discussion sections of this study.

Reliability

Reliability refers to the possibility of creating the same outcomes when the same measures are administered to a different group by a different researcher time after time (Yardley, 2008).

Reliability is an important component of data collection but perhaps more so in quantitative data. As reliability is closely related to replicability, where the research can be replicated to provide the same results with different researchers in different environments. The screening tools used in this study - ASQ-SE2, TOPSE and Goals forms scores use rating scales to collate pre and post measures. These screening/rating tools could be repeated again and again and as such are considered therefore to be valid and reliable. Rating scales allow for a flexible response with the capacity to analyse responses using statistics (Wilkinson, 2000). When we use rating scales in surveys, we’re are attempting to translate intangible ‘fuzzy’ attitudes about a topic into specific quantities.

Although rating scales are used widely in research, education and health arenas because of their flexibility and accessibility, there are also limitations (Wilkinson, 2000). These limitations could include: It can be difficult to deduce a degree of detail or understanding just from looking at the data. There is also an assumption that that intervals on a rating scale are equal but just because one rating is twice as high as another does not mean users are really twice as satisfied. Rating scale scores could also be influenced by other factors, for example, individuals rating themselves more positively due to feeling under pressure in a group situation and/or to please the facilitator. I was mindful of these limitations throughout and I did endeavour to reduce this where feasible.

Quantitative methods of analysis are often presented as having high levels of validity as they are frequently administered in clinical setting, using the same measures and are controlled. These factors enable strong conclusions and inferences to be made. In contrast, qualitative research attempts to collect and interpret data in a range of settings and/or environments and often to the detriment of precision and control. It does however allow the examination of experiences in context thereby identifying meanings, processes and relationships that may be crucial in real life scenarios and in evidence based research.

Validity of qualitative research is open to questioning due to its flexibility and open endedness. Qualitative data collection allows the researcher and the parents to question and challenge the researcher’s and the parents’ assumptions. As the research generally takes place in real life settings the researcher is continuously reviewing their role in the research.

During the collection of data for this study, each group session was audio recorded and transcribed and then interpreted using thematic analysis.

Reliability is another important aspect of data collection, in particular when using quantitative data. Qualitative research is less concerned because it aims to explore a possible unique and/or new phenomenon. Each parent in the group may have perceived the impact of the group in different ways. However to try and ensure reliability throughout I endeavored to replicate the session structure week on week as much as I was able to.

A measurement is deemed reliable if the same answer is produced on different occasions. Reliability is associated with replicability which is the extent to which research can be replicated by different researchers in different contexts and provide the same results.

For research to be useful to others it is necessary for it to be applicable. It would be difficult for interpretative research to claim universality but it can claim applicability (Corcoran, 2009). It is therefore vital that interpretative research is carried out in such a way that it enables the reader to access the key factors for their situation and feel confident that the research acknowledges different sources of influence. Lown (2005) stresses that for people to have confidence in interpretative research is important that the research emits reflective thinking and processes, acknowledges sources of bias and the construction of the research tools.

In this chapter I have endeavored to present my thinking throughout the study as well as my thinking in relation to the research paradigm and the methods identified to address the individual research questions and over all aim of the study. The next chapter details the pilot study, procedures and parents.

**Chapter 4: Procedures**

**4.1 Pilot Study**

As mentioned briefly in my introduction, a pilot study was undertaken as a means to learn, practice and experience Watch, Wait & Wonder as an intervention in its traditional sense as outlined by Muir et al (1999) and then consider how this intervention could be best implemented within a Local Authority Educational Psychology Service and practice.

As a starting point and for convenience I and my EP colleagues who were trained in WWW were keen to identify children and families to introduce WWW to and so decided to use Leicestershire’s ‘Thinking about Baby and me’ (outlined previously - [www.leics.gov.uk](http://www.leics.gov.uk)) criteria which focused on children who: were experiencing difficulties with peers and adults; had difficulties with emotional regulation; had difficulties with reciprocal language skills; maybe highly anxious and/or were tearful and/or angry. My Local Authority also has an early years’ panel similar to Leicestershire’s early years’ panel where a wide range of health and education professionals could refer to education services, such as, early years teaching and educational psychology services. We set about looking at presented cases against Leicestershire’s ‘Thinking about Baby and Me’ criteria. Unfortunately, over a three month period there were no referrals made to our early years’ panel which met these criteria. As we were keen to try the WWW approach in practice, we decided to run a pilot parent group for three sessions (called simply ‘Do you want to understand your child better’) at a local maintained nursery where all parents of children who attended the nursery were invited to attend and then following on from these three sessions we would ask if they would like to try WWW with us. The reasoning behind passing a flyer to all parents and keeping the information on the flyer to a minimum – just the name of the group and the dates and times of the sessions was to ensure that all parents could access the information and that parents did not feel targeted to attend a parent group. We also did not state who would be delivering the three sessions apart from displaying the Local Authority logo as we felt that by stating it was to be run by Educational Psychologists (EP) would perhaps frighten parents off from engaging. Our plan was simply to get parents to attend and then we would introduce ourselves and explain the nature and content of the sessions in the hope that in doing so it would alleviate and/or reduce any parental anxieties. Two of the three sessions focused on baby brain development (Lawrence et al, 2016, 2017), emotional regulation (Siegel, 2010), principles of attuned interactions and guidance (Kennedy, 2011) and behaviour management based on the Incredible Years pyramid model (Webster Stratton, 2001).

The third session was used to answer any questions relating to issues raised in any of the first two sessions. The WWW approach/intervention was introduced and we asked if any of the parents would like to give it a go as a means to support us as practitioners in trialling the WWW approach as presented by Muir et al, (1999) & Cohen et al, (2002). All parents who attended were happy to engage and each parent was allocated one of the five EPs who they were already familiar with and as such made the move from group to 1:1 home visits much more relaxed. Interestingly, all the parents who came along to the group sessions were not parents who were anxious or concerned about their child and/or their parenting skills. Nursery staff also confirmed that there were no concerns relating to the parents’ child in nursery. All children were meeting expectations outlined within the EYFS criteria. No concerns re parent and/or child mental health were raised or identified within this group. Each EP then agreed a date and time to visit the identified parent and child at home. Each EP visited for ten sessions in order to deliver the WWW approach devised by Muir et al, (1999).

This pilot group provided an opportunity for my colleagues and I to familiarise ourselves with the WWW intervention. This pilot also allowed us to trail a number of learning opportunities for the parents within the groups sessions which supported an understanding of early child development by using the Baby Brain Quiz (Lawrence et al, 2016, 2017), Flipping your Lid - to explore emotional regulation (Siegel and Hartzell, 2003); principles of attuned interactions and guidance (Kennedy, 2011) and behaviour management based on the Incredible Years pyramid model (Webster Stratton, 2001).

The pilot group also enabled us to try a number of screening tools with the parents, such as, - (ASQ:SE-2) Ages and Stages Questionnaire: Social Emotional-2 (Squires et al, 1990), a personal goals form (adapted from the Target Monitoring Evaluation (TME) tool used in Video Interactive Guidance – Association for Video Interaction Guidance UK) and the Parent Stress index (Abidin,2012) during the first home session (Time 1) and then following the final home session (Time 2). The feedback we received from the parents was invaluable as they identified what they thought about each of the screening tools – pros and cons.

(ASQ:SE-2) Ages and Stages Questionnaire: Social Emotional-2 (Squires et al, 1990), provided an over view of how each parent viewed their child’s emotional development. All parents felt that this questionnaire provided a clear and accurate picture of where they saw their child’s social and emotional development as well as identifying areas which they felt needed support.

As part of this work, we also adapted the Target Monitoring Evaluation (TME) tool used in Video Interaction Guidance to produce a personal goal and review form (Appendix 1). The parents reported that the goals/review form was easy to complete and understand. They liked the idea that they could set their own goals which were specific to them, their child and their situation and not directed or dictated by the EP and/or the WWW programme. This feedback links to findings by Quinton (2004) who identified positive outcomes with approaches/intervention where parents were invited to participate and choose the elements that they would like to try for themselves. In other words, programmes fitted to the parents’ needs rather than fit the parents’ needs to the prescriptions of the programme/intervention.

However, thoughts and feelings about the Parent Stress Index assessment tool (Abidin,2012) was met with a reluctance and/or refusal to complete – all parents felt that it was too intrusive and that they felt uncomfortable in filling it out and sharing facts about their personal relationship with their partner. Although, parent stress was a factor that we wanted to monitor pre and post intervention because of the strong links identified in the literature relating to parental stress/relationships and interaction (Leahy-Warren, 2011 & Murray & Cooper, 1997), we took this feedback from parents on board and began to explore other options. This led to us exploring the area around parent self-efficacy and the TOPSE – Tool to measure Parenting Self-Efficacy (Kendall and Bloomfield 2005). The parents reported that they felt that although the TOPSE still asked about their parenting it was presented in a less intrusive way and as such they were happy to complete it.

Although feedback from individual EPs and parents were extremely positive and small areas of support were worked on through the WWW approach, I was keen to try the WWW intervention with parents of children who were exhibiting behaviours which were creating ‘problems’ within the nursery/school environment and were being presented to us as EPs through our work with schools and possibly as a means to help reduce and prevent exclusions within the early years. I was also conscious of the costs and time involved in delivering WWW with individual families along with my role of an Educational Psychologist and as such was further interested in using the WWW intervention as a group concept, which would be local, time, cost effective, access more families and be evidence based.

With WWW as a group concept in mind, I went in search of any previous research or practices where this had been tried and tested and came across the psycho-educational group approach to WWW adopted by Dr Michael Zilibowitz in New South Wales, Australia for older children (Zilibowitz, 2008). This modified parent education programme – WATCH….WAIT…and WONDER™ was developed by Michael Zilibowitz (Developmental and Behavioural Paediatrician) as part of an Early Childhood – Invest to Grow initiative funded by the Australian Government under the Stronger Families and Communities Strategy (2008) as a group intervention.

**4.2 Procedure**

I initially sourced the Michael Zilibowitz’s facilitator guide and accompanying DVD - Good Beginnings Australia - Watch…Wait…and Wonder™ Modified Parent Education Programme - Facilitator Guide (Zilibowitz, 2008). I also collated all my existing resources which were used with the pilot group – the Watch, Wait and Wonder manual and the training materials (Muir et al, 1999), baby brain development (Lawrence et al, 2016, 2017), emotional regulation (Siegel, 2010), principles of attuned interactions and guidance (Kennedy, 2011) and behaviour management based on the Incredible Years pyramid model (Webster Stratton et al, 2001). With resources in hand I approached one of my maintained nursery and infant schools. This identified maintained nursery and infant school is a school where I have and continue to work with as their EP in supporting parents and children presenting with additional needs. This identified nursery and infant school falls within ‘most deprived 10%’, based on the index of multiple deprivation 2015. This index is based on 37 indicators from 8 different domains – Income deprivation, Employment deprivation, Education deprivation, Skills and Training, Health deprivation and Disability, Crime, Barriers to Housing & Services and Living Environment deprivation (English Indices of Deprivation (2015) - The Department of Communication and Local Government).

The decision to approach the identified nursery and infant school to hold my WWW group sessions was based on my past work and experiences with staff and parents at the nursery. The nursery and school have over time run a wide range of parent groups and consultation sessions between the parents, staff and the Educational Psychology Service. The nursery and school staff have always presented as keen and enthusiastic in running groups, consultations and/or interventions. Parents were therefore aware of the school’s history of running parent sessions, interventions and their link with the Educational Psychology Service and I feel this lessened any perceived stigma attached.

This identified nursery and infant school were also keen to be involved and agreed to release a member of staff to attend each of the four sessions. The thinking behind this was multi-faceted. Firstly it was to skill up a member of staff in understanding the underlying theory behind the WWW intervention. Secondly, to have a familiar face in the group for reassurance and to support more anxious parents. Thirdly, to encourage, support and basically ‘check in’ with parents in between the weekly WWW sessions and finally to provide ‘insider’ feedback for me as the researcher and facilitator so that any issues arising could be addressed in order to support parents along the way and maintain their attendance.

All parents/carers of children who attended the nursery (120 place nursery – 60 in each session– morning and afternoon sessions, staff ratio of 1:13) were invited to attend this proposed group by nursery staff who handed out a flyer to each parent/carer when they collected their child from nursery (Appendix 6).

This sample choice could be considered as an inclusive sample in so far as all parents whose child attended the identified nursery were invited to attend and as such they selected themselves. However, it transpired that the parents who agreed to attend were parents of children who nursery staff had already raised as having concerns relating to their emotional and social development and who were also accessing additional school support for their behaviour, communication and social development. This again raises a number of issues re selection and sample choice which will be discussed further in relation to the limitations of the study and further recommendations.

All parents who agreed to attend and attended each session were made aware that I was trialling a new group programme – Watch, Wait & Wonder (WWW) for research purposes and that I would like them to attend each session, be open to trying the programme at home with their child and feedback their thoughts and feelings re the programme on a weekly basis with the group. I explained that this was not obligatory and that if they did not want to partake in the research that was okay and just let me know during or at the end of the group session and/or when I met with them individually in nursery for our 1:1 session (a time and date which had been arranged with each parent to have some 1:1 time with me after session 1 and before session 2). All parents agreed to take part in my research.

All parents/carers were informed that I as the school EP would be running the group. The nursery’s HLTA would also attend all of the sessions along with the parents/carers. A four week programme was planned by me as the facilitator and researcher and was based primarily on Watch, Wait & Wonder – a modified parent education group programme developed by Good Beginnings Australia and Michael Zilibowitz (Developmental and Behavioural Paediatrician) (2008) as well as incorporating material relating to baby brain development (Lawrence et al, 2016, 2017), emotional regulation (Siegel, 2010) principles of attuned interactions and guidance (Kennedy, 2011) and some behaviour management strategies based on the Incredible Years pyramid model (Webster-Stratton, 2001). The WWW sessions ran for four consecutive weeks – January to February 2017 for one hour and thirty minutes each session. Each session was audio-recorded and then transcribed. A summary of the process and content of each session was as follows:

Session 1: In accordance with Caldecott standards (1997) and the Data Protection Act (1998) all parents/carers present were asked to complete a consent form (Appendix 6). Each parent/carer was provided with an information sheet (Appendix 7) which outlined details of the study and participation. Parents/carers were also given a goals sheet (adapted from VIG – Appendix 1), TOPSE – Tool to measure Parenting Self-Efficacy and ASQ:SE2 - social and emotional assessment forms. I as the facilitator (and researcher) gave a brief over view of the WWW approach and concepts. The group were then presented with a DVD of the WWW process (Zilibowitz, 2008) for 25 minute with opportunities to discuss any aspects relating to the DVD and/or general thoughts and feelings after viewing. A one page handout - ‘How to…WATCH….WAIT….AND WONDER’ was read aloud by the facilitator and handed to each parent/carer at the end of session 1 to take home with them to help them remember what to do when trying WWW at home – (Appendix 15). All parents were encouraged to come back the following week and feedback their thoughts, feelings in using WWW with their child.

By the end of the first session I had also arranged to meet with each parent in the nursery separately before the second session to answer any questions or concerns they may have had regarding the study and attending the weekly sessions. My thinking behind this was to allow parents/carers an individual opportunity to express any concerns or anxieties outside of the group arena and dynamics.

Session 2: I began the session with eliciting feedback from each parent/carer in their use of WWW at home with a particular focus on identifying any challenges and changes. The DVD (Zilibowitz, 2008) was shown again to remind parents of the process and recap on the structure. This was followed through with a baby brain quiz (Lawrence et al, 2016, 2017 - Northamptonshire Baby Brain project – Appendix 16).

Sessions 3: The session started with collating feedback from each parent/carer in their use of WWW at home with a particular focus on identifying any challenges and changes. I then recapped on baby (early) brain development and introduced emotional regulation and Dan Siegel’s concept of ‘flip the lid’ (2010) (Appendix 17). Parts of the DVD (Zilibowitz, 2008) were shown again with particular focus on parts of the DVD which demonstrated children presenting with challenging behaviours and the parents’ response to those displayed behaviours.

Session 4: The session began with gaining feedback from each parent/carer in their use of WWW at home with a particular focus on identifying any challenges and changes. I recapped on learning points discussed during session 3 – ‘Flip the lid’ as well as introducing some behaviour management techniques related to the incredible years pyramid model (Webster-Stratton, 2001) (Appendix 18). At the end of session 4, all parents were given a copy of the TOPSE and ASQ:SE2 to complete again. The parents were also given their original Goals and Review forms to rate where they felt they were now in relation to achieving their initial goals. Each parent was then presented with a certificate for attendance and participation (Appendix 19)

A full detailed description of each of the four session outlining preparation, welcome, ice breaker, introduction & discussion and conclusion can be found in Appendix 9-12. Appendix 7 – provides an overview of the WWW programme and Appendix 8 provides a guide for the facilitator of the programme.

Focus Group -six weeks later – All parents who attended the 4-week WWW programme were asked to return for a focus group discussion to see how the parents were progressing with WWW at home, to share their thoughts re the programme – likes/dislikes and any changes they would make to the programme. Thoughts re venue, time for session and flyer content were also collated.

Throughout the weekly sessions and as part of the focus group I endeavored to create and encourage a collaborative learning style where parents could share updates on their child’s development and discuss topics using the material provided in the programme. Parents were also set weekly tasks to encourage them to implement the ideas of the programme at home.

**4.3 Participants**

All parents/carers were white British which was reflective of the ethnicity of the area. The most recent Census in 2011 highlights 97 per cent of the population in this area are white British.  Seven out of the ten parents were female and three of the parents were male. The average age of parents was 30 years and the average age of grandparents/carers was 45 years. The age range of the children varied from between 39-60 months. Two of the couples and three of the mothers (seven parents) attended all four sessions and the focus group 6 weeks later. One couple and one mother attended for the first session but did not attend any subsequent sessions.

To ensure confidentiality when collecting data a number and/or a letter was assigned to each parent and associated child (e.g., Parent 2 – Child 2). Where both parents and/or grandparents attended, the following numbers and letters were assigned (Parent 1a, Parent 1b – Child 1) so as to ensure confidentiality.

All sessions with the group were audio-recorded and transcribed. The consent form included statements relating to audio recording and feedback which was completed by parents at the start of programme. This consent enable me as the researcher to audio record the group sessions for later presentation and discussion during the weekly sessions (Appendix 13).

In general, parents who agreed to participate in the study were similar in age and social class. The contextual, descriptive information in Table 3 is presented as a means to provide the reader with a sense of each parent’s individual context and starting goals at the beginning of the process (Time 1). I felt it was important to highlight the variation and commonality in individual context and goals and links with the research relating to WWW as an intervention which is concerned about individual goals and individual contexts (Cohen et al, 1999; 2002).

Table 3. Descriptive information for each parent participant and their identified goals as presented by each parent.

|  |  |  |
| --- | --- | --- |
|  | **Context** | **Goal** |
| **Parent 1a** | Recently married to Parent 1b.Reported own childhood was unhappy and distressful. Has a history of anxiety and depression which has required medication in the past. She hopes that she is teaching her children to be polite and affectionate. | ‘For my child to have a better understanding of her behaviours.’‘To have a better understanding of my child as a parent.’ |
| **Parent1b** | Recently married to Parent 1a. Feels he manages his children better than his wife. | ‘To learn how to calm my child down when angry.’ |
| **Parent 2** | Living with partner and father of only child. Reported ongoing issues with anxiety and depression from adolescence to present. | ‘For my child to be better behaviour wise, in particular to stop biting.’‘To sort my child’s anger and his behaviour towards me – hitting and punching me. |
| **Parent 3** | Living with partner of two children. Older child has significant needs and attends a local special school. Disliked school and didn’t attend regularly. | For my child to overcome being frustrated and angry. He is getting better but needs to focus more.’ |
| **Parent 4a** | Paternal grandmother and has special guardianship of two of her grandchildren. Reported struggling with anxiety and depression most of her life. History of domestic violence throughout first marriage. Father of grandchildren in and out of prison due to drug addiction. | ‘I would like to be able to enjoy time with my grandchild and for me not to get angry and upset.’ |
| **Parent 4b** | Step grandfather and shares special guardianship with Parent 4a. Has children from first marriage and other grandchildren who live locally. | ‘To get some new perspectives on my step grandchild’s behaviour issues (his anger and aggression) and how to deal with them.’ |
| **Parent 5** | Recently separated from father of her two children. Experiences periods of anxiety. Relies heavily on her mum for child care and support. Lives next door to her mum. | ‘To be able for my child to be more calm.’‘To be able for my child to get less angry.’ |
| **Parent 6** | Lives with partner with four children. Reported incidences of experiencing domestic violence in the home which children have witnessed. | ‘For my child to be less angry.’ |
| **Parent 7a** | Living with Parent 7b. One child. No issues raised. | ‘To learn about more ways to help my child.’ |
| **Parent 7b** | Living with Parent 7a. One child. No issues raised. | ‘To learn new ideas.’ |

The majority of parents (apart from parent 7a and 7b) shared that prior to engaging in the WWW group intervention, they had experienced continued and frequent difficulties in their interactions with their child and reported emotional consequences of these difficulties such as feeling low, feeling negative or feeling judged.

**4.4 Researcher Effects**

I am aware that I, as the researcher may have particular biases and assumptions which I bring to this study which need to be considered and acknowledged. These may include gender, race, age, sexuality, class as well as my personal beliefs and views. In order to reduce these effects all sessions were recorded and so I was not reliant solely on notes and consequently, information was not unconsciously filtered out as not relevant. Bearing this in mind, I as the researcher acknowledged my assumptions within this study:

* The data collected in the group sessions represent the views of the individual.
* Parenting issues can be sensitive issues for many parents.
* Parent’s self-esteem and mental health are fragile and require careful handling.
* In implementing and delivering this programme, aspects of the programme may bring about change in the future.

The next chapter looks at the results gathered from the application of the rating scales and thematic analysis. These results identify pre and post measures as well as identifying themes to explore parent and facilitator views originating from this study as well as linking with existing research and identifying potential areas for further exploration.

**Chapter 5: Results**

**5.1 Introduction**

This chapter aims to present an analysis of the quantitative and qualitative findings of this study. Given the mix of methodology, the presentation of the results of this study will be discussed in the following order:

Quantitative data results: Both descriptive and inferential statistics will be discussed in relation to the impact of the Watch, Wait & Wonder programme on parents’ (i) goals and review, (ii) perceptions of their child’s social and emotional development (ASQ:SE2) and (iii) parent self-efficacy (TOPSE) based on pre and post programme responses (Time 1 and Time 2). Visual illustrations of the analysis will be presented along with a brief explanation where appropriate. Further detail and consideration will be presented in the next chapter – discussion.

Qualitative data results: The findings from the thematic analysis process will be discussed in relation to the original research questions outlined in Chapter 3: Methodology. Individual themes and corresponding subthemes for the a) researcher and b) the parents will be presented and summarised separately with citations from the sessions provided to demonstrate. To ensure anonymity parents have been assigned a number. I as the researcher will be referred to as researcher and/or in the first person as no anonymity is required.

In this chapter I do not seek to interpret the results in terms of the research questions or to link any findings with current literature as this will be explored and discussed in the next chapter as part of the discussion.

However, with this endeavour to just present the results without interpretation or referencing existing relevant literature, I acknowledge that presenting the results is a method of interpretation in itself which creates the initial steps to the overall findings of the study.

Descriptive statistics are used to describe the basic features of the data in a study (Pallant, 2001). For the purpose of this study, incorporating descriptive statistics was to assist in helping to provide a simple summary of the sample and the measures derived from each of the three individual measures – (i) goals and review, (ii) perceptions of their child’s social and emotional development (ASQ:SE2) and (iii) self-efficacy (TOPSE) for Time 1 (pre) and Time 2 (post).

