

Feedback and Reflections on the delivery of a parenting support group for parents of children with severe and complex learning difficulties.



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Abstract

A parent support group for parents and carers of children with severe and complex learning difficulties was facilitated in a special school twice termly during the course of the school year. Video modelling of children with their parents and teachers using feedback from the group facilitators and other parents in the group was utilised. Pre- and post -questionnaires were administered to the parents following the introductory parenting group session and after the final session. Due to the low turnout throughout the sessions, the data could not be robustly analysed to determine any significant changes. Data from the evaluation feedback form provided parental views on whether the group had met their needs. Emerging themes a, limitations and future directions on facilitating parent support groups are discussed.

Introduction and Literature Review

Parents and carers of children with severe learning difficulties often face challenges due to the demands of high intensity care they need to provide to their children. Research by Tadema and Vlaskamp (2010) has shown that caring tasks place heavy demands on parents, which may not be the case for parents of children with other needs. Parents of younger children express higher levels of burden than parents of older children (Tadema and Vlaskamp, 2010).

Parents and carers of children with severe learning difficulties often have to juggle competing demands, leaving less time and energy for themselves. They may feel isolated and lacking in support because of what other people may say or do, they may also worry about what other parents think about their child's behaviour. They may feel unable to manage the complexity of their child's difficulties, resulting in a great strain on the parents, the family and siblings. This can result in parents experiencing 'high psychological distress' (Bray, Carter, Sanders, Blake and Keegan, 2017).

Differences in stress levels experienced by parents can be explained by parental locus of control (defined as the extent to which parents believe they have power over events in their lives), parenting satisfaction and the child's behaviours (Hassall, Rose & McDonald (2005). Hassall et al., (2005) reported that while there was a strong correlation between family support and parenting stress, this was mediated by parental locus of control. They went on to suggest the potential importance of parental cognitions in influencing parental stress levels. They recommended that the results of their research had implications for clinical interventions to promote parents' coping strategies in managing children with intellectual and behavioural difficulties.

Jansen, van der Putten and Vlaskamp (2013) explored what parents of children with severe learning difficulties found important with regards to the support of their child.

They reported that parents perceived the partnership between themselves and professionals in the professional support of their children to be important. They also found that the age of the child significantly affected parents' scores for 'Providing Specific Information about the Child'. Parents of children in the '6-12 years' age group gave significantly higher scores on an adapted version of the Measure of Processes of Care scale than did parents of children in the '≥17 years' age group. They also noted that a substantial number of parents reported not receiving the support they found important.

Group parenting programmes such as 'Confident Parenting' designed specifically for Parents of children with a learning disability (George, Kolodzei and Coiffait, 2014) showed a significant decrease in parental stress with a corresponding increase in parental confidence and understanding of their child's behaviour. George et al. (2014) found significant differences in the reported levels of initial parental stress and the impact of understanding their child's diagnosis between parents of preschool and school-aged children. This concurs with the research by Tadema and Vlaskamp (2010) and Jansen, van der Putten and Vlaskamp (2013) that the age of children can be an important factor in parental perceptions of perceived care needs of their child and subsequently the stress they may experience.

There is a distinction between parent group training programmes and parent support groups. Parent group training programmes (NICE and SICE, 2006) are recommended in the management of children with conduct disorders. Parent support groups can provide peer support and an opportunity for parents to exchange experiences and advice about caring for a child with special needs on a day-to-day basis. Parent group training programmes (NICE and SICE, 2006) are recommended in the management of children with conduct disorders.

The main goals of parent group training programmes, based on behavioural therapy training (Scott, 2002) are to teach the principles of child behaviour management, increase parental competence and confidence and through good communication and positive attention aid the child's development. These types of programmes are structured around a formal course manual and, follow a proscribed content over several weeks delivered by a trained facilitator.