**5.2 Goals and review**

The participant’s individual goals were measured using an adapted version of the Goals and Review form used in Video Interactive Guidance (VIG) – Appendix 1. The scale was presented as follows:

*(Not there) 0 1 2 3 4 5 6 7 8 9 10 (Brilliant)*

*For each goal circle the number and write* ***I (Initial)*** *above it, of where you think you are in relation to the goal at the start of the process. Then circle and write an* ***A******(After)*** *above it, of where you are in relation to the goal at the end of the process (*Appendix 1)

*Figure 4. A graph that shows the parents rating according to their goals for Time 1 and Time 2. Parents 6, 7a & 7b did not engage beyond session 1, so no post data (Time 2) were collated.*

The graph displayed in Figure 4 shows an increase in parents’ perceptions of meeting their individual goals between Time 1 and Time 2 .

**Example:** *Parent 1a: Goal 1 – ‘For my daughter to have a better understanding of her behaviour’. Goal 2 – ‘To have a better relationship as a parent’. At the beginning of the process (Time 1) Parent 1a, identified herself as ‘4’ for both goals, however, by the end of the process (Time 2), Parent1a, rated herself as having met both goals – ‘8’, which would indicate a feeling of achievement and success.*

*Parent 1b: Goal 1- ‘For my daughter to have a better understanding of her behaviour’. At the beginning of the process (Time 1) Parent 1b, identified himself as a ‘4’, however, by the end of the process (Time 2), Parent1b, rated himself as a ‘7’, which would indicate a gradual increase in his thinking relating to identified goal.*

**5.2.1 Summary of Goals**

Time 1 goal setting, placed the majority of parents’ rating within the ‘*Not there – 4*’ range and Time 2 (excluding parent 6, 7a & 7a as no ratings were completed at Time 2), the majority of parents rated their achievement towards their goals fell within *6-8* range. These findings would indicate a positive shift in meeting initial goals set pre and post programme.

**5.3 Ages & Stages Questionnaires: Social-Emotional-2 (ASQ:SE2)**

The parents completed the ASQ:SE-2 questionnaires at session 1 (Time 1) and at session 4 (Time 2). The ASQ:SE-2 items addresses a child’s behaviours in seven areas: Self-regulation, compliance, adaptive functioning, autonomy, affect, social communication and interaction with people.

A score below the cut off (below 50) indicates that the child’s social-emotional development appears to be on track at the time of administration. If there are no concerns about behaviour, then this area indicates no or low risk.

A score close to the cut off area (50-65), is referred to as the monitoring zone, indicating that the child may need additional monitoring. A plan to rescreen the child, and consider follow-up action for behaviours of concern is advised.

A score above the cut off (65-110+) indicates that a child may need further assessment. This area indicates a need for referral and/or additional follow-up actions.

Table 4. Detail of each parent’s total score on the ASQ:SE2 from Time 1 (first session) to Time 2 (final session)

|  |  |  |
| --- | --- | --- |
|  | **Time 1** | **Time 2** |
|  | **Total** | **Total** |
| **Parent 1a** | 65 | 15 |
| **Parent 1b** | 80 | 80 |
| **Parent 2** | 135 | 115 |
| **Parent 3** | 95 | 80 |
| **Parent 4a** | 165 | 190 |
| **Parent 4b** | 255 | 180 |
| **Parent 5** | 175 | 120 |
| **Parent 6** | 95 | Nil |
| **Parent 7a** | 95 | Nil |
| **Parent 7b** | 80 | Nil |

Figure 5. A graph that shows parents responses to the ASQ:SE2 at Time 1 and Time 2. *Parents 6, 7a & 7b did not engage beyond session 1, so no post data (Time 2) were collated*

Figure 5. Shows that 5/7 (71%) parents from Time 1 to Time 2, indicated a positive reduction in their perception of their child’s social and emotional development. With 1/7 (14%) indicated an increase in and concern in their child’s social and emotional development. With 1/7 (14%) viewing their child’s social and emotional development as exactly the same from Time 1 to Time 2.

**5.3.1 Summary of ASQ:SE 2**

As detailed above, all apart from one of the children’s social and emotional development profiles were scored by their parents and/or carers as falling within the ‘further assessment’ category and that following the 4 week WWW programme the children who were requiring further assessment continued to be classified as requiring ‘further assessment’ for their social and emotional development but I was interested in and encouraged by the subtle changes recorded by parents within the eight categories of the ASQ:SE2. Interestingly, one of the parents, perceived her (grand)child as having a greater need with his social and emotional development at Time 2. I did not view this feedback as a negative outcome as knowing the journey that the parent had made along the way from Time 1 to Time 2, the parent was now looking at her grandchild in a much more focused way and identifying strengths and not just areas of need, which made me feel that she was developing a greater understanding of and attunment to her grandchild and his presenting behaviours.

**5.4 Tool to Measure Parenting Self-Efficacy** **(TOPSE)**

The parents’ self-efficacy was measured using the TOPSE (Kendall and Bloomfield 2005).

TOPSE consists of 48 self-efficacy statements that address eight domains of parenting; emotion and affection, play and enjoyment, empathy and understanding, control, discipline and boundary setting, pressures of parenting, self-acceptance, and learning and knowledge. There are six self-efficacy statements for each domain and parents indicate how much they agree with each statement by responding to a Likert scale from 0-10 where 0 equates to completely disagree and 10 equates to completely agree.

The TOPSE booklet was completed by all parents during the first session (Time 1) of the Watch, Wait & Wonder programme, and again during the final session (Time 2) to determine any change in self-efficacy scores. Scores were collected and tabulated to highlight scores pre and post. Given the number of domains (8) and parent response to each domain pre and post programme a collative group graph has not been feasible and as such individual responses in table and graph format can be found in Appendix 20.

**5.4.1 Summary of Tool to Measure Parenting Self-Efficacy (TOPSE)**

To summarise, the self-efficacy scores for all 8 domains/factors - play and enjoyment, empathy and understanding, control, discipline and setting boundaries, self-acceptance, emotion and affection, pressure and learning and knowledge increased from Time 1 to Time 2 for the majority of the parents. Some domains remained the same for 1-2 parents in the group from Time 1 to Time 2, such as self-acceptance, play and enjoyment and emotion and affection. Three parents noted a decrease in pressure from Time 1 to Time 2. The implications of these findings will be discussed further in Chapter 5.

**5.5 Overall summary of quantitative results**

Responses on all of the above rating scales – using the goals, ASQ: SE2 and TOPSE highlighted a positive shift in parents’ perceptions of their own child and of themselves. I am aware that the shifts identified in each rating scale are small but when analysed with the individual parent in mind, this positive shift in thinking enables possibilities and an ability to bring about change. The implications of all findings noted within the results section will be reviewed and unpacked further in Chapter 6 - Discussion. However, prior to this, the thematic analysis of data obtained through the qualitative phase of the study will now be discussed.

**5.6 Thematic Analysis**

The aim of the following section is to look at the findings from the thematic analysis. This section is presented in line with Braun & Clarke’s (2006) phases of thematic analysis. Although I was aware of the linear process of Braun & Clarke’s phases I felt the need to move between the phases in order to fully understand the data collected. As mentioned previously, individual themes and corresponding subthemes for the a) researcher and b) the parents will be presented and summarised separately with citations from the sessions provided to demonstrate.

At the end point of the analysis stage, 15 codes in total were created across the four transcripts when focusing on the researcher/facilitator’s recordings and another 20 codes in total were created across the four transcripts for parents (parents). The analysis was conducted separately with respect to generating themes from parents or researcher/facilitator. My thinking behind this separation of data transcribed into researcher and parents (parents) was solely to identify common themes which would benefit future facilitators when embarking on a future WWW programme and/or any programme which involved working with parents.

The results display different levels of themes – main over-arching themes and subthemes within them. Braun and Clarke (2006 p. 82) define a theme as capturing …’something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set.’ Sub-themes are described as ‘…themes-within-a-theme’ (Braun and Clarke, 2006, p.92). Whereas subthemes ‘…themes-within-a-theme’ (Braun & Clarke, 2006, p.92) give structure to larger themes.

In order to present the results, I will present two thematic maps – one based on the transcripts from me as the facilitator (and researcher) and one for parents (parents). Within these maps each of the themes is illustrated in red along with subthemes in green. Each subtheme has been illustrated with one or two examples of coded text-segment to prevent over loading the reader with information regarding themes, codes and quotes. An example of codes and themes relating to transcripts can be found in Appendices 2, 3 & 4.

Main themes were identified for the facilitator and parents and each theme has a number of sub-themes. These will now be discussed in more detail.

**5.7 Facilitator Themes**

5.7.1 Facilitator Theme 1: Relationships

Theme 1: Relationships were characterised by the key role of the facilitator in organising and running a group. As part of this process I felt there was a need to initially adhere to the four stages of group facilitation (Kolb, 1984), which relates to engaging skills, such as, affirming, active listening and learning, developing reflection and providing the group with relevant knowledge and interactive participation. The data for this theme is organised into three sub-themes, presented below in more detail - subtheme 1: validating; subtheme 2: providing encouragement/reassurance and subtheme 3: identifying and noticing changeFigure 6. Facilitator Theme 1 – Relationships with subthemes: validation, encouragement/reassurance and change

Subtheme 1: Validation

The definition of validation could be summarised as the recognition and acceptance of another person's thoughts, feelings, sensations, and behaviours as understandable. Validation is therefore a way of communicating that the relationship is important and solid even when you disagree on issues. As the facilitator throughout the sessions, every effort was made to validate parents’ concerns and queries.

*Session 1: ‘I am conscious of the fact that a number of you were upset and/or angry about some of the examples demonstrated on the DVD’.*

*Session 4: ‘I get a sense parent 2 that you are worried about what others think?’*

The DVD which the parents refer to in the transcripts relates to the DVD which was developed by Zilibowitz (2008) and accompanies the facilitator guide to the WWW modified parent education programme which explains the WWW process as well as feedback from parents who are using WWW. The DVD presents clips of parents observing their child engaging in behaviours which cause anxiety and distress for the parent. Zilibowitz (2008) then goes on to describe what is happening in these clips to help the parent to begin to understand their own and child’s behaviours. The parents felt that Zilibowitz was not dealing with the behaviours and was simply allowing the child to ‘get away’ with inappropriate behaviours. Parent 4b commented that if I let child 4 hit a doll on the head with a hammer in play and not tell him off for it, he would think that it was ok to hit ‘real people’ on the head with the hammer. There was a need for me as the facilitator to validate parents’ concerns expressed relating to the DVD to ensure that they felt I had heard their concerns. This also allowed me to question with the parents what those behaviours resonated in them. Validation by definition is the acknowledgement and recognition of another person's thoughts, feelings, sensations, and behaviours as comprehensible.This process can often help someone sort through their thoughts and feelings and behaviours from emotions.

Subtheme 2: Providing encouragement/reassurance

The use of praise and encouragement was implemented by the facilitator frequently throughout the sessions. The facilitator was aware of the need to recognise and compliment all contributions and/or willingness to have a go.

*Session 1: Is everyone alright….That’s really helpful, thank you…don’t be afraid to put down your thoughts- good and/or bad…How is everyone getting on? Don’t worry…Does anyone have any questions so far…I really value your feedback…Is everyone comfortable?*

*Session 4: …you are thinking about things in a different way from before, you are being ‘reflective’.*

*Session 3: …take time to reflect on what has happened and how we could do things differently next time.*

Subtheme 3: Identifying and noticing change

The WWW group programme (Zilibowitiz, 2008) introduces the terms ‘challenges’ and ‘changes’ in order to encourage parents to think about their own personal challenges in using the programme but also to reflect on the ‘changes’ observed and/or occurring during the WWW process. As the facilitator I wanted to encourage parents to focus on their individual observations of their child at home and to use these individual observations from parents as a ‘shoe in’ to change and to encourage trust in the programme. This led naturally in to the use of and modelling reflective thinking for the parents.

Session 3: could you tell me how you….and think about the changes that you noticed.

Session 4: What do you think she (grandmother) is doing that’s different?

5.7.2 Facilitator Theme 2: Communication

Theme 2: The term communication for me as the author and facilitator encompassed a range of definitions and meanings, in that there are a number of preliminary steps before communication can successful begin. For the purpose of this study, I felt being ‘available’ to listen and offer support and guidance was key to ensure I could deliver and communicate the concept of WWW with parents. The data for this theme is organised into three sub-themes, which is presented below in more detail: subtheme 1: providing practical support; subtheme 2: providing emotional support and subtheme 3: engagement and interaction. It could be argued that these themes are generalised themes, and could apply to any group intervention and not specific to WWW. While I don’t dispute this I am actually reassured that these themes emerged within WWW group and strengthen further the importance of communication between a facilitator and parents in a group approach. It also highlights that communication embodies a range of components – support, engagement and interaction.

Figure 7. Facilitator Theme 2 – Communication with subthemes: practical support, emotional support and engagement

Subtheme 1: Providing practical support

While delivering the WWW programme, the facilitator aimed to create an environment where parents’ queries and concerns could be aired and shared in an emphatic way.

*Session 3: It might be helpful for me to recap on last week’s session.*

*Session 2: it might be worth considering not changing too many things for your child.*

Subtheme 2: Providing emotional support

As the facilitator, I was aware of the need to provide emotional support for all parents and the need to focus on individual’s skills and emotional capabilities.

*Session 4: It sounds like you are working well as a pair and supporting each other….and you are using bits that we have talked about over the sessions – keeping calm, monitoring your own emotions.*

*Session 2: I can hear….but you persevered despite the presenting problems.*

Subtheme 3: Engagement and Interaction

Feedback from parents and my response to this feedback in sessions indicated that a key skill to sharing and disseminating information was to ensure that the information presented and discussed was at a level that everyone in the group understood and could implement. As the facilitator I also used examples of my own role and experiences (positive and negative) of being a parent to further facilitate communication and engagement

*Session 2: I suspect a lot of you are getting a bit anxious about what’s going to happen next?*

*Session 4: you know what’s lovely to hear parent x, you are starting to reflect on your actions and the impact that has on your child…you should be really proud of yourself.*

Having outlined the themes and sub-themes and in particular, the coded segments detailed above I was surprised by how many of my responses to parents although well intentioned could be seen as condescending and elitist. This imbalance of power, which I believed I had worked hard to eradicate and/or at least reduce remained ever present in my dialogue with the group.

Complete eradication of power is I believe unattainable as a power imbalance is evident in every relationship but is perhaps particularly predominant within the context of the helping profession and in particular, parent educators. Goldstein (1973) identifies parent educators as deriving their power from the community with an expectation to provide and deliver services to respond to certain problems, needs and/or outcomes. Guilfoyle (2005) suggests that this power is regarded as legitimate and outcome led and links to the notion that the expert knows best. This creates for me an image of a unidirectional pathway between the facilitator and the parent or group. Lam and Kwong, (2013) refer to the model of parent education as being formed by the expectations of parents but also by social and cultural influences.

**5.8 Parents’ Themes**

5.8.1 Parent Theme 1: Learning

Theme 1: This theme encompasses the concept of learning for the parent and the child and the combination of the two. The data for this theme is organised into four sub-themes, which is presented below in more detail: subtheme 1: understanding and knowledge; subtheme 2: interacting with child; subtheme 3: recognising challenges and changes and subtheme 4: confidence in self

Figure 8. Parent Theme 1: Learning with subthemes - understanding and knowledge, interacting with child, recognising challenges and changes and confidence in self

Subtheme 1: Understanding and Knowledge

Feedback from parents indicated the need to understand the WWW programme that they had signed up to.

Session 3 – Parent 4b: I’ve been telling people about flipping my lid and I’ve even showed them the example with my hand. I think it has helped me to manage or understand my child more.

Session 1 – Parent 2: I never knew that…that makes sense.

Session 3 – Parent 6: It makes sense but I never thought about this before….

Subtheme 2: Interacting with child

Parents’ commentary throughout the sessions highlighted initial tensions and anxieties in not knowing how to interact or play with their child and a growing awareness that the WWW programme was providing an opportunity to learn how to interact with their child.

Session 2 – Parent 2: ….so I don’t know what I should really be doing with him really.

*Session 3 – Parent 5: We were both looking at each other and didn’t really know what to do.*

Subtheme 3: Recognising Challenges and Changes

As the WWW group programme encourages the use of the terms challenges and changes, a key learning skill for all parents was the need to look at their interactions with their child(ren) with a positive focus and then where to focus on next.

Session 2 – Parent 1a: with me the first time she was very destructive.

Session 3 – Parent 1a: The next time, she kept saying again and again so I thought that was nice. She was completely different.

Subtheme 4: Confidence in Self

Throughout the WWW programme, the parent feedback indicated a gradual shift in parents’ confidence in themselves in speaking about their experiences with WWW at home – warts and all!

*Session 4 – Parent 4a: I’m starting to see a little boy who needs me to help me and not a boy who wants to hurt me.*

5.8.2 Parent Theme 2: Feelings and Perceptions

This theme explores parents’ pre-conceived thoughts and feelings about themselves as parents and their perceptions of how others’ perceived them as parents. The data for this theme is organised into three sub-themes, which is presented below in more detail: subtheme 1: expectations of child and subtheme 2: judgements and values.

Figure 9. Parent Theme 2: Feelings and Perceptions with subthemes – expectations of child and judgement/values

Subtheme 1: Expectations of child

Conversations recorded throughout the WWW sessions identified a mismatch between parents’ expectations of their child and their child’s stage of development.

Session 2- Parent 5: That’s what he’s like, he’s like Mum do it…That’s what he’s like and then I’m doing everything and he’s doing nothing.

*Session 3 – Parent 5: He just can’t play by himself…*

Session 3 – Parent 2: I’m always doing things with him..

Subtheme 2: Judgements and Values

The transcripts provided a range of parents’ judgements linked into individual parents’ belief systems (also picked up in parent theme 3 – sense of self).

Session 1 – Parent 2: In all fairness, I don’t expect too much of child 2. If you expect too much then you’re going to get let down aren’t you?

Session 2 – Parent 4b: Whatever toy child 4 has got at the time, it’s either going to be thrown at me or someone else…he’s got a good throw on him….

5.8.3 Parent Theme 3: Sense of self

The term sense of self encompasses a number of subthemes which were evident throughout the four sessions. The data for this theme is organised into three sub-themes, which is presented below in more detail: subtheme 1: self -reflection; subtheme 2: self-esteem/belief; subtheme 3: parents’ own emotional and well-being skills.

Figure 10. Parent Theme 3: Sense of Self with subthemes - self-reflection, esteem/belief and emotional skills/well-being

Subtheme 1: Self–reflection

Parental self-reflection began to emerge on a session by session and by individual by individual basis.

*Session 2 – Parent 2: He was calmer, normally he like ARRRGH. He were a lot calmer because I was joining in and he was not playing on his own.*

Session 2 – Parent 2: other people are looking at us and I feel embarrassed and I shout even more.

*Session 4 – Parent 4a: I now feel more relaxed when I’m with him….don’t get me wrong he’s still no angel.*

Subtheme 2: Self-esteem/self-belief

All parents used a range of phrases to demonstrate their lack of self-esteem and/or belief in themselves without actually acknowledging and/or stating that they lacked this.

Session 1 – Parent 3: that will never work for me, because I’ve tried everything with x….

Session 1 – Parent 5: He won’t like it, me just watching him.

Session 1 – Parent 5: In all fairness, I don’t expect too much of child 2. If you expect too much then you’re going to get let down aren’t you?

Session 3- Parent 3 - You feel a failure don’t you?

*Session 3 – Parent 2: I just let my child get on with what he wants cause it easier…laughing*

*Session 4 – Parent 2: and everyone is looking at me as if to say what are you doing?*

Subtheme 3: Parents own emotional and well-being skills

Although there would appear to be a significant over-lap between parent subtheme 2 and subtheme 3 as part of the main theme – sense of self, I felt that both subthemes required individual discussion and analysis. The term emotional well-being skills focuses on parents’ mental health and having the tools to manage their own emotions and well-being before supporting their child to do so.

Session 3 – Parent 4a: I’m always worried which child 4 is going to do next…he can really loose it you know….

*Session 4 – Parent 2: I just feel everyone is looking at me and judging me. I have no-one who tells me I’m doing good.*

**5.9 Summary of Thematic Analysis**

The results emerging from using a thematic analysis approach identified a number of themes and subthemes for myself as a) the researcher and for the parents as b) the parents.

For the **Researcher** there were two themes emerging: Theme 1: Relationship, which can be subdivided into a number of sub-themes – validating, providing encouragement/reassurance and identifying and noticing change and Theme 2: Communication – subthemes: providing practical support; emotional support and engagement and interaction.

For the **Parents** there were three themes emerging: Theme 1: Learning – subthemes: understanding and knowledge; interacting with child; recognising challenges and changes and confidence in self. Theme 2: Feelings and Perceptions – subthemes: expectations of child and subtheme 2: judgements and values. Theme 3: Sense of self – subthemes: self -reflection; self-esteem/belief; parents’ own emotional and well-being skills.

**5.10 Focus Group**

Responses received from the focus group related to the four questions presented, although I also recorded other thoughts which the parents chose to share.

Did attending the WWW programme meet your expectations?

Parent 5 – ‘I think it has helped me with my child’

Parent 1b – ‘I didn’t know what I was coming to really. But I’m glad I came.

Parent 2 – ‘I think I understand my child more than before.’

Parent 4a – ‘it has helped me and more.’

Parent 4b – ‘I have learnt about how me and my child think.’

Parent 1a – ‘She is definitely calmer.’

Parent 3 – ‘I now know why he does what he does.’

What did you like best about WWW?

Parent 4a – ‘I loved it…to get a chance to talk and to be listened to was a first for me. It made me stop and think.’

Parent 4b – ‘I never felt judged and I felt I belonged in the group.’

Parent 1a – I didn’t feel I was on my own…why me?...why my child?

Parent 2 – ‘I felt respected and listened to.’

Parent 3 – ‘Everyone in the group got involved, even afterwards when we be walking down the hill and we’d be talking about WWW.

Parent 5 – ‘I got to know other parents and that’s been nice.’

Parent 1b – ‘I liked learning about why my child does what she does.’

What did you like least about WWW?

Parent 4b – ‘nought, I think all parents should have a chance to do WWW.’

Parent 1b - ‘I think the handouts should be in colour as it would help me focus more.’

Do you have any suggestions for future delivery of this programme?

Parent 1a – ‘Open it to more parents and have more groups’.

Parent 2 – ‘Parents who have tried it could come along to your next group and talk about what it was like for us.

Parent 3 – ‘Having a member of staff from nursery who the parents know is good as you can talk to them between sessions about WWW and they would understand.

Parent 4a – ‘More sessions would be good. Maybe check in with us every couple of months. We’d come wouldn’t we.’

Parent 5 – ‘Just call it WWW and not a parenting group, cause people judge you when you go on those courses.’

Although the feedback from all parents was limited to one sentence responses, there was general feeling that they enjoyed attending the group. They reported feeling listened to and valued. There was a general feeling that they now had a better understanding of their child than previously. They also highlight a social need to interact and meet other parents. They also seemed to value hearing others’ concerns which they felt related to their own thoughts and feelings. Although positive feedback was given, as the facilitator and researcher, very little if any comments were made relating to the WWW process and the impact of their ability to ‘watch’ and ‘reflect’. However, this may be due in part to the open ended questions I presented to the focus group and perhaps I should have been more specific in my questions – for example, do you think engaging in WWW has changed you view of your child’s behaviour? Increased you belief in yourself as a parent and ability to parent?

**5.11 Summary of results – quantitative and qualitative methods**

The results collated from the quantitative data highlighted:

Goals and review - Time 1 goal setting, placed the majority of parents’ rating within the ‘*Not there – 4*’ range and Time 2 (excluding parent 6, 7a & 7a as no ratings were completed at Time 2), the majority of parents rated their achievement towards their goals fell within *6-8* range. These findings would indicate a positive shift in meeting initial goals set pre and post programme.

Ages & Stages: Social and Emotional (ASQ:SE2) - All apart from one of the children’s social and emotional development profiles were scored by their parents and/or carers as falling within the ‘further assessment’ category and that following the 4 week WWW programme the children who were requiring further assessment continued to be classified as requiring ‘further assessment’ for their social and emotional development but subtle changes were recorded by parents within the eight categories of the ASQ:SE2., which lowered their overall score within the category.

TOPSE - the self-efficacy scores for all 8 domains/factors - play and enjoyment, empathy and understanding, control, discipline and setting boundaries, self-acceptance, emotion and affection, pressure and learning and knowledge increased from Time 1 to Time 2 for the majority of the parents. A decrease in pressure was also recorded by 3/7 parents.

Themes - for the **Researcher (Facilitator)** there were two themes emerging: Theme 1: Relationship, which can be subdivided into a number of sub-themes – validating, providing encouragement/reassurance and identifying and noticing change and Theme 2: Communication with subthemes - providing practical support; emotional support and engagement and interaction.

For the **Parents** there were three themes emerging: Theme 1: Learning – subthemes: understanding and knowledge; interacting with child; recognising challenges and changes and confidence in self. Theme 2: Feelings and Perceptions – subthemes: expectations of child and judgements/values. Theme 3: Sense of self – subthemes: self -reflection; self-esteem/belief; parents’ own emotional and well-being skills.

Analysing the data collected using both qualitative and quantitative data as outlined above provides a rich array of information which will be explored further in line with current evidence based research and practice in **Chapter 6 – Discussion**.

Chapter 6: Discussion

6.1 Introduction

The aim of this study was to introduce and implement a modified parent education programme – WATCH, WAIT and WONDER (WWW) as a group intervention (Zilibowitz, 2008) and assess the process and outcomes for the: parent, child (indirectly) and the researcher (facilitator). My justification for using Zilibowitz’s (2008) modified version of WWW intervention as a group process in this study was primarily based on the following criteria – the research base relating to attachment and the benefits of developing an approach to support this relationship as outlined in detail in my literature review. A further justification was to explore a group approach which could possibly increase access to services and be cost effective. I believed that by delivering a group programme more parents and children (indirectly) would access and benefit from the intervention but I also wanted the intervention to be operational and produce observable outcomes. This thinking links in with a range of studies which explore what makes group-based parenting programmes effective (O’Connor and Scott, 2007 and Sylva et al, 2004). Although Zilibowitz’s modified WWW programme used a group approach to WWW, his modified version still adhered to traditional WWW principals as outlined by Muir et al (1999) and Cohen et al (2002) along with an underlying belief that developing an ability to be reflective links to increased parent understanding and interaction (Meins et al, 2001; Slade et al, 2005 and Muir et al, 1999).

Although WWW as a group approach has a relatively limited evidence base (Zilibowitz 2008 and Farrell, 2011), WWW intervention as an infant-led approach to infant-parent psychotherapy is considered to have strong psychological foundations and is based on literature and research pertaining to attachment (Muir et al, 1999; Cohen et al, 2002).

I hypothesised that the adapted WWW group intervention used in this study would lead to changes in the parents’ understanding of their child’s social and emotional development and behaviours. It was further hypothesised that this would influence the parents’ self-efficacy and capacity to initiate change in terms of their own behaviours following the intervention (Barlow et al, 2012). Consequently, through using a mixed methods design, quantitative measures were used to ascertain whether any changes occurred for the parents involved and qualitative methods were used to consider the parents (parents) and the researcher’s (facilitator’s) perceptions of the intervention.

The following sections review the current findings in the context of the previous literature and research as well as identifying new findings linked to new literature and research where applicable.

The research questions are addressed sequentially and limitations will be considered, followed by exploration of the implications for practice and future research.

**6.2 Research Question 1: Does involvement in the WWW group intervention result in a change in parents’ perceptions of their child’s social and emotional well-being?**

The results from the Ages and Stages Questionnaire: Social-Emotional 2 -ASQ:SE2 (Squires et al, 1990) from Time 1 to Time 2, which identifies parents’ perception of their child’s social and emotional development indicated a positive shift for all parents in thinking about their child’s social and emotional development. Although the shift in thinking still recorded ongoing concerns, the importance for me as the researcher and facilitator was that parents were beginning to understand and see the complexity and range of skills that encompass social and emotional development in the early years and subsequently their child. A number of themes emerged which relate to parents’ perceptions of their child’s social and emotional development which linked to parents own learning and feelings/perceptions. Within these main themes, sub-themes relating to understanding and knowledge, recognising challenges and changes in their child and expectations of child were also identified. These finding correlates with a wide range of research outlined in the literature review which identified that developing parents understanding of early child development results in positive changes in parents’ behaviours towards their child as well as their own mental health (Payton et al, 2008; Koerting et al, 2013; Teti & Gelfand, 1991). Further studies also link parents’ involvement in their child’s learning and achievement relates to positive future outcomes for the child (Sylva et al, 2004; Deforges & Abouchaar, (2003) and Ball, 1994). Further studies by Adi et al, (2007) identified research which explored working with parents to support school based interventions, which brought about benefits for the child, family and school.

**6.3 Research Question 2: Does involvement in a WWW group intervention result in a change in the parents’ self –efficacy?**

The parents were asked to complete the TOPSE - Tool to Measure Parenting Self-Efficacy (Kendall & Bloomfield 2005) from Time 1 to Time 2. Analysis of this data indicated slight changes relating to eight domains/factors, where parents identified positive scores during Time 1 and then scored the same and/or an increased score at Time 2. The most notable findings, related to three parents who reported a decrease in pressure from Time 1 to Time 2. The term ‘pressure’ as outlined in the TOPSE, relates to statements which focus on others’ perceptions of an individual’s parenting and/or the parents’ perceived perceptions of themselves by others.

Themes which emerged from the session transcripts re parents related to feelings/perceptions, a sense of self and learning. This identified a link between ‘pressure’ – real or perceived - and sense of self and feelings and perceptions is reiterated in research relating to Watch, Wait and Wonder (Cohen et al, 2002, Muir et al, 1999) which identified engagement in the traditional WWW process led to a reduction in depression and stress and increased parental competence. Murray and Copper (1997) describe the role of parenting programmes leading to an improved feeling about their child which in turn may result in lower levels of anxiety or distress. However, there is a need for a facilitator to get a clear picture of each parent belief about their ability to parent successfully (Jones and Prinz, 2005).

Research relating to self-efficacy (Dumka et al, 2010; Izzo & Weiss, 2000) also report on this link between high levels of self-efficacy and more effective parenting. This identified link relates to Bandura’s (1997) proposal that the concept of self-efficacy is an active process, in that it is not set and so is open to movement. Therefore, the concept and importance of self-efficacy should be a prerequisite when evaluating interventions to support parent competence. This also relates to Bandura’s earlier work (1977) where he proposes the idea that when we experience success we are more likely to engage in similar actions in the future all of which will have a positive impact upon our perceived self-efficacy. This leads to thinking about how important it is for future programmes and planning to ensure adults experience success when engaging in an intervention in order to experience heightened self-efficacy in the future.

Although the TOPSE as a tool is recognized as a useful tool to gather pre- and post-measures relating to parenting groups (Denham, 2006; National Scientific Council on the Developing Child, 2007; Yoder, 2014), recognizing factors relating to maternal mental health and social support (Leahy-Warrant McCarthy, 2011) also require further consideration and research attention.

Given this initial impact that attending the WWW group has had on parent self-efficacy it would be interesting to consider whether attendance at future WWW sessions continues to demonstrate a similar impact on parents’ self-efficacy.

**6.4 Research Question 3: Did parents achieve their personal goals set at the beginning of the WWW group (Time 1) by the end of the WWW group (Time 2)?**

The parent’s responses to their identified ‘goals’ from Time 1 to Time 2 showed a positive shift in their thinking towards achieving their individual goals. This idea of parents setting their own goals and review process is I believe a crucial tool in helping to bring about change in thinking and practice. This positive impact of client goal setting links strongly with research on effective practices and approaches in supporting parents (Shucksmith et al, 2007; O’Connor & Scott, 2007)

It also relates to a recurrent theme identified by the researcher (facilitator) in this study – relationships and in particular, the client-practitioner relationship. Studies relating to this dyad outlines the importance of the classic counselling skills, which focus on the classic counselling skills outlined by Patterson (1984), which explores the client’s view of the therapist’s compassion, approval and warmth. Patterson (1984) sees the enhancement of this ‘therapeutic alliance’ being strengthened by the therapist being able to accept the client’s goals without needed to challenge the client in order to meet a set approach; modifying a therapeutic approach to the client’s goal; seeing the dyad as a collaborative process which is client led and finally being open to exploring approaches that are relevant to the client. A range of studies over time (Moran et al, 2004) report on the importance of fostering trusting relationships between front line staff and service users. There is also a recognition in the need to involve parents in decision making to enable a positive relationship and engagement. The importance of the parent role and engaging parents respectfully was also identified in the Plowden report (1967). Sylva et al (2004) recommends challenging practice and building relationship rather than simply teaching parents new skills. This ties in with research which sees the parent as a partner not as a client (Roberts, 2009). This thinking is echoed in (DCSF) The Department for Children, Schools and Family (2010) findings and thinking that diversity should be considered and that ‘not one size fits all.’ Edwards et al (2006) also writes about the concept of programmes being tailored to individuals.

**6.5 Research Question 4: What were parents’ views of the WWW group process and content?**

The main focus of this study was to evaluate the WWW group process in terms of changes for the parents involved, Pawson and Tilley (1997) also emphasise the importance of exploring the mechanisms which influence change. Therefore, it was vital to gain the parents’ views, particularly as the approach had not previously been used by the Educational Psychology service..

Through the focus group, the parents responded to questions relating to meeting expectation, what did they liked, not liked about WWW as a programme and any suggestion for future delivery of WWW as a group approach.

Parents reported feeling listened to and valued. This links in with themes collated through the session transcripts which relate to relationship, feelings/perception and sense of self. This also ties in with research outlined in the literature review, relating to parenting groups and interventions (Webster-Strattan et al, 2001; O’ Connnor & Scott, 2007; Sylva et al, 2004) where parents reported a better understanding of their child than previously.

Introducing parents to the underlying theories relating to parent child relationship, such as attachment and attunment feeds into the theme relating to learning and the opportunity to access the information to learn and understand why attachment is key to social and emotional development. The learning which was incorporated in the group sessions had I believe a dual impact – the parents learned about their child’s social and emotional development but they also were beginning to learn about their own social and emotional needs and well-being and how they impact on each other.

The focus group session also identified an individual social need to interact and meet other parents. The group seemed to provide an opportunity for parents to meet and interact with each other. This was a surprising finding, given that their children attended the same nursery and had done so for over a year, yet they had never spoken to each other. As their children were in the nursery, this gave them the space to talk and express themselves. The WWW concept describes creating a holding environment which is safe and unobstructive for the parent and child (Winnicott, 1958; Muir et al, 1999 and Cohen et al, 2002). I felt that using WWW as a group approach replicated and provided a safe holding environment for the parents which enabled them to interact and engage with the process and each other.

**6.6 Research Question 5: Does using a WWW group intervention support parent child relationships?**

Based on the discussions around the previous research questions, I can summise that the parents reported improvements in how they perceived their child’s social and emotional development, there was an increase in parents self-efficacy and individual goals had been met. However, there is a need to present the themes that emerged from analysing the session transcripts using thematic analysis as it identifies findings related to existing studies and research detailed in the literature but it also introduces additional themes which I did not anticipate and as such I had not covered in the literature review. The themes which emerged from participating in the WWW group process provide a helpful insight into the group process and parents’ perceptions of their relationship with their child. These themes are discussed as follows:

**6.7 Facilitator Theme 1: Relationship**

Relationship(s) between the facilitator and parents and between group members. The theme of relationships incorporated sub-themes - validation, encouragement and change. The parents in this study frequently sought validation and acceptance from me as the facilitator and their fellow group members. Their commitment to attending the weekly session was for me confirmation that they felt accepted and as such validated.

Encouragement/Reassurance were identified as a sub-theme as both terms are entwined but separate. I therefore sought to ensure that parents were given lots of encouragement and praise. I was also aware that all of the parents were looking for reassurance and acceptance from me as the facilitator and from the group. Although encouragement as a term is present in every form of interaction but it is not explicit within the attachment and parenting literature and as such is not referred to in the literature review of this study. Although, I have not referred to this concept previously, I believe is requires clarification and discussion. The concept of encouragement is associated within many effective approaches to counselling (Scheel, Davis & Henderson, 2013; Smith, 2006; Wong, 2006a). Wong (2015) defines encouragement as addressing a challenge and/or a change using verbal and/or non-verbal means to encourage resolution, motivation or optimism in a person(s).

Sweeney (2009), explained that ‘to provide encouragement is to inspire or help others, particularly toward a conviction that they can work on finding solutions and that they can cope with any predicament (p. 90). In contrast, Nikelly and Dinkmeyer (1971) defined encouragement as a non-verbal approach that transfers value and regard to an individual.

Adler (1956) identified encouragement as an essential component of human development and intervention. Dinkmeyer and Losoncy (1996) ‘encouragement is the process of facilitating the development of a persons’ inner resources and courage towards positive movement’ (p.7). Much of the thinking around encouragement have identified encouragement skills which relate to reflective listening, use of humour, communicating faith in others, smiling, non-verbal acceptance of others, expressing genuineness, pointing out others’ strengths, positive reframing and validating others’ goals (Dinkmeyer & Losoncy, 1996; Sherman & Dinkmeyer, 2014).

I touch on the issue of power relationships in the results section as through the results process I became more aware of how I was communicating in the group with parents. What I perceived as encouragement and validation could also be seen as an imbalance of power. I refer to studies outlined by Goldstein, (1973); Guilfoyle, (2005) and Lam and Kwong, (2013) who identify that this power imbalance is present in all relationships but is perhaps more apparent in the context of a therapeutic relationship. However, within the context of parent education, where the relationship is usually based on an outcome led expectation directed by local and/or national initiatives this can exacerbate the power dynamics and actually impede the outcomes. Power dynamics is an important component to consider when planning and implementing an intervention.

**6.8 Facilitator Theme 2: Communication**

The second main theme for the data emerging from the transcribed data from the sessions for the facilitator (researcher), relates to communication, with subthemes relating to practical support, emotional support and engagement. Communication is not just about the words we use, but also our style of speaking, non-verbal cues and how well we listen. To communicate effectively it is imperative to take account of audience and culture. The term communication has therefore many connotations, but for the purpose of this study and findings communication relates to the role of the facilitator in communicating on a group or individual level. The research literature identifies the importance of effective communication in relation to planning, implementing and delivering parenting programmes and/or encouraging parental participation in their child’s learning (Campbell, 2011; Desforges & Abouchaar, 2003; Sylva et al, 2004). Within the theme of communication, there were sub-themes relating to the need for me as the facilitator to use communication to provide emotional and practical support as well as ensuring engagement in the programme. This link between communication and engagement is reiterated in the literature (O’Connor & Scott, 2007; Sylva et al, 2004) which identifies that by involving children, young people and/or parent /carers in the planning and delivery of services that impact on them and their lives has more successful and sustainable outcomes. This study highlights that a key part of effective communication and engagement is trust. This concept of trust links in with the previous theme – relationship between the facilitator and the group.

**6.9 Parent Theme 1: Learning**

The theme relating to learning, encompassed a number of sub-themes, such as understanding and knowledge, interacting with their child, recognising challenges and changes and confidence in self. Each participant I felt were starting the group with different levels of ability, experience, knowledge and past experiences, many of which were not positive experiences, which therefore presented me as the group facilitator with a dilemma, in which, I needed to differentiate the programme to ensure that all parents were presented with the information necessary to enable them to learn along with the programme at a level from which they could understand why they were doing what they were doing. I introduced the concept of social and emotional development in all children as a universal concept which incorporated early brain development and how the brain responds to happy and traumatic events using information from Lawrence et al, (2016, 2017); Siegel, D.J, & Hartzell, (2003); Kennedy et al, (2011) and Webster-Stratton (2001).

As well as learning about the basics, there was also a need to develop each parents’ ability to begin to recognise challenges and changes in their child’s behaviours. Initially there was a barrage of negativity about their child’s behaviours without thought as to the functions behind the behaviours. This in itself was a difficult concept to implement but as the WWW programme uses the concepts of challenges and changes to talk about parents’ experiences in the group, it helped the parents to think through what they were watching but was also they were starting the process of ‘wondering’ why and what their child was communicating in their dyad.

By encouraging this thought process in the group, the parents began to develop a confidence in themselves, that it was good to reflect on positive and negatives and to use this process as a means to bring about change and plan next steps. The WWW literature (Muir et al, 1999; Cohen et al, 2002) and more recent literature relating to attachment (for example, Gilbert, Rose & McGuire-Snekus’s internal working model, 2014) all make reference to an awareness of change.

**6.10 Parent Theme 2 - Feelings/Perceptions**

The second main theme emerging from the parents’ group transcripts related to feelings/perceptions. The theme feelings/perceptions had a number of subthemes - expectations of child and judgements and values. The parents who participated in the study, had expectations of their child’s development and behaviour which was out of sync with neurotypical child development. Many of the parents spoke about their child being unable to sit still while playing, their child tantruming and becoming aggressive when they weren’t allowed to do what they wanted to do, their child not conforming to an adult directed tasks, this lack of awareness of early child development was paramount and that the behaviours that there child were exhibiting were behaviours prevalent in all nursery age children. As the parents expectations of their child was conformity, they reacted to their child’s defiance by shouting and/or physically restraining their child which then escalated in to excessive behaviours from the child which became dangerous for the child and the parent. Another sub-theme which emerged within the concept of parents’ feelings and perceptions, was this feeling by the parents of being judged by their partner, their families, neighbours and the general community.

**6.11 Parent theme 3 - Sense of self**

The final theme to emerge from the parent transcripts related to a sense of self, which encompasses, self-reflection, self-esteem and a belief in oneself and each parents’ emotional skills and general feelings of well-being. As mentioned previously the parents/parents in this study, were parents who have a varied past, struggled with education and continue to find accessing nursery with their child a challenge. The majority of parents also reported events in their lives where they have experienced loss, rejection and isolation. Many of the parents had a history of anxiety and/or depression. This finding relates to existing literature linked to parent child relationships, which explores parental mental health and the parents ability to engage and attune to their child’s needs when their own needs have not been met or addressed (for example, Teti & Gelfand, 1991).

Chapter 7: Conclusion

7.1 Overview

This study set out to implement the WWW group Intervention (based on Zilibowitz, 2008) model and assess the process and outcomes for the parent, the child (indirectly) and the researcher (facilitator). The findings identified an increase in parent’s perceptions of their child’s social and emotional development and parent’s self-efficacy as well as meeting individual parent goals set at the beginning of the intervention.

The themes outlined in the discussion for both the parents and facilitator using WWW provide a valuable contribution to the literature relating to implementing parent groups. The key findings identify:

* Facilitators need to adopt a shared approach with parents.
* Programme delivery needs to be tailored to the individuals in the group to help all parents engage with the materials.
* Working in partnership with school staff and/or other professionals who are involved and invested in the families. The staff and setting in this study were enthusiastic and committed to the process and underlying ethos of the WWW programme. This I believe play a significant part in parents’ attendance and willingness to engage in the programme.
* The WWW group programme was a short but intensive intervention (4 weeks) and engagement in the programme was positive.
* The addition of a learning component to support and develop a basic understanding of the importance of parent child relationships was well received. The learning component embedded in the sessions, I believe supported the parents understanding of parent child relationships and the WWW process further.
* Encouraging parents to set their own goals worked well in that parents felt they had ownership of what they wanted to achieve and as the facilitator, it gave me the flexibility to adapt and differentiate information according to need.
* The WWW method does not set out to teach, it is a child led approach and in the group it was led by the parent goals.
* By encouraging the parents to be led by their child during the WWW sessions at home, it was interesting to hear the feedback each week and notice subtle changes in the parents’ language about their child during their WWW sessions. As the parents language changed so too did behaviours and responses to their child.
* Opportunity for parents to discuss challenges and changes when using WWW within a group concept. This process allowed parents to begin to stop, think and wonder about their child’s presenting behaviours and their responses to those behaviours.
* Delivering WWW requires an enthusiasm and commitment to the programme. As I have a strong belief in the underlying theory and ethos attributed to WWW as an intervention, I think my delivering and commitment to the programme was evident and as such, it became a group that I was looking forward to each week and would have happily carried on meeting with the parents weekly.

**7.2 Limitations of the study**

A number of limitations were identified:

1. Selection of parents – although a flyer was passed to all parents whose child attended the named nursery, the majority of parents who did attend were known to external agencies as their children were identified as having additional needs, in particular, behavioural needs. Therefore the sample was not a randomised sample and this may have impacted on the overall results.
2. No control group, I therefore cannot be certain that it was the intervention – WWW that brought about changes. It would be therefore be beneficial to evaluate WWW as a group intervention using a randomised controlled design.
3. Maintenance over time – no follow up session was implemented to check in with parents, support and maintain their practice in using WWW. A focus group was held 6 weeks after the final session and although I enquired with parents as to how their use of WWW was going at home, this was merely a light touch as the emphasis of the session was on the questions relating to the focus group. I would favour 6-weekly catch up session with parents using WWW to maintain their engagement and enthusiasm with the approach.
4. Parent drop out – Three parents dropped out after the first session and I did not check in with them to enquire the reasoning behind this choice to opt out. As I had presented the intervention and their attendance as optional, I did not feel I could pursue those who opted out. I felt I needed to respect their decision. This is something which I would wish to explore further with future groups.
5. I am aware that the positive outcomes and feedback from the parents may have been affected by the parents need to present themselves and their child in a positive light; some parents may have wanted to please me and as such responded in a more positive way and as Poulou & Norwich (2002) identify that parents may report elevated scores if they saw themselves as accountable to the overall outcomes.
6. Biases associated with self-report measures (Kazdin, 2003) were particularly pertinent with regard to the pre and post measures used in this study. As the parents completed all screening tools within the group, they may have felt pressured to present themselves and/or their child in a more favourable way and therefore not present their own or the child’s needs accurately.
7. I was very much aware of the presence of a power imbalance which exists with a groups. In order to reduce this imbalance, I endeavoured to develop a relationship with individuals in the group by using a collaborative approach where I welcomed and encouraged their goals, ideas and suggestions. I was ever mindful that this imbalance could impede the intervention and as such I needed to gain the parents trust and respect before moving forward.

**7.3 Implications for Educational Psychology practice and next steps**

Engaging in this study, has enabled me as the researcher and as an EP to see many of the parents I work with in a completely different light. Although I felt that as an EP I was void of any judgements on the families, I was anticipating that the families who had signed up to the group would struggle to understand the process and therefore would struggle to implement the approach. I was amazed at how well the parents relished the learning aspects which then informed their behaviours and practice. They now had some reasoning as to why their child’s behaviour was as it was and/or why they reacted to their child in the way that they did. This went a long way in helping parents to develop a reflective stance and to allow themselves to sit back and ‘wonder’. The very fact that the parents were asking questions about what they had observed was enlightening for me as the researcher.

Gaining the parents’ views was particularly important, as this intervention had not previously been used by the EPS.

Need to explore ways in which to gather the impact of WWW on the child. The ASQ:SE2 was used in this study to look at a child’s social and emotional development but this questionnaire is based on parents perceptions of their child’s social and emotional development and not the child’s views. This is an area which I would wish to explore further so as to gain some insight in the thoughts and feelings of the child in using WWW.