An appraisal of parent group training- educational programmes (NICE and SICE, 2006) showed that most programmes combine two main approaches. These focus on teaching the parenting skills needed to address the cause of the problem behaviour and a relationship component to help parents' understand their own and their child's behaviour to improve communication with their child.

Parent group training programmes may not, however, meet the needs of parents with children with severe and complex disabilities. Vella et al., (2015) found that parents of children who had the most severe difficulties felt that the group failed to cater for their

children's level of difficulties. Vella et al., (2015) attributed this to parents possibly feeling distressed by unfavourable comparisons with the families of typically developing children.

Parent peer support groups vary widely on multiple dimensions such as their purpose, structure, facilitation, level and training of facilitators, the manner in which support is provided and whether there is a set programme or is more open ended in nature (Harder and Company Community Research, 2012). Parent peer support groups unlike self-help groups have the support/involvement from professionals. The role of professionals can range from co-facilitating the peer group to providing extra support outside the group to participants themselves. Parent peer support groups may take the form of parent-to-parent peer support (Bray, Carter, Sanders, Blake and Keegan, 2017) or support in a group. They may be peer- led by a trained and experienced parent facilitator (Kingsnorth, Gall, Beayni and Rigby, 2011) or facilitator led by a professional.

In a conceptual analysis of peer support, Dennis (2003) identifies peer support as a concept embedded within a social relationship construct. Peer support groups are designed to give parents emotional and social support, information, education and networking opportunities. Peer support groups share the philosophy that those with shared experiences are in a unique position to provide authentic empathy, support, practical advice and suggestions.

Most of the research papers on peer support groups for parents do not include high need populations or diverse ethnic groups. An exploratory study on peer support groups for parents showed that the literature although voluminous, was limited in terms of rigorous evaluations examining outcomes for parents with young children (Harder and Company Community Research, 2012). King, Stewart, King and Law (2000) in a study of nine parent support groups found that peer groups for parents of children with special health care needs often started with an educational purpose but then transitioned to a more supportive purpose with an emphasis on sharing and discussing issues that parents experienced. Although the focus of the research by Jones, et al. (2010) concerned the management of childhood obesity, their results with regards to parental participation in support groups are pertinent. They found that parental participation was higher for child-centred physical activity than parent-centred dietary modification programmes suggesting that programme content can affect parental participation and attendance.

Mandell and Salzer (2007) examined the characteristics of those who participated in support groups for parents of children with Autism. They found group participant demographics (socio-economic status and ethnic origins) as well as the severity of the child's behaviour (in terms frequency of self-injurious behaviour, sleep problems and language delays) were linked to parent support group participation. Empirical studies of the effects of parent group participation (NICE and SICE, 2006) have produced inconsistent findings. Parent groups are associated with benefits for some participants

especially those who feel in need of support and have the skills to interact effectively in group settings. Parent groups can also have an equivocal or even adverse effect on some participants particularly if they have less need for additional support.

A review of the literature on peer support groups for parents (Harder and Company Community Research, 2012) provides directions on the types of outcome measures to consider when running peer support groups. These include measures to:

- Increase parents' knowledge, confidence and efficacy in parenting skills
- Reduce parental related stress as reported by parents
- Increase social support/connectedness thereby decreasing parental sense of social isolation
- Raising parental awareness of resources available to them.

In comparison with peer group support interventions in general, there have been very few studies on formally facilitated parent peer support groups. An evaluation of the Empowering Communities, Empowering Families programme (Day et al., 2012), a peer led manualised parenting intervention for parents of children aged 2-11 with behavioural issues, found participation improved parental practices and reduced problem behaviour. There was also a low dropout rate by parents and the researchers suggested that this may have been the result of parents feeling comfortable in receiving support from someone who was similar to them.