By delivering the WWW as a group approach and reviewing the outcomes, it has enabled me to look at the components of the intervention which brought about change which ties in with Pawson & Tilley (1997) thinking on influencing change.

I continue to see all the parents who took part in this study through school’s consultation days. As part of this process, I always endeavour to ‘check in’ with the parents re WWW and/or link work ongoing with their child in school and at home with the WWW concepts and ethos

I continue to deliver WWW as a group intervention as part of the EPS’ service delivery to schools within my Local Authority.

I have recently completed an initial training course in Video Interaction Guidance (official AVIGuk Initial training course (ITC) with the plan to move onto accredited practitioner training. I anticipate combining VIG with the WWW approach as this is an emerging and exciting area of work at present within the literature (Tucker, 2006; Celebi, 2017).

**References**

Abidin, R. R. (2012). Parenting stress index (4th Ed.). Lutz, FL: Psychological Assessment Resources.

Adi, Y, Killoran, A., Janmohamed, K., and Stewart-Brown, S. (2007a). Systematic Review of the Effectiveness of Interventions to Promotion Mental Well-being in Primary Schools: Universal approaches which do not focus on violence or bullying. London: National Institute for Clinical Excellence.

Adler, A. (1956). The Individual Psychology of Alfred Adler. Ansbacher, H.L & Ansbacher, R.R. (Eds.). New York: Harper Torchbooks.

Angen, M.J. (2000). Evaluating Interpretive Inquiry: Reviewing the Validity Debate and Opening the Dialogue. Qualitative Health Research, 10(3), 378-395.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the strange situation. Hillsdale, NJ: Erlbaum.

Anttonen. A. (2012). Welfare State, Universalism and Diversity. Edward Elgar Publishing.

Asmussen, K. (2011).The evidence based parenting practitioner’s handbook. Routledge: Taylor & Francis.

Association of Video Interaction Guidance UK - https://www.videointeractionguidance.net

(AIMH-UK) Association of Infant Mental Health - [www.aimh.org.uk](http://www.aimh.org.uk)

Bailey, H.N., DeOliverra, C.A., Wolfe, V.V., Evans, E.M., & Hartwick, C., (2015). The impact of childhood maltreatment history on parenting: a comparison of maltreatment types and assessment methods. Child Abuse and Neglect, 36(3), 236-246.

Balbernie, R. (2001). Circuits and circumstances: the neurological consequences of early relationship experiences and how they shape later behaviour. Journal of Child Psychiatry, 27(3), 237-253.

Ball, C. (1994). Start Right: The Importance of Early Learning. Royal Society for the Encouragement of Arts, Manufactures, and Commerce, London (England).

Bandura, A. (1982). Self-efficacy mechanism in human agency. American Psychologist, 37, 122-147.

Bandura, A. (1989). Social Cognitive Theory. In R. Vasta (Ed). Annals of Child Development. Vol. 6. Six theories of child development (p. 1-60). Greenwich, CT:JAI Press.

Bandura, A. (1997). Self-efficacy: The exercise of control. New York, NY, US: W H Freeman/Times Books/ Henry Holt & Co.

[Barlow J](https://www.ncbi.nlm.nih.gov/pubmed/?term=Barlow%20J%5BAuthor%5D&cauthor=true&cauthor_uid=22696327)., [Smailagic N](https://www.ncbi.nlm.nih.gov/pubmed/?term=Smailagic%20N%5BAuthor%5D&cauthor=true&cauthor_uid=22696327)., [Huband, N](https://www.ncbi.nlm.nih.gov/pubmed/?term=Huband%20N%5BAuthor%5D&cauthor=true&cauthor_uid=22696327)., [Roloff, V](https://www.ncbi.nlm.nih.gov/pubmed/?term=Roloff%20V%5BAuthor%5D&cauthor=true&cauthor_uid=22696327)., and [Bennett C](https://www.ncbi.nlm.nih.gov/pubmed/?term=Bennett%20C%5BAuthor%5D&cauthor=true&cauthor_uid=22696327).(2012). Group-based parent training programmes for improving parental psychosocial health. [Cochrane Database Syst Rev.](https://www.ncbi.nlm.nih.gov/pubmed/22696327) 2012 Jun 13;(6):CD002020.

Barlow, J., Bennett, C., Midgley, N., Soili, K., Larkin & Yinghui Wei. (2016). Parent-infant Psychotherapy: a systematic review of the evidence for improving parental & infant mental health. Journal of reproductive & Infant Psychology, September (2016), 1-19.

Bateman A., & Fonagy, P. (2004). Psychotherapy for borderline personality disorder: mentalisation based treatment. Oxford: Oxford University Press.

Bateson, K, Delaney, J & Pybus, R. (2008). Meeting expectations: the pilot evaluations of the Solihull Approach Parenting Group. Community Practitioner, 81(5), 28-31.

Belsky, J. (1999). Modern evolutionary theory and patterns of attachment. In J. Cassidy & P. Shaver (Eds.), Handbook of attachment: Theory and research (pp. 151 – 173). New York: Guilford.

Belsky, J. (1999a). Interactional and contextual determinants of attachment security. In J. Cassidy, & P. Shaver (Eds.), Handbook of attachment theory and research (pp. 249-264). New York, NY: Guilford.

Belsky, J., Rovie, M & Taylor, D.G., (1984). The Pennsylvania Infant & Family Development Project III. The origins of individual differences in infant-mother attachment. Child Development, 55(3), 718-728.

Bergin, C. & Bergin. D. (2009). Attachment in the Classroom. Educational Psychology Review, 21, 141–170.

Bezdek, J., Summers, J.A., &Turnbull, A. (2010). Professionals’ Attitudes on Partnering with Families of Children and Youth with Disabilities. Education and Training in Autism and Developmental Disabilities, 45(3), 356 –365.

Bishop, S.R., (2004). Mindfulness: A Proposed Operational Definition. Clinical Psychology: Science and Practice,11(3), 230.

# Bodenmann, G., Cina, A., Ledrmann, T., & Sanders, M.R,.(2008). The efficacy of the Triple P-Positive Parenting Program in improving parenting and child behavior: a comparison with two other treatment conditions. Behaviour Research and Therapy 46, 411–427.

Boland, R. J. (1985). Phenomenology: a preferred approach to research in information systems, in Boland, R.J & Hirschheim, R.A., Research Methods in Information Systems (Eds), Elsevier: Amsterdam.

Bronfenbrenner, U. (1979). The Ecology of Human Development: Experiments by Nature & Design. Harvard University Press: Cambridge.

Bolderson, H., & Mabbett, D. (1999). Theories and Methods in Comparative Social Policy, in Clasen, J. (1999). Comparative Social Policy (Eds). Oxford: Blackwell, pp.34-56.

Bogdan, R. C., & Biklen, S. K. (1982). Qualitative research for education: An introduction to theory and methods. Boston: Allyn and Bacon, Inc.

Bowlby, J. (1953). Child care and the growth of love. International Journal of Psychoanalysis, 21, 427-468.

Bowlby, J. (1969), Attachment and loss, Vol. 1: Attachment. New York: Basic Books.

Bowlby, J. (1982). Attachment. Basic Books: New York.

Bowlby, J. (1988). A secure base: clinical applications of attachment theory. London: Routledge.

Boyatzis, R.E. (1998). Transforming Qualitative Information. Sage: Cleveland

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101.

Braun, V & Clarke, V. (2013). Successful Qualitative Research: a practical guide for beginners. Sage: London.

Brestan, E.V., & Eyberg, S.M. (1998). Effective psychosocial treatments of conduct disordered children and adolescents: 29 years, 82 years and 5,272 kids. In Journal of clinical child psychology, 27(2), 180-189.

Brocki, J.M., & Wearden, A.J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. Psychology and Health, 21(1), 87-108.

[Brodie](https://www.magonlinelibrary.com/author/Brodie%2C%2BIsabelle), I., [Berridge](https://www.magonlinelibrary.com/author/Berridge%2C%2BDavid), D., & [Beckett](https://www.magonlinelibrary.com/author/Beckett%2C%2BWilma), W. (1997). The health of children looked after by local authorities. British Journal of Nursing, 6 (7): 386–390.

Brown B, Weitzman M, Bzostek S, Kavanaugh M, Aufseeser D, Bagley S, Berry D, Auinger P. (2004). Early child development in social context: A chartbook. New York: The Commonweath Fund.

Bryman, A. (2001). Social Research Methods. University Press: Oxford.

Bunting, L., (2004). Parenting Programmes: The best available evidence. In Journal Child Care in Practice, 10(4), 327-343.

Campbell, C. (2011). How to involve hard-to-reach parents: encouraging meaningful parental involvement with schools. Research Associate. National College for School Leadership

Caracelli, V. J., & Greene, J. C. (1993). Data Analysis Strategies for Mixed-method Evaluation Designs, Educational Evaluation and Policy Analysis, 15(2), 195-207.

Celebi, M. (2017). Weaving the cradle – facilitating groups to promote attunement and bonding between parents and their babies and toddlers. Singing Dragon Publishing.

Chapman, D.P., Whitfield, C.L., Felitti, V.J., Dube, S.R., Edwards, V.J., & Anda, R.F., (2004). Adverse childhood experiences & the risk of depressive disorders in adulthood. Journal of Affective Disorder, 82(2), 217-225.

Charmaz, K. (1988). Constructing grounded Theory. A practical guide through Qualitative analysis. Sage: London

Charmaz, K. & Henwood, K. (2008) in Willig, C., & Stainton, Rogers, W. (2008). The sage handbook of qualitative research methods in psychology. Sage: London.

Clarke, A.R, Barry, R.J , McCarthy, R & Selikowitz, M. (2002). Children with attention-deficit hyperactivity disorder and comorbid oppositional defiant disorder: an EEG analysis. In Psychiatry Research, 111, 181–190

Coe, C., Gibson, A., Spencer, N., & Stuttaford, M. (2008). Sure Start: Voices of the “hard to reach”. Child: Care, Health and Development, 34(4), 447–453.

Coffey, A., & Atkinson, P. (1996). Narratives and stories. In making sense of qualitative data: complementary research strategies, Thousand Oaks:

Cohen, N.J, Muir, E, Parker, C.J., Brown, M, Lojkasek, M., Muir, R., & Barwick, M. (1999). Watch, Wait and Wonder. Testing the effectiveness of a new approach to mother-infant psychotherapy, Infant Mental Health Journal, 20 (4), 429.

Cohen, N.J., Lojkasek, M, Muir, E, Muir, R and Parker C.J. (2002). Six month follow up of two mother-infant psychotherapies: convergence off therapeutic outcomes. Infant Mental Health Journal, 23, 361-380.

Cohen, N.J, Lojkasek, M & Muir, E. (2006). Watch, Wait, and Wonder: An Infant-Led Approach to Infant-Parent Psychotherapy. The Signal, 14(2) Newsletter of the World Association for Infant Mental Health.

Coleman, P. K., & Karraker, K. H. (1998). Self-efficacy and parenting quality: findings and future applications. Developmental Review, 18(1), 47-85.

Collins, K. & Nicolson, P. (2002). The meaning of 'satisfaction' for people with dermatological problems: reassessing approaches to qualitative health psychology research. Journal of Health Psychology, 7, 615-629.

Colosi, L. & Dunifon, R. (2003). Effective parent education programs. Cornell Cooperative Extension. Retrieved October 26, 2009, from <http://www.parenting.cit.cornell.edu/research_briefs.html>

Commodari, E. (2013), Pre-school teacher attachment, school readiness and risk of learning difficulties. In early childhood research quarterly, 28(1), 23-133.

ChildONEurope Secretariat (2007). Survey on the Role of Parents and the Support from the Governments in the EU, Florence.

Cook, B.G & Odom, S.L. (2012). Evidence based practice and implementation science in special education, 79(2), 35-144.

Corcoran, T. (2009). Second nature. In British journal of social psychology, 48(2), 375-388.

Cotton, K., & Wikelund, K. (1989). Parent involvement in education. Retrieved on November 9, 2004 from the Northwest Regional Educational Laboratory Web site: http//www.nwrel.org/scpd/sirs/3/cu6.

Cramer, B., & Stern, D.N., (1988). Evaluation of changes in mother-infant brief psychotherapy: a single case study. Infant Mental Health Journal, 9(1), 20-45.

Creswell, J. W. (2003). Research design: Qualitative, quantitative, and mixed methods approaches (2nd ed.). Thousand Oaks: CA.

Creswell, J., & Plano Clark, V. (2007). Designing and Conducting Mixed Methods Research. Thousand Oaks. CA: Sage.

Creswell, J. W., & Plano Clark, V. L. (2011). Designing and conducting mixed methods research (2nd ed.). Thousand Oaks: CA.

Cross party children’s manifesto –The 1001Critical Days (2012). ([www.1001criticaldays.co.uk](http://www.1001criticaldays.co.uk)).

Cutrona, C.E.,& Troutman, B.R., (1996). Social Support, Infant Temperament, and Parenting Self-Efficacy: A Mediational Model of Postpartum Depression. In child development, 57(6), 1507-1518.

Department for Children, Schools and Families (DCSF), (2010).

Darlington, Y. & Scott, D. (2002). Qualitative research in practice stories from the field. Open University Press: Buckingham.

Deforges, C & Abouchaar, A. (2003). The impact of parental involvement, parental support and family education on pupil achievements and adjustment: A literature review. Department for education and skills.

Denham, S.A., (2006). Social–emotional competence as support for school readiness: What is it and how do we assess it? Early Education & Development, 17(1), 57-89.

Denzin, N. K. (1978). The research act: A theoretical introduction to sociological methods (2nd ed.). New York: McGraw-Hill.

Dey, I. (1999). Grounding Grounded Theory: Guidelines for Qualitative Inquiry. London: Academic Press.

Diekstra, R. (2008). Effectiveness of school-based social and emotional education programs worldwide. In Social and emotional education: An international analysis, 255-312. Santender, Spain: Fundación Marcelino Botin.

Dinkmeyer, D., & Losoncy, L. (1996). The skills of encouragement: bringing out the best in yourself and others. Delray Beach, FL: St. Lucie Press.

Dishion T.J, Patterson G.R. (2006). The development and ecology of antisocial behaviour. In: Cicchetti D, Cohen D.J, editors. Developmental psychopathology, risk, disorder, and adaptation, 3, 503–541.

Doyle, L, Brady, A-M, & Byrne, G. (2009). An overview of mixed methods research. Journal of Research in Nursing 2009 14, 175.

[Dumka L.E](https://www.ncbi.nlm.nih.gov/pubmed/?term=Dumka%20LE%5BAuthor%5D&cauthor=true&cauthor_uid=20954762), [Gonzales N.A](https://www.ncbi.nlm.nih.gov/pubmed/?term=Gonzales%20NA%5BAuthor%5D&cauthor=true&cauthor_uid=20954762), [Wheeler L.A](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wheeler%20LA%5BAuthor%5D&cauthor=true&cauthor_uid=20954762), [Millsap R.E](https://www.ncbi.nlm.nih.gov/pubmed/?term=Millsap%20RE%5BAuthor%5D&cauthor=true&cauthor_uid=20954762). (2010). Parenting self-efficacy and parenting practices over time in Mexican American families. Journal of family psychology, 24(5):522-531.

Dunst, C.J, Bruder, M.B, & Espe-Sherwindt, M. (2004). Family capacity-building in early childhood intervention: do context and setting matter?

Early Intervention Foundation (EIF) report (2016) - <http://www.eif.org.uk>.

Early Intervention: The Next Steps (2010). An Independent Report to Her Majesty’s Government Graham Allen MP.

Easen. P, Kendall, P & Shaw, J, (1992). Educators: dialogue and development through partnership. Children and Society, 6(4), 282-296.

Easterby-Smith., M; Thorpe, R. & Lowe, A.(1991). Management Research: An Introduction, Sage Publications, London.

Edwards, A.G., Evans, R., Dundon, J., Haigh, S., Hood, K., & Elwyn, G. J. (2006). Personalised risk communication for informed decision making about taking screening tests. Cochrane database of systematic reviews (Online), 4, CD001865.

Emde, R., (1987). Infant mental health: clinical dilemmas, the expansion of meaning & opportunities. In J. Osofsky (Ed). Handbook of infant development (2nd Edition, p. 1297-1321). New York: Wiley.

English Indices of Deprivation (2015) - The Department of Communication and Local Government

Evans, R., Pinnock, K., Beirens, H., & Edwards, A. (2006). Developing Preventative Practices: The Experiences of Children, Young People and their Families in the Children's Fund. The National Evaluation of the Children's Fund (NECF), University of Birmingham & Institute of Education.

Ezzy, D. (2002). Qualitative Analysis: Practice and Innovation. Routledge: London.

Families in the Foundation Years – Evidence Pack (2011), Department of Education.

Fonagy, P., Steele, M., Steele, H., Moran, G.S., & Higgitt, A.C. (1991). The capacity for understanding mental states: The reflective self in parents and child and its significance for security and attachment. Infant Mental Health Journal, 12(3), 201-218.

Forsyth, K., Salamy, M., Simon, S., & Kielhofner, G. (1998). The assessment of communication and interaction skills (version 4.0). Chicago, IL: Model of Human Occupation Clearinghouse, Department of Occupational Therapy, College of Applied Health Sciences, University of Illinois at Chicago. Kielhofner.

Frailberg, S., Adelson, E., & Shapiro, V.,(1975). Ghosts in the Nursery: A psychoanalytic approach to impaired infant-mother relationships. Journal of the American Academy of Child Psychiatry, 14(3); 1387-1422.

Frederickson, N. (2002). Evidence-based practice and educational psychology. Educational and Child Psychology, 19(3), 96-111.

French, N. (2011). Learning to wonder together: a group approach to work with parents and infants in a community setting. Infant Observation, 14(1), 75-88.

[Garside](https://www.tandfonline.com/author/Garside%2C%2BRuth), R. (2014). Should we appraise the quality of qualitative research reports for systematic reviews, and if so, how? In Journal of Social Science and Research, 27, (1).

Geddes, H. (2006). Attachment in the classroom. The links between children’s early emotional wellbeing and performance in school. London: Worth.

Gilbert, L, Rose, J. & McGuire-Snieckus, R. (2014). Promoting children’s well-being and sustainable citizenship through emotion coaching. In A Child’s World: Working together for a better future, Chapter: Promoting children’s well-being and sustainable citizenship through Emotion Coaching’, Publisher: CAA, Aberystwyth University, 83-109.

Glascoe, F.P.(1999). Using parent’s concerns to detect and address developmental and behaviour problems. In journal for specialists in paediatric nursing, 4(1), 24-35.

Glaser, D. (2001). Child abuse and neglect on the brain a review. Journal of child psychology and psychiatry and allied disciplines. 41(1), 97-116.

Goldfried, M.R & Wolfe, B.E, (1998). Toward a more clinical valid approach to therapy research. In the Journal of Consultant Clinical Psychology, 66(1), 143-50.

Goodman, S. (2008). The generalisability of discursive research. Qualitative Research in Psychology, 5, 265-275

Greenberg, M. T., Domitrovich, C., & Bumbarger, B. (2001). The prevention of mental disorders in school-aged children: Current state of the field. Prevention & Treatment, 4(1). Article ID 1a.

Greene, J. C. (2007). Mixed methods in social inquiry. San Francisco: Jossey-Bass.

Grossmann, K., Grossmann, K.E., Spangler, G., Suess, G., & Unzner, L., (1985). Maternal sensitivity & new born orientation responses as related to quality of attachment in Northern Germany. In I Bretherton & E Walters Edition, Growing points of attachment theory and research. Monographs of the society for Research in Child Development, 50 (1-2 serial no. 209), 233-256.

Grossmann, K.E., Grossmann, K., & Walter, E., (2005). Attachment from Infancy to Adulthood: the major longitudinal studies. ISBN: 9781593853815.

Guba, E. G. & Lincoln, Y. S. (1989). Fourth generation evaluation. Newbury Park, CA and London: Sage Publications.

Guest, G, MacQueen, K.M & Namey, E.E, (2012). Chapter 1.  Introduction to Applied Thematic Analysis. In: [Applied Thematic Analysis](http://methods.sagepub.com/Book/applied-thematic-analysis). Thousand Oaks, CA: Sage.

#

Guest, D. E. (2011). Human resource management and performance: still searching for some answers. Human Resource Management Journal, 21(1), 3-13.

Guest, G., MacQueen, K., & Namey, E. (2012). Applied thematic analysis. Thousand Oaks, CA: Sage.

[Guilfoyle](http://journals.sagepub.com/action/doSearch?target=default&ContribAuthorStored=Guilfoyle%2C+Michael), M. (2005). From Therapeutic Power to Resistance? Therapy and Cultural Hegemony.

Halldorson, J.D. (2009). An exploration of tajfels social identity theory and its application to understanding metis as a social identity. University of Manitoba (Canada).

Hammersley, M. (1996). The relationship between qualitative and quantitative research: Paradigm loyalty versus methodological eclecticism. In J.T.E. Richardson (ed.), Handbook of Research in Psychology and the Social Sciences. Leicester UK: BPS Books.

Healthy Child Programme, Department of Health (2009).

[Hayden](https://www.tandfonline.com/author/Hayden%2C%2BCarol), C. (1997). Exclusion from primary school: Children ‘in need’ and children with ‘special educational need, Journal of emotional and behavioural difficulties, 2(3), 235.

Hayes, N. (1997). Theory-led thematic analysis: social identification in small companies. In N. Hayes (Ed.), Doing Qualitative Analysis in Psychology. Hove, UK: Psychology Press.

Henderson, A.T. (1987). The evidence continues to grow: Parental involvement improves student Achievement. (Report No. ISBN-0-934460-28-0). Columbia, MD: National Committee for Citizens in Education.(ERIC Document Reproduction Service No. ED315199).

Hinshaw, S. P. (2007). The mark of shame: Stigma of mental illness and an agenda for change. New York, NY: Oxford University Press.

Hirschheim, R., Fitzgerald, G., & Wood-Harper T. (1985). Research Methods in Information Systems (Eds), Elsevier Science Publications B.V., North-Holland), 193-201.

Hoghughi, M., & Long, N.(2004). Handbook of Parenting: Theory and Research for Practice. Sage Publications Ltd.

Hoggarth, L., Smith, D. I.,(2004). Understanding the Impact of Connexions on Young People at Risk. Research Report 607. DfES Publications: Nottingham.

Holloway, I., & Todres, L. (2003). The status of method: flexibility, consistency and coherence. Qualitative Research, 3(3), 345-357.

Hosmer, R. (2008). Discussing the dead: Patterns of family interaction regarding lost family members. Published thesis. USA: University of Denver.

Howe, K. (2004). A Critique of Experimentalism. Qualitative Inquiry, 10 (4), 42-61.

Immordino-Yang, M. H., & Damasio, A. (2007). We feel, therefore we learn: the relevance of affective and social neuroscience to education. Mind, Body, and Education, Scientific research,1, 3-10.

Izzo, C., Weiss, L., Shanahan, T., & Rodriguez-Brown, F. (2000). Parental self-efficacy and social support as predictors of parenting practices and children's socioemotional adjustment in Mexican immigrant families. Journal of Prevention & Intervention in the Community, 20(1-2), 197-213.

Johnson, F.K, Dowling, J., & Wesner, D, (1980). Notes in infant psychotherapy. Infant Mental Health Journal, 1, 19-33.

Joffe, H. & Yardley, L. (2004). Content and thematic analysis. In D. F. Marks & L. Yardley (Eds), Research methods for clinical and health psychology (56-68). London: Sage.

Jones, T. L., & Prinz, R. J. (2005). Potential Roles of Parental Self-Efficacy in Parent and Child Adjustment A Review. Clinical Psychology Review, 25, 341-363.

Katz, I., Spooner, C., & Valentine, k. (2006). What interventions are effective in improving outcomes for children of families with multiple and complex problems. Sydney: University of NSW and ARACY.

Kazdin AE. 2003. Research Design in Clinical Psychology. Needham Heights, MA: Allyn & Bacon. 4th ed.

Kendall, S. (1991). A home visit by a health visitor using Bandura’s theory of self-efﬁcacy. In While, A.,(1991). Caring for children: towards partnership with families. London: Arnold.

Kendall S. & Bloomfield L. (2005) TOPSE: Developing and validating , a tool to measure Parenting Self-Efficacy, Journal of Advanced Nursing, 51(2), 174-181.

Kennedy, H (2011) in Kennedy, H, Landor, M & Todd, L. Video Interaction Guidance: a relationship-based intervention to promote attunement, empathy and well-being. London:JKP.

Kirby, O, Lanyon, C, Cronin, K and Sinclair, R. (2003). Building a culture of participation: Involving children and young people in policy, service planning delivery and evaluation. Research project. Department of Education and skills.

Kiresuk, T.J., & Sherman, R. E., (1968). Goal attainment scaling: A general method for evaluating comprehensive community mental health programmes. Community Mental Health Journal, 4(6), 443-453.

Kiresuk, T.J., Smith, A., & Cardilo, J.E., (Eds). Goal Attainment Scaling: Applications, Theory & Measurement. Hillsdale, NJ, US: Lawrence Erlbaum Associates Inc.

[Koerting](https://www.ncbi.nlm.nih.gov/pubmed/?term=Koerting%20J%5BAuthor%5D&cauthor=true&cauthor_uid=23564207), J, [Smith](https://www.ncbi.nlm.nih.gov/pubmed/?term=Smith%20E%5BAuthor%5D&cauthor=true&cauthor_uid=23564207), E, [Knowles](https://www.ncbi.nlm.nih.gov/pubmed/?term=Knowles%20MM%5BAuthor%5D&cauthor=true&cauthor_uid=23564207), M.M, [Latter](https://www.ncbi.nlm.nih.gov/pubmed/?term=Latter%20S%5BAuthor%5D&cauthor=true&cauthor_uid=23564207), S, [Elsey](https://www.ncbi.nlm.nih.gov/pubmed/?term=Elsey%20H%5BAuthor%5D&cauthor=true&cauthor_uid=23564207),  [H, McCann](https://www.ncbi.nlm.nih.gov/pubmed/?term=McCann%20DC%5BAuthor%5D&cauthor=true&cauthor_uid=23564207), D. [Thompson](https://www.ncbi.nlm.nih.gov/pubmed/?term=Thompson%20M%5BAuthor%5D&cauthor=true&cauthor_uid=23564207), E, (2013). Barriers to, and facilitators of, parenting programmes for childhood behaviour problems: a qualitative synthesis of studies of parents’ and professionals’ perceptions. [European Child and Adolescent Psychiatry](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3826057/), 22(11), 653–670.

Krippendorf, K. (2004). Content Analysis. An introduction to its methodology. Sage: CA.

Krueger, R. A., & Casey, M. A. (2009). Focus groups: A practical guide for applied research (4th ed.). Thousand Oaks, CA: Sage Publications.

Kuhn, T.S. (1970). The structure of scientific revolutions. 2nd Edition, Chicago Uni. The University of Chicago Press.

Lam, C.M & Kwong, W.M. (2012). The ‘Paradox of empowerment’ in parent education: a reflexive examination of parents’ pedagogical expectations. In Family relations, 61(1), 65-74.

Lawrence, V, Stevenson, C, Richer, S. (2016).The Northamptonshire Baby Room Project – Practitioner’s Course. Publisher Northamptonshire County Council.

Lawrence, V & Stevenson, C. (2017). The Northamptonshire Baby Room Project – Parent Course. Publisher Northamptonshire County Council.

Leahy-Warren P., McCarthy G., & Corcoran P. (2011). First-time mothers: Social support, maternal parental self-efficacy and postnatal depression. Journal of Clinical Nursing, 21(3–4), 388–397.

Lindsay, N.M, G.N. Healy, P.B. Colditz, B.E. Lingwood (2008). Use of the Ages and Stages Questionnaire to predict outcome after hypoxic-ischaemic encephalopathy in the neonate. J Paediatric Child Health., 44, 590-595.

Litosseliti, L., (2003). Using Focus Groups in Research. A&C Publishers.

Loijkasek, M., Cohen, N.J., & Muir, E. (1994). Where is the infant in infant intervention? A review of the literature on changing troubled mother-infant relationships. Psychotherapy: Theory, Research and Practice, 31, 208-220.

Lown, J. (2005). Returning pupils to mainstream schools successfully, following permanent exclusion: participation perceptions, doctor of education (Educational psychology) thesis, the University of Sheffield.

Mackenzie, N and Knipe, S, (2006). Research dilemmas: Paradigms, methods and methodology. Educational Research, Vol 16, 2006.

MacKinnon-Lewis, C & Dunn, J, (1994). Young Children’s Close relationship: Beyond attachment. In the Journal of marriage and family, 56(2), 522.

Mahrer, A.R., Levinson, J.R and Fine, S. (1976). Infant Psychotherapy: Theory Research and Practice, psychotherapy: Theory Research and Practice, 13, 31-140.

Main, M., Kaplan, N., & Cassidy, J., (1985). Security in infancy, childhood and adulthood. A move to the level of representation. Monographs of the society for research in child development, 50, (1-2), 66-104.

Marks, D. and Yardley, L. (2004). Research methods for clinical and health psychology. SAGE.

Marks, Loren D. (2004). Sacred Practices in Highly Religious Families: Christian, Jewish, Mormon, and Muslim Perspectives. Family Process 43:217-31.

Maxcy, S. (2003). Pragmatic threads in mixed methods research in the social sciences: The search for multiple modes of inquiry and the end of the philosophy of formalism. In A. Tashakorri & C. Teddlie (Eds.), Handbook of mixed methods in social & behavioral research (51-90). Thousand Oaks, CA: SAGE.

## Meins, E, Fernyhough, C, Fradley, E &Tuckey, M (2011). Mind‐Mindedness and Theory of Mind: Mediating Roles of Language and Perspectival Symbolic Play. Journal of Child Psychology and Psychiatry,42(5), 637-648.

Miles, M.B,and Huberman, A,M., (1994). Qualitative data analysis: An expanded sourcebook (2nd ed.). Thousand Oaks, CA: Sage.

Moore, T., Adams, M., Pratt, R. (2013). A service evaluation on the Solihull Approach training and practice. Community Practitioner, 86(5),26-27.

Moran, P, Ghate, D & Van Der Merwe, A. (2004). Policy Research Bureau. What Works in Parenting Support? A Review of the International Evidence. Department for Education.

Morgan, D.L. (2007). Paradigms lost and pragmatism regained: methodological implications of combining qualitative and quantitative methods. Journal of Mixed Methods Research, 1, 48–76.

Morgan, D. L. (1998). The focus group guidebook. Thousand Oaks, CA: Sage.

Morrison,G.S. (1978). Parent involvement in the home, school and community. OH: Chas E Merrill.

Morse, J. M & Niehaus, L. (2009). Mixed Method Design: Principles and Procedures. Walnut Creek, CA, USA: Left Coast Press Inc.

Moss, E., & St-Laurent, D. (2001). Attachment at school age and academic performance. Developmental Psychology, 37, 863–874.

Moyles, J, (2010). Thinking about play. Open University Press.

Broadhead, P, Howard, J & Wood, E, (2010). Play and Learning in the Early Years. Sage publications.

Muir, E, Lojkasek, M and Cohen, N.J (1999). Watch, Wait, & Wonder – A Manual Describing a Dyadic Infant-led Approach to Problems in Infancy and Early Childhood. The Hincks-Dellcrest Centre and The Hincks-Dellcrest Institute.

Muir, R, & Muir, E, (1992). True self, sore self or potential self. Symposium presented at the meeting of the World’s Association for Infant Psychiatry and Allied Disciplines, Chicago.

Murray, L & Cooper, P (1997), Effects of postnatal depression on infant development. Archives of Disease in Childhood, British medical Journal, 77 (2), 99-101

Myers (2004). Hermeneutics in information systems research. In: Social theory and philosophy for information systems. Chichester: John Wiley and Sons,103–128.

Namey, E., Guest, G., Thairu, L. & Johnson, L.(2008). Data Reduction Techniques for Large Qualitative Data Sets. In: Handbook for team-based qualitative research. Rowman Altamira.

National Scientific Council on the Developing Child (2007). The science of early childhood development: Closing the gap between what we know and what we do

Retrieved from Harvard University

<http://developingchild.harvard.edu/resources/reports_and_working_papers/science_of_early_childhood_development/> (2007)

National Statistics. Permanent and fixed-period exclusions in England: 2015 to 2016. Published 20 July 2017, from the Department of Education.

No excuses – a review of educational exclusion, (2011). A policy report from the Centre for Social Justice.

Narayan, D. & Petesch, P. (2002). Voices of the Poor: From Many Lands. New York, N.Y: Published for the World Bank, Oxford University Press

Nikelly, A., & Dinkmeyer, D. (1971). Techniques for behaviour change: Applications of Adlerian theory. Springfield, IL: Charles C Thomas.

O’Connor, TG & Scott, S.B.C. (2007). Parenting and outcomes for children. Joseph Rowntree foundation. [www.jrf.org.uk](http://www.jrf.org.uk).

O’Connor, M. & Russell, A. (2004). Identifying the incidence of psychological trauma and post-trauma symptoms in children. The Clackmannanshire Report. Clackmannanshire Council Psychological Service.

Pallant, J, (2011). PSS Survival Manual. Open University Press, Buckingham.

Patterson, C. H. (1984). Empathy, warmth, and genuineness in psychotherapy: A review of reviews. Psychotherapy: Theory, Research, Practice, Training, 21(4), 431-438.

Parker, I, (1994). Reflective research and the grounding of analysis: social psychology and the psy-complex. In journal of community and applied social psychology, 4 (4), 239-252.

Parsons, C,(2005), School exclusion: the will to punish, British Journal of educational studies, 53, (2),187-211.

Pawson, R. &Tilley, N. (1997). Realistic Evaluation. London: Sage.

Payton, J., Weissberg, R. P., Durlak, J. A., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2008). The positive impact of social and emotional learning for kindergarten to eight-grade students: Findings from three scientific reviews. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning.

Pereira, J., Vickers, K., Atkinson, L., Gonzalez, A., Wekerie, C & Levitan, R., (2012). Parenting stress mediates between maternal maltreatment history and maternal sensitivity in a community sample. http:/dx.doi.org/10.1016/j.chiabu.2012.01.006.

Pidano, A.E. & Allen, A.R. (2015). The Incredible Years Series: A review of the independent research base. Journal of Child Family Studies, 24, 1898-1916.

Pouliot, V. (2007). ‘Sobjectivism’: Towards a Constructivism Methodology. International Studies Quarterly, 51(2), 359-384.

Poulou, M & Norwich, B. (2002). Cognitive, Emotional and Behavioural Responses to Students with Emotional and Behavioural Difficulties: A model of decision-making. British Educational Research Journal, 28, (1),111-138.

Powell, D. R. (2005). Searches for what works in parenting interventions. In T. Luster & L. Okagaki (Eds.), Parenting: An Ecological Perspective (pp. 343-373). Mahwah, NJ: Lawrence Erlbaum Associates.

Pratt, A (eds), Social Policy: A Conceptual and Theoretical Introduction, Sage: London, 196–213.

Quinton, D, (2004), Supporting Parents: Messages from Research, Jessica Kingsley Publishers: London

Rance, S. (2006). Attending to early relationship difficulties: Applying the ‘Watch, Wait and Wonder’ approach in a pilot project for babies and parents. International Journal of Infant Observation and it Applications, 8(2).

René F, & Diekstra, D. (2008). Effectiveness of School-Based Social and Emotional Education Programmes Worldwide.

Roberts, K. (2009). Early Home Learning Matters, Family and Parenting Institute.

[Roisman](https://onlinelibrary.wiley.com/action/doSearch?ContribAuthorStored=Roisman%2C+Glenn+I), G I, [Susman](https://onlinelibrary.wiley.com/action/doSearch?ContribAuthorStored=Susman%2C+Elizabeth), E, [Barnett‐Walker](https://onlinelibrary.wiley.com/action/doSearch?ContribAuthorStored=Barnett-Walker%2C+Kortnee), K, [Booth‐LaForce](https://onlinelibrary.wiley.com/action/doSearch?ContribAuthorStored=Booth-LaForce%2C+Cathryn), C, [Tresch Owen](https://onlinelibrary.wiley.com/action/doSearch?ContribAuthorStored=Owen%2C+Margaret+Tresch), M, [Belsky](https://onlinelibrary.wiley.com/action/doSearch?ContribAuthorStored=Belsky%2C+Jay), J, [Bradley](https://onlinelibrary.wiley.com/action/doSearch?ContribAuthorStored=Bradley%2C+Robert+H), RH, [Renate Houts](https://onlinelibrary.wiley.com/action/doSearch?ContribAuthorStored=Houts%2C+Renate), R and [Steinberg](https://onlinelibrary.wiley.com/action/doSearch?ContribAuthorStored=Steinberg%2C+Laurence), L. (2009), Early Family and Child‐Care Antecedents of Awakening Cortisol Levels in Adolescence. [The NICHD Early Child Care Research Network](https://onlinelibrary.wiley.com/action/doSearch?ContribAuthorStored=The+NICHD+Early+Child+Care+Research+Network). <https://doi.org/10.1111/j.1467-8624.2009.01305.x>

Rose, J., Gilbert, L., McGuire-Sniekus, R. Emotion Coaching - a new strategy for schools, early years settings and youth centres to promote behavioural self-regulation in children and young people: A pilot study. International Journal of Pastoral Care and Education.

Rutter, M.(1995). Clinical implications of attachment concepts: retrospect and prospect. In journal of child psychology and psychiatry, 36(4), 549-571.

Rutter, M. (1981). Stress, Coping and development: some issues and some questions. The journal of child psychology and psychiatry, 22, (4), 323-356

Ryan, G., & Bernard, H. R. (2003). Techniques to Identify Themes in Qualitative Data. Field Methods, 15(1), 3-24.

Rydz D, Srour M, Oskoui M, et al. Screening for developmental delay in the setting of a community paediatric clinic: a prospective assessment of parent-report questionnaires. Paediatrics. 2006; 118(4). Available at: www.pediatrics.org/cgi/content/full/118/ 4/e1178 2.

Sackett, D., Rosenberg, W., Gray, J., Haynes, R. and Richardson, W. (1996). Evidence based medicine: what it is and what it isn't. BMJ, 312(7023), 71-72.

Sammons et al. (2007). Summary Report Influences on Children's Attainment and Progress in Key Stage 2: Cognitive Outcomes in Year 5. London: DfES.

Saunders, M., Lewis, P. and Thornhill, A. (2007). Research Methods for Business Students. 4th Edition, Financial Times Prentice Hall, Edinburgh Gate, Harlow.

Schlossman, S. (1976). Before Home Start: Notes toward a History of Parent Education in America, 1897-1929. Harvard Educational Review, 46, (3), 436-467.

Schaffer, H.R. (2004). Introducing Child Psychology. London: Blackwell

Scheel, M.J, Davis, C.K , and Henderson, J.D. (2012). Therapist Use of Client Strengths: A Qualitative Study of Positive Processes. The Counselling Psychologist, 41(3), 392-427.

Seligman, M.E.P, (1996). The effectiveness of psychotherapy: The consumer reports study. American Psychologist, 50(12), 965-974

Sen, A. 1995. The Political Economy of Targeting. In Public Spending and the Poor: Theory and Evidence. In D. Van De Walle & K. Nead, Eds.: 11–24. Johns Hopkins University Press. Baltimore.

Sherman, R & Dinkmeyer, D (Eds.), Systems of family therapy: An Adlerian integration, 109–142.

Siegel, D.J, & Hartzell, (2003). Parenting from the Inside Out. NY: JP Tareher/Putnam.

Siegel, D.J, (2010). Mindsight: The New Science of Personal Transformation. Bantam.

Siegel, D. (2012). The Developing Mind: How relationships and the brain interact to shape who we are. New York: Guildford Press.

Simpson, J. A. (1999). Attachment theory in modern evolutionary perspective: Theory, research, and clinical applications. In J. Cassidy, & P. R. Shaver (Eds.), Handbook of attachment: Theory, research, and clinical applications (2nd Edition ed., pp. 131-157). New York, NY: Guilford.

Slade, A, Grienenberger, J, Bernbach, E, Levy, D & Locker, A.(2005). Maternal reflective functioning, attachment and the transmission gap: A preliminary study. Attachment and Human Development, 7(3), 283-298.

Smith, J.A., Jarman, M. & Osborn, M. (1999). Doing Interpretative phenomenological analysis in Murray, M. and Chamberlain, K. (Eds), Qualitative health psychology: theories and methods, London: Sage.

Smith, Elsie J. (2006). Strength Based Counselling. Counselling Psychologist, 34(1),13-79.

Shucksmith, J., Summerbell, C., Jones, S., and Whittaker, V. (2007). Mental Wellbeing of Children in Primary Education (targeted/indicated activities). London: National Institute of Clinical Excellence.

Social exclusion unit – (SEU), (2000), Office of the deputy prime minister publication.

Solihull Approach: <http://www.solihullapproachparenting.com>

[Spears](https://anthrosource.onlinelibrary.wiley.com/action/doSearch?ContribAuthorStored=Spears%2C+Arthur+K), A.K. (1978). Institutionalized Racism and the Education of Blacks. Anthropology and Education quarterly, 9(2),127-136.

Steele, H., Steele, M., & Fonagy, P., (1996). Associations among attachment classifications of mothers, fathers & their infants. Child Development, 67(2), 541-555.

Squires, J., Bricker, D., & Twombly, E. (2002).The ASQ:SE user’s guide: For the Ages & Stages Questionnaires: Social & Emotional. Baltimore, MD. US. Paul H. Brookes Publishing Co Inc.

Squires, J., Bricker, D., & Twombly, E. (2015). Ages & Stages Questionnaires®, Social and Emmotional - Second Edition (ASQ-2™), Paul H. Brookes Publishing Co Inc. Adaptation into British English prepared with the Department of Health.

Sroufe, L.A., (1996). Emotional development: The organisation of emotional life in the early years. Cambridge: Cambridge University Press.

Sroufe, LA, (1997); Psychopathology as an outcome of development.

Developmental Psychopathology, 9(2), 251-268.

Steele, M, Marigna, M, Tello, J & Johnson, R (2000). Strengthening families, strengthening communities: an inclusive parenting programme.

Strauss, A and Corbin, J. (1998) Basics of Qualitative Research – Techniques and procedures for developing grounded theory. Sage publications: London

Sweeney, T. J. (2009). Adlerian counselling and psychotherapy: A practitioner’s approach. New York, NY: Taylor & Francis.

Summers, J.A, Poston, D.J, Turnbull, A.P, Marquis, J, Hoffman, L, Mannan, H & Wang, M. (2005). Conceptualising and measuring family quality of life. Journal of Intellectual Disability research, 49(10), 777-783.

Sure Start Programme, Home Office, (1998)

Sylva, K, Melhuish, E, Sammons, P, Siraj-Blatchford, I, & Taggart, B. (2004). The Effective Provision of Pre-School Education (EPPE) Project: Final Report: A Longitudinal Study. Funded by the DfES 1997-2004. Institute of Education, University of London/ Department for Education and Skills/Sure Start: London.

Tashakkori, A., & Teddlie, C. (1998). Mixed Methodology: Combining Qualitative and Quantitative Approaches. Thousand Oaks, CA: Sage Publications.

Tashakkori, A. & J. W. Creswell (2007). The New Era of Mixed Methods. Journal of Mixed Methods Research 1(3), 3-7.

Teti, DM and Gelfand, DM, (1991). Behavioural competence among mothers of infants in the first year: the mediational role of maternal self-efficacy. In Child development, 62(5), 918-29.

The Caldicott Committee. Report on the review of patient-Identifiable Information. Department of Health. December 1997.

The Data Protection Act (1998). legistration.gov.uk.

The Solihull Approach Parenting Group Facilitators Manual. (2006). Solihull: CAMHS, Solihull Care Trust.

The Plowden Report, (1967). Central Advisory Council for Education Children and their Primary Schools. London: HMSO.

Tilly, C, (2007). Naraya, D & Petesch, P, Moving out of Poverty, Cross Disciplinary Persepctives on Mobility. A copublication of Palgrave MacMillan & the World Bank.

The World Health Report 2002 –Reducing Risks, Promoting Healthy Life

Tizard, B., & Rees, J. (1975). The effect of early institutional rearing on the behaviour problems and affectional relationships of four-year-old children. Journal of Child Psychology and Psychiatry, 27, 61-73.

Toth, S.L., Rogosch, F.A., Manly, J.J., & Cicchetti, D., (2006). The efficacy of toddler-parent psychotherapy to reorganise attachment in the young off-spring of mothers with major depressive disorder: a randomised preventative trial. Journal of Consultant Clinical Psychology, 74(6), 1006-1016.

Tucker, S, (2006), Using video to enhance the learning in a first attempt at ‘Watch, Wait and Wonder. International journal of Infant Observation and its application, 9(2), 1-13.

Vaughn, S., Schumm, J.S., Jallad, B., & Slusher, J., (1996). Teachers views of inclusion. Learning Disabilities Research & Practice, 1(2), 96-106.

Ward, H, & Atkins, J. (2002). From Their Lives: A Manual on How to Conduct Focus Groups of Low-Income Parents. Faculty and Staff Books. 91. <http://digitalcommons.usm.maine.edu/facbooks/91>

Webster-Stratton, C, (1992). The Incredible Years: A trouble shooting guide for parents of Children Aged 2-8 years. The Incredible Years, Seattle, USA.

Webster-Stratton, C, (2001). The Incredible Years: Parent & Children Series. Leader Guide.

Webster-Stratton, C., & Reid, M. J., & Hammond, M. (2001). Social skills and problem solving training for children with early-onset conduct problems: who benefits? Journal of Child Psychology and Psychiatry, 42, 7, 943-952.

Webster-Stratton, C & Taylor, T (2001). Nipping early risk factors in the bud: preventing substance abuse, delinquency and violence in adolescence through interventions targeted at young children (0-8 years). In Society for prevention research – Prev Sci, 2(3), 165-192.

Webster-Stratton, C & Reid, M.J., (2004). Strengthening Social and Emotional Competence in Young Children—The Foundation for Early School Readiness and Success: Incredible Years Classroom Social Skills and Problem-Solving Curriculum. In Infants & Young Children, [17(2), 96–113](https://journals.lww.com/iycjournal/toc/2004/04000).

Wesner, D., Dowling, J. & Johnson, F. (1982). What is Maternal-Infant Intervention? The role of Infant Psychotherapy Psychiatry, 45, 307-315.

Whitebread, D, (2012). The importance of play – a report on the value of children’s play with a series of policy recommendations for the Toy Industries of Europe (TIE).

Wheeler, E. (2006). Men's Behaviour Change Group Work: Minimum Standards and Quality Practice, Melbourne: No To Violence.

Wilkinson, I, (2000). The Darlington family assessment system: clinical guidelines for practitioners. In journal of family therapy, Vol. 22, 211-224

Willig, C. (2001). Introducing Qualitative research in Psychology: Adventures in theory and method. Buckingham: Open University Press.

Winnicott, D.W, (1958). The Capacity to be Alone. International Journal of Psychoanalysis, 39: 416-420.

Wong, Y. J. (2006a). The future of positive therapy. Psychotherapy, 43, 151-153. doi:10.1037/0033-3204.43.2.151

Wright, C., Weekes, D. and McGlaughlin, D. (2000). Race, Class and Gender in Exclusion from School. London: Falmer Press.