An evaluation of the 'My Time' facilitated peer support intervention for parents and carers of children with special educational needs showed parents reporting high levels of satisfaction (Hammarberg, Sartore, Cann and Fisher, 2014). The My Time parent peer group support intervention was not structured around a formal course. Trained facilitators managed the group process and provided evidence based resources. Crèche facilities were provided as well. Identified areas of satisfaction by parents were: access to more practical knowledge and information on how to care for their children derived from experiences of their peers, resources provided by the facilitator, and a peer social support network. Hammarberg et al.,(2014) found that this peer group intervention had benefits for parents with a range of family circumstances.

Hames and Rollings, (2009), noted a lack of group-based parent training programmes for parents of children presenting with severe and complex learning disabilities as well as challenging behaviour. Hames and Rollings (2009) used video modelling with parents and teachers, with feedback being given in small groups from the group facilitators and other parents. Their longitudinal study, that analysed data over an eight year period through a postal evaluation questionnaire, showed that parents reported that the group had made a positive difference to both them and to their child's behaviour. The most commonly expressed sentiment by the parents was that the group helped them feel less isolated. Rollings and Hames (2009) also reported a reduction in referrals to the Clinical Psychology service from parents who had attended the parent-training programme.

Shilling, Morris, Thompson-Coon, Ukoumunne, Rogers and Logan, (2013) in their review of the benefits of peer support for parents of children with disabling conditions noted that qualitative research suggested that parents benefited from peer support programmes. Qualitative research provided inconsistent evidence of positive effects. They suggested further exploration of this dissonance found in the review.

In their review of parenting groups, Desforges and Abouchaar (2003) suggested that interventions aimed at supporting parents and developing their parenting capacities should adopt a more holistic approach encompassing all the parties involved in the child's schooling. It was felt that including head teachers, school staff (including the support workers), children and parents would greatly improve the groups and enhance the effectiveness of the groups. The thinking behind this approach is that these people and professionals are part of the context shaping the child's self- concept and are "*taken to be the engine room of the child's educational progress*" (Desforges & Abouchaar, 2003).

In summary, a review of the research on facilitated parent peer group support interventions showed that they assisted with:

- improved parental practices,
- reduced problem behaviour
- access by parents to more practical knowledge and information on how to care for their children derived from experiences of their peers,
- resources provided by the facilitator,
- providing a peer social support network.
- Reduction of feelings of social isolation
- Fewer referrals to support services (e.g. Clinical Psychology services)

The next section provides a context for this project.

Context

Amwell View is a School catering for approximately 143 children with Severe Learning Difficulties aged 2-19 years. Although the majority of children live in the local area, some children live outside the immediate local area and are bussed or taxied to school. All the children display intellectual impairment, many of them with accompanying sensory and mobility issues. The school's curriculum is designed and delivered using practical experiences and kinaesthetic learning. The success of the school's curriculum model and delivery has led to the designation of the school as a Specialist Sports College. The school is reported to provide 'Outstanding Education' (Ofsted reports 2007, 2010, 2014) and the staff work collaboratively with a range of external professionals and aim to provide a supportive role to parents.

The context of this work arose from a discussion between the head teacher, the school's link Educational Psychologist(EP) and a Trainee Educational Psychologist(TEP) during an initial contact meeting at the start of the school year. The school wished to provide an additional forum to support parents and to extend their understanding of their child's emotional and intellectual development. It was agreed that a group-based parent training programme that incorporated video modelling and sought feedback from parents, teachers and attending EPs would be held, with the EP and TEP also acting as group facilitators. This was based on the work of Hames and Rollings (2009) and was felt to be a useful systemic intervention to improve parent's wellbeing. The rationale for choosing this approach was that:

- It would build on parental expertise,
- Provide a safe forum to share and discuss a range of effective techniques
- Provide a means of learning from each other
- Assist in normalising parental feelings of isolation, anxiety and lack of confidence in parenting abilities.
- Skill staff in facilitating future parent group training/interventions of this type.