Zilibowitz, M. (2008). Watch, Wait and wonder : modified parent education program : facilitator guide. [Good Beginnings Australia](https://trove.nla.gov.au/people/Good%20Beginnings%20Australia?q=creator%3A%22Good+Beginnings+Australia%22)

Yardley, L., (2008). Demonstrating validity in qualitative psychology. In J.A Smith (Eds), Qualitative psychology: A practical guide in research methods (2nd ed.), 235-251, Sage: London

Yates,T., Ostrosky, M.M, Cheatham, G.A., Fettig, A, Shaffer, L, & Santos, R.M Research synthesis on screening and assessing social–emotional competence. Retrieved from Centre on the Social Emotional Foundations for Early Learning

Yoder, N, (2014). Teaching the whole child: Instructional practices that support social–emotional learning in three teacher evaluation frameworks. Retrieved from American Institutes for Research Centre on Great Teachers and Leaders

Young Minds policy (2004) - youngminds.org.uk

Zins, J., Weissberg, R., Wang, M., & Walberg, H. (2004). Building academic success on social and emotional learning: What does the research say? : Teachers College Pr.

**Appendix 1: GOALS AND REVIEW**

|  |  |
| --- | --- |
| Name & Age |  |
| Family Members: Names & Ages |  |

|  |
| --- |
| Discussion of hopes, expectations and concerns |
|   |

|  |  |
| --- | --- |
| Initial goal(I) |  |
| Where do you feel you are at the start of the process in relation to initial goals (I) and where do you think you are after the process (A) | **For each goal, 1 and 2, please circle the number and write an I above it, of where you think you were in relation to the goal at the start of the process. Then circle and write an A above it, of where you are in relation to the goal at the end of the sessions.** 1) Not there 1 2 3 4 5 6 7 8 9 10 Brilliant2) Not there 1 2 3 4 5 6 7 8 9 10 Brilliant |

**Appendix 2 – Phase 1/Stage 1 – Phase 2/Stage 2 of Thematic Analysis – familiarisation with data and generating initial codes**

**Appendix 3 – Phase 3/Stage 3 of Thematic Analysis – searching for themes – Facilitator/Researcher**

* Checking in with group
* Appreciating contributions
* Making parents comfortable
* Encouragement
* Reassurance
* Reducing anxiety
* Giving permission to express own ideas and opinions
* Advice giving
* Information sharing
* Recognising pressures @ home – time, other siblings
* Encouraging reflection and noticing change
* Normalising
* Sharing personal experience
* Recognising parents’ individual needs
* Recognising participant’s needs and anxieties
* Providing a space for reflection
* Recognising and naming feelings
* Affirming and accepting feelings
* Unpacking individual experiences
* Identifying positives
* Recognising and naming the feelings experienced by parent and child.
* Identifying and accepting feelings (-/+)
* Positive coaching
* Restating the positives
* Recognising effort and engagement in the process
* Role of facilitator
* Relationship
* Looking for exceptions
* Promote parents’ feelings of self-esteem and self-worth
* Appreciation
* Encouraging and developing reflection
* Parents feeling vulnerable
* Support from parents and facilitator
* Exploration of different factors which might be influencing their child’s behaviour
* Development of strategies
* Positive experience
* Allows for reflection
* Feelings of helplessness
* Feelings of anxiety
* Feelings of frustration
* Breaking concerns into small manageable parts
* Change in parents’ perception
* Increased understanding of their own child
* Thought provoking

**Appendix 4 – Phase 3/Stage 3 of Thematic Analysis – searching for themes – Parents**

* Low expectations
* Low self esteem
* Feelings of inadequacy and not ‘good enough’
* Not feeling valued
* Perceived lack of intelligence and ability
* Self-criticism
* Expecting the worst
* Strong opinions and beliefs about of parenting
* Negative expectations
* Fear of child
* Identifying barriers before attempting process
* Lack of confidence in programme
* Wanting to engage but feel that the programme won’t fit or suit their child
* Self-reflection (emerging)
* Understanding their child’s behaviour (emerging)
* Identifying and knowing what their child likes (emerging)
* Self-loathing and blame
* Child issues prevent ‘good’ parenting
* Anxiety
* Not knowing what to do
* Frustration with child’s behaviour
* Annoyance with child’s behaviour
* Mood dependent (parent and child)
* Looking for reasons ‘why’
* Recognising the importance of play and interaction (emerging)
* Recognising and noticing in child’s mood (emerging)
* Recognising change (emerging)
* Connecting observations with learning (theory)
* Linking child’s behaviour with own feelings and anxieties
* Feelings of helplessness
* Defeatism
* Strong desire to identify what’s not right
* Seeking guidance and support
* Recognising the important role of ‘being present’ with their child.
* Feelings of fear
* Feeling more in control (emerging)
* Relating observations to theory learnt
* Recognising the impact of parents’ mental state on child’s behaviour
* The struggle between looking for positives and the ‘draw’ to revert back to previous responses
* Acceptance from group
* Relationship with Facilitator
* Relationship with other group members
* Willingness to persist with programme

Appendix 5: Sample of Thematic Analysis table from code to theme – Session 2 full transcript

Thematic Analysis

Facilitator and parent transcription – session 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Line | Raw Data | Initial Code | Sub-Themes | Themes |
| 123456789101112131415161718192021222324252627282930313233343536373839404142434445464748495051525354555657585960616263646566676869707172737475767778798081828384858687888990919293949596979899100101102103104105106107108109110111112113114115116117118119120121122123124125126127128129130131132133134135136137138139140141142143144145146147148149150151152153154155156157158159160161162163164165166167168169170171172173174175176177178179180181182183184185186187188189190191192193194195196197198199200201202203204205206207208209210211212213214215216217218219220221222223224225226227228229230231232233234235236237238239240241242243244245246247248249250251252253254255256257258259260261262263264265266267268269270271272273274275276277278279280281282283284285286287288289290291291292293294295296297298299300301302303304305306307308309310311312313314315316317318319320321322323324325326327328329330331332333334335336337338339340341342343344345346347348349350351352353354355356357358359360361362363364365366367368369370371372373374375376377378379380381382383384385386387388389390391392393394395396397398399400401402403404405406407408409410411412413414415416417418419420421422423424425426427428429430431432433434435436437438439440441442443444445446447448449450451452453454455456457458459460461462463464465466467468469470471472473474475476477478479480481482483484485486487488489490491492493494495496497498499500501502503504505506507508509510511512513514515516517518519520521522523524525526527528529530531532533534535536537538539540541542543544545546547548549550551552553554555556557558559560561562563564565566567568569570 | **Facilitator:** Right then are we ready to begin? Well welcome back everyone and I’m glad to see all of you, is anyone missing? Last week we watched the Watch Wait Wonder DVD and we had a brief discussion re your thoughts and feelings about this approach. A number of you raised some anxieties re allowing a child to be aggressive towards their toys, for example, the part of the DVD where the little boy was hitting the doll with the hammer. Parent 4b you were worried that your grandchild wouldn’t stop at the doll and would possibly hit a real baby. **Parent 4b:** Too right. I didn’t agree with what that Dr said on the DVD about allowing a child to be aggressive.**Facilitator:** I can see how this would raise anxieties with you given the behaviours that your grandchild has presented with in the past and your role in keeping him and others safe. But I think what the Paediatrician on the DVD was trying to say was that it is important to allow young child to explore their feelings and emotions within the confine of a safe play environment. We will come back to Parent 4b’s concerns later this session.So before we start this session we are going to have a discussion about how your first WWW sessions went at home, and explore changes and challenges. So how did it go, anything you noticed in your child, or something you thought that was different while you were doing it So who would like to start, how you got on?**Parent 4b:** We did try it.**Facilitator:** Well done.**Parent 4b:** We have a lack of space in our house so in the first place we tried in the sitting room. We switched the TV off, moved IPads, phones which is anything that child 4 usually would use, the first thing child 4 want to do was switch the TV back on,**Facilitator:** That’s ok**Parent 4b:** Not for him to watch it as he does not watch TV as such, just because it was part of his routine to do. So we had lots of ‘fun’ persuading him to leave things alone. Yeah. When eventually we did manage to convince him, we put some toys out for him and he sat and looked at them.**Facilitator:** Ok.**Parent 4b:** It wasn’t I mean that it wasn’t, the DVD said that you shouldn’t get involved, but we had to prompt him.**Facilitator:** Ok right?**Parent 4b:** I said let’s have a play and he played for a few minutes, got bored, right ok, took some toys down, wanted to smash them, right, and then proceeded toswitch the TV back on, right, and asked where his phone was. So we ended up going into the kitchen.**Facilitator:** Right ok,**Parent 4b:** it’s not terribly safe but there were no distractions except for the dog, and we put the toys down and child 4 wanted us to be involved he tried to involve the dog. I don’t think our Bruno appreciated being you know, toys chucked at him, stuffed underneath him and such so we took the dog outside, and then child 4 decided he didn’t like the dog, his dog, as it is his dog, even though the dog is about 12 years old, he did not like his dog outside. And started to kick off big style and that was the end of that then. **Facilitator:** I can hear that it was a challenging session for you both but I am proud of you that you persevered despite the issues arising.**Parent 4b:** oh yes, yes, I mean you know we did really commit, it was just I think one of the problems with child 4 is he has a set routine, if there is something he has to do and that involves like we say, switching the TV on in the morning, and we don’t do that, he can go shopping and come back he goes straight to the TV to put it on, not that he watches it, or if he doesn’t, or if the fire light not on, I don’t have the fire on, but I have the light on, he goes mad till I actually get the control and put the fire on, or if a candle is out of place, if it’s not on its circle where it belongs, till everything’s how he wants then nothing else is going to happen. **Facilitator:** Well done Parent 4b, you have a good understanding of how and why child 4 behaves the way he does and some of the triggers. You describe child 4 as liking things to be in there place and liking background noise from the TV. It might be worth considering not changing too many things for child 4. How do you think you might re-introduce WWW to child 4 this week?**Parent 4b:** Maybe we could try leaving the TV and fire on for him?**Facilitator:** Yes, that might be worth trying. I am aware that the DVD suggests removing all distractions but you as parents know your child best and what they can or cannot cope with at this early stage. What do you think child 4 might have been thinking or feeling when you introduced him to a WWW session?**Parent 2**: Scared.**Parent 3:** He might be thinking ‘What is this?’**Parent 4a:** or he might be thinking **‘**This is weird’.**Facilitator:** These are all valued feelings and emotions. Child 4 may be thinking… I actually don’t know what you are doing and that’s frightening me, child 4 and all children of his age can struggle to verbalise what he may be feeling. I am panicking and everything moves away from the whole focus of what you are trying to support and develop. What we are going to talk about today explains why children behaviour how they do when they are really trying to express their thoughts and feelings, Thank you Parent 4b for having a go and persisting and recognising that child 4 is struggling to cope and manage his emotions and feelings. **Parent 4a:** We did put his duplo stuff in, he has two boxes full of them, we put his Meccano set, because we brought him a Meccano set, because he likes screws and nuts, he will sit there won’t he? so we thought we will get everything out, that we, he likes. We put in a dolly in there, I have to bite my tongue because he does, I mean, I have noticed he would rather play with a doll rather than his gun, yeah, I know I’m not adverse to him pushing a pushchair if that’s what’s he wants to do. **Facilitator:** I think it might be worth us just going through before the end of the session the kind of toys you could put in your box. Parent 4a would you like to share your thoughts re your session with child 4 and your partner parent 4b. Where there any changes that you noticed?**Parent 4a:** Can’t say that we did see any changes only challenges. I mean I think it’s because there wasn’t much that child 4 did differently to be fair that he would usually do. I really cannot say that there was that much different. **Facilitator:** How did you feel when you were trying to introduce him to WWW? **Parent 4a:** You feel a failure don’t you? **Facilitator:** Well Parent 4a if you can remember from last week this was the feeling that many of the parents on the WWW DVD spoke about. **Parent 4a:** I think makes it worse us both being there.**Facilitator:** Why do you think that?**Parent 4a:** I don’t know, usually both of us are there but only one of us would be interacting with him. **Parent 4b:** Because everything is like shared isn’t it, what we have noticed is in the past more so with parent 4a than myself, I mean I like going fishing now and again, I’ve not been able to go fishing a lot because you know, but when I do, when Parent 4a is on her own with child 4, he’s a bit more challenging, a very big challenge. I think he does likes both of us there. But I think that you probably hit it on the head there, it might have been just too much for him, and It’s out of the ordinary. **Facilitator:** Well done parent 4a and 4b, you both have been able to look at the situation at home, and reflect on what works and doesn’t work for child 4. We will come back to these concerns and challenges throughout our sessions so I am going to move onto Parent 5. Parent 5, how did you get on with child 5, anything you noticed, challenges, changes?**Parent 5:** No, but he’s not really a playing with toys child, right, he’s an art and craft kind of child, ok, so I did put things in a box, and I made sure that child 5’s baby brother wasn’t around, he was in bed, then turned everything off, he just wanted me to play and he kept passing them to me. I passed them back, and then didn’t seem to know what to do then, and then after a couple of minute he just went off and started jumping on and off furniture. This is what he usually does? He wrecks my furniture and thinks it’s funny. **Facilitator:** Did he come back to the toys? **Parent 5:** I had to like say come on, come back and come and do it, but child 5 carried on jumping on the furniture. I remember he had a lady who worked with him from pre-school before he started at nursery and he would sit and do activities with her. He seemed to like working with her and he never jumped on furniture then. He likes art and crafts; it’s really hard to bring him to a toy. **Facilitator:** So you recognise that he likes art and crafts, so what would you think about putting some art and crafts activities in the box for your next www session**Parent 5:** Yes but I do that all the time, every day. So I don’t know what I should really be doing with him really.**Facilitator:** What did you put in the box?**Parent 5:** I put some Duplo in, musical toys, figures, puzzles just a few things like that.**Facilitator:** Could I ask when he passed toys back to you, what did he pass you?**Parent 5:** He passed a musical toy, so I liked passed it him back. As I wanted him to do it. That’s what he’s like, he’s like Mum do it, no I’m like, you have a turn. That’s what he’s like and then I’m doing everything and he’s doing nothing.**Facilitator:** It would be interesting to see what that would lead to if you were to pass it back to him and continue with that. I know it sounds a bit like all we are doing is passing a toy but I suppose it’s looking at where the child goes with the play really. Did you have a chance to try a WWW session again the next day?**Parent 5:** He went to his dads at weekends, and then on Tuesday he went to his grandma’s so I did try about three times.**Facilitator**: Great and did you notice any changes over the three sessions.**Parent 5:** You have got to get him in the right mood, he was a little bit better the third time.**Facilitator:** Why do you think he was better the third time? **Parent 5:** Because he was in the right mood I think, with child 5 he’s like you’ve got him or you haven’t.**Facilitator:** Ok, when is a good time do you think, is it a particular part of the day that is better for him? **Parent 5:** Probably after he’s had a nap, when he’s not too tired. **Facilitator:** Ok, and where did you do your session? **Parent 5:** It was downstairs yeah, His baby brother was upstairs in bed.**Facilitator:** Why do you think the 3rd session was better? **Parent 5:** maybe I felt calmer? **Facilitator:** Why do you think you were calmer? **Parent 5:** I don’t know…I just didn’t feel stressed.**Facilitator:** Do you think child 5 was more familiar with the session so less anxious?**Parent 5:** Probably, he knows I will tell him off if he jumps on the furniture.**Facilitator:** so he gets you attention straight away. Sometimes, children and adults take time to get use to something new – like WWW approach and sometimes behaviours can deteriorate as children are trying to make sense to this non-intrusive style of playing with an adult. Well done Parent 5 for trying it and persevering. **Parent 2**: He definitely knows doesn’t he? **Facilitator:** Yes, it’s like what you shared Parent 4a, it’s not going how I want it to, I feel like a failure and stops you from trying again but that is really good for us to notice and recognise this and to remind ourselves not to be hard on ourselves but keep having a go. **Parent 2:** I’ve really only tried it once at the weekend.**Facilitator:** Right.**Parent 2:** But it’s the first time…………. me playing with child 2 as he would rather play on his own**Facilitator:** right ok, so how did you go about it? **Parent 2:** We sat in the living room but when he plays with his toys he’d rather play on the arm of the chairs than the floor. We sat on sofa and sat playing with his cars like normal, turned TV off, turned phone off everything, then he said, Mum here you are, you have a play.**Facilitator:** Okay.**Parent 2:** When I made car noises, he was fine. Then he got his fire engine out and started crashing it. He got a kitchen for Christmas so we sat near that and he said mum do you want a drink of tea? Do you want some toast? I just said yes and he seemed to enjoy playing with his kitchen and serving me. **Facilitator:** So what did you notice in him when you were not leading the play? When he was giving you stuff and you were just kind of responding saying thank you for the tea, thank you for the toast, what did you notice in him? **Parent 2:** He was calmer, normally he’s like ARRRGH. He were lots calmer because I was joining in and he was not playing on his own.**Facilitator:** Right, he liked it; he liked you being there?**Parent 2:** Yes. **Facilitator:** And what were the challenges do you think? **Parent 2:** I didn’t, to be honest it were I don’t know. It was fine, no challengers about it., it was here you are mum you have a toy and I have a toy and just play. It was a lot better than I thought it was going to be honest. And the thing is it is very difficult to do it every day.**Facilitator:** how many times did you say you had a chance to try it?**Parent 2:** I did it the once and I just through I would try it out, as I thought I would get home in a bit and try it again and see how that goes. **Facilitator:** Right that’s good. I am really pleased to hear that, so we will move on to Parent 3, thank you Parent 2 for your feedback. Parent 3, how did you get on?**Parent 3:** Really well, we got erm, liked turned everything off, phone, TV, we did it in the living room, we got like laminate flooring, he likes his playdoh out, so we get the playdoh out and I did find it hard not to say anything, sat on the floor and he’s got it out but that was more or less it because he was kneeling in it and it gets everywhere. He said to me, mummy you do it, because he can’t get the playdoh out of the tub so, mummy do it for me, he was asking me to help him.**Facilitator:** Right Ok. **Parent 3:** And he’s got like a tool bench, and he was playing with that, he was bobbing off playing with that, then back to the playdoh, playing with his dinosaurs, he likes bats and ball so, he was fine really he just got on with it playing. **Facilitator:** And what did you notice Parent 3? **Parent 3:** First off, he was looking around like because I was sat there quiet and not really saying anything or not getting involved, got the playdoh out of the tub obviously, but sat there looking around so, then he just got stuck in and he was fine. He’s got like a couple of games at Christmas like Pop up pirate, he loves that. We had a game with that then I think, I don’t know since Christmas he seems to have been a lot calmer anyway. It was good.**Facilitator:** That’s good to hear.**Parent 2:** I am going to buy Pop up Pirate and I’m going to try playing it with child 2.**Parent 4b:** You know what’s child 4 is going to end up with. Whatever toy child 4 has got at the time, it’s either going to be thrown at parent 4a or thrown at me and by the time that happens it’s too late. He’s got a good throw on him.**Parent 4a:** He’s got a big massive dinosaur, like a stand up dinosaur and he was kicking it the other day, I said to Parent 4b who sat there and was just about to go to sleep let’s see what he does and then he just ….. Went off with the others…..which surprised us that he didn’t throw it. **Facilitator**: So you were both watching, waiting and wondering and although you were anticipating an aggressive interaction or response, he surprised you by not following through with it?**Parent 4a:** Yeah, I suppose….I just expect him to be aggressive and kick off. I suppose I’m a bit scared of what he could do.**Facilitator:** That is understandable but using WWW may be a way to learn to just sit and watch and for him to invite you into his play. This will also give child 4 a chance to see that play with you or parent 4b can be a nice experience where you are both calm and enjoying the moment?**Parent 4a:** Yeah, I suppose.**Facilitator:** Parent 1a, how did you get on? **Parent 1a:** We did it separately. I did it twice and he (Parent 1b) did it once.**Facilitator:** Good.**Parent 1a:** With me the first time she was a bit destructive.**Facilitator:** Right.**Parent 1a:** She emptied all her toys in her bedroom and she kept throwing everything at me, literally throwing everything at me.**Facilitator:** Right, then what did she do after that?**Parent 1a:** One of them hit my face, so I told her off, I said no, don’t do that. I didn’t mind it honestly, it was only teddies and stuff, there were all soft and then she kept getting on the chair and switching the light switch on and off. When I did WWW again with her, it was a completely different experience for me and her I think?**Facilitator:** Why was that do you think? Could you describe what the session looked like?**Parent 1a:** She sat with me, and got a car and she wheeled it to me and I held it and then she told me to give it back, so I did give it back to her. She then got a little chair from her doll house, just like the video, and she tried to sit on it. She couldn’t sit on it, she kept falling off. Then she went out and got a load of his (parent 1b) clothes out of the bedroom and threw them at me and said keep warm mummy. She got a reading book and started singing Twinkle Twinkle Little Star and told me to sing it and I had to sing it three or four times. She kept saying again and again so I thought that was quite nice. She was completely different.**Facilitator:** So what were the changes you noticed in her?**Parent 1a:** She was happy, she was very happy. Running upstairs. She wanted to spend time with me.**Facilitator:** That’s great. That’s lovely to hear. And were there any challenges do you think?**Parent 1a:** None really. In the initial part I suppose, was at first, being assaulted. I thought more of a challenge was I could hear my little boy calling and crying because me mum was trying to entertain him and he couldn’t understand why he couldn’t be with me. That was more of a challenge than being with child 1. **Facilitator:** so Parent 1b how did you get on?**Parent 1b:** I picked some toys up and went upstairs then she got a car and said Daddy push. And I pushed the car back and then one of the first things she said was “Daddy what we doing”. She didn’t say anything she just passed a doll to me and I just held it. And then she just gave me all the toys and she emptied her doll’s house. I was looking forward to having a doll thrown in my face but she really was good with me. I said that she could spend some time with mummy, but she said she wanted daddy.**Facilitator:** That’s sounds like you had a lovely time together. It could be daddy time and mummy time, if you can, and again you can do it with your little boy as well.**Facilitator:** So thank you very much for your feedback, and I am really encouraged by all the effort you have invested in implementing the WWW programme. In today’s session I am going to talk a little about baby brain development and I have a little quiz for us to complete. Recent research has focused on baby brain development in the first years of life. **Nursery staff:** could you read it out and we’ll do it all together…would that be ok?**Facilitator:** That’s a great idea. Let’s start at number 1. Facilitator reads each statement from no 1 to no 12. Number 1, babies know the sound of their mother’s voice when they are born? Yes, correct. Number 2: Babies show a preference for a human face when they are born? **Parent 1a:** Do you mean humans or animals? I don’t think they do, they can see, as they can’t see properly. **Facilitator:** They can see blurred images and outlines. Number 3: A baby’s brain grows more quickly in the first two years of life?**Facilitator:** Yes, Correct. Number 5: Comforting and soothing babies helps develop there frontal lobes that then helps them deal with stress? Yes. **Parent 2:** I was just going to say leave them to cry. Some Health Visitors still say leave them to cry for a short period of time.**Facilitator:** But again it’s about being sensible and attuned to your child. It’s when babies are left to cry for long periods of time with no comfort and/or reassurance the brain gets overcome with stress hormones, cortisol. I am trying to think, your brain is like a balloon when it is born so it is very, very smooth and then as you, experiences the world around and make connections, the brain starts to resemble a walnut - that’s what a healthy brain looks like. For children who have had a traumatic start in life their brains are very smooth they don’t have a lot of those skills as they have never experienced them and that’s not to say that we cannot put that in place for them and actually often those children need more of it because their brain has not fully developed.Babies need to be helped to be calm, helped to calm down by caring people around them, otherwise their brains will be hyper-aroused for too long and that the bit that’s you leave a baby in destress they become hyper-aroused, so then often you cannot calm them because they are so distressed. The chemicals in the brain called opioids which helps baby feel, healthy, happy and helps the brain grow healthy need to be developed by interaction – smiling, hugging, touching, eye contact, etc? Yes or No!**Group:** Yes.**Facilitator:** It does sound a bit posh. Opioids we call them happy hormones. So dopamine is the happy hormone which is released when we feel safe and secure. What you are doing is trying to reduce the amount of cortisol that goes into our system. Cortisol is the stress hormone. **Facilitator:** The developing brain in the first years of life is highly vulnerable to stress?**Group:** Yes**Facilitator:** Leaving your baby to cry means that the high levels of stress hormone are released which can make the brain grow in a certain way **Group:** Yes.**Facilitator:** Most babies will stop crying when you pick them up? Close body contact helps them release the chemical that calm?**Group:** Yes.**Facilitator:** A new-born baby has approximately a hundred billion brain cells with few connections? **Group:** Yes.**Facilitator:** So the connections are what make the outer brain resemble a walnut, it’s when they start making connections but they have so many brain cell, but again you need to have experiences you need to be comforted you need contact, you need language, you need all of those in order for your brain to be fully formed.**Facilitator:** And a baby’s brain is unfinished at birth?**Group:** Yes**Facilitator:** We don’t come out with our brain fully formed and fully developed. So well done, you know more about the baby brain that you thought. **Facilitator:** Making connections in our brains are vital; lose connections when you don’t use them. We want healthy connections to be hard wired so when a child or adult comes across the same experience again they know actually we can resolve this, I don’t need to get so angry because I have other options to take which will help me calm and reason. **Facilitator:** Scientists have looked at brains of children who are well cared for and again it comes back to attachment and attunement, being able to be led by your child, to feel relaxed and have space/time to read your child or be attuned to your child is a really key skill that all parents aim to develop. And some days we are better at it than others, but that’s the whole idea of the Watch Wait Wonder approach is we are trying to retune, we are setting time aside to sit down and think, right, I am going to look at my child, actually, every day is so busy, we say we do, we think we do loads of play but actually do we really look at our child? You know, we play but actually that’s what the Watch Wait Wonder is. It’s about sitting there and being silent and just watching and seeing what our child beings to us. If you think about your own child or your own grandchild you can see that in your child because if you sat and watched them I bet you will see and if I ask you next week how many times you noticed them flipping their lid, you will probably will be able to tell me lots of time that they did but try to think about triggers or reasons behind this. **Parent 4a:** If we go out for a meal, if we went to the Castle, everyone was looking at me, he was kicking off, really bad.**Parent 4b:** Yeah.**Facilitator:** That sounds very challenging, but if you think about what we have been talking about, that primitive part of your brain, it is firing all the time in child 4 and then the emotional part is the response to that. **Parent 4a & 4b:** Yes**Facilitator:** And that what you are trying to reduce, and he feels less fear, because the fear is not going to go away, but you feel less of it and that allows yourself to enjoy, because he is stopping himself from enjoying what could be a lovely experience because he is fighting against it all the time. What we are trying to do is stop that fight response really, because he does not need to fight. But in his brain he needs to be fighting all the time because he’s fighting for something. Might he be seeking something? For some children that will take a lot longer because they expect you to get angry because they have driven you to that level but that’s normal in a way because that’s the only way he knows how to function so he expects you to start shouting at him and then everything’s fine, so he probably calms once you start shouting at him. **Parent 3:** If we go out for a meal, or anything, which we don’t do very often, child 3 is very fidgety and will not sit still, constantly getting up, down, back up, back down. I tell him to come and sit down….I’m constantly telling him, sit down, come and sit down. He does it at home at dinner time too, he will sit to table with us, sits down, gets up, runs around table. **Facilitator:** What do you think might be happening for child 3 at these times? The behaviours are the same at mealtimes whether you are in the house or not.**Parent 3:** I dunno…he doesn’t want to sit down?**Facilitator:** But if you think about it he’s doing the same behaviour he does at home, so to him because you are in a different environment this is what I do at meal times, this is my routine, so then it makes it more agitated when you are out, because you as the adult thinks we’re out so you expect him to behave in a certain way which you demand of him at home at meal times. Child 3 is confused, why you are telling me to sit down here because at home you let me run around and sit down when I am ready to.**Parent 3:** If we didn’t tell him, he would still do the same, come and sit down child 3**Facilitator:** How does his behaviour at meal times make you feel? **Parent 2:** At home, I’m not bothered…it’s just what he does but when we’re out other people are looking at us, and I feel embarrassed and I shout even more. **Facilitator:** WWW is about giving you and your child that safety and reassurance. This approach is new for you and your child and it can initially feel uncomfortable and feeling uncomfortable can make us as parents feel anxious and stressed but these thoughts and feelings can be experienced by our children. How we deal with feelings of stress/anxiety can vary from parent to parent and from child to child. **Parent 3:** In a morning, I’m cold and he’s lower down, he must be freezing, he hates being cold, when I went to my mums on the way home yesterday, he was like, mummy is daddy coming in the car, he did not want to walk home, wanted his dad to come and pick him up, because it’s cold out here. I think that’s just the reason. I think when its warmer he’ll be fine.**Facilitator:** Thanks for sharing Parent 3. So if we are thinking then about next week, I would love you all to try WWW every day for 15 minutes and consider the points we have discussed in the session today. **Parent 4a:** Do you think as well its worth trying it separately?**Facilitator:** It would be interesting to try it and feedback next week. I think you have all done really well have a go at trying WWW and I can’t wait to hear back how the coming week will go for you all. Has anyone any further questions to ask re trying WWW at home?**Group:** We’ll give it a go…laughing.Facilitator: I will bring the WWW DVD again next week so we can relook at some parts of it to support our discussion. Thanks again for sharing all your challenges and changes. See you all next week. | WelcomeRecappingChecking understandingRecognition of thoughts/feelingsChallenging Acknowledging Recognising individual thoughts, feelings, opinionsStructuring ClarificationEncouragement Recounting/Recalling eventsAcknowledgement Stating thoughts and feelingsLinking expectations of programme with realityAcknowledgement Narrating actual events and processesNaming behavioursIdentifying challenges in processAttempt to remove challengesAcknowledging challenges Recognising effort and attemptsRecognition challenges and changes in home sessionIdentifying triggers for child Acknowledging/appreciation Identifying change/ways forward/next time optionsIndependently offering an alternativeAcknowledgement Encouraging Learning component/opportunityThinking from the child’s perspectiveAcknowledgementEncouragement Reassurance Recognising the child’s thoughts and feelings and the impact of these feelings on parentsIdentifying likes/dislikesRecognising own thoughts/opinionsChallenging own opinionsChecking in Being honestRecap on learning pointsAdmitting challenges Honesty RecappingLinking backExpressing feelings/emotionsAcknowledging and accepting parent’s expressionsClarifying/justifying thoughtsQuestioningRecognition of changes in home situation Identifying challenges and changes between each other as parentsRecognition of child’s needs & triggersPre-empting behavioursReverting to negative behavioursIdentifying likesRecalling positive past events and interactionsAcknowledgementLeading/supported QuestionsDefensiveNot knowing what to doEnquiryFrustrationAnnoyanceAnxietyWonderingReassurance Acknowledging engagement/attemptsIdentifying barriersWillingness to have another goPraiseRecognition of child’s feelings/emotionsChallenging thinkingRecognising child’s feelings/emotionsIdentifying exceptionsRecognising exceptionsFocusing on changes and reasons for noted changeRecognition of parents own feelingsQuestioning Identifying changeExceptions Recognition of effortsSharing common thoughts and feelingsReassuranceDescribing interactionDescribing situation and interactionNarrative accountQuestioningEncouraging reflectionSelf-reflectionUnderstanding child moreConfirming observation SurpriseRecognition Willingness to try againEncouragementConfidenceFeeling pleased with one’s selfRecognition challenges Noticing child moreRecognising own child’s interestMore focused on child and behaviourRecognising changeEncouragementMaking predictions ExpectationsPredetermined expectationsUnexpected responseIdentifying exceptions/changeRecognitionAcceptanceReflectionRecognition of needsIdentifying and naming changeChecking inNaming behavioursRecalling incidencesNoticing a changeQuestioning and unpacking Identifying own and child’s feelingsNoticing Feelings Praise/ acknowledging contributionPredetermined expectations and behavioursPraise and encouragementInstructionPraise and encouragementRecognition of contributionInstruction/teaching InstructionEnquiringOwn views vs professionals view pointSharing informationUsing visual images to present factSharing informationAgreementSharing informationInformation sharingEncouragementInformation giveInformation giveIdentifying behaviours Acknowledging experienceInformation sharingSharing experiencesQuestioning/Raising a querySharing understanding of eventDefensiveExploring feelings Recognition of own thoughts and feelingsLinking personal experience back to WWW conceptJustifying behaviourExternalising observed behavioursAcknowledging contributionsEncouragement EncouragementReassuranceAcceptanceEncouragement  | EncouragementEmotional supportPractical supportValidation ChangeValidationEncouragementSupportEncouragementReflectionPractical linkJudgementsExpectationsExpectationsRecognitionValidationEncouragementJudgementsExpectationsValuesRecognising challengesSupporting on an emotional & practical levelSelf-reflectionRecognising challenges/changesSupportSelf-reflectionValidationNoticingEncouragingRecognising Interacting/Noticing childSelf-reflectingSelf-beliefPossibilityAlternativeRecognising Self-reflectingAnalysing situationSelf-esteem/belief in one selfEncouragementConfidence to express opinionLinking Understanding JudgementSelf-beliefNoticingSupportive Self-beliefExpectations of childSupportSelf-esteemBelief systemSupportSelf esteemJudgementsSupportValidationConfirmingSelf-beliefUnderstandingKnowledgeInteractionUnderstanding Encouragement ReflectionSupport encouragement ReflectionUnderstanding SupportReflectionSupport Noticing changesSupportive Expectations NoticingSupport Guiding Noticing change Self-reflection Confidence Confidence Validation Interaction Self-beliefNoticing Learning Noticing Self-reflection Supportive Expectations of child Judgements ValuesBeliefsJudgementValuesExpectations Change Learning Self-beliefSelf-esteemExpectations of childValidationAcceptanceSupporting Guiding 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**Appendix 6: Course Flyer**