The Parenting Group

The theoretical underpinnings of the intervention can be found in Social Learning theory and Positive Psychology. Social Learning theory (Bandura, 1977) posits that people learn from each other through observation, imitation and modelling. It was felt that using video feedback would allow attending parents to observe particular behaviours and collaboratively discuss how the parents could manage this behaviour. This would allow parents to observe and imitate the strategies and behaviours used by other parents, thus enhancing their capacity to manage their children's challenging behaviour.

The intervention was also influenced by Positive Psychology as it focussed on the strengths of the parents and what strategies they could use to thrive as active agents in the management of their children's behaviour. By taking a solution focussed approach it was hoped that the groups would be practical and would provide useful strategies for the attending parents. Through group discussions and constructive feedback it was hoped that the group could facilitate parents to bring about changes in behaviour, develop their own skills, confidence and subsequently reduce parental stress.

Invitations were sent by the school to parents via the school web site (Appendix 1). No specific age range of children was mentioned. Eight sets of parents expressed interest and this was therefore a self-selecting group. The sessions were held twice a term at the School from 10.30 to 12.30. A total of five sessions were delivered between September 2016 and July 2017. Refreshments were provided and a member of the school's

Leadership Team attended and contributed to facilitating these sessions with the Educational Psychologist and the Trainee Educational Psychologist.

Both the parent and the child's teacher provided a short video clip of a specific behaviour which was viewed and discussed by the group. Parents were asked to provide clips of behaviour they found challenging. This provided a means for the parent and the group to see how the parent responded to and managed this behaviour. A clip provided by the teacher showed the child displaying a similar behaviour and the group discussed how both the parent and the teacher managed the behaviour

Feedback was provided to each parent by the group and the facilitators. Each group began with feedback from parents of how they had tried different techniques and strategies discussed at the last group. The group sessions ended with suggestions for improving the group.

Results

These two questionnaires were administered to the attending parents following the introductory parenting group session and after the final session.

The Parenting Daily Hassles scale is reported to be a valid and reliable measure of minor parenting stresses (Crnic & Greenberg, 2017) and has been used in other research evaluating the effectiveness of parenting groups (Woods et al., 2003; Woolfson et al., 2017) and was included in a review of measures used in the research of parenting (Smith, n.d.).

The Adult wellbeing scale (AWS) is a self-report measure developed by the Department of Health as part of their Framework for the assessment of children in need and their families (Department of Health, 2000). The scale was a reproduction of the Irritability, Depression and Anxiety (IDA) scale (Snaith, Constantopoulos, Jardine & McGuffin, 1978) which has been found to be reliable and has also been used in other research papers (Barlow, Coren, & Stewart-brown, 2002; Boyd et al., 1991; Dogan et al., 2014).

Due to the low continued turnout throughout the parenting groups, only one parent provided usable pre and post questionnaire data and as a result the data could not be robustly analysed to determine whether there had been any significant changes in scores.

An evaluation feedback form was given to the two parents that attended the last meeting, a copy of which can be found in appendix 2. These parents had attended every meeting and were planning on continuing to attend the following year. When asked to rate on a scale of 1 to 10, how helpful they found the information and advice they received from the Educational Psychologists, they rated an average score of 7.5. When

asked to rate the extent to which they felt they could contribute within the group they gave an average score of 8.5 out of 10. When asked to rate the extent to which they felt that the parenting group influenced the manner in which they interacted with their child, they gave an average score of 4 out of 10. When asked whether they would recommend the group to other parents, one respondent indicated 'Yes' and the other indicated 'Maybe'.

When asked what they felt the most beneficial part of the parent group was, one respondent reported that "It was good to share ideas and coping strategies particularly with challenging behaviour. Also was able to talk about areas where I need help". Another respondent stated "Sharing issues, discussion solutions". When asked what things they felt could be improved about the parent group, one respondent reported that there may have been too many sessions and parents either forgot they were on or couldn't attend any of them. They also mentioned that the timing of the group may have made it difficult for some parents to attend and that the group may have had more attendees if it was conducted after the school drop off. The other respondent reported that the group could be improved by splitting the group based on the children's ages, with the parents of younger children having their own group and older parents having a separate group. It was felt that this would allow for different 'focus' of the groups.