***Watch, Wait & Wonder parent group – A universal concept that has the potential to enrich the interaction between all children and their parents in every family.***

*WWW is an effective and simple way for parents to be with their children that has the potential to help you:*

* *Enjoy your child more*
* *Encourage your child’s creativity & imagination*
* *Help your child to play more by themselves*
* *Settle difficult behaviours, especially sibling rivalries and jealousies*
* *Support your child’s school readiness*

**Contact:** Mrs X – Nursery

**Venue:** X Nursery

**Date/Time:** 5 January 2017 – 10 to 11.30 am

Tea/Coffee Available

Appendix 7- Over view of a WWW Programme (based primarily on Zilibowitz, M (2008) Modified Parent Education Programme)

|  |  |  |
| --- | --- | --- |
| Session | Resources | Venue layout |
| Session 1 (1.5-2 hours) |
| IcebreakerComplete assessment forms to gather data pre-interventionIntroducing WWWViewing the WWW DVDExplaining the processEnsuring participants feel confident to try WWW at home with their children | WWW DVDLaptop, projector and speakersScreeWhiteboard/flip chart and markersWWW handoutCopies of assessment forms Attendance registerName badgesRefreshments | DVD set up and ready to playRefreshments preparedChairs in a circleName tags and attendance register at entrance table |
| Session 2 (1.5-2 hours) |
| How did it go?Gathering feedback from participants regarding their experiences with WWW at homeReviewing the WWW processGiving reassurances/ideas to try when addressing challenges with WWW during the week at homeTeaching Point – Baby Brain QuizEnsuring participants feel confident to try WWW at home with their children | WWW DVDLaptop, projector and speakersScreeWhiteboard/flip chart and markersWWW handout (spares)Baby Brain Quiz handoutAttendance registerName badgesRefreshments | DVD set up and ready to playRefreshments preparedChairs in a circleName tags and attendance register at entrance table |
| Session 3 (1.5-2 hours) |
| How did it go?Gathering feedback from participants regarding their experiences with WWW at homeReviewing the WWW processGiving reassurances/ideas to try when addressing challenges with WWW during the week at homeTeaching Point – recap on baby brain handout and introduce concept of emotional regulation using Dan Siegel’s concept of ‘flip the lid’ (2010)Ensuring participants feel confident to try WWW at home with their children | WWW DVDLaptop, projector and speakersScreeWhiteboard/flip chart and markersWWW handout (spares)Baby Brain Quiz handout (spares)Flip the lid handoutAttendance registerName badgesRefreshments | DVD set up and ready to playRefreshments preparedChairs in a circleName tags and attendance register at entrance table |
| Session 4 (1.5-2 hours) |
| How did it go?Gathering feedback from participants regarding their experiences with WWW at home and celebrating change in child behaviour/parent-child relationshipsTeaching Point – recap on concept of emotional regulation using Dan Siegel’s concept of ‘flip the lid’ (2010). Introduce the Incredible Years Parenting Pyramid which depicts a hierarchy of parental strategiesComplete assessment forms introduced in session 1 to gather data post interventionThank participants for their attendance and participationEncourage participants to continue to implement WWW at home with their children | WWW DVDLaptop, projector and speakersScreeWhiteboard/flip chart and markersWWW handoutBaby Brain Quiz handout (spares)Flip the lid handout (spares)Incredible Years pyramid model handout Copies of assessment formsAttendance registerName badgesRefreshments | DVD set up and ready to playRefreshments preparedChairs in a circleName tags and attendance register at entrance table |

Appendix 8 - Facilitator’s Guide

What is WWW?

WWW is a child led therapeutic approach using the child's spontaneous free play. Watch, Wait & Wonder (WWW) is aimed at parents and their children who are experiencing relational and developmental difficulties (Muir et al, 1999; Cohen et al, 2002). By learning to watch and not intervene, the parent has an opportunity to read their child’s play more objectively and less influenced by projections from the parent’s past. The WWW experience creates a space for the parent to mindfully take on the observer role. By developing the capacity to observe and therefore actually see and be present with their child sometimes for the first time. This then enables the parent to develop a non-judgemental presence where they can sit still and be totally accepting of whatever arises in their child. The need for their child to be any way different lessens, in other words, the child becomes less needy, greedy, angry and/or clingy. In a way the WWW approach creates an intervention which relieves a parent of the anxious need to teach, instruct or play with his/her child.

Objectives of WWW

The WWW programme has the potential to:

* Support positive parent-infant/child relationships by increasing parents’ awareness of and sensitivity to their child’s cues;
* Promote parental responsiveness;
* Reduce intrusiveness;
* Facilitate positive effect and pleasure within the relationship which promote healthy brain development;
* Settle difficult child behaviours such as tantrums and aggression;
* Assist children to play more independently without the need for constant adult attention;
* Foster children’s imagination and creativity in their play.

Benefits of WWW

For the child

WWW allows the child to be supported through their play without adult instruction which frees the child to express their inner life and develop a sense of self through play and exploration while still maintaining a connection with the parent. WWW allows the child to feel empowered and encourage the development of a child’s self-efficacy and self-reliance.

For the parent

WWW frees the parent to simply observe their child and perhaps to see their child for the first time. By observing it relieves the parent of the pressure to intervene and/or initiate elaborate play experiences for their child.

For the parent-child relationship

When a parent supports child-initiated play, the paly can transform parent-child interaction and potentially the relationship as a whole.

Facilitator recommendations

It is assumed that professionals facilitating WWW groups will have experience in working with parents and children through group facilitation and/or in 1:1 sessions. Facilitators need a sound knowledge of early childhood development and attachment and will preferably have a special interest or qualification in parent/infant mental health.

There may be times when the practice of WWW triggers behaviours and emotions in parents which are distressing. It remains important to monitor individuals within the groups and seek further professional health if necessary.

Having two facilitators in a WWW group is recommended so as to ensure that all participants’ views and needs are met. It also allows for facilitators to discuss content and delivery of sessions to support their own practice and delivery.

It is essential that WWW group facilitators are linked to other suitable professionals in their local area so that referrals can be made for parents needing additional assistance/support. Ideally having a psychologists as a co-facilitator in the group would address any issues arising.

#### **Appendix 9 - Session 1**

**Preparation**

Set up DVD (Watch, Wait and Wonder – Modified Paretn Education Programme, Zilibowitz, M (2008) and screening equipment so the DVD is ready to play.

Set up room with chairs in a circle around screening equipment. Have extra writing materials – paper, pens, and pencils available. Flip chart paper and/or a white board should also be available if needed.

Photocopy pre-measures forms– for this study pre and post measure forms: ASQ-SE2, TOPSE and goals/review form – one copy for each participant.

Photocopy ‘How to Watch, Wait and Wonder’ – one copy for each participant.

Prepare refreshments.

Place name badges and attendance register at desk on entry. Ask participants to write names, addresses and contact numbers (if not already available).

Be available to greet participants on arrival, offer name badge, attendance register and tea/coffee/water.

Give parents directions to toilet and fire exit if not already familiar with venue.

**Welcome**

When all participants have arrived, signed in and settled with a refreshment, thank participants for coming and introduce yourself. Include something about your-self as a professional but also as a parent and/or your interest in parent child relationships.

Explain that the session has a structure but that there are opportunities for participants to ask questions and if need be, time is available at the end for individuals to have a chat with facilitators re any concerns or worries.

**Icebreaker**

Present the group with a pack of strengths cards which depict a range of special qualities spread out on the floor, with strength face up for all the group to see and read. Ask each participant to pick up one card that best describes them as a parent. When each participant and facilitators have chosen a card, facilitators begin the process of showing their card in turn to the group and if they would like to, tell the group why they chose it. Facilitators then invite participants to show their card and explain why they chose it.

Once you have completed this initial ice breaker, ask each parent to share with the group their name, the names and ages of their children and what they like best about being a parent. It may be beneficial for the facilitators to begin this process by introducing themselves and their children and/or work with children.

Ask parents to complete pre-measure forms (if needed) to explore their current thoughts re their child’s social and emotional well-being (ASQ-SE2); parents’ perceptions of their own parenting (TOPSE) and identifying goals they would like to work on as part of the WWW process.

**Introduction & Discussion**

Ask parents to talk about what they already know already about WWW and what would they like to get out of the WWW group and sessions.

Acknowledge each participant’s response and record on a white board.

Ask the group what are the things that parents find difficult with their children?

Acknowledge each response and validate the difficulties and challenges of each situation for parents and for children. For example, ‘Parenting is hard and is something we all have to learn while doing the job. Nothing prepares you for being a parent and at times it can be isolating and challenging and make us feel frustrated, angry and sad at times. That doesn’t mean that we’re ‘bad’ parents but that we all need support, advice and encouragement along the way.

Bearing all of this in mind, suggest to the group that you would like to share with them a simple idea which has been helpful for other parents and their children. This idea involves a programme called ‘Watch, Wait and Wonder’ and you would like to show a DVD that shows parents and children following this programme and discussing their experiences. Once the group have watched the DVD, we will have an opportunity to discuss their initial thoughts re this programme.

Ensure all parents can see the screen from where they are seated and if need be adjust their position accordingly.

Show the DVD – ‘Watch, Wait and Wonder’ (25 minutes in total). Do not stop during play in its entirety.

When DVD has finished. Ask participants to share their initial thoughts or reactions to WWW from what they have just watched.

Ask if there is anything that requires clarity or further explanation?

Review the WWW process with group by asking them to recall what they need to do in order to practise WWW. Ask participants to call out the steps, prompt if needed:

* Collect a random selection of toys;
* Find a space away from distractions;
* Sit on the floor with your child;
* Conduct sessions for 20-30 minutes x 3 times a week.

Explain that is the WWW process but then look at the meaning of the W words in WWW –

On the white board/flip chart write ‘WATCH’ – explain that for parents this means that don’t need to plan anything or to have any expectations about what their child will do during WWW time. All a parent needs to do is sit with their child and observe/watch them at play.

Next write WAIT on the white board/flip chart – Explain that the child takes the lead in WWW time. The parent will need to respond to their child’s cues but are not to instruct, interfere or join in the play unless their child asks them to.

If and when the child asks the parent to interact with him/her, the parent is to respond but always keeping in mind that the child leads. Try not to pre-empt what the child is going to do or wants to happen.

Finally, write ‘WONDER’ on the white board/flip chart – Explain that while observing your child at play, a parent needs to be open to whatever the child might be communicating. The parent must not try to understand the meaning behind their child’s play, the most important thing is that the parent is fully present for their child as they watch them play and wait to be approached or not by their child.

Hand out a copy of ‘How to Watch, Wait and Wonder’ to each participant which outlines how to have WWW time at home. Read through the hand out with the group.

Ask if there are any further questions about the practice of WWW.

Ask participants to think about where and when they might be able to practice WWW with their child at home.

Write on the white board/flip chart – Watch, Wait and Wonder|: Where? When?

Ask participants to think about a suitable space in their home where WWW could be practised regularly and some possible times in the day. Explain that this will vary from family to family and be dependent on various factors – number and ages of children.

Ask participants to turn to the person next to them and take turns to talk to their partners about how WWW might work for them. 5 minutes for each partner to think and share.

Ask group to come back together and share their thoughts. Facilitator records feedback re Where and When on white board/flip chart.

Remind parents that an ideal place for WWW time is a child-safe space without distractions (TV, computer, and phone) – preferably in a separate room with door closed. However, there is a need for the facilitator to be realistic by saying that this ideal place is not always possible and as such it is trying to find a space where distractions are minimised and/or a space where their child feels safe and comfortable to play.

Once participants have identified a ‘where?’ Ask for responses to ‘When would be a good time to practice WWW? Record all responses. Participants will need to consider other factors, such as other siblings in the home, nap times, work commitments and times of the week or day that are more convenient than others.

**Conclusion**

Ask participants are they ready to have a go at trying out WWW at home?

Ask parents to commit to three WWW sessions of 20-30 minutes over the coming week. It might be helpful to put WWW times on a calendar or a diary at home.

Ask parents to put their copy of ‘How to Watch, Wait and Wonder’ on their fridge or somewhere else as a reminder of the WWW process.

Read through the ‘How to Watch, Wait and Wonder’ again and ask participants of they have any questions after each step.

Explain that our group time is coming to a close and that you would like to know how participants feel about the session:

Ask each participant to name one thing they have learnt from the session.

Invite participants to name one thing about the session that didn’t work for them/something they would change to make the session more useful for them.

Thank participants for their attendance and contribution to the group.

Explain that you will meet again at the same time and place next week to share their experiences with WWW – with a particular focus on changes observed and any challenges.

Ask parents to leave their name badges, completed forms and pens on the table by the door on their way out.

Appendix 10 - Session 2

Preparation

Set up DVD (Watch, Wait and Wonder – Modified Parent Education Programme, Zilibowitz, M (2008) and screening equipment so the DVD is ready to play.

Set up room with chairs in a circle around screening equipment. Have extra writing materials – paper, pens, and pencils available. Flip chart paper and/or a white board should also be available if needed.

Photocopy ‘How to Watch, Wait and Wonder’ – spare copies

Photocopy ‘Baby Brain Quiz’ – Lawrence et al, 2016, 2017 – Northamptonshire Baby Brain project – Appendix 9 – one for each participant.

Prepare refreshments.

Place name badges and attendance register at desk on entry.

Be available to welcome participants back on arrival. Ask participants to sign register and collect name badges.

Remind parents of directions to toilet and fire exit.

Welcome

Once everyone is seated. Welcome participants back to the group and explain that this session will be an opportunity for all participants to share their experiences of trying WWW at home and discuss any changes and/or challenges they might have experienced over the past week.

Discussion

Ask participants ‘How did WWW time with your child go?’

What did you notice? (Observations of your child)

How did you feel? From an observer point of view; how your child responded to being observed and what did you observe?

Encourage each participant in turn to share their first experiences with WWW.

Listen to each parent until they have finished speaking. Allow 5-10 minutes per participant to feedback.

When listening to a participant’s feedback about their experience, allow them time to express their thoughts and feelings re observations. Initially, participant’s responses re observations can be limited and as such it is tempting as the facilitator to want to ‘fill in the gaps’ with his/her own observations. So instead of pre-empting parents’ discoveries about their own child, allow the participants to sit, think and express what they observed. With practice participants will become more confident observers. Muir (1993) identifies the facilitator’s role as a means to elicit as much as possible from the parent and to affirm the observations they do make. The challenge for the facilitator is to model the very watching, waiting and wondering we are trying to encourage and develop in the participants/parents.

At the conclusion of each participant’s feedback, ask the following:

Is there anything you are unsure about, concerned about, found difficulty? List any challenges on the whiteboard/flip chart.

Tell us about any changes you have noticed in your child or yourself while engaged in a WWW session. List any changes on the whiteboard/flip chart.

When participants’ queries are of a general nature, address each concern in turn, offering alternative approached if appropriate. It may also be useful to include participants in the troubleshooting discussion – has anyone got any ideas/suggestions re the presenting concerns. If suggestions are offered, ask the participant seeking support/advice, ‘Do you think that could work for you and your child in your home?’

If concerns of a more challenging or personal nature arise, offer the participant the opportunity to arrange a 1-1 discussion after the group session.

Once each participant has had an opportunity to tell their WWW story and has had some feedback from the facilitator and/or the group, suggest to the group that it might be helpful to see some parts of the WWW DVD again.

Suggestions

Ask the group is there is any segment of the DVD that they would like to see again.

Show sections of the DVD most commonly requested. Depending on time available, show all segments requested. Offer to show other segments in the next session if not enough time in session 2.

Choose a particular segment to review and discuss with the group:

For example, show the segment of a young mum with her 2 year old playing with doll’s house, tea set and book (10 minutes). Ask the group to watch the segment, and note things that the mum does that follows the WWW guidelines as they observe the child at play and those that do not.

Draw two columns on the whiteboard/flip chart, one headed with a tick and one with a cross. Ask participants to recall those things the mother did which are appropriate to the WWW process. List those in the tick column. Then ask participants to recall instances in the DVD segment where they think the parent was intrusive of his/her child’s play. List those in the column marked with a cross.

Segment about aggression in play – ask participants to think about how the parent might be feeling and thinking and then think about what the child might be thinking and why they may be responding in the way that they are. Acknowledge each response, e.g., frustration, impatience, etc.

Teaching Point

Ask participants to complete the Baby brain quiz (Northampton Baby Brain project – Lawrence et al, 2016, 2017 – Appendix 9). The purpose of using this quiz was an interesting way to get participants to think about how a baby brain develops and how responsive the early brain is to thoughts, feelings and emotions but in a fun, information gaining way – using a yes or no response. The facilitator then reads through each questions and asks the group what their response was – yes or no. Reading aloud each question and answer allows for a general discussion about each point and creates a teaching and learning opportunity for all participants.

Conclusion

Facilitator suggests to the participants that the challenges and changes using WWW at home recorded on the whiteboard/flip chart are likely to be due to it being a new process and that will practice and familiarity it will become easier.

Facilitator refers back to the challenges and changes recorded on the whiteboard/flip chart and ask participants if they feel they have a new strategy in each of those cases which they could have a go at home over the coming week. If not, give further suggestions and/or ask the group to identify suggestions.

Facilitator refers back to the list of changes recorded on the whiteboard/flip chart. Ask participants to enjoy and identify positive observations from continuing to implement WWW time with their child.

Explain that our group time is coming to a close and that you would like to know how participants feel about the session:

Ask each participant to name one thing they have learnt from the session.

Invite participants to name one thing about the session that didn’t work for them/something they would change to make the session more useful for them.

Thank participants for their attendance and contribution to the group.

Explain that you will meet again at the same time and place next week to share their experiences with WWW – with a particular focus on changes observed and any challenges.

Ask parents to leave their name badges, completed forms and pens on the table by the door on their way out. Wish the parents an enjoyable time with their children during the following week.

Appendix 11 - Session 3

Preparation

Set up DVD (Watch, Wait and Wonder – Modified Parent Education Programme, Zilibowitz, M (2008) and screening equipment so the DVD is ready to play.

Set up room with chairs in a circle around screening equipment. Have extra writing materials – paper, pens, and pencils available. Flip chart paper and/or a white board should also be available if needed.

Photocopy ‘How to Watch, Wait and Wonder’ – spare copies.

Photocopy Dan Siegel’s concept of ‘flip the lid’ (2010) – Appendix 10 – one for each participant.

Prepare refreshments.

Place name badges and attendance register at desk on entry.

Be available to welcome participants back on arrival. Ask participants to sign register and collect name badges.

Remind parents of directions to toilet and fire exit.

Welcome

Once everyone is seated. Welcome participants back to the group and explain that this session will be an opportunity for all participants to share their experiences of trying WWW at home and discuss any changes and/or challenges they might have experienced over the past week.

Discussion

Ask participants ‘How did WWW time with your child go?’

What did you notice? (Observations of your child)

How did you feel? From an observer point of view; how your child responded to being observed and what did you observe?

Encourage each participant in turn to share their first experiences with WWW.

Listen to each parent until they have finished speaking. Allow 5-10 minutes per participant to feedback.

When listening to a participant’s feedback about their experience, allow them time to express their thoughts and feelings re observations. Initially, participant’s responses re observations can be limited and as such it is tempting as the facilitator to want to ‘fill in the gaps’ with his/her own observations. So instead of pre-empting parents’ discoveries about their own child, allow the participants to sit, think and express what they observed. With practice participants will become more confident observers. Muir (1993) identifies the facilitator’s role as a means to elicit as much as possible from the parent and to affirm the observations they do make. The challenge for the facilitator is to model the very watching, waiting and wondering we are trying to encourage and develop in the participants/parents.

At the conclusion of each participant’s feedback, ask the following:

Is there anything you are unsure about, concerned about, found difficulty? List any challenges on the whiteboard/flip chart.

Tell us about any changes you have noticed in your child or yourself while engaged in a WWW session. List any changes on the whiteboard/flip chart.

When participants’ queries are of a general nature, address each concern in turn, offering alternative approached if appropriate. It may also be useful to include participants in the troubleshooting discussion – has anyone got any ideas/suggestions re the presenting concerns. If suggestions are offered, ask the participant seeking support/advice, ‘Do you think that could work for you and your child in your home?’

If concerns of a more challenging or personal nature arise, offer the participant the opportunity to arrange a 1-1 discussion after the group session.

Once each participant has had an opportunity to tell their WWW story and has had some feedback from the facilitator and/or the group, suggest to the group that it might be helpful to see some parts of the WWW DVD again.

Suggestions:

Ask the group is there is any segment of the DVD that they would like to see again.

Show sections of the DVD most commonly requested. Depending on time available, show all segments requested. Offer to show other segments in the next session if not enough time in session 2.

Choose a particular segment to review and discuss with the group:

For example, show the segment of a young mum with her 2 year old playing with doll’s house, tea set and book (10 minutes). Ask the group to watch the segment, and note things that the mum does that follows the WWW guidelines as they observe the child at play and those that do not.

Draw two columns on the whiteboard/flip chart, one headed with a tick and one with a cross. Ask participants to recall those things the mother did which are appropriate to the WWW process. List those in the tick column. Then ask participants to recall instances in the DVD segment where they think the parent was intrusive of his/her child’s play. List those in the column marked with a cross.

Segment about aggression in play – ask participants to think about how the parent might be feeling and thinking and then think about what the child might be thinking and why they may be responding in the way that they are. Acknowledge each response, e.g., frustration, impatience, etc.

Teaching Point

Recap on the baby brain quiz from session 2 and allow participants to ask questions relating to the baby brain information shared from week 2. Introduce the concept of emotional regulation using Dan Siegel’s concept of ‘flip the lid’ (2010) – Appendix 10. (Northampton Baby Brain project – Lawrence et al, 2016, 2017 – Appendix 9).

The facilitator demonstrates the flip the lid concept – identify each part of the brain using the hand and explains what happens to the brain when it is attempting to self-regulate and/or manage emotions. Using this model discuss with the group how this impacts on a child and adult’s behaviour – what kind of behaviours do we see in our child and how do those behaviours impact on the participants as parents and managing their emotions as well as their child’s.

Conclusion

Facilitator refers back to the challenges and changes recorded on the whiteboard/flip chart and ask participants if they feel they have a new strategy in each of those cases which they could have a go at home over the coming week. If not, give further suggestions and/or ask the group to identify suggestions.

Facilitator refers back to the list of changes recorded on the whiteboard/flip chart. Ask participants to enjoy and identify positive observations from continuing to implement WWW time with their child.

Explain that our group time is coming to a close and that you would like to know how participants feel about the session:

Ask each participant to name one thing they have learnt from the session.

Invite participants to name one thing about the session that didn’t work for them/something they would change to make the session more useful for them.

Thank participants for their attendance and contribution to the group.

Explain that you will meet again at the same time and place next week to share their experiences with WWW – with a particular focus on changes observed and any challenges.

Remind participants that next week’s session will be the final WWW group, where they will share their changes and challenges that they have noted since starting WWW at home, and celebrate these changes. As it will be our last sessions, participants will be asked to complete the pre-measures – ASQ:SE2, TOPSE and goals form again to capture any changes.

Ask parents to leave their name badges, completed forms and pens on the table by the door on their way out.

Wish the parents an enjoyable time with their children during the following week.

Appendix 12 - Session 4

Preparation

Set up DVD (Watch, Wait and Wonder – Modified Parent Education Programme, Zilibowitz, M (2008) and screening equipment so the DVD is ready to play.

Set up room with chairs in a circle around screening equipment. Have extra writing materials – paper, pens, and pencils available. Flip chart paper and/or a white board should also be available if needed.

Photocopy ‘How to Watch, Wait and Wonder’ – spare copies.

Photocopy Dan Siegel’s concept of ‘flip the lid’ (2010) – Appendix 10 – spare copies.

Photocopy ‘Baby Brain Quiz’ – Lawrence et al, 2016, 2017 – Northamptonshire Baby Brain project – Appendix 9 – spare copies.

Photocopy Incredible Years pyramid model (Webster-Stratton, 2001) – Appendix 11 – one for each participant.

Prepare refreshments.

Place name badges and attendance register at desk on entry.

Be available to welcome participants back on arrival. Ask participants to sign register and collect name badges.

Remind parents of directions to toilet and fire exit.

Welcome

Once everyone is seated. Welcome participants back to the group and explain that this session will be an opportunity for all participants to share their experiences of trying WWW at home and discuss any changes and/or challenges they might have experienced over the past week.

Also discuss as this is the last session, this is an opportunity for them to share their experience of adjusting their approach to WWW time with their child, and to reflect upon any changes they noticed since starting WWW at home.

Discussion

Ask participants ‘How did WWW time with your child go?’

What did you notice? (Observations of your child)

How did you feel? From an observer point of view; how your child responded to being observed and what did you observe?

Encourage each participant in turn to share their first experiences with WWW.

Listen to each parent until they have finished speaking.

When listening to a participant’s feedback about their experience, allow them time to express their thoughts and feelings re observations. Initially, participant’s responses re observations can be limited and as such it is tempting as the facilitator to want to ‘fill in the gaps’ with his/her own observations. So instead of pre-empting parents’ discoveries about their own child, allow the participants to sit, think and express what they observed. With practice participants will become more confident observers. Muir (1993) identifies the facilitator’s role as a means to elicit as much as possible from the parent and to affirm the observations they do make. The challenge for the facilitator is to model the very watching, waiting and wondering we are trying to encourage and develop in the participants/parents.

At the conclusion of each participant’s feedback, ask the following:

Is there anything you are unsure about, concerned about, found difficulty? List any challenges on the whiteboard/flip chart.

Tell us about any changes you have noticed in your child or yourself while engaged in a WWW session. List any changes on the whiteboard/flip chart.

When participants’ queries are of a general nature, address each concern in turn, offering alternative approached if appropriate. It may also be useful to include participants in the troubleshooting discussion – has anyone got any ideas/suggestions re the presenting concerns. If suggestions are offered, ask the participant seeking support/advice, ‘Do you think that could work for you and your child in your home?’

If concerns of a more challenging or personal nature arise, offer the participant the opportunity to arrange a 1-1 discussion after the group session.

Suggestions to ask to elicit participant feedback:

What did you notice as a result of making those changes?

How did that make you feel as a parent?

How do you think that would have felt for your child?

How do you feel about your relationship with your child now, compared with before?

Once each participant has had an opportunity to tell their WWW story and has had some feedback from the facilitator and/or the group, move onto teaching point of session.

Teaching Point

Recap on the concept of emotional regulation using Dan Siegel’s concept of ‘flip the lid’ (2010) – Appendix 10. Allow time for participants to discuss their thoughts re this concept and allow for any questions relating to this and/or the baby brain quiz from session 2. The facilitator introduces Incredible Years pyramid model (Webster-Stratton, 2001) – Appendix 11. The facilitator explains that the Incredible Years Parenting Pyramid depicts a hierarchy of parental strategies (Appendix 11). Some of these strategies are the basic building blocks for supporting child development and should be used very frequently (for example, play, attention, and involvement). Others are also important for optimal child development but should be used less frequently (for example, introducing consequences for aggression).

Conclusion

Facilitator refers back to the challenges and changes recorded on the whiteboard/flip chart and ask participants if they feel they have a new strategy in each of those cases which they could have a go at home over the coming week. If not, give further suggestions and/or ask the group to identify suggestions.

Facilitator refers back to the list of changes recorded on the whiteboard/flip chart. Ask participants to enjoy and identify positive observations from continuing to implement WWW time with their child.

Explain that this concludes the WWW sessions.

Wish participants well as they continue to practise WWW regularly at home.

Ask parents to leave their name badges, completed forms and pens on the table by the door on their way out.

Thank participants for their attendance, contribution to the group and the series of sessions.

#### **Appendix 13**

#### Participant Consent Form

|  |
| --- |
| **Title of Study:** Implementing and reviewing the impact of an existing dyadic infant-led approach (Watch, Wait & Wonder) in supporting parent child relationships in the early years**Name of Researcher**: Nuala McNairParticipant Identification Number for this project: **Please initial box**1. I confirm that I have read and understand the information sheetdated *[5.01.17]* for the above study and have hadthe opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdrawat any time without giving any reason. [*Contact number of researcher:*

 *Nuala McNair – xxxxxxxx]*1. I understand that my responses will be anonymised before analysis.
2. I consent to audio tapes being made of these sessions and to these tapes being used to aid the work.
3. I consent to the excerpts from these recordings, or descriptions of them, being used by the (name of agency) staff for the purposes of supervision, research and/or teaching.

 1. I understand that the Nuala will edit out from these recordings, or from descriptions of the recordings, as much identifying information as is possible.
2. I agree to take part in the above research project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Participant Date Signature(*or legal representative*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of person taking consent Date Signature(*if different from lead researcher*)*To be signed and dated in presence of the participant*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lead Researcher Date Signature*To be signed and dated in presence of the participant*Copies:*Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the letter/pre-written script/information sheet and any other written information provided to the participants. A copy for the signed and dated consent form should be placed in the project’s main record (e.g. a site file), which must be kept in a secure location.*  |

**Appendix 14: Information Sheet**

I would like to invite you to participate in this original research project. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what you participation 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 that is not clear or if you would like more information.

**What is the project’s purpose?**

To implement an evaluate an existing infant play approach called Watch, Wait & Wonder to support parent child relationships in the early years. Research around Watch, Wait & Wonder (WWW) programme would suggest that it is a proven and effective tool for supporting early parent: child relationships through enhancing parental sensitivity, attunement and responsiveness to increase positive affect and pleasure within the relationship. The duration of this project will be for a 1 year period. At the conclusion of this project, I will provide you with a newsletter summarising the main findings.

**Why have I been chosen?**

All parents whose children attend your nursery school will be invited to attend four WWW parent sessions.

**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 be asked to sign a consent form) and you can still withdraw at any time without it affecting any benefits that you are entitled to in any way. You do not have to give a reason.

**What will happen to me if I take part?**

This study will take place in your nursery school. You will be asked to attend 4 WWW parent sessions while your child attends his/her nursery session. You will be asked to complete 3 schedules – 1) a goals and review form which asks you to outline what your hopes, expectations and concerns are, and rating where you are in relation to theses hopes, expectations and concerns, 2) the Ages and Stages Questionnaire – Social and Emotional which relates to your child’s social and emotional development and 3) TOPSE which looks at your thoughts about parenting. These schedules should not take longer than 30 minutes of your time.

The parent sessions will be recorded using a Dictaphone and I may take some notes at the end of each session to enable me to support all parent’s needs and concerns. All recordings via note taking or audio will be transcribed. Any recordings made during this research will be used only for analysis and for illustration in conference presentations and lectures. No other use will be made of them without your written permission, and no one outside the project will be allowed access to the original recordings.

**What do I have to do?**

All you will be required to do is to turn up for the weekly parent sessions for a maximum of 3 weeks. The sessions will last an hour.

**Will the sessions be recorded?**

The sessions may be audio-recorded along with note taking and then transcribed (typed out) on paper. The transcripts will be stored securely and then disposed of safely at the end of the research project. Transcripts will be anonymised and used only for analysis, with some selected quotes being presented in the final write up. No other use will be made of them without your written permission, and no one outside the project will be allowed access to the original recordings.

**What are the possible disadvantages and risks of taking part?**

I do not anticipate any adverse effects, disadvantages and/or risks to taking part in this research project. However, I can be contacted by telephone or by email and/or nursery staff at your nursery will be available should taking part in this research project raise any concerns with you.

**What are the possible benefits of taking part?**

Whilst there are no immediate benefits for those people participating in the project, it is hoped that this infant play approach will be an effective tool for supporting the interaction between all children and their parents in every family. At the conclusion of the project, I will send you a newsletter describing the main findings and alert you to any research publications generated from the project.

**What happens if the research study stops earlier than expected?**

All participants will be informed of any decision to stop this research project.

**What if I am not happy about our conversation or the research?**

You can change your mind about taking part at any time. If you feel any need to make a complaint, you can contact my line manager, Dr X at X on 0000000000 and/or Dr Supervisor at the University of Sheffield on 000000000.

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

All the information that I collect about you during the course of the research will be kept strictly confidential. You will not be able to be identified in any reports or publications.

**What will happen to the results of the research project?**

Each session may be recorded on a digital recorder and then transcribed. The recordings and transcripts will be kept securely in a locked cabinet and will be destroyed on completion of the research. Written notes will also be taken throughout the sessions.

**Who is organising and funding the research?**

This research is being organised by Nuala McNair (researcher) as part of my Ed Doctorate in Educational Psychology. This research will be over seen by Dr X and Dr X at the school of Education at Sheffield University.

**Who has ethically reviewed the project?**

This project has been ethically approved via Sheffield University ethics review procedure. The University’s Research Ethics Committee monitors the application and delivery of the University’s Ethics Review Procedure across the University.

**Contact for further information**

Please contact Nuala McNair by email at @xxxx by phone 00000, or by post at X

Sheffield University contacts:Dr x. email  @sheffield.ac.uk

Dr x-  email @sheffield.ac.uk

It is up to you to decide whether to take part or not. If you decide to take part you are still free to withdraw from the project up until the time when the interview has been transcribed for analysis.

A copy of this information sheet as well as a signed consent form will be given to each participant to keep.

Thank you for agreeing to take part in this project.

Appendix 15

How to …..WATCH….WAIT…AND WONDER…….

1. Turn off the TV, phone, radio or computer.
2. Find a childproof space and some toys.
3. Sit on the floor with your child.

Watch your child play for 20-30 minutes.

Wait to be invited into their play.

Wonder about the meaning of what they are communicating.

1. Do this three times a week with your child.

 Zilibowitz (2008)…WWW. Facilitator guide

Appendix 16: Baby Brain Quiz

Appendix 17 - Dan Siegel – Flip the Lid

The hand model of the brain. Siegel, D.J. (2010). Mindsight.

Appendix 18 - Webster-Stratten, (2001) – Parenting Pyramid

Appendix 19 - Certificate of Attendance & Participation – WWW

**Watch, Wait & Wonder**



This is to certify that

Attended and participated in a parent group on Watch Wait and Wonder organised and developed by X Educational Psychology Service in partnership with X Infant & Nursery school from 5 January – 9February 2017



Nuala McNair/ X Educational Psychology Service

Appendix 20 – TOPSE scores – table and graph for each parent

The TOPSE abbreviation & key

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| E&A – Emotions & Affection  | P&E – Play & Enjoyment | E&U – Empathy & Understanding | D&SB – Discipline & Setting Boundaries | Self A – Self- Acceptance | L&K – Learning & Knowledge |

Parent 1a

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent 1a | E&A | P&E | E&U | Control | D&SB | Pressures | Self A | L&K |
| Time 1 | 57 | 46 | 45 | 35 | 44 | 23 | 33 | 41 |
| Time 2 | 57 | 48 | 48 | 36 | 47 | 20 | 35 | 47 |

Parent 1b

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent 1b | E&A | P&E | E&U | Control | D&SB | Pressures | Self-A | L&K |
| Time 1 | 43 | 36 | 40 | 36 | 44 | 54 | 48 | 33 |
| Time 2 | 48 | 39 | 44 | 43 | 49 | 56 | 49 | 36 |

Parent 2

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent 2 | E&A | P&E | E&U | Control | D&SB | Pressures | Self-A | L&K |
| Time 1 | 39 | 44 | 33 | 24 | 21 | 34 | 44 | 45 |
| Time 2 | 43 | 47 | 38 | 27 | 27 | 33 | 46 | 49 |

Parent 3

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent 3 | E&A | P&E | E&U | Control | D&SB | Pressures | Self-A | L&K |
| Time 1 | 56 | 60 | 54 | 49 | 39 | 57 | 60 | 59 |
| Time 2 | 57 | 60 | 56 | 53 | 45 | 57 | 60 | 60 |
|  |  |  |  |  |  |  |  |  |

Parent 4a

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent 4a | E&A | P&E | E&U | Control | D&SB | Pressures | Self-A | L&K |
| Time 1 | 43 | 22 | 19 | 23 | 29 | 47 | 45 | 49 |
| Time 2 | 49 | 28 | 24 | 28 | 33 | 46 | 47 | 52 |

Parent 4b

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent 4b | E&A | P&E | E&U | Control | D&SB | Pressures | Self-A | L&K |
| Time 1 | 57 | 36 | 33 | 26 | 33 | 53 | 50 | 39 |
| Time 2 | 58 | 41 | 37 | 28 | 37 | 55 | 53 | 41 |

Parent 5

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent 5 | E&A | P&E | E&U | Control | D&SB | Pressures | Self-A | L&K |
| Time 1 | 50 | 57 | 52 | 34 | 56 | 60 | 50 | 49 |
| Time 2 | 52 | 60 | 55 | 36 | 58 | 60 | 50 | 52 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent 6 | E&A | P&E | E&U | Control | D&SB | Pressures | Self-A | L&K |
| Time 1 | 48 | 50 | 49 | 40 | 49 | 52 | 53 | 45 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent 7a | E&A | P&E | E&U | Control | D&SB | Pressures | Self-A | L&K |
| Time 1 | 39 | 43 | 43 | 36 | 43 | 50 | 47 | 42 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent 7b | E&A | P&E | E&U | Control | D&SB | Pressures | Self-A | L&K |
| Time 1 | 60 | 60 | 58 | 57 | 54 | 60 | 56 | 58 |