During the final session, verbal feedback was also sought from the attending parents and the following points were raised as positives about the parenting group:

- It was felt that the EPs that ran the group were well placed to facilitate the meetings and offer advice. It was also felt that by being external to the school they facilitated more objective discussions.
- The use of video clips was perceived to be helpful by the parents.

During these discussions constructive feedback was sought and the attending parents felt that the group could have been improved by:

- Arranging the timing of the sessions so that they were aligned with the school run, for example running the groups shortly after parents had dropped off their children at the school.
- Having less frequent sessions, it was suggested that termly sessions may have been better than monthly sessions.
- Having regular reminders sent out about the sessions.
- Having the groups divided by age with separate groups for younger and older children.

Discussion

Based on the findings of the present study, parents that attended a parenting support group for children with special needs found the groups to provide helpful advice and felt that they could contribute within the group. They also found the group to be a valuable opportunity to share their issues and discuss solutions with parents that had

had similar experiences. This resonates with the work of Miller and Sambell (2003) who suggested that group relationships and knowledge (knowing one was not the only one) was often raised by parents as one of the benefits of group parenting programmes. However, the parents felt that the sessions did not greatly influence the manner in which they interacted with their children.

The feedback provided by the parents within this paper suggest that careful consideration must be taken when setting up parenting support groups at special needs schools. The number of parents attending each of the meetings dropped considerably after each session with the final two meetings only being attended by two parents. This concurs with findings from other research surrounding parent groups that found that dropout rates and parental participation can be affected by a host of factors (Mandell and Salzer, 2007; Jones et al., 2010). Dropout rates in parenting programmes are well documented (Lindsay, Davies, Band, Cullen, Cullen, Strand, Hasluck, Evans, and Stewart-Bowen, 2008). It might have been the case that parents did not have a clear idea about the practical (time) and personal demands (thinking about the issues and topics) and trying new suggestions that were required in the parent peer support group intervention (Day, Michelson, Thomson, Penny and Draper, 2012).

'Pre-dispositional and attitudinal' factors can also influence attendance at parenting programmes (Spoth and Redmond, 1995). Patterson, Mockford, and Stewart-Brown (2005) reported that some parents who dropped out of parenting programmes (the Webster –Stratton programme, for example) fed back that their needs had not been met by the programme content. The EP and the Trainee EP were of the view that being a parent of a child with severe learning difficulties can be one of the most challenging and demanding roles in parents' lives (Tadema and Vlaskamp, 2010) and parents may justifiably believe that they need time for themselves too. In reality this may be easier for working parents than non-working parents. The low attendance might also have been due to the facilitators not providing a clear enough definition of peer support and the role peer supporters would undertake and a clear understanding of the goals of the group (Harder and Company Community Research, 2012).

The findings of this study suggested that the timings and frequency of the meetings should be carefully considered and may have presented a barrier to parents attending. By timing the sessions so that they align with the parent's routine, this may allow more parents to easily attend. Convenience factors were often cited by parents generally disinclined to attend parenting programs (Spoth and Redmond, 1995). Providing regular reminders and potentially setting up groups based on the children's ages may have enhanced participation.

Upon reflection, the EP and Trainee EP co-facilitators felt that it was important to engage all parents within the group. Some members of the group initially felt reluctant to share their experiences or the video clips they had brought. It was felt that the role of the facilitator was particularly important within this parenting group. The advantages

of having co-facilitators was that they could recognise and avert potential mood contagion (having too many negative experiences which may re-inforce negative parental self-image) and other negative group dynamics (Hammarberg et al., 2014) and focus on promoting a more solution focused approach. Miller and Sambell (2003) found that parents who attended parenting programmes felt that the facilitator had a role to play in determining the efficacy of parenting programmes and groups.

Throughout the sessions, 3 key themes emerged within the accounts of those attending the group, these were: sensory needs being salient, feelings of isolation and holiday periods being a critical period.

In almost all of the sessions, discussions were held regarding the sensory needs of the parent's children. This was in part because; many of the challenging behaviour brought to the group were typically socially unacceptable sensory seeking behaviours, such as the eating of inappropriate things or masturbating. To help understand the motives for these behaviours, there were many discussions regarding sensory processing and how the children could receive sensory input in more socially appropriate ways such as sensory diets. From this, one could suggest that anyone facilitating a parent group in a special needs school that focusses on the management of challenging behaviours should have an awareness of sensory processing and effective sensory based interventions.

During a number of the sessions, parents reported feeling isolated due to their child's needs. Many parents reported that they felt isolated from friends or family members due to the complexity of their child's needs. A number of parents reported feeling concerned or embarrassed when taking trips with their children in public and felt as though they were not a part of the social groups of parents of typically developing children, a theme often reflected in the research literature (Kingsnorth et al., 2011; Hammarberg et al., 2014). Interestingly, some parents also reported that they felt isolated from the wider community of SEN support due to the specificity and severity of their child's needs.

One parent in particular reported that she felt that some of the local provision for young people with SEN was not suitable for her child due to their more complex needs. Many of the parents reported feeling relieved that the sessions allowed them to talk with the parents of children with similar needs. It was felt that the attending parents had had similar experiences and knowledge in the area and could therefore relate to their issues and offer more constructive feedback on how they could manage behaviour.

Another key theme that occurred throughout the meetings was concern regarding the school holidays and this period being perceived to be a particularly sensitive and critical point of the year. Many parents reported concerns regarding the school holidays and how they would manage their child's more complex needs on a full time basis. Many parents discussed the importance of summer clubs and hoped for more opportunities for their children to attend activities with professionals that understood their children's needs. Many of the parents felt that even having access to different facilities where they

could go with other parents would be beneficial for them and their family during the summer break.

Limitations

There were some limitations regarding the implementation of the intervention and the manner in which it was evaluated. The use of video clips, although recognised as being a successful element of the intervention, was in some cases an issue due to technical difficulties and some confusion as to how the clips would be used. Some parents reported that they had difficulties recording videos of their child's challenging behaviours as they occurred without prompting or the child stopped once they knew they were being filmed. Playback of some of the videos during the groups were also sometimes hampered by technical difficulties and the use of different phones and video file formats made this sometimes hard to manage. There was also a lack of clarity as to what the parents and teachers should have been recording. Initially the idea of the interventions was for the parents and school to bring in clips of specific challenging behaviours for group feedback. However, this was sometimes not communicated and the clips did not include problem behaviours. Going forward it was felt that there should be more clarity and explicit instruction as to what clips the parents and school should bring.

Monitoring and evaluating the effectiveness of the intervention was also considerably difficult due to the low turnout for the group. Only one parent provided pre and post questionnaire data meaning that statistical significance tests could not be conducted. As a result the present paper is largely based on the feedback provided in the evaluation forms and reflections of the EP and TEP that ran the sessions. In the future, better turnout could be achieved with the strategies outlined earlier in this paper such as more careful consideration of the timing and frequency of the meetings.

The lack of specificity in the present paper is also a limitation of the study as it is hard to determine what factor was associated with the impact of the intervention. The intervention that was delivered was not manualised and may have greatly differed from Hames and Rollings' (2009) original publication. For example, having a senior member of staff attend every session may have impacted how the sessions were perceived. The level of input provided by the EP and the TEP may have also differed from the original publication and impacted how the sessions were perceived.

In summary, the findings of this paper highlight the importance of recognising the unique needs of parents of children with complex SEN and having the appropriate skill set to facilitate the meetings and offer appropriate advice. An awareness of sensory processing and sensory based interventions may be particularly beneficial for parent groups aiming to help manage the challenging behaviour of children with more complex needs. Any facilitator of such an intervention should take into account the timings and

frequency of the sessions so that they can be easily accessed by the target parents. Sending out regular reminders about the sessions and potentially splitting sessions based on age could also encourage participation.

In spite of the limitations, this small piece of action research has allowed some insight into parents' perceptions of parent peer support group interventions aimed at supporting and developing their parenting capacities. Parents reported valuing the supportive nature of the group and a forum to share personal narratives and problems with others experiencing similar problems. The group also provided an opportunity to discuss and use different strategies. The distinctive contribution of this work lies in its local relevance and how parent peer support groups provided an opportunity for parents to feel listened to as well as learn from each other's experiences. The views of parents who wanted similar further ongoing involvement through such groups is perhaps evidence that in spite of its limitations, parents found this a useful support mechanism.

Future Directions

Future interventions could consider how best to provide ongoing, rather than time limited support, for parents. For example, facilitating a peer support group. External support from professionals, such as Educational Psychologists, could be used to train school staff and parents to act as facilitators of such groups. The work by Hill (2011) shows the uniqueness and effectiveness of harnessing and mobilising local parents to run parenting courses/groups.

Asgary-Eden and Lee's (2011) suggestion of encouraging parental attendance by organising leading focus groups, information sessions and drop-in sessions prior to the implementation of parent support groups should be considered. This will help allay any anxiety parents may have and is worth bearing in mind when planning parent support groups in the future. Marketing this support in an on-going comprehensive way for greater receptivity may assist in maximising attendance.

It will be important to build on existing infrastructure of support already provided by the school. Finally a clearer definition of peer support, the role of peer supporters and a clear understanding of the purpose and goals of the peer group support intervention will be important. Consideration of which topics would be most helpful for parents to cover, incorporating child management strategies whilst providing opportunities for situation specific skill building will also need to be considered.

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Appendix 1 - Invitation Flyer to Parents

Educational Psychology Service



ISL Integrated Services for Learning

working together locally

Sessions will be held at Amwell View School on:-

Spring Term: January: Monday 9th - 11am to 1pm

March: Tuesday 21st 11am to 1pm

Summer Term: May: Tuesday 2nd 11am to 1pm

June: Monday 12th 11am to 1pm

July: Monday 3rd 11am to 1pm -

Do you need help communicating with your child?

Come and meet the Educational Psychologist.

Naina Cowell (Senior Educational Psychologist) will be in school running a series of workshops to

help you to engage and meet the emotional needs of your child.



Please remember to bring your video of your child in any context, however, it does need to be out of school. If you have any questions please email: janet.warrington@amwell.herts.sch.uk

Getting to know your child better



Appendix 2

The evaluation feedback form



Amwell view Parenting group Evaluation/Feedback form

Which sessions did you attend?

January March May June July

How helpful was the information and advice you received from the Educational Psychologists?

0 - - - - 1 - - - - 2 - - - - 3 - - - - 4 - - - - 5 - - - - 6 - - - - 7 - - - - 8 - - - - 9 - - - - 10

Not helpful at all Somewhat helpful Very helpful

To what extent do you feel you were able to contribute within the group?

0 - - - - 1 - - - - 2 - - - - 3 - - - - 4 - - - - 5 - - - - 6 - - - - 7 - - - - 8 - - - - 9 - - - - 10

Not at all Somewhat so Very much so

To what extent would you say the parenting group has influenced the manner in which you interact with your child?

0 - - - - 1 - - - - 2 - - - - 3 - - - - 4 - - - - 5 - - - - 6 - - - - 7 - - - - 8 - - - - 9 - - - - 10

Not at all Somewhat so Very much so

Would you recommend the parenting group to other parents at the school?

Yes Maybe No

What for you was the most beneficial part of the parent group?

What things do you feel could be improved about the parent group?

Do you have any further comments? (Please write on the back of this page)